Stake Theory as an Explanatory Device in Navajo Alcoholism Treatment Response

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Abstract

The usefulness of "stake in society" theory, a form of transactional theory employed by John J. and Irma Honigmann to explain abandonment of frontier-type norms regarding alcohol use by modern Arctic townsmen, is tested in conjunction with differential response to treatment by a group of 110 Navajo alcoholic men.

In a modified usage, "stake" is operationally defined by type. It is postulated that many of the men had suffered initial loss of stake in the context of lack of negative sanctions regarding heavy alcohol use in Navajo culture. Navajos who regained a stake in the old society during treatment tended to conform to new norms in the family context, while those who acquired concurrent stakes in both old and modern society were even more outstanding in their adherence to new norms. The failure of those with modern stake alone to acquire new norms regarding alcohol use is tentatively explained in terms of lack of a reference group other than the drinking fellowship, suggesting that what appears to be a preferable stake may not be regarded as such when it is in the context of what the Cornell study (Leighton et al. 1963) refers to as interference with essential striving sentiments of love and recognition, hence in such cases new norms will not take precedence over old. A model for the wider use of stake theory is presented.

"Enjeu dans la société": explication de la réaction au programme concernant le traitement de l'alcoolisme.

L'utilité de la théorie d' "Enjeu dans la Société", forme de théorie basée sur les rapports, employée par John J. et Irma Honigmann pour expliquer l'abandon de normes du type frontière en ce qui concerne l'usage d'alcool pour les habitants de l'arctique est examinée en corrélation avec les différentes réactions au traitement d'un groupe de cent dix Indiens Navajos alcooliques.

Dans un emploi un peu modifié, "enjeu" est défini par le type. On suppose que, étant donné le manque de sanctions négatives en ce qui concerne l'usage d'alcool dans la culture Navajo, beaucoup de ces hommes ont perdu le sens initial d'enjeu. Les Indiens Navajos qui, pendant le traitement, retrouvèrent un enjeu dans la vieille société, eurent tendance à se conformer à de nouvelles normes dans le contexte de la famille, alors que ceux qui acquérirent des enjeux opposés à la fois dans la vieille et nouvelle société adhérèrent aux nouvelles normes d'une façon encore plus étonnante. On peut tenter d'expliquer comment ceux qui n'avaient que des "intérêts modernes" n'ont pas réussi á acquérir de nouvelles normes en ce qui concerne l'usage d'alcool, d'après le manque de notion de groupe (excluant bien sûr tout groupe fondé sur le plaisir de boire); l'on peut suggérer que ce qui en apparence, semble être un meilleur enjeu peut trés bien ne pas l'être en réalité, lorsqu' il s'inscrit dans le cadre de ce que le plan d'étude

Cornell (Leighton et autres 1963) caractérise par une influence avec les sentiments essentiellement exigeants d'amour et de reconnaissance, ce qui implique que dans de tels cas, les normes nouvelles ne prendront pas le pas sur les anciennes. Voici un exemple plus vaste de l'usage de la théorie d'"enjeu."

Le teoría "stake": explicación de la reacción a un programa sobre el tratamiento de alcoholicos

Se compara la teoría de "incorporación a la sociedad" de John J. e Irma Honigmann—una especie de análisis conciliatorio que pretende explicar el marginamiento voluntario de alcohólicos del Artico—con las reacciones diferenciales a un tratamiento por parte de 110 navajos alcohólicos.

En su acepción modificada "incorporación" se define utilitariamente por tipos. Se postula que buena parte de los indivíduos en tratamiento habían padecido una pérdida inicial de incorporación en lo que respecta a la ausencia de sanciones negativas al consumo del alcohol en la cultura navaja. Los pacientes que llegaban a ser reincorporados a la cultura navaja autóctona se inclinaban a amoldarse a normas nuevas mientras que aquellos a quienes se les permitía libre acceso a ambas culturas—autóctona y moderna—descollaban notoriamente por su apego a nuevas modalidades. El fracaso de los apegados a lo moderno en no adquirir nuevas normas, como la libación excesiva, se explica tentativamente como la carencia de otro grupo de afiliación paralelo al de la camaradería alrededor del alcohol, lo que sugiere que lo que aparentemente es una participación favorable no es siempre definible en igual forma, en especial cuando puede localizarse ésta dentro del contexto de lo que el Estudio de Cornell (Leighton et al. 1963) llama interferencia con los deseos básicos de superación, amor y reconocimiento social, en cuyas circunstancias las normas nuevas no recibirán prioridad sobre las ya asentadas. Se presenta un modelo para una aplicación más amplia de esta teoría.

THIS PAPER INVESTIGATES the differential response of 110 Navajo Indian men in an alcoholism treatment project in New Mexico, 1964-68, using the idea of *stake in society* as a powerful influence in shaping behavior. I shall not be concerned with treatment per se but will use the findings from a treatment program to examine conforming as well as deviant behavior in the light of stake theory. In this instance, problem drinking among a group of Navajos has been the focus of attention. Problem drinking in any group could have been the subject of inquiry, and another kind of problem behavior would have served equally well as an example. In previous papers, the treatment group[1] has been characterized, criteria for success in treatment delineated, and reasons for success suggested (Ferguson 1968, 1970). Stake theory offers a more inclusive explanation than any employed thus far.

Stake Theory

In their study of an Arctic town, John and Irma Honigmann (1970) remark that in situations where rewards are contingent upon sharing cultural norms, people who possess a stake in society will tend to avoid behavior which is considered deviant and adhere to the norms of society. Even where an activity is part of the community lifeways, individuals who perceive that it is in conflict with something they hold desirable in a new social context tend to avoid this behavior (Honigmann and Honigmann 1970).[2]

In their study of modernization in the Arctic town, the Honigmanns theorized that in a setting where public intoxication and other behavior disregarding liquor laws had been a feature of frontier lifestyle, persons would be less likely to engage in such behavior if they had a stake in modern society as represented in the town, where general public opinion regarded behavior in violation of liquor laws as deviant.

Designating steady employment or residence in a modern home as indicators of stake in this modern Arctic community, the Honigmanns examined liquor-offense arrest records as well as liquor store records of amounts spent on alcohol. Analyzing these records in conjunction with each person's "stake," they found that persons with a stake (steady employment or a modern home) tended to avoid trouble with the law over alcohol, even though some of them spent more money on alcohol than did those arrested for public drunkenness or other liquor offenses.

What are the assumptions which underlie stake theory? To say that a person avoids deviant behavior when he or she has a stake in society—and to add the corollary that one will be more apt to behave deviantly if he has no stake in society—is to follow a rational behavior model of man. With this outlook, one assumes that a person is not primarily governed by emotion or impulse, living from moment to moment, but that he tends in the long run to adopt the most advantageous pattern of behavior available, given his personal resources and situational opportunities or status. Taking into consideration opportunities, preferences, and the relative costs, a person will tend to minimize costs and maximize benefits. Although there are a limited number of alternatives available to each person, efforts are presumably engaged in with purpose and expectation, if one subscribes to a rational model of man (Harsanyi 1961; Rotter 1954; Stroup and Gift 1971; Zipf 1949).

It is evident that choice and discrimination are characteristics of this model. Stake theory implies that man chooses to behave in a manner congruent with rewards, benefits, or gains he expects to achieve (not necessarily a material gain, one must add).

Taking a cognitive view, to have a stake in society is to invest something of yourself in the context of a society with the expectation of deriving a benefit from this investment of time, skill, or whatever—in other words, stake implies systematic behavior engaged in through time in a particular social context with expectation of reward. With such a definition, the concept of stake is taken out of the purely empirical or objective realm and given the added dimension of the person's own perception of what constitutes a stake in society for him.

Each society is characterized by norms of some sort which define desirable behavior. Disregard of the norms of a society tends to arouse social sanctions which can result in loss of stake; hence, having a stake in society fosters conforming behavior.

Where a person lacks a stake in a society, however, he has small reason to conform to the norms of that society. For example, a trapper visiting the Arctic town has little stake to lose, hence he might be inclined to engage in the reckless drinking behavior which is a feature of a frontier lifestyle. However, the Arctic townsman with a modern job or home has reason to abandon a drinking style unacceptable in the town.

By using the "stake in society" approach, one can measure the extent of conformity as well as deviance; consideration can be given not only to those who flout norms but also to those who conform to norms. Thus, a single theory can explain variability in both phenomena (Honigmann and Honigmann 1970:108-09).

The Honigmanns' approach can be contrasted with that of Jessor, Graves, Hanson, and Jessor, who focus on disjunction between shared goals of society and access to these goals in their study of society, personality, and deviant behavior (1968). Drawing upon the work of Merton (1957, 1961), Cloward and Ohlin (1960) and others, Jessor et al. (1968) deal with deviant behavior in situations where position in the opportunity structure is poor and conforming behavior has failed in the attempt to attain goals. With Cloward and Ohlin they suggest that deviant behavior constitutes an effort to resolve difficulties when conformity has failed. While both Jessor et al. and the Honigmanns employ deviant use of alcohol to illustrate their points, the Honigmanns in their use of stake theory in this instance do not concern themselves with behavior that results from disjunction between goals and access to goals, or which occurs after conforming behavior has failed. However, such behavior can also be subsumed under stake theory. A simple model may serve to clarify this statement. Speaking in terms of a single society, the model in Table 1 might

TABLE 1. CONFORMING AND DEVIANT BEHAVIOR IN A SINGLE SOCIETY

CATEGORY I

Persons With a Stake in the Society

Those with stake tend to conform to the norms of the society, as did the Arctic townsmen with modern jobs or homes.

CATEGORY II

Persons Without a Stake in the Society

Those without stake may or may not conform to the norms of the society.

A. Those who lack a stake in the society and who conform to the norms of the society tend to be those who are subject to restraint of one kind or another (physical, personality damage) theoretically speaking.

B. Those who lack a stake in the society and who do not conform to the norms of the society tend to be the following:

1. Visitors from another society or members of an enclave with a different normative system who do not perceive rewards for themselves in the context of the alien society, and who do not share the alien society's goals. Often such people are unaware of the norms of the alien society, and in any case they have little reason to conform unless they have a stake in that society. I refer, for example, to the more conservative inhabitants of a ghetto, or reservation Indians visiting town.
2. Persons who share the society's goals but who lack access to them. For example, the deviants of Jessor et al. (1968), as well as persons in relatively privileged strata who lack access to the top.
3. Members of the society who reap benefits from the society without personal investment. For example, some members of affluent families, the so-called "idle rich." (This is not to suggest that affluence necessarily renders a person idle!)
4. Members of the society who perceive a more profitable stake within or without their own society in the context of a normative system which conflicts with that of their own society. For example, entrepreneurs, prophets, inventors, etc.

serve. Obviously these categories in Table 1 are not mutually exclusive.

Initial Hypotheses

It was my hypothesis that patients with a stake in society during alcoholism treatment would respond well to a treatment program, while those without a stake in society would not.

Since we were already aware that the more traditional Navajos had responded well to treatment, in contrast to "educated" Navajos and Navajos under 35 (Ferguson 1970), it was probable that persons with a stake in the old society would tend to be found in the treatment success group. However, I hypothesized that persons having stakes simultaneously in *both* traditional and modern society would tend to fall into the treatment failure group, for I believed that these persons would be subject to conflict with regard to values and loyalties.

Background and Method

The strictly empirical approach of the Honigmanns, wherein stake in society is operationally defined as the condition of having a steady job and a modern home, is well applied to a situation where people are congregated in town. In my study there are a number of additional variables, contributed by the existence of a treatment program as well as by the nature of the treatment group.

The 110 Navajo men, heavily arrested for public drunkenness, were members of an extensive group of Navajos, some hailing from as far as 90 miles away, who drank periodically in a western town bordering the 24,000 square-mile Navajo Reservation. Drinking often went on outdoors in the alleys and fields of the town. Drinkers gathered in small clusters of two to eight, but moved from cluster to cluster and tended to be well-known to one another, especially if their drinking was associated with numerous arrests.[3] Pressures toward sharing and participation among the drinkers were strong. Nevertheless, many of them expressed the desire to escape from the state of habitual drunkenness and loss in which they found themselves. A demonstration program initiated by state, tribal, county, and city agencies, and funded by the National Institute of Mental Health, took patients volunteering from the jails for treatment over the period of a year, with treatment continuing for each patient for 18 months, and follow-up for 24. The treatment program consisted of probation, counseling with patients and their relatives on the reservation, help with employment, psychotherapy when indicated, and the use of disulfiram, a drug which inhibits the breakdown of acetaldehyde in the blood and causes nausea when alcohol is ingested. Patients and their families and friends were welcome to drop in at the project office at any time, and "the office" was visited by many Navajos each day, seeking help with their problems, or merely stopping for a cup of coffee, a chat, and an encounter with friends. (Details of the treatment program and its outcome, including use of and response to disulfiram, are given elsewhere; Ferguson 1968a, 1970).

Because the treatment program was an intervening variable, and also by token of the varied character of the patient group, the approach used in the Honigmanns' study of the Arctic town required some modification. While some of the group of 110 Navajo patients desired a steady job and a home in modern society, others wished to stay on or near the Navajo Reservation and live in a relatively traditional style, and still others had tried to combine both styles of life. For this reason I divided "stake in society" into four categories, *none, old, modern,* and *both.*

None means complete lack of stake in society and will include patients who herd sheep for nonrelatives, patients who live on their relatives' property without participating consistently in household activities or contributing income, and patients who wander about town without permanent living quarters, taking an odd job occasionally, or sometimes doing a few months' migrant labor or sporadic railroad work.

Old stake will include patients who engage consistently in stock raising, silversmithing, and old-time farming in the family context.[4] Interaction with traders is frequent (Adams 1963). Also characteristic of old stake are migrant labor and sporadic railroad work—labor which is seasonal, isolated, and done in company with other Navajos.

Modern stake will include patients with a potentially permanent job in the modern economic system, a job which brings the person into contact with employed persons in the modern scene on an equal (or supposedly equal) basis. Included in this category are tribal jobs which require interaction with the modern world, as well as jobs completely independent of the tribe and its environment.

Both stakes will include patients who acquired stakes in the old and modern societies concurrently. For example, a person with both stakes might dedicate all his spare time to maintaining and improving the family place on the reservation but be regularly employed five days a week in town. This category excludes migrant labor and railroad work.

Prior to the present study, all 110 Navajo men in the alcoholism treatment program had been rated as to degree of success in treatment (Ferguson 1970). Roughly speaking, "success" was freedom from serious problems associated with drinking. Criteria for success were

of two kinds: *objective,* comparing 18-months' arrest records prior to treatment with 18-months' arrest records during treatment; and *subjective,* utilizing opinions of Navajo staff members who had intimate long-term knowledge of the patients and their families, and who aided other staff members in thorough follow-up for a two-year period on each patient. Aggregate arrests were reduced 76%.

An untreated comparison group of 60 Navajo men known only through drunkenness arrest records and approximately matched with alternate patients by age, location of residence, and date of arrest, reduced its arrests 16% during the treatment period as compared with the 76% reduction on the part of the patient group. Arrests of the patient group, some of whom had as many as 100 or more arrests for drunkenness prior to treatment, were reduced from over 1,000 (in the 18-months' period prior to treatment) to approximately 250 during the 18-months' treatment period.

Now, in this secondary analysis of the data, patients already rated as to treatment success are cross-classified according to type of stake and degree of success in treatment, utilizing the previously made ratings of treatment response and the copious files of data gathered on each patient. These carefully recorded data were collected by project staff—psychologists, an anthropologist (the author), a social worker, nurses, and research assistants—during the period of the project's duration. They included a lengthy life history interview for each, job histories during treatment, detailed notes on regular visits to patients and their families, daily notes on other interaction between patients and staff and among the patients themselves, 12-month progress interviews, hospitalization and arrest histories, and psychological test results. Because the project office was a meeting place for patients and their families, and due to the presence of the Navajo counselors, staff knowledge of the patients was on a more intimate level than is generally true of treatment projects. Data of various kinds were included in the secondary analysis, but only those related to type of stake in society will be dealt with here.

Results

What, then, does one find with regard to the relationship between response to treatment for alcoholism and having a stake in society during the period? Utilizing case-counting and categorization of success in treatment and type of stake, and looking first at broad categories, one finds that there is a significant relationship between lack of stake and failure in treatment. (Chi square analysis is used for heuristic purposes only.) See Table 2.

TABLE 2. PRESENCE OR ABSENCE OF STAKE IN SOCIETY DURING TREATMENT RELATED TO RESPONSE OF 110 NAVAJO MEN IN AN ALCOHOLISM PROGRAM

	Stake in Society		
	No Stake	Stake	Total
Response to Treatment			
FAILURE (includes total failure to six months' freedom from drinking problems)	27	34	61
SUCCESS (includes 12, 18, 24 months' freedom from drinking problems)	8	41	49
Total	35	75	110

N = 110

$X^2 = 9.7$
df = 1
$p < 0.01$

While persons lacking a stake in society were prone to failure, as we have seen in Table 2, a large group of patients with stake failed in treatment also, a finding which is contrary to our first hypothesis.

Breaking down the data into more definitive groups, one finds that persons with stake who were successful in treatment tended to have old stake, in accord with our second hypothesis, or both stakes, contrary to our third hypothesis. One notes, also, that the number of failures of persons with stake is greatly augmented by those having modern stake. Our hypothesis that persons with a stake in society during treatment would tend to respond well to the treatment program must be rejected for persons with modern stake (see Table 3).

Differentiating the material still further, so that success is on a continuum from total failure to 24 months' success, and stake is again divided into *none, old, modern,* and *both,* one gets a clearer picture of what was happening. In Table 4 it is apparent that persons who acquired no stake during treatment were more or less consistent in their failure to respond to treatment; persons who acquired or reacquired a stake in the old society responded far better; persons who gained or regained a stake in modern society have a brief spurt of success and tend to drop off before the end of six months, and persons acquiring stakes in both societies were outstanding in their long-term 24-months' success. (Chi square analysis is not performed here due to low expected frequencies in some of the cells.) See Table 4. The contrast between the response to treatment of patients with *modern* stake and patients with stakes in *both* societies is striking in Table 4.

TABLE 3. TYPE OF STAKE DURING TREATMENT RELATED TO RESPONSE OF 110 NAVAJO MEN IN AN ALCOHOLISM PROGRAM

	Stake in Society				
	No Stake	Old Stake	Modern Stake	Both	Total
Treatment Response					
FAILURE	27	7	21	6	61
SUCCESS	8	18	6	17	49
Total	35	25	27	23	110

N = 110

$X^2 = 35.4$
df = 3
$p < 0.001$

Prior Circumstances in Conjunction with Treatment Outcome

At this point let us look back and see how many patients had a stake in society prior to treatment. While almost every patient had lost his stake in society at the time of enlistment in treatment, we find that 100% of the *old stake* group, 82% of the *modern stake* group, and 96% of the group with *both stakes* had some sort of stake in society within five years prior to treatment. In contrast, only 9% of those with no stake in society during treatment had prior stake. Lack of prior stake is highly correlated with lack of stake during treatment, and with failure in treatment.

Questions Arising from the Results of Analysis

How did persons who had a stake in society within five years of entering treatment lose their stake in the first place? If having a stake in society protects one from engaging in deviant behavior, how did the men with prior stake become involved in serious problems related to alcohol use?

And another question: if having a stake in a society fosters conformance to the norms of the society, why did persons with modern stake tend to ignore, by the end of the first six months, the very obvious sanctions existing in the modern middle-class society of the town with regard to public drunkenness and do poorly in the treatment program? Again, why did persons with a stake in the old society tend to do well in treatment? And why did persons with stakes in both societies fare best of all?

A STAKE IN THE OLD SOCIETY. Let us consider persons having a stake in the old society first—men engaged in stock raising, old-style farming, etc., the quasi-traditional life. In Navajo Reservation society, heavy drinking is not necessarily deviant behavior. To understand how patients with stake in the old society had lost this stake initially, one must be aware of previous absence of social controls regarding use of alcohol in Navajo culture. Heavy drinking, not necessarily problem drinking or alcoholism, is often part of the lifestyle of reservation Navajo men until well into middle age (Levy and Kunitz 1971:108-10). Navajo drinking can be compared with the frontier-style drinking of the early West and the Arctic region. Perhaps even more it resembles the "time-out" behavior described by MacAndrew and Edgerton (1969). It also has elements of the individual-identity asserting and validating behavior pointed out by Robbins among the Naskapi Indians of Quebec (1972). There is the idea of the "good man," and the "big man," remarked upon by Koolage in a Chippewyan group (1970). Waddell, studying drinking groups among the egalitarian Papago of southern Arizona, notes that drinking can act as a leveling agent, inducing the more prosperous to share the wealth and at the same time asserting group identity (1971). Heath (1964) has described the camaraderie which exists among Navajo drinkers (see also Ferguson 1966; Savard 1968; Topper 1971).

While alcohol use was illegal on the Navajo reservation[5] (a prohibition which the tribe had the option of repealing) and Navajo Tribal Police did arrest for disorderly conduct, in 1964-68 these controls seemed to be imposed in a somewhat relaxed manner on a population which did not take them very seriously. There was little loss of stake involved with arrest per se. The more traditional Navajos in the treatment program tended to have far greater numbers of arrests for drunkenness in town as well as on the reservation than did the men with more formal education (see also Levy and Kunitz 1971:109). Navajos who engage in occasion-

TABLE 4. TYPE OF STAKE IN SOCIETY DURING TREATMENT RELATED TO LENGTH OF TIME SPAN OF SUCCESS DEMONSTRATED BY 110 NAVAJO PATIENTS IN AN ALCOHOLISM PROGRAM

	Stake in Society				
	No Stake	Old Stake	Modern Stake	Both	Total
Treatment Response					
No Change	21	4	11	4	40
6-Months' Success	6	3	10	2	21
12-Months' Success	3	4	0	3	10
18-Months' Success	1	7	3	3	14
24-Months' Success	4	7	3	11	25
Total	35	25	27	23	110

N = 110

al drinking bouts with no destructive effects beyond an occasional brief stay in jail may meet with little disapproval from their families.[6] This adventure is often a matter for laughter.

Nonetheless, for the Navajo who falls into a way of life wherein drinking becomes his main goal–and alcoholism studies have suggested that this is more apt to happen in societies where there is little informal social control of drinking (Chafetz et al. 1970; Honigmann 1963; Wilkinson 1970)–the laughter stops. While social controls are not instituted at the beginning of heavy drinking in Navajo culture, the inevitable occurs for the person who makes a career of it. The person–a heavily drinking woman as well as man–is quite likely to be evicted by his family when he has lost his job, health, and the family property through continued excessive drinking and acts "mean."

However, as Snyder remarks, social sanctions from members of the group after the individual has developed a pattern of insobriety are not of primary significance. "To be effective, the regulatory norms, ideas and sentiments must be elicited immediately in the drinking situation and be supported by the consensus or social expectancies of the surrounding milieu" (Pittman and Snyder 1962:223). By the time the Navajo family exerts pressure, possible addiction (Isbell 1970; Bailly-Salin 1970), social habit, and frequent badgering by drinking companions make it very difficult for the person to quit–even though he may now have become aware that his drinking career has become a life of suffering and loss. What started as a series of larks sometimes ends in disaster for the habitually heavy drinker, as death records, alcohol-related accidents and illnesses, and welfare cases of child neglect in the area can attest.

Given the opportunity for treatment, traditional Navajos tended to respond well. One finds that 72% of persons who took up a stake in the old society were free from drinking problems for a least one year or longer. With the help of treatment project staff (including Navajo counselors) these patients were able to return to their former stakes in traditional society at this time of decision. Families were often glad to welcome these men back–once the fact of their being in treatment for alcoholism had been established by project staff counseling. The situation provided patients and their relatives with an opportunity to incorporate new norms with regard to alcohol use and to share these norms mutually. Motivation manifested through awareness of the consequences of uncontrolled drinking was aroused, first by realization of suffering and loss (quite often verbally expressed by patients) and second by staff guidance and counseling, both of patient and family.

Snyder, in his study of culture and Jewish sobriety, suggests that it is not condemnation of intoxication by outsiders which fosters sobriety but direct in-group pressures (1962). As Kluckhohn and Leighton have remarked: "Never to be lost sight of is the fact that the basis of the system of Navajo social controls was and still is the family." (1964:121). Since the entire family was included in the treatment approach, new norms evolved in a stake-related context and were vividly illustrated by well-known Navajo alcoholics who could now be seen sober, driving their trucks about town, and prospering generally. A person who has "straightened up and become a new man" has prestige on the reservation. The commitment to responsibility associated with having a stake in society was important in the success of these people (Glasser 1965). This commitment was made easier for those with stake in the old society because they were equipped to predict the behavior of those about them, having lived in the midst of Navajo culture for much of their lives. Traditional modes of coping in this context were familiar to them.[7] Furthermore, the disulfiram aspect of the treatment program, wherein

patients received "medicine" three times a week, fit in well with the traditional ideas of treatment, i.e., the Navajo singer (medicine man) often gives the patient infusions during treatment.

A STAKE IN MODERN SOCIETY. Turning now to men who took up a stake in modern society during treatment, as indicated by a potentially permanent job in the modern economic system, their situation tended to be different. For them, heavy drinking often began in the same manner as for persons with old stake, and in the same setting. But their initial loss of stake was in a different context—the context of modern society, wherein repeated failure to report for work at the scheduled time results in job loss. They were aware of the norms of modern society with regard to alcohol use. They also expressed interest in retaining their modern jobs with the income these jobs afforded. But we find that these men were not apt to conform to the norms of modern society, although they appeared to have a stake in it, nor were they apt to respond on any long-term basis to the treatment program.

By the end of six months, 77% of modern stake patients had returned to former patterns of habitual drunkenness, and about one half of the 77% had shown no perceptable change in their drinking habits. In spite of the fact that we already knew from earlier studies of the treatment program that men under 35 and men with more formal education tended to fail in treatment (Ferguson 1968, 1970), it was surprising to find that such a large proportion of persons with modern stake failed in treatment. This would seem to be contrary to the findings of the Honigmanns with regard to the modernizing Arctic townsmen.

It can be surmised that men with modern stake were not able to identify with a reference group on the reservation and in most cases felt out of place and dissatisfied with the old life (Deloria 1972:502). Lacking a stake on the reservation, they were not likely to be influenced by newly acquired norms regarding alcohol use there. Neither were they much affected by the norms of modern society, where alcohol was concerned. Unlike the Arctic town which had been established by the government partly to accommodate the administration of native inhabitants, this western border town had sprung up as a trade town with no reference to planning for Indians. The Navajo patients, little prepared for participation in a modern town, may not have regarded their jobs in town as a stake in modern society. Certainly these jobs did not give them a group comparable in sanctioning power to the kin on the reservation, who served as a reference group for persons with stakes in the old society.

However, the men with modern stake did have a very viable reference group in town in the drinking peer group (which often included siblings and clan brothers), where human relationships were rich in communication. As one young Navajo retorted, when asked by a staff psychologist why he spent his time getting drunk in town with former drinking companions, "Why, we grew up together! We were rascals together!" (Henderson 1967). Relationships on the job did not tend to be extended beyond the job situation, and there was little opportunity for social recognition in the town. Bigart argues that cultural traits required by modern industry are not compatible with those the literature suggests are characteristic of Indians. Speaking of the group consciousness of Indians, he says, "Work and money are not considered valuable in themselves as they are, ideally at least, in White society. Unless in addition to financial gain a job offers rewards in social prestige through contributions to the group, there will be conflict between increasing a person's social position and merely supplying his physical needs" (Bigart 1972:1182). It is probable that these men with so-called modern stake perceived maximum benefits in the fellowship of their peer group and its drinking behavior, with its strong emphasis on sharing and participation. Both prior to and for the duration of their modern jobs, the drinking group was their only real arena of social participation. This activity, with its associated rewards, constituted their stake in society.

Interference with essential striving sentiments, especially with essential striving sentiments concerned with "recognition" and "the giving and receiving of love," was regarded by those who conducted the ten-year Stirling County Study of Psychiatric Disorder and Sociocultural Environment as a salient (and most noxious) feature of neighborhoods high in sociocultural disintegration. In such areas there was little feeling of group identification, according to the Cornell Study, and voluntary organizations were absent. Mental health tended to be poor (A. H. Leighton 1959:148; D. C. Leighton et al. 1963:368-69). By membership in the drinking peer group, Navajo men with modern jobs in a community where social recognition of Navajos was lacking may, in effect, have been avoiding some of the pathologies which the Stirling County Study found in people lacking social ties. Although alcoholism itself is a pathology included by the Stirling County study among ills typifying sociocultural disintegration, the drinking of Navajos had many healthy characteristics of social interaction. Had it not been for the drinking group in town, the Navajos with modern jobs would have had a dearth of close affectional ties, and certainly little recognition of a personal nature.

While the peer group drinking of those with modern stake might be included under the aegis of failure of conformity where access to commonly shared goals is blocked (Jessor et al. 1968), or in the category of

rebellion (Cohen 1955; Merton 1957), the Navajo group drinking was not a "sub-cultural re-definition of socially-approved goals" of the town but an assertion of fellowship. Some of the Navajos with modern stake were not even aware of the common goals of the townspeople. Others among them knew what the goals were but were not impressed by them (as one may also infer from the statements associated with the Indian power movement today).

However, in a study of Navajos in Denver, Graves has shown that many educated Navajos take up a good modern job and apparently a stake in modern society successfully without becoming involved in alcohol problems. He notes that there were fewer drunkenness arrests among Navajos who spent part of their spare time with non-Navajos (1970). According to Weppner (1972), Navajo "stayers" in Denver were more apt to have non-Navajo associations than were "leavers," (with associations more often with Indians of other tribes than with White people, possibly the result of disparity in pay).[8] The opportunities for social participation in the town bordering the reservation may have been more limited than in Denver.

Turning to the Arctic town in the Honigmanns' study, and the fact that persons with modern jobs or modern homes there tended to avoid public drunkenness, we have observed the difference in the nature of the towns. Although in the Arctic town the native people did not as yet participate a great deal in the administration of the town, they had some encouragement to do so. One might say a whole block of persons was becoming modernized in the Arctic town, as compared with a situation of hit-or-miss migration which characterized the western border town. For example, good housing in the western town was very hard to find, with little prospect of improvement. In the Arctic town, some good modern housing sections existed, and prospects for future housing were good. All this may have contributed to a greater social identity for native persons in the Arctic town, an identity more or less lacking in the western town (1964-68) where the Navajo patients found their modern jobs.

The explanations offered above are not completely satisfactory, however. Of the 27 Navajo men with modern stake, seven had modern tribal jobs. These supposedly would be free of some of the undesirable aspects of independent jobs in town, particularly the lack of social component. Five of the modern stake patients with tribal jobs failed in treatment, however, while two were in the success group—almost as high a failure rate (71%) as that of men with modern jobs in the area of the town (80%). The fact that only seven of the 27 patients with modern stake had tribal jobs is relevant, however.

A STAKE IN BOTH SOCIETIES. Moving on to persons with stakes in *both* societies—old aspects being represented by such indicators as possession of livestock and engagement in old-style farming, and modern aspects represented by a potentially permanent job in modern society which for this group meant a supplementary income—the results are striking.

Seventy-four percent of persons with both stakes were free from drinking problems for at least one year or longer. Contrary to one of our initial hypotheses, which was based on the assumption that people with a stake in two societies would suffer from conflict of values and loyalties, patients with both stakes tended to have the longest-term success in the treatment program. Most of them had their primary identification in the old culture—hence, as with persons with old stake, social control resided in the family. Their permanent jobs in modern society with the associated income tended to serve merely as a means of improving their stake in the old society.

For patients with a stake in both societies, and cash income valued in the old stake context, there was incentive for enough superficial adherence to modern norms to enable them to keep a modern job. The concept of restricted interdependence may be applicable here. Hackenberg has suggested that an adaptive strategy well-suited to Papago Indians in southern Arizona has been and still is "centrifugal reliance upon surrounding territories." With such a strategy Papago villagers have spread the risks of life in a harsh environment though multiple involvement (1972). Similarly, the Navajo men with stakes in both societies did not have all their eggs in one basket, as it were. They were not totally committed to modern society, nor was the upkeep of their stock and other reservation interests entirely dependent upon what they could glean from traditional activities.

Rather than suffering from conflict of values (as an initial hypothesis suggested) persons with stakes in both societies had the longest-term success. They, like those with old stake, responded now to reservation family pressures and awareness of the possibility of losing their stake through behavior which would now be considered deviant by their families. Here, as in the case of persons with old stake, social control resided in the family. Families who initially had treated heavy drinking as a joke and exerted little social pressure, now exerted strong pressure as a result of their experience with loss through alcohol and counseling from the treatment project staff. While such a family attitude might have alienated the drinker without the treatment staff's support of his sobriety and the associated success and pride in himself, in the context of treatment family attitude seems to have been a positive factor. Furthermore, persons with old or both stakes had found their reference group on the reservation, as well as in the

project's Navajo staff members. Sociability, a highly valued aspect of Navajo life, was available to them even when they avoided the drinking group.

Table 5 illustrates the contrast between the long-term response of patients with both stakes and those in the other categories. While only 11% of persons with no stake, 28% of persons with old stake, and 11% of persons with modern stake managed to remain free of drinking problems for the entire 24-month period, 48% of persons with both stakes did so.

Taking two extreme groups, those who showed no change in habitual problem drinking during the treatment program and those who had longest-term success, Table 6 points up the lack of response of persons with no stake in society and of persons with modern stake as compared with the noteworthy response of persons with stakes in both modern and traditional society.

Conclusion

In a secondary analysis of treatment response in 110 Navajo men previously rated as to success or failure in treatment response, the usefulness of a theory employing the concept of stake in society has been explored. Stake theory, used by the Honigmanns in their *study of* modernization in an Arctic town (1970), explains conformity and deviance in terms of stake or lack of stake in society, and without recourse to a means-goal disjunction model (although the latter might be subsumed under stake theory). Taking a cue from transactional theory, those who employ stake theory are saying that when persons see a gain (not necessarily a material gain) in participation in a social context, they will conform to the norms of the social context on which that gain is partially contingent. (In short, persons with a stake in society conform to the norms of society.) While such an approach can include deviant behavior associated with means-goal disjunction, as well as the apparently deviant behavior of persons whose normative system resides in another society, the primary emphasis of stake theory is on the extent of conformity.

I have chosen problem drinking among Navajos as an example of behavior considered deviant in a social context. Why serious problem drinking (rather than some other form of deviance) tends to be the most

TABLE 5. NUMBER AND PERCENT OF 110 NAVAJO PATIENTS FREE FROM DRINKING PROBLEMS FOR THE ENTIRE 24 MONTHS CATEGORIZED BY TYPE OF STAKE IN SOCIETY

	Type of Stake in Society							
	No Stake N = 35 (100%)		Old Stake N = 25 (100%)		Modern Stake N = 27 (100%)		Both N = 23 (100%)	
	N	%	N	%	N	%	N	%
Treatment Response								
24-Months' freedom from drinking problems	4	11.4	7	28.0	3	11.1	11	47.8

TABLE 6. RELATIONS OF TYPE OF STAKE IN SOCIETY DURING TREATMENT TO GROUPS REPRESENTING EXTREMES OF FAILURE AND SUCCESS IN AN ALCOHOLISM TREATMENT PROGRAM FOR 110 NAVAJOS

	Type of Stake in Society				
	No Stake	Old Stake	Modern Stake	Both	Total
Treatment Response Represented by Extremes of Success and Failure					
No Change in Habitual Drinking Pattern	21	4	11	4	40
24-Months' Freedom From Drinking Problems	4	7	3	11	25
Total	25	11	14	15	65

$X^2 = 17.7$
df = 3
p = 0.001

conspicuous deviant behavior among Navajos visiting a western town is not the subject of this paper, although one might argue that the bottle is the most readily available symbol of fellowship.

While many studies have been concerned with drinking as a response to stress, and others have dealt with possible physiological factors, my concern has been to show how drinking patterns are controlled by two related elements: (1) a person's stake or lack of stake in society; and (2) societal expectations with regard to behavior, that is to say, norms.

It was my hypothesis that patients with a stake in society during alcoholism treatment would respond well to a treatment program while those without a stake in society would not. In an attempt to give broader and yet somewhat specific definition to the popular phrase "stake in society," I defined stake as a consistent investment of time, skill, and other resources in the context of society with expectation of reward. I modified the Honigmanns' approach to the study of modern stake in an Arctic town to accommodate the situation. Dividing stake in society into types, none, old, modern, and both (operationally defined), the 110 patients, already rated as to degree of treatment success, were categorized according to type of stake. Only 23% of patients lacking a stake in society during treatment were in the treatment success group, as compared with 72% of patients with a stake in the old society and 74% of patients with stakes in both societies. The latter—patients with stakes in both old and modern societies—had the longest-term success in treatment, with 48% remaining free of drinking problems for the entire 24-month period of follow-up. Patients with a stake in modern society alone, however, had the same success rate (23%) as patients who lacked a stake in society. While most of the patients had lost their stake in society at time of enlistment in treatment, 82% or more of patients who had any kind of stake during treatment had prior stake at some time within the previous five years. Only 9% with no stake during treatment had prior stake.

We noted that when there are no norms controlling an area of danger such as alcohol use, stake theory is not in effect. One surmises that patients with a stake in the old society (where lifestyle had tended to include heavy drinking among men) adopted, in the family context and with the help of a treatment program with its Navajo counselors, new norms regarding alcohol use. So did persons with stakes in both societies (with primary interest most often in the old society, although the major cash income might be acquired from a modern job). Patients with old or both stakes had affectional bonds and a powerful reference group in reservation society, where alcoholics who had abandoned excessive drinking were admired. The fact that patients with stakes in both societies were outstanding in their long-term success is of special interest in view of Indian attitudes today and also the Bureau of Indian Affairs shift away from a 15-year policy of training Indians to work in the nation's cities to training and education in skills and knowledge useful on or near the developing reservations, for those who wish to remain there.

Patients with modern stake, however, no longer found a satisfying reference group in the reservation population, but neither did they find one in the modern town, where they were regarded as aliens, and where social integration in the context of the modern job was lacking. For these men, modern jobs did not constitute as desirable a stake as did companionship with the Navajo drinking group which congregated in the western town, their only real source of sociability. Conforming to the norms of the society in which their modern jobs resided would have meant abandoning the norms of the drinking peer group—the public sharing of alcohol and associated activities—and hence losing a companionship rich in communication and associations, a source of love and recognition conspicuously absent in the town.

Thinking in terms of maximization of benefits, patients with old and both stakes found a satisfactory level of benefit in their stakes, while patients with modern stake did not. For men with modern stake perhaps the costs of abandoning the social context of their former behavior were too great when weighed against the meager social relationships available in the border town.

Contrasting the situation of those with so-called modern stake in the western town with that of the persons with modern stake in the Honigmanns' study of the Arctic town, the latter resided in a town which had some commitment to accommodating them and which may have offered better opportunities for social participation in the context of the town. This may also have been true to some extent of successful Navajo migrants to Denver, to whom Graves and Weppner refer, although the problem in Denver is closer in resemblance to that in the border town of which I write.

It is possible that lack of position in the opportunity structure (the relative deprivation approach of Merton [1957]. Cloward and Ohlin [1960], Jessor et al. [1968]) is operating in the situation of the Navajo patients with modern stake who failed in treatment. More data on equivalence of pay, attitudes, and expectations of these men in their modern jobs would perhaps give greater understanding. One's impression was, however, that lack of (informal) know-how in the modern scene, including lack of familiarity with middle-class goals, was a primary factor in association with lack of social relationships with the townspeople.

One gap which is pointed up at present is the absence of information about Navajos who have taken up a stake in modern society without becoming involved in serious

self-defeating problems. The situation of the problem drinkers is dramatic enough to demand the attention of both Navajos and non-Navajos, while the successful adaptation of nonproblem drinking Navajos in the modern scene is neglected. More needs to be known, too, about Navajos who, exposed to heavy use of alcohol on the reservation, fail to become involved in serious problems (Everett, Heath, and Waddell 1975).

The long-term success in treatment of persons with stakes in both societies reveals that it was possible for the patients to maintain a modern stake, observing the norms which resided in the context of the modern job. The difference, apparently, lay in the fact that for persons with both stakes, companionship (love and recognition) lay in the old society, hence it was not an essential requisite of their modern stake.

The continued drunkenness arrests of the Navajo alcoholism patients with a stake in modern society can perhaps be explained by a statement which also encompasses the low arrest pattern of the men in the Arctic town with modern stake. Keeping in mind that a stake is not necessarily a material one, one stake takes precedence over another when expectation of reward is greater in one than in another. Stake theory can be tentatively modified to say that when persons have a stake in a society they will conform to the norms of that society, even if the cost is abandonment of conflicting norms surrounding a former stake, unless forsaking the norms of a former lifestyle will result in interference with "essential striving sentiments" of love and recognition, or severe deprivation of human contacts on a companionship basis. Where the latter is true, some persons (particularly in a cultural context where sociability is highly valued) will continue to prefer a former stake and to conform to the norms which are incompatible with those surrounding a new stake. Indeed, what is apparently a new stake may not be regarded by them as a stake in society at all.

Results of this study point up the usefulness of employing the stake in society theory, a position that invites one to measure the extent of conformity as well as deviance. One does not suggest that stake in society is the only important variable operating in the complex situation affecting the 110 Navajo men in the alcoholism treatment program. The variable of stake interrelates with others, such as age, background preparation, formal education and training, presence or absence of anxiety,[9] and various aspects of the treatment program.[10] However, stake theory helps to integrate a number of factors into an intelligible whole.

In this study, stake theory has been applied to response in an alcoholism program. Stake theory deserves broader application. For example, the model in Table 1 could be well applied to culture change and revolution.

NOTES

1. In an attempt to control some of the variables I have eliminated five Navajo women and six Indian men of other tribes from the total 121 project patients, leaving a total of 110 Navajo men.
2. In some respects, the Honigmanns' study parallels work of Charles R. Snyder, who discusses expectancies of the social milieu in relation to sanctions regarding alcohol use in Jewish culture (Snyder 1962:188-225).
3. While the Navajo drinkers in this western town have been conspicuous because of the public nature of their drinking, there are no quantified data (other than numerous arrests for drunkenness) to support the stereotype that there are more alcoholics among Navajos than in the nation at large (see Kunitz, Levy, and Everett 1969). Protests that not enough attention has been given to Navajos without drinking problems are well founded (Garbarino 1971).
4. When the term *old stake* is used, lack of change in the so-called traditional life is not implied. Navajo culture is characterized by change as long as we know of it (Shepardson and Hammond 1964:1029-49; Adams 1963). Just as it incorporated many features of Pueblo life, as well as the horses, sheep, and silver of the Spanish, so today traditional Navajo life incorporates many features of modern middle-class society, notably the pick-up truck, modern western garb, and processed foods from supermarkets.
5. I have not been able to find out whether alcohol use is still considered illegal by the Navajo Tribe.
6. When violent behavior occurs in the drinking context, as it sometimes does, it is not condoned. As Levy and Kunitz have pointed out, it is not necessarily the result of acculturation (as has often been suggested) but, instead, a socially patterned type of deviant behavior which existed in precontact times. Levy and Kunitz (1971) cite suicide and homicide as examples of precontact Navajo violence which have maintained the same level since contact with the White man.
7. Personal communication, Dave Brugge, 1970.
8. Disparity in pay with reference to townspeople working in the same jobs was not mentioned by Navajo patients. It is known that some of them received the same pay as White employees. Certainly the matter of disparity in pay is an area which invites investigation.
9. Regardless of age, education, or presence of anxiety, analysis revealed that having a stake in society was always associated with a decrease in failure rate (Ferguson 1972a, 1972b).
10. Given the basic treatment format, variations to suit the needs of individuals did not seem to affect treatment results as revealed in analysis of the data. Seventy percent of patients took disulfiram (Antabuse) for the required 12 months, as stipulated in probation terms (where the patient had the choice of refusing treatment), and 90% of successes did so. One cannot imply a cause-effect relationship there, since the sober patients were also the patients who were available to receive disulfiram, but certainly there is a strong association between taking disulfiram and success in treatment (Ferguson 1968a).

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