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Practice

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DEVELOPMENT OF THE AMERICAN INDIAN ENCULTURATION SCALE TO ASSIST COUNSELING PRACTICE

Carrie Winterowd, Ph.D., Diane Montgomery, Ph.D., Glenna Stumblingbear, M.S., Desi Harless, M.S., and Kaycie Hicks, M.S.

Abstract: Understanding the extent of commitment to and identification with traditional cultural experiences is essential for working with American Indian people (Whitbeck, 2006). The purpose of this study was to determine the usefulness of a practical measure of enculturation for AI people by examining its reliability and validity within the context of three previous studies.

Enculturation is an important construct in understanding the traditional cultural experiences of American Indian/Alaska Native (AI/AN) people. Whereas *acculturation* has been defined as “the degree to which the individual ... accepts and adheres to both majority (White/Euro-American) and tribal cultural values” (Choney, Berryhill-Paapke, & Robbins, 1995, p. 76), *enculturation* is the process by which an individual learns about and identifies with his or her own cultural roots (Little Soldier, 1985; Whitbeck, Chen, Hoyt, & Adams, 2004; Zimmerman, Ramirez, Washienko, Walter, & Dyer, 1994). *Traditionality* (Solomon, Arugula, & Gottlieb, 1999) is another term used in the literature to denote enculturation and is similarly thought to be an adherence to cultural values and behaviors that define an AI/AN perspective or way of life (Sanders, 1987).

Although we recognize that AI/AN people are widely diverse with many different beliefs, in our work with AI people both personally and professionally, it has come to our awareness that traditional ways are essential to the collectivist identity often expressed in AI/AN culture (Portman & Garrett, 2005). Trust, connection, and well-being come from an integrated experience that involves knowing, sensing, experiencing, being, and giving (Rybak, Eastin, & Robbins, 2004); this experience

includes connection with nature (McAvoy, 2002) and spirituality (see, for example, Lee, 2000). This holism is related to harmony, balance, connectedness, and wellness. Therefore, enculturation is the process essential to the harmony and spirit of tribal people. Identification with AI/AN culture and ways is represented by participation in deeply cultural experiences, including engaging in the worldview of spirituality and a sense of holism. Enculturation is the connection to tribal culture in terms of identity, participation, and experience. The degree to which an AI person adheres to tribal cultural values and ways has the potential to play an important role in his or her physical health and emotional well-being.

Researchers have shown that strong cultural ties, known as traditional ways (Edwards, 2002), increase resilience to harsh life circumstances. LaFromboise, Hoyt, Oliver and Whitbeck (2006) investigated resilience with AI adolescents. Although a majority of AI adolescents lived in middle- to high-adversity households on or near reservations, the greater the levels of cultural involvement (enculturation), the greater the levels of resiliency with increased pro-social behaviors. Belcourt-Dittloff (2006) found relationships that support the ways in which cultural elements buffer against adversity and enhance resilience in both AI college students and AI people living within rural and urban communities. Prominent among the resiliency factors were traditional cultural and spiritual practices; ethnic pride/enculturation; and communal mastery leading to higher life satisfaction, more adversarial growth, and lower levels of psychological distress. Walters and Simoni (2002) proposed a health model for AI women demonstrating how culture buffers historical and contemporary stress. The cultural buffers were identity attitudes, enculturation, spiritual coping, and traditional health practices.

It appears that engaging in AI culture may promote psychological well-being, whereas more mainstream acculturation levels have been related to physical and mental health risks for AI people. For example, participation in traditional AI culture has been associated with lower levels of substance abuse and substance abuse risk (Herman-Stahl, Spencer, & Duncan, 2002; Lysne, 2003; Walls, Johnson, Whitbeck, & Hoyt, 2006; Winterowd, Montgomery & Burriss, 2005). Researchers found a strong negative relationship between cultural/spiritual practices and suicide attempts (Garrouette, Goldberg, Beals, Herrell, & Manson, 2003; Lester, 1999). Therefore, traditional ways appear to be related to protective factors of resiliency.

Given these findings, it is important to know the extent to which AI people identify with and participate in traditional ways and how these experiences impact their lives. While acculturation measures have been developed to assess identification with the majority culture or more assimilated ways of experience, such comparisons may not be of interest to many AI people and may set up unnecessary tensions between Indian and White ways of existence. However, by focusing on traditional ways of knowing and being, measures of enculturation appear to be useful to understanding the AI experience and how these ways may promote resilience.

Enculturation assessment can be helpful not only in further research, but in many healing aspects of AI life. For example, enculturation assessment of AI people may serve as a guide to conceptualize counseling approaches and treatment interventions with this population. How much do AI clients identify with and practice the traditional ways of their culture? The answer to this question may guide the way counselors, psychologists, and other healers think about clients' presenting issues and how they may proceed to help them. Knowing the cultural framework in understanding human experiences is essential for effective healing interventions.

Different ways of healing may be recommended based on the extent to which an AI person identifies with culture. For example, traditional Indian people may prefer traditional or cultural interventions to address relevant physical, emotional, and spiritual issues (Whitbeck, 2006). Some may be hesitant or distrustful of health care providers, including counselors and psychologists who are from the mainstream culture. Integrating culture and traditional ways into prevention programs is an important ethical priority for AI people.

Enculturation was the implied opposite of acculturation theory and its measurement in the historical understanding of traditional ways of AI people. Little Soldier (1985) presented an understanding of cultural identification as a continuum, with gains in identification with one culture related to loss of identification with another culture. Oetting, Swaim and Chiarella (1998) further developed an orthogonal cultural identification model, wherein identification with one culture can be fully independent of identification with another culture. Phinney (1992) viewed acculturation as having many components, each having various levels of adherence to traditional ways. Garrett and Pichette (2000) developed an acculturation model that had multiple dimensions. Choney, Berryhill-Paapke, and Robbins (1995) proposed an acculturation

model representing different levels of acculturation across four aspects of experience, comparable to the medicine wheel, which includes cognitive, behavioral, affective/spiritual, and social/environmental domains.

Measures of Enculturation and Acculturation

Measures have been designed to better understand acculturation, enculturation, or traditionality within specific tribes. Each tribe has its own unique characteristics and ways of life, which must be respected in any generalized measurement result. While various measures of acculturation or enculturation have been developed based on common theoretical models (i.e., *Life Perspectives Scale*, Choney, Berryhill, & Robbins, 1995; *Native American Acculturation Scale*, Garrett & Pichette, 2000; *Orthogonal Cultural Identification Scale*, Oetting & Beauvais, 1991), few measures of enculturation have been developed to aid in practices of counseling and working directly with AI people.

The *Healthy Hopi Women Survey (HHWS)*; Coe, Attakai, Papenfuss, & Giuliano, 2004) was designed in the early 1990s to determine how traditional behaviors related to health and health risk behaviors. The *HHWS* was adapted from an earlier measure of acculturation (Cuellar, Harris, & Jasso, 1980) to include specific dimensions appropriate to the Hopi people, specifically language usage, cultural participation, and percentage of time off-reservation. Without a formal written language serving as a reference, the Hopi instrument required substantial collaboration with the Hopi tribe. For the Hopi people, a traditional behavior score would differ depending on attendance or participation at cultural events. Having a reservation home provided the opportunity to use time away from the reservation as another indicator of acculturation.

Other AI people may experience enculturation differently because of their own history or living environment. In Oklahoma, for example, there are no reservations, yet strong tribal identities exist. Given concerns about using blood quantum to determine adherence to traditional ways, Solomon and Gottlieb (1999) devised a traditional behavior scale that included nine categories of cultural behaviors, such as home language, tribal ceremonies, crafts and games, and number of friends who are AI or non-AI. The researchers defined the range of very traditional ways to very nontraditional ways to assist in the ratings. Of interest in their findings, traditional behavior was significantly correlated with tribal blood quantum and self-identification of traditionality for the Indian women in the study.

Whitbeck, Adams, Hoyt, and Chen (2004) developed a measure of enculturation in their study exploring the relationship of enculturation to historical loss and substance use among AI people. The researchers gathered information from elders in the community in order to understand traditional activities as indicators of enculturation level. The hypothesis was that enculturation would be closely related to cultural behavioral activities (i.e. attending powwows). Whitbeck et al. found that enculturation (e.g., being active in AI traditional activities) was a protective factor for AIs in that it was associated with fewer substance use problems and less perceptions of historical loss.

An instrument of enculturation for use with AI youth was developed and validated by Zimmerman, Ramirez-Valles, Washienko, Walter, and Dyer (1996). The components of identity and involvement in cultural activities were interpreted to represent enculturation for the Odawa and Ojibway participants in this study. Convergent validity was developed by correlating the instrument to variables such as self-esteem, perception of mother and father enculturation, and number of friends within the tribe.

Researchers committed to AI issues have used acculturation measures in their research with AI people with varied psychometric success. In many cases, the numbers needed to demonstrate adequate psychometric properties may not be available. In other cases, the research questions directed the specificity of the instruments used. Enculturation measures appear to best reflect AI values, which places a high priority on community and collective contribution from tribal members (Whitbeck et al., 2004) and can be measured in terms of one's involvement in traditional ways. The enculturation questionnaires mentioned earlier were developed to measure enculturation among people from a specific tribe/nation or to measure aspects of enculturation for research purposes.

Measures of engagement in culture activities, accurately identifying enculturation, may be a more consistent way of assessing involvement in traditional ways. The *American Indian Enculturation Scale (AIES)* was developed to be used in counseling practice to assess the enculturation of AI people, with an emphasis on participation in one's tribal activities, including spiritual practices. The purpose of this study was to determine the usefulness of a practical measure of enculturation for AI people by examining its reliability and validity within the context of three previous studies. We believe its use in counseling practice with AI people is augmented by its ease of administration (e.g., it is shorter than most other scales) and its meaningfulness to those who complete

it (e.g., it relates directly to client behavior). It was hypothesized that the *AIES* would have adequate internal consistency as well as construct, convergent, and discriminant validity. It was expected that *AIES* scores would be reliable, demonstrate one content area, and significantly correlate with behavioral and spiritual/affective aspects of acculturation (construct validity), would correlate with more traditional acculturation composite scores (construct validity), and yet would not correlate with the less-related domains related to cognitive and social/environmental aspects of acculturation.

Method

Instrumentation

American Indian Enculturation Scale. All of the participants in this study completed the *AIES*. A group of researchers at our university, including AI team members, developed the *AIES*, which was originally used along with in-depth interviews in a qualitative study to better understand traditional ways of students who persist in college (Montgomery, Miville, Winterowd, Jeffries, & Baysden, 2000). Items were generated based on our personal and professional experiences and an extensive review of the literature on AI issues. The primary focus was on what AI people do that is reflective of their traditions. A large pool of items was given to traditional AI people from any of over 20 tribes in Oklahoma. These volunteers were students, researchers, friends, and study participants over a span of five years. Each tribal member identified him- or herself as deeply connected to tribal ways. The resulting 16 items were thought to reflect common experiences of traditional AI people across a variety of tribes. The *AIES* evolved to the current instrument of 17 items based on further experiences with AI samples. Using the *AIES*, participants are asked to rate each item in terms of how much they have participated in each activity, using a 7-point Likert scale (1 = *not at all*, 7 = *a great deal*).

Life Perspectives Scale (LPS; Choney, Berryhill-Paapke, & Robbins, 1995). The *LPS* is a 70-item measure of AI acculturation. It assesses four aspects of acculturation, including cognitive, affective/spiritual, behavioral, and social/environmental. The 70 items of the *LPS* were generated by review of tribal values identified in past Indian research, review of existing acculturation scales, and discussion among researchers about acculturation issues for AIs. Participants are asked to read each

of the 70 items and to rate how strongly they agree or disagree with each statement. The specific scoring protocol for the items of the instrument can be obtained from the primary author of the instrument. Point values are calculated for each of the subscales to determine participants' acculturative status on each of the four domains—cognitive, affective/spiritual, behavioral, and social/environmental. Higher scores represent more traditional tribal ways and lower scores represent more nontraditional ways.

Native American Acculturation Scale (NAAS; Garrett & Pichette, 2000). The NAAS is a 20-item multiple-choice questionnaire used to assess an individual's level of acculturation along a continuum ranging from traditional Native American to assimilated mainstream American. It covers areas such as language, identity, friendships, behaviors, generational/geographic background, and attitudes. Participants rate each item on a 5-point Likert scale. The responses to the 20 items are summed for a total score. Higher scores on the NAAS indicate greater acculturation to the dominant culture; therefore, we hypothesize that enculturation negatively correlates to high scores on the NAAS.

The NAAS was originally normed on 139 AI high school students. The NAAS has good internal consistency and reliability (Cronbach alpha = .91). The NAAS was modeled after the *Acculturation Rating Scale for Mexican Americans (ARSMA; Cuellar, Harris, & Jasso, 1980)* and the *Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA; Suinn, Rickard-Figueroa, Lew, & Vigil, 1987)*.

Participants/Procedures

Participants included self-identified AI people from three different convenience samples from three different studies. These studies were not originally intended to be a progression of psychometric research on enculturation. Therefore, different measures were administered in each study to address the original research questions of that study, along with appropriate approval from an IRB and tribal agencies directly involved. This archival data across the three studies was used for the present study because the *AIES* was administered to participants in all three samples. Other measures were administered, including different measures of acculturation such as the NAAS and the *LPS*.

The first (clinical) sample of participants included 165 AI people (75 women and 90 men) from the state of Oklahoma who were clients of a tribal counseling center. They ranged in age from 16 to 57 years ($M = 30.75, SD = 9.58$). They were predominantly from northeastern Oklahoma

tribes. Most of them had secondary ($n = 106$) or postsecondary ($n = 55$) education. At the end of the intake interviews, clients were invited to participate in a research study. Those who agreed to participate completed an informed consent form, a demographic sheet and the *AIES*, in addition to other measures, including the *LPS*.

The second (non-clinical) sample included 167 AI university students and community members (115 women and 53 men) from a variety of tribes (primarily southwestern U.S. tribes). They ranged in age from 18 to 88 years ($M = 40.80$, $SD = 13.70$). Most of them had secondary ($n = 43$) or post-secondary ($n = 104$) education. The participants were recruited from national, state, and regional Indian events (i.e., dances, pow-wows). Those who agreed to participate completed an informed consent form, a demographic sheet, and the *AIES* in addition to other measures, including the *Life Perspective Scale*.

The third (non-clinical) sample included 324 AI university students and community members (201 women and 123 men) from a variety of tribes (primarily southwestern U.S. tribes) They ranged in age from 17 to 78 years ($M = 39.45$, $SD = 13.84$). All of them had secondary ($n = 75$) or post-secondary ($n = 252$) education. The participants were recruited from national, state, and regional Indian events (i.e., dances, pow-wows). Those who agreed to participate completed an informed consent form, a demographic sheet, and the *AIES* in addition to other measures, including the *NAAS*.

Results

The *AIES* yielded high internal consistency reliability estimates across the three samples, with a Cronbach alpha of .91 for the clinical sample and Cronbach alphas of .90 for each of the two non-clinical samples. To determine the construct validity of the *AIES*, a principal components analysis with oblimin rotation was conducted on the items of the *AIES* for each sample. For each analysis, eigenvalues over 1 and an examination of the scree plot were used to determine the significant component solution. Item loadings that were .40 or higher on a component were considered significant (see Table 1). For the clinical sample, a one-component solution emerged, accounting for 45% of the variance. All of the items loaded significantly except for the item "use Indian medicine." For the first non-clinical sample, a one-component solution emerged accounting for 43.5% of the variance. All of the items loaded significantly except for the item "attend Indian church." For

the second non-clinical sample, a one-component solution emerged accounting for 43% of the variance. All of the items loaded significantly on this component.

Table 1
American Indian Acculturation Scale
Factor Item Loadings across Three Samples

Items	Sample 1 ^a	Sample 2 ^b	Sample 3 ^c
1. Attend Indian church	.66	.34	.43
2. Attend Indian ceremony	.82	.81	.77
3. Choose Indian activity before others	.76	.81	.81
4. Socialize with Indians or have Indian friends	.57	.61	.61
5. Use Indian medicine	.32	.54	.60
6. Seek help from Elders	.63	.70	.73
7. Attend pow-wows	.72	.63	.70
8. Sing Indian songs	.78	.72	.72
9. Participate in Indian prayers	.83	.82	.79
10. Write Indian stories	.50	.43	.48
11. Eat or cook Indian food	.68	.55	.68
12. Do Indian art	.59	.41	.51
13. Use or know the Indian language	.67	.47	.67
14. Attend Indian dances	.80	.80	.79
15. Know or participate in tribal politics	.54	.51	.52
16. Know or share Indian history	.68	.67	.67
17. Work in Indian Communities/Populations		.64	.55

^aSample 1 = clinical sample

^bSample 2 = non-clinical sample

^cSample 3 = non-clinical sample

To assess the convergent and discriminant validity of the *AIES*, Pearson correlational analyses (one-tailed, significance level set at .01 level) were conducted to assess the relationship between the *AIES* and the other measures of acculturation, the *LPS* and the *NAAS* (see Table 2). The *AIES* was intended to be a short, user-friendly measure of enculturation that tapped into behavioral and spiritual aspects of traditionality for AI people. It was predicted that *AIES* scores would be significantly related to behavioral and spiritual aspects of acculturation. This prediction was confirmed in the studies using the *AIES* and the *LPS* (which measures behavioral, affective/spiritual, cognitive, and social/environmental acculturation). In the clinical and non-clinical studies using the *AIES* and the *LPS*, the *AIES* was significantly and positively correlated with the behavioral ($r = .55, p < .01$ in both studies) and affective/spiritual ($r = .54, p < .01$ in both studies) acculturation subscales of the *LPS*, indicating convergent validity. The *AIES* was not significantly correlated with cognitive ($r = .05$ and $.18, p > .01$ in two studies) and

social/environmental ($r = .28$ and $.22$, $p > .01$ in two studies) aspects of acculturation. Further, the *AIES* correlated negatively with the *NAAS* ($r = -.68$, $p < .01$), indicating discriminant validity from acculturation.

Table 2
Correlations Between
the American Indian Enculturation Scale
and Measures of Acculturation Across Three Samples

	Clinical Sample AIES ^a N = 165	Non-Clinical Sample 1 AIES N = 167	Non-Clinical Sample 2 AIES N = 324
LPS ^b Cognitive	.18	.05	-
LPS Affectual	.54 ^d	.45 ^d	-
LPS Behavioral	.55 ^d	.63 ^d	-
LPS Social	.28	.22	-
NAAS ^c	-	-	-.68 ^d

^aAIES = AI Acculturation Scale

^bLPS = Life Perspectives Scale

^cNAAS = Native American Acculturation Scale

^d $p < .01$

Discussion

The *AIES* was developed to assess enculturation, particularly behavioral and spiritual aspects, for AI people. The *AIES* was administered to three different clinical and community samples of AI people, along with other measures of acculturation. For each sample, the *AIES* was shown to have high internal consistency reliability and construct validity, as well as convergent validity with behavioral and spiritual aspects of acculturation and discriminant validity with cognitive and social aspects of acculturation (as measured by the *LPS*) and overall conventional acculturation (as measured by the *NAAS*). Across all three samples, a one-factor solution emerged for the *AIES* accounting for a significant amount of the variance (43.5-45%) in acculturation scores. Therefore, the *AIES* appears to have psychometric properties that yield usefulness for Indian people who seek counseling services as well as for Indian people in the community (non-clinical samples).

The *AIES* is a relatively short instrument (17 items), which makes it easy to administer. The items, in general, resonate with the AI people who have completed it. Two items did not load significantly on a one-component solution of the *AIES* across the clinical and non-clinical samples. "Attend Indian church," was an item that did load on the one-component solutions for the clinical sample and one of the community samples, but not for the other community sample. "Use Indian medicine" was an item that loaded significantly on the one-component solutions

for the two community samples, but not for the clinical sample. In terms of the first item, "Attend Indian church," there are some possible reasons why this item did not load significantly on one of the samples. Participating in Indian church activities may or may not be part of AI people's identification with traditional ways. This item might have been confusing to some of the respondents in that "attend Indian church" can mean different things to different people. Each tribe/nation may have different churches reflective of their traditional spiritual practices. In terms of the second item, "Use Indian medicine," it is possible that those AI people who seek counseling services (clinical sample) may not use Indian medicine often, and that might be the reason why it did not significantly load on the acculturation scale. The reasons for these two items not consistently loading on the overall scale across these two samples merits further investigation.

The *AIES* is a culturally relevant and practical measure of enculturation or traditionality and is reliable and valid with AI clients as well as AI people in the community. It appears to be a relevant measure for AI people from a variety of tribes across the nation. There may be some traditional ways not included in this measure that would be relevant for a particular tribe or nation, such as Alaska Natives. Therefore, we encourage practitioners and researchers to use this measure and adapt the items as needed to be congruent with the traditional ways of the people from particular tribes and nations.

The strengths of the *AIES* relative to the other enculturation and acculturation measures include the brevity of the instrument (and, therefore, its ease of use), as well as its relevance to clinical and non-clinical groups of AI people, given its ability to measure the extent to which a person is participating in the traditional ways of AI life in a global way with emphasis on behavioral and spiritual dimensions of enculturation. It is important to understand the extent to which AI people participate in their traditional ways and how these traditional behaviors impact one's well-being, resilience, and connections with others and the world, and now we have a reliable and valid instrument with which to continue this research. We hope that health care professionals will consider using the *AIES* in their practices to best serve AI people.

Diane Montgomery, Ph.D.
Oklahoma State University
College of Education
424 Willard Hall
Stillwater, OK 74078
Phone: 405/744-9441

E-mail: diane.montgomery@okstate.edu

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THE CHANGING PATTERNS OF DRUG USE AMONG AMERICAN INDIAN STUDENTS OVER THE PAST 30 YEARS

Fred Beauvais, Ph.D., Pamela Jumper-Thurman, Ph.D., and Martha Burnside, M.A.

Abstract: Drug use among American Indian (AI) youth continues at higher levels than those found among other youth. While the rates are higher, the patterns of increases and decreases over the past 30-year period have been similar, indicating that AI youth are part of the larger adolescent culture. There is a set of secular influences that affect the rates of drug use in both groups in the same manner. The major implication of these findings is that effective interventions in non-AI groups may also be effective among AI adolescents. Intervention activities, however, must be adapted to be culturally congruent. Despite rising concern over methamphetamine use on reservations, the data presented here indicate that, with the exception of two points in time, the rates have not increased substantially for AI youth who remain in school. School dropouts and young adults/adults may be more vulnerable to the abuse of methamphetamines and the rates of use may be higher in these groups.

INTRODUCTION

Over the past three decades, the authors have been following the trends in drug use among American Indian (AI) youth living on reservations in the U.S. (Goldstein, Oetting, Edwards & Garcia-Mason, 1979; Beauvais, Oetting, & Edwards, 1985; Beauvais, Oetting, Wolf & Edwards, 1989; Beauvais, 1996; Beauvais, Jumper-Thurman, Helm, Plested & Burnside, 2004). In that period of time, we have been able to discern

distinct patterns of increases and decreases in drug use that have proven to be very similar to those seen among non-AI youth. Our methodology parallels that of the Monitoring the Future project conducted among non-AI youth across the country, thus providing us the opportunity to make comparisons with a national sample (Johnston, O'Malley, Bachman & Schulenberg, 2007). At the broadest level, we have been able to conclude that the trends in use of a variety of drugs are highly similar between AI and non-AI youth with corresponding increases and decreases across time. At our last reporting it was clear that both AI and non-AI youth experienced a general increase in drug use through the 1990s, with a possible leveling off and perhaps a drop for non-AI youth (Beauvais et al., 2004). What was not clear at that time was whether or not the pattern of leveling off, and possible decreases found in non-AI youth, would be mirrored by AI youth. We can now present data to clarify that point.

METHOD

Each year anonymous surveys are administered to AI youth attending reservation or near-reservation schools. The sample is selected to represent the major AI language and cultural groups in the U.S. The sample sizes per year are noted in Table 1 (The sample sizes are different from year to year depending on the size of tribes surveyed). It is recognized that there may be some variation in drug use rates from tribe to tribe, but in our past work this variation has not proven to be substantial. In order to provide stable samples, data are aggregated and reported over two to three years depending on the size of the yearly samples. After tribal and school approval is obtained, the schools are provided with copies of the survey for administration in a normal classroom period by the teacher. Parents are given the opportunity to remove their child from the survey administration. They are notified by first-class mail of the survey date and they can decline to have their child participate by signing and returning the form, or they may call the school or stop by the school to decline. Additionally, the school survey is announced in at least one local media outlet. Students are also given the opportunity to decline participation or to not respond to any questions with which they are uncomfortable. This study was approved by the Colorado State University Institutional Review Board.

The survey that is used contains drug use items as well as a wide variety of psychosocial items related to drug use (The American Drug and Alcohol Survey™). This survey has been refined for use with AI youth

over the course of this project, and has been shown to have excellent psychometric properties (Oetting & Beauvais, 1990).

For the purposes of this article we will report the trends in lifetime use for a series of drugs. (Other prevalence measures, such as last year and last 30 days, generally rise or fall in concordance with lifetime prevalence.) The question yielding this data is of the form “Have you ever tried _____?” Lifetime prevalence is a very general measure of drug use and does not provide information on frequency or intensity of use. It is, however, a good measure of exposure to drugs in a population and is sensitive enough to provide an estimate of the levels of this exposure over time. The question is not complex and has essentially the same meaning at any point in time. Street names are often used to provide examples of the classes of drugs, and these are periodically changed to correspond to street nomenclature. The basic questions, however, remain unaltered over time.

RESULTS AND DISCUSSION

Figure 1 uses the lifetime marijuana data to illustrate the general correspondence of drug use patterns for both AI and non-AI youth over time. The figure makes two important points. First, it is clear that AI youth have been using marijuana at higher rates than non-AI youth since 1980. This pattern has been found to be generally true for other drugs (Beauvais et al., 2004). Note that the AI data in Figure 1 are for 7th-12th graders combined, while the non-AI data are for 12th graders only. (Technical problems prevent desegregation of the AI data by grade prior to 1993.) The data for non-AI youth are from the Monitoring the Future study (Johnston et al., 2007). Even though the AI youth are a younger group on average, their use of marijuana is still quite a bit higher (with the exception of 1980, the differences in rates are statistically significant; $p < .05$). Second, it is clear that the trends over time are highly similar, indicating that whatever the conditions are that shape marijuana use at any particular time, they are affecting both AI and non-AI youth similarly. One factor that has been shown to be related to shifts in marijuana and other drug use over time is the perceived risk of harm from use of a drug. The Monitoring the Future project has shown convincingly that, as young people perceive marijuana as being more harmful, their level of use declines (Johnston et al., 2007). Conversely, as perceived risk declines, use increases. There is no single explanation for the changes in perceived risk, although Johnston (1991) discusses a number of societal forces that may influence it.

Figure 1
Percent of Indian and Non-Indian Youth who have Ever Used Marijuana

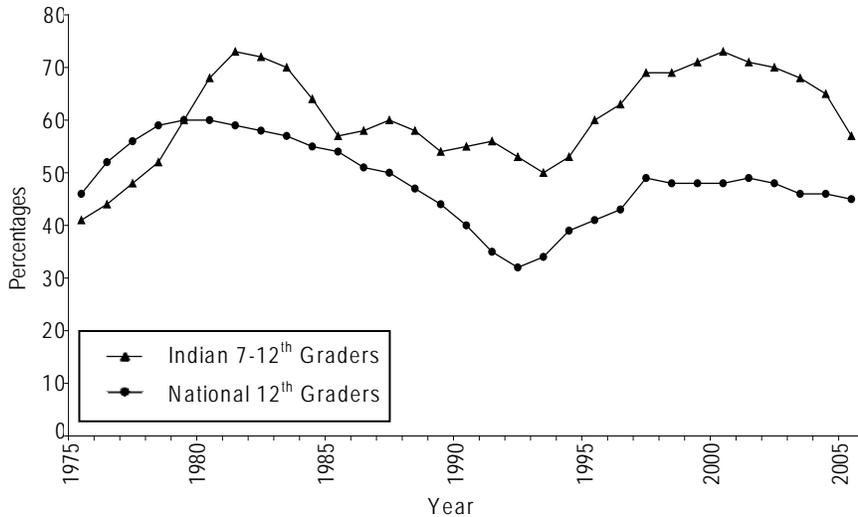


Table 1 provides the long-term patterns for other drugs. For simplicity, comparisons with non-AI data are not presented, although, as mentioned above, the rates for AI youth have been generally shown to be higher. Inspection of these figures shows a mixed pattern. We have already noted the decrease in marijuana exposure (Figure 1). Stimulants, sedatives, PCP, and psychedelics are showing similar decreases. The use of alcohol and "getting drunk" fluctuate somewhat from year to year, but remain at basically the same level over time.

Table 1
Lifetime Prevalence of Drug Use for Indian 7th-12th Graders

	1975 n = 1235	1977/79 n = 3105	1980/82 n = 2159	1982/84 n = 1411	1984/86 n = 1510	1986/88 n = 2683	1988/90 n = 5300
Any alcohol	76	79*	85*	81**	79	81	75**
Alcohol intoxication ^a	-	-	-	-	46	49	55**
Marijuana	41	53**	74**	70**	57**	61*	55**
Inhalants	16	26**	30*	31	21**	24*	24
Cocaine	6	7	11**	6**	7	8	9
Stimulants ^b	10	15**	24**	22	21	25**	17**
Legal stimulants	-	-	-	-	14	15	13*
Sedatives	6	10**	9	7*	10**	11	7**
Heroin	3	4	5	2**	5**	5	4*
Psychedelics	7	9*	9	6**	9**	10	13**
Tranquilizers ^{a,b}	-	9	6**	3**	7**	7	3*
PCP	-	-	-	-	10	10	7*
Cigarettes ^a	-	-	-	-	79	78	71**
Smokeless tobacco ^b	-	-	-	-	-	58	56

Table 1, Continued

	1990/92 n = 1710	1992/94 n = 2096	1996/98 n = 1848	1998/00 n = 2331	2001/02 n = 1520	2003/04 n = 1733	2005/06 n = 1720
Any alcohol	75	68**	68	77**	68**	61**	76**
Alcohol intoxication ^a	62**	51**	52	61**	52**	45**	54**
Marijuana	56	50**	69**	75**	70**	65**	57**
Inhalants	25	21**	15**	23**	16**	11**	14**
Cocaine	12**	9**	13**	14	12	17**	9**
Stimulants ^b	18	13**	18**	17	10**	6**	7
Legal stimulants	15*	14	18**	19	13**	8**	10*
Sedatives	6	4**	5	5	6	4**	5
Heroin	3	3	4	3*	4	3	3
Psychedelics	22**	19*	21	22	14**	14	7**
Tranquilizers ^{a,b}	2*	2	2	3*	2	2	4
PCP	3**	3	5**	4	4	3	2
Cigarettes ^a	74*	71*	76**	79*	70**	63**	56**
Smokeless tobacco ^b	52**	45**	39**	40	33**	25**	36**

^aData not available for earlier years

^bOnly illicit, or nonprescribed, use is included

* $p < .05$; ** $p < .01$ (A difference in proportion test was used to compare each data point with the previous year)

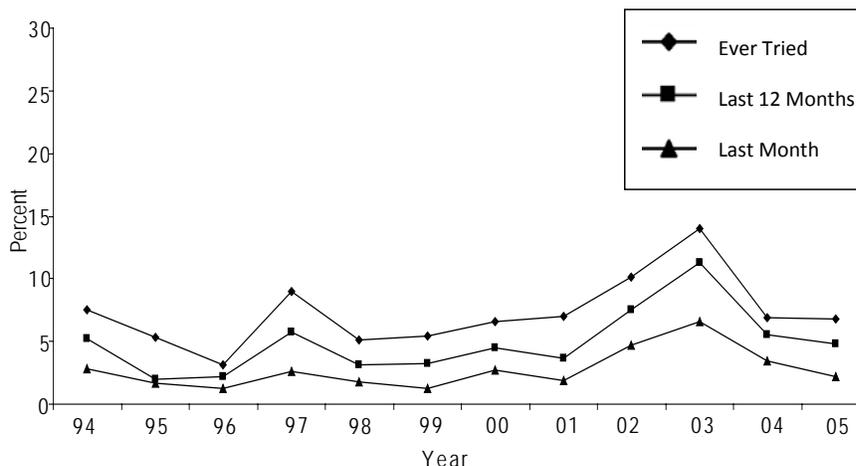
With the exception of brief spikes in 1999 and 2006, use of inhalants has been on a persistent downward trend since 1985. This is a significant finding. As we have reported elsewhere, inhalants have always been seen as particularly troublesome drugs for AI communities, but they are now used at levels comparable to those in non-AI communities (Beauvais et al., 2004). This is an important finding because we believe that the reductions in inhalant use among AI youth came as a result of concerted efforts at prevention in AI communities. It has been our observation that these communities were well aware that they had a serious inhalant problem and took strong measures to counteract it. Over the past two decades there have been numerous conferences devoted specifically to AI adolescent inhalant use, as well as national and regional training sessions providing information for counselors and community members about inhalant abuse treatment and prevention. Despite our finding that inhalant use is declining, there continues to be a belief that AI youth are at higher risk than non-AI youth. It may take time to overcome this belief.

Cocaine use is down significantly over the past several years, but it will take more data to see if this trend continues. Tobacco use (both smoking and smokeless) is down significantly over the period of time we have included it on the survey. Note, however, the spike in 1999 that seems to parallel the higher use in that period for other drugs. We have noted elsewhere that not only are there declines in lifetime prevalence for tobacco use, but that daily levels of use have dropped by nearly half for AI youth, similar to what is found in Monitoring the Future study (Beauvais, Jumper-Thurman, Burnside, & Plested, 2007; Johnston et al., 2007).

Methamphetamines

Recently there has been rising concern over methamphetamine use in AI communities. One national survey reports that AIs and Alaska Natives have the highest rates of use among all ethnic groups in the U.S. (Kronk & Thompson, 2007). Further, data from the Indian Health Service records (National Drug Intelligence Center, 2008) show a 60% increase in treatment admissions for methamphetamine abuse between 2001 and 2007. Figure 2 shows lifetime, annual, and past 30-day prevalence rates for AI 7th-12th graders for methamphetamine use since 1994.

Figure 2
Percent of Indian Youth who have Ever Used Methamphetamines



With the exception of two spikes in use, one in 1997 and the other in 2002/2003, the rates of use of methamphetamines remain essentially unchanged. This is in sharp contrast to what other surveys have found and to anecdotal reports from clinicians in the field who indicate that methamphetamine use is increasing and becoming extremely problematic in AI communities. It must be remembered, however, that these data are from AI youth who have remained in school. It is quite possible that rates of methamphetamine use have increased among school dropouts. Another possibility, corroborated by field personnel, is that methamphetamine use is more of a young adult/adult problem and has not penetrated down to the school level. It will take further data collection to see if use will spread to in-school youth. There is no immediate explanation for the spikes in use, although they could well be related to major influxes on the reservations we surveyed in those years. While the distribution patterns of methamphetamines on reservations are not well understood, it is likely that methamphetamines come from off-reservation areas and are subject to very volatile availability and “marketing” patterns.

Limitations

There has been concern in the literature that self-report of negative behaviors on school-administered surveys can be inaccurate, leading to underreporting. Johnston and O'Malley (1985) discussed this issue in some detail and concluded that when confidentiality is assured, both at the school level and during the research process, students will respond with reasonable accuracy. Furthermore, there is internal consistency between reported drug use and other psychosocial variables. For instance, students who report higher drug use will report that they have more friends who use drugs and that their friends encourage them to use drugs. Due to the complex demographic nature of AI reservations and communities, it is difficult to ensure a representative sample of AI youth. We do attempt, every year, to include locations with varying linguistic, cultural, and demographic characteristics. A further possible limitation is that, because we report data that are aggregated across locations, it is not possible to discuss possible differences between schools, communities, or reservations. However, when we have disaggregated the data in the past we have found only minor variation. Finally, these data are from reservation AI youth and are not generalizable to AI youth who are living in off-reservation communities. (There are various estimates, but approximately one-half of AI youth are living in non-reservation communities.)

Conclusions

The similarity in drug use patterns between AI and non-AI youth has important implications for drug abuse prevention with AI youth. It would appear that, to a large extent, AI youth are responding to influences in their environments in ways that are similar to those of non-AI youth. Most prevention programs are designed either to change these environments or to change the ways in which youth respond to them. Rather than design wholly new prevention programs for AI youth, it would seem reasonable to identify programs that have been proven to be effective with non-AI youth and to modify them for use with AI youth. For instance, Hawkins, Cummins and Marlatt (2004) discuss in some detail the validated concepts that have been included in effective prevention programs. They then describe a prevention program, "Journeys of the Circle," which overlays these concepts on a culturally congruent metaphor of the canoe journey, which is a journey of life requiring adherence to certain traditional ways of believing and behaving. The emphasis is

on abstinence from drugs and alcohol. This approach allows for the combining of adolescent development with a cultural base that will not only take advantage of the strengths of the culture, but will make the program more acceptable in the community.

Tracking trends in drug use is also important to help target certain drugs that are shown to be of particular concern to communities. For example, the data have shown that marijuana is a particular target for AI adolescents and needs strong attention in prevention programs. Future research should address the reasons why marijuana has become nearly normative among AI youth. Conversely, while vigilance must be maintained through future surveying, methamphetamines have not yet become a serious problem among AI adolescents, and intervention needs to focus instead on young adults and adults. Continued surveillance may reveal other patterns requiring attention.

Fred Beauvais, Ph.D.
100 Sage Hall
Colorado State University
Fort Collins, CO 80523
Phone: 970/491-6828
Fax: 970/491-0537
E-mail: fred.beauvais@colostate.edu

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STRONG NAVAJO MARRIAGES

Linda Skogrand, Ph.D., Mary Lou Mueller, M.F.H.D., Rachel Arrington, B.S., Heidi LeBlanc, M.S., Davina Spotted Elk, A.A., Irene Dayzie, B.A., and Reva Rosenband, M.S.

Abstract: The purpose of this qualitative study, conducted in two Navajo Nation chapters, was to learn what makes Navajo marriages strong because no research has been done on this topic. Twenty-one Navajo couples (42 individuals) who felt they had strong marriages volunteered to participate in the study. Couples identified the following marital strengths: (1) maintain communication, (2) nurture your relationship, (3) learn about marriage, (4) be prepared for marriage, and (5) have a strong foundation.

Introduction

Interest in relationship and marriage education has increased in recent years, with programs and initiatives serving couples being developed throughout the United States (Larson, 2004). This interest has been prompted by the Administration for Children and Families at the U. S. Department of Health and Human Services, which announced the Healthy Marriage Initiative in 2001 (Administration for Children and Families). These programs have a goal of increasing marital happiness and decreasing divorce. There is evidence that healthy and stable marriages increase both child well-being (Hoffman & Johnson, 1998; Pong & Ju, 2000) and social and emotional health of individuals in the couple relationship (Burt & Burt, 1996; Proulx, Helms, & Buehler, 2007; Waite & Gallagher, 2000; Whisman & Bruce, 1999), and also contribute to economic and societal stability (Schramm, 2006; Waite & Gallagher). It is, therefore, important to have healthy couple relationships for the benefit of the entire family and society.

Researchers and family educators have developed premarital and marriage education training, which typically focuses on developing skills in talking to one's partner, managing conflict, and solving problems (Dion, 2005). The need for these skills became apparent as a result of research with European-American couples, and education programs typically serve these same couples. Skills are usually taught in marriage education classes attended by couples, where facilitators teach skills and couples then practice them. These education programs, however, do not attract or meet the needs of diverse populations (Adler-Baeder, Higginbotham, & Lamke, 2004; Carroll & Doherty, 2003; Ooms & Wilson, 2004).

There is very little understanding of what constitutes effective relationship and marriage education for ethnically diverse couples (Dion, 2005). Researchers have concluded that one size does not necessarily fit all, and that many couples would not benefit from traditional relationship and marriage education because neither the methods nor the content are appropriate for diverse populations (Goddard & Olsen, 2004; Ooms & Wilson, 2004; Wiley & Ebata, 2004). One study focusing on what makes strong marriages for Latino couples identified children, communication, and religion as essential components (Skogrand, Hatch, & Singh, 2008). The findings of this study suggest that there are cultural differences between what makes strong marriages for the sample group of Latino couples versus European-American couples.

Research findings indicate that, because of their unique cultural characteristics, it is likely that there is also a need for relationship and marriage education that specifically meets the needs of American Indian/Alaska Native (AI/AN) populations. These cultural characteristics, which include the importance of spirituality (Cross, 1998); the need for balance among mind, body, and spirit (Cross); and differences in learning style (Sue & Sue, 2003), point to the need for couple education for AI/AN populations to be different from what is traditionally taught to European-American couples.

Extensive research, including a review of the Native Health Database at the University of New Mexico, revealed no studies about marriage relationships in AI/AN populations. There is a need for research to be conducted within a cultural context to inform programming for AI/AN populations to better understand what makes marriages strong (Doherty & Anderson, 2004; Halford, 2004; Wiley & Ebata, 2004). This study is an effort to begin filling the gap in literature about healthy couple relationships in AI/AN populations by focusing on strong marriages within one tribe.

Twenty-one Navajo couples who self-identified as having strong marriages participated in this qualitative study. This research about strong Navajo marriages drew upon the family strengths framework, which focuses on the strengths evident in families, rather than on the reasons why families do not do well (Stinnett, Sanders, & DeFrain, 1981). We sought to understand the cultural values, practices, and strengths evident in these strong marriages, using an interview format that was open-ended and would allow for cultural characteristics to be reflected in the participants' responses. The ultimate goal of this study was to use the findings to provide culturally appropriate marriage education to members of the Navajo community. These findings may have implications for other tribes as well.

Methods

This study was approved by and conducted under the direction of the Navajo Nation Human Research Review Board (NNHRRB). The study was conducted using the model provided by Grills and Rowe (1999), which encourages researchers to become familiar with and develop a value orientation that is respectful of and knowledgeable about the community being investigated. The study was conducted by gathering and analyzing data using qualitative methods, allowing strengths of the Navajo marriages to be described within the context of culture.

The instrument used for gathering data was a semi-structured interview schedule which was based on features and cultural themes about AI/AN family life as described in the literature. The NNHRRB provided feedback about the interview schedule, which was then revised. It ultimately included 25 open-ended questions about marriage focusing on the following issues: how the couple met, their descriptions of strong marriages, qualities of strong marriages in other couples they knew, and what advice they would give to their children about having strong marriages (see Appendix for a complete list of questions). Participants' answers to the questions about strong marriages reflected their personal experiences.

The participants interviewed for this study included 21 couples (42 individuals). Volunteers for the study were solicited through the use of flyers and word of mouth in two northern Chapters of the Navajo Nation. Chapters are the smallest of the governing agencies, similar to counties or precincts. There are 110 Navajo Nation Chapters; the two Chapters where the study was conducted are on or near the Utah/Arizona border. Because flyers were posted at Chapter houses and the

request for volunteers was announced at Chapter meetings, couples who frequented these government entities were most likely to know about the study. However, some couples volunteered because they heard about the study by word of mouth. The couples who participated in the study could choose a gift certificate in the amount of \$50 to a local restaurant or grocery store.

Marital partners were interviewed separately in a location the couples indicated was convenient for them. All the couples chose to be interviewed in their own homes. The average interview lasted approximately 30 minutes per person. Participants could choose to have the interview conducted in English or in Navajo, and interviews were audio recorded. The interviews were transcribed, and when translation was required, they were translated by a bilingual, Navajo-speaking transcriber. All the transcribed interviews were sent to participants to verify that the transcription was accurate. Demographic data that might affect marriage relationships, such as length of marriage, age at marriage, educational level, and number of children, were also collected from each couple.

All couples lived on or near the Navajo Nation and were affiliated with one of two northern Chapters. Both the husband and wife identified as Navajo in all couples, except for one couple that was Navajo/European-American and one that was Navajo/Mexican. The average age of the husbands was 49 years and the average age of the wives was 47 years, with the youngest participant being 29 years and the oldest being 74 years. Both husbands and wives had completed an average of two years of community college; participants' education ranged from having no formal education to having completed graduate school. Income level was not tabulated because this information was optional and many participants did not state their income (see Table 1).

Table 1
Sample Individual Characteristics

Characteristic	Husband	Mean	Wife	Mean
Age		49		47
29 years	0		1	
30-39 years	5		5	
40-49 years	6		6	
50-59 years	6		6	
60-69 years	3		3	
74 years	1		0	
Education				
No formal education	1		2	
8 th Grade	1		0	
High School	4		4	
Technical School	2		1	
Community College	5		4	
Four-year College	6		4	
Graduate School	2		6	

All of the couples had at least two children. One couple considered themselves married even though they had never been legally married; the average length of time married for the other 20 couples was 25.6 years, with the range being 5 years to 53 years (see Table 2).

Table 2
Sample Marital Characteristics

Characteristic	Sample	Mean
Race/Ethnicity		
Navajo-Navajo	19	
Navajo-Mexican	1	
Navajo-European American	1	
Length of Marriage ^a		25.6
5 years	1	
10-19 years	5	
20-29 years	5	
30-39 years	6	
40-49 years	2	
53 years	1	

^aDoes not include one couple who had a common-law marriage

Data were analyzed using the procedure described by Bogdan and Biklen (2003); researchers identified coding categories in answer to the research question: What makes strong marriages for these Navajo couples? All three of the researchers immersed themselves in the data, as suggested by Bogdan and Biklen, by reading the transcriptions from all 42 participants twice in order to get a sense of the totality of the information. The researchers then re-read the data a third time and

developed coding categories that reflected the patterns and themes described by the respondents, focusing on what participants said was necessary to have a strong marriage.

The coding was done independently by each of the three researchers, and the coding schemes were then shared. When differences in the coding categories were identified, the researchers went back to the data and developed a consensus about which categories best reflected the participants' responses. Throughout this process, coding categories were collapsed and refined. Final coding categories were then used to code all data. The resulting categories were shared with a Navajo consultant to verify that researchers accurately understood the findings. The findings in this paper reflect coding categories that were cited by the largest number of respondents as being necessary components of strong marriages: maintaining communication, nurturing your relationship, learning about marriage, being prepared for marriage, and having a strong foundation.

Results

Maintain Communication

All 42 participants in the study told researchers that maintaining communication was a vital part of building strong marriages. Couples agreed that effective communication between partners was hard work that did not come easily. To maintain effective communication, couples needed to be open with each other, listen to each other, be positive, and praise each other. When couples did not communicate well, there was stress in their marriages. Individuals in the study mentioned the need for communication multiple times. Many stressed that it was the most important skill in building strong marriages.

Be Open with Each Other

Being able to talk to one's spouse about anything was seen as important in being able to communicate effectively. "Openness" meant being able to talk to one's spouse about past as well as current issues. Keeping secrets from each other had a negative impact on marriage relationships. Being open also contributed to trusting each other.

Listen to Each Other

Couples said that if marriage partners did not listen to each other, their marriages would suffer because communication involves both talking and listening. Listening to each other included finding out what the other person really meant, rather than jumping to conclusions:

Sometimes we were both talking about the same thing and we both basically agreed on something, but we were looking at it from different perspectives culturally. When we had time to sit down and talk about it, we realized that we really didn't disagree.

Be Positive

When couples had difficulties with issues in their marriages, staying positive helped them work through problems more easily. Couples who worked at having positive feelings toward each other, and talked positively to each other, felt that these strategies had a positive effect on their ability to communicate. One man described the importance of staying positive:

It's how you think about each other, how you love one another, how you work together, and how you make decisions. That's all part of having a good marriage. To have just good thoughts for one another and talk positively to each other—that makes a strong marriage.

Give Praise to Each Other

Praise was viewed as an expression of love and acceptance, and it promoted positive feelings between partners. When both spouses felt accepted and loved, they were better able to communicate effectively.

Nurture Your Relationship

All but one of the 42 individuals told researchers that couples needed to nurture their relationships in order to have strong and successful marriages. When couples took time to do so, they were fortifying their marriages and safeguarding them against times of difficulty. To nurture their relationships, couples needed to be committed, focus on each other, and learn to enjoy being together.

Be Committed

Couples stressed that being committed strengthened their marriages as they went through good times and bad. When a couple experienced hardships, they had the choice to draw closer together and work through them, or to give up. Couples who remained committed despite difficulties were able to build strong marriages. Each spouse had to make a choice to be committed to marriage. Specific qualities that individuals used to strengthen their commitment to each other were unselfishness, patience, and understanding.

Focus on Each Other

Another important way for couples to nurture their marriages was to nurture each other as individuals. When a person focused on the needs of his or her spouse, the marriage was stronger. Nurturing included respect, support, and love.

Learn to Enjoy Marriage

Participants stated that marriage takes hard work and commitment, but couples also needed to have fun, laugh, and enjoy time together. Friendship between spouses was an important part of strong marriages. Marriages were strengthened when couples did things together that both spouses enjoyed, like friends do. When the excitement of romance faded, there was still a strong friendship to fall back on that helped to maintain the marriage. Couples also indicated that it was important to have a sense of humor and to be able to laugh with each other. Teasing each other lightened up tense situations and restored positive feelings in the marriage.

Learn About Marriage

All but 2 of the 42 individuals who participated in this study told researchers that being open to learning about marriage was an important component of strong marriages. Couples who learned from others and from their own experience had stronger marriages. Participants told researchers that learning from others was an important way to gain knowledge and information about what made marriages work. To learn about marriage, couples needed to receive advice and counsel from family members, observe other couples, and learn from spiritual leaders and counselors, each other, and personal experience.

Receive Advice and Counsel from Family Members

Family members were an important source of knowledge about marriage for Navajo couples. Family members offered advice and also shared traditional stories—stories that taught values and provided guidance in addressing issues in marriage. For example, family members taught couples about traditional roles and responsibilities within marriage. This is what one woman learned about marriage: “My mother used to talk to me, and my grandmother used to tell me what your roles are—what your duties are as a wife.”

Observe Other Couples

Observing other couples who had difficulties helped couples to avoid the same problems in their marriages. At the same time, observing successful marriages also helped couples learn what they could do to have strong marriages. Couples also mentioned that they tried to be good examples for their own children in teaching them about having good marriages.

Learn from Spiritual Leaders and Counselors

Couples reported that using spiritual resources helped them have strong marriages. Couples reported turning to churches, learning from religious leaders, and involving themselves in personal Bible study. Religious teachings provided a set of values and standards to live by, and when couples agreed upon and abided by those values, their marriages were strengthened. Spirituality also included traditional teachings and ceremonies. When a couple was having struggles in their marriage, they had prayers or blessings done, or counseled with a medicine man to give them advice, strength, and direction. One man said, “The medicine man has very good advice. If you go to them they will talk to you and are very compassionate. They’re medicine men and that’s what they’re trained to do.”

Couples indicated that seeking professional counseling was one way to resolve differences and learn how to have strong marriages. Through counseling, couples could identify their strengths and weaknesses and learn important skills to build on those strengths and overcome their weaknesses. Counseling was not necessarily limited to marriage counselors. Many Navajo couples received helpful advice from counselors in schools, from elders, and from other trusted people.

Learn from Each Other

Couples in the study said they learned from each other about how to have strong marriages. Participants described being open to learning from their spouses. Their spouses might have had more knowledge or might have been older and more mature when they got married. According to one woman:

I think my husband was more ready than I was because I was much younger and he was a little more mature at the time . . . I learned so much from him throughout my young years after we got married.

Learning from each other involved having an openness to learn as a couple and accept the influence of a spouse throughout married life. One woman concluded, "You could take all the classes on marriage to be ready for marriage, but I think it's between you and your spouse."

Learn from Personal Experience

When asked how he learned how to have a strong marriage, one man simply said, "I think through experience, that's how I learned." Every person had many experiences in his or her lifetime that taught different lessons, and these lessons were used to strengthen their marriages. Some participants had been married previously and divorced. They learned from mistakes in failed marriages and explained that they did not make the same mistakes in their current marriages. Others who had always been married to the same person also made mistakes, and they tried to learn from those mistakes and not repeat them as time progressed.

Be Prepared for Marriage

All but 2 of the 42 participants told researchers that being prepared for marriage was an essential part of building strong and successful marriages. Spouses needed to be prepared individually, both educationally and financially, and also needed to have a plan as a couple.

Be Prepared as an individual

Being prepared as an individual was an important part of preparation for marriage. This included establishing oneself as an independent adult before marriage. Becoming an independent adult and being able to live on one's own was an important preparation for

marriage, and it demonstrated responsibility. Couples felt that it was important for partners to be prepared to take care of themselves when a spouse was not there—this applied to both men and women. Individual preparation also included having knowledge of both traditional Navajo ways and “modern” ways. Individual preparation also included knowing what one wanted out of life. Having made these decisions before marriage helped Navajo couples have stronger marriages. One woman described how she had decided what kind of man she wanted to marry:

I had already made some choices as to what kind of guy I wanted to marry. I wanted to marry a guy that didn't abuse alcohol. I wanted a guy who was serious about having a family, and had a good belief in God, and just had a really good family base. Be prepared educationally and financially.

Navajo couples also said getting an education and establishing oneself financially before marriage helped couples have stronger marriages. This preparation helped couples avoid, as one person said, “going through waiting in line for food stamps, waiting in line for government help.”

Have a Plan as a Couple

Having a plan was important to Navajo couples for many reasons. It gave couples a common goal to work toward, which brought unity to the marriage. Having goals and plans helped individuals and couples have a sense of control over their lives and to take an active role in shaping their future. Having a plan included establishing goals as a couple, making conscious decisions to treat one's spouse with respect, and planning how to deal with conflict when it arose. Navajo couples said that learning to agree on decisions was an important part of strong marriages, specifically with regard to traditional roles and parenting.

Several Navajo couples said that each person should gain the skills necessary to carry out his or her traditional roles. For women, that meant cleaning, cooking, and raising the children as part of their role as wife. Men would provide for the family and take care of traditional male roles, such as building a house or taking care of the family's physical needs.

Couples emphasized that preparing ahead of time for parenthood was also important. Couples should consider the expense of raising children before rushing into parenthood. Parents should discuss and agree upon what kind of values they wanted to teach their children and be prepared personally to deal with the demands of parenthood. Those who had children before they were married, or got married because they had children, learned through difficult experience the things others learned through preparation.

Have a Strong Foundation

Thirty-two out of 42 participants told researchers that building a strong foundation for marriage was crucial for marital success. Much like the foundation of a house supports the rest of the structure, a strong foundation in marriage contributes to the overall strength of the marriage. To have a strong foundation, couples needed to have personal and shared values and goals.

According to couples, before two people could be strong as a couple they had to be strong as individuals. Strong individuals had strong values. When each member of the couple had strong personal values, they brought that strength to the relationship. Values included strong spiritual beliefs, strong traditional beliefs, living a good life in general, and being secure with oneself and having self-respect. One husband said:

I think one of the things that I would encourage is to have good, strong values yourself. In Navajo culture they talk about values, about how to live a good life, and how to be good to others—and things along those lines. I think that if they were to follow those values and really live those values and teachings, there are a lot of good things about it.

Participants said marriages were strengthened, and there was less conflict, when couples had similar values, especially concerning religion and traditional values. For example, couples said that practices and beliefs unique to the Navajo culture served as a strength to those who followed them. Traditional beliefs passed down through generations made families stronger. One man shared this example:

Well, I have seen couples, older, elderly couples to this day that are married. They have a strong foundation through maintaining their traditional belief with livestock, and with the cornfield, and the traditional Hogan—I see these people live for a long time. Where people live outside with luxury and all these things, marriage don't last that long. So I guess, in that instance, you need to practice your traditional, your cultural upbringing for a long marriage.

Having goals as a couple was a way of focusing priorities and putting values into practice, so discussing goals was necessary to ensure that couples were working toward the same things. Couples who had similar cultural backgrounds were more likely to have the same goals. Two people in the study who came from very different backgrounds found it more difficult to have the same goals as their respective spouses. Each person established goals based on their background and experience, which sometimes caused difficulties in having similar goals for those who married someone from a different race, religion, or ethnicity.

Conclusions and Implications

For the 21 participating couples, five themes emerged from the data that were important in maintaining strong marriages: maintaining communication, nurturing the relationship, learning about marriage, being prepared for marriage, and having a strong foundation. The findings of this study, as compared to studies involving European-American and Latino couples, indicate that, although there are similarities in what makes strong marriages (such as communication), there were also differences. These themes are slightly different from skills taught in traditional relationship and couple education, which is based upon research conducted with European-American couples and which typically includes talking to each other (communication), conflict management, and problem-solving (Dion, 2005). In addition, the components identified by these 21 Navajo couples also differ from components identified by Latino couples, which include having children, communication, and religion (Skogrand et al., 2008). It is proposed that these differences are based upon culture and that effective relationship and marriage education should look different for differing cultures.

The findings from this study have been used to develop a couple activity book for Navajo couples who are in a relationship or are married. The activity book provides information about the five components of strong marriages and a survey whereby couples can assess their own relationship based upon these components. A list of activities designed to enhance each of the five components is also provided in the activity book. This book was developed with the help of a consultant in traditional Navajo ways, and the assessment tool and activities incorporate aspects of Navajo culture.

These findings could also be used to create a curriculum that would be taught to a group of Navajo couples, which would allow for discussion and learning among couples. Findings could be adapted and taught to high school-age youth, focusing on preparation for relationships and marriage. Counselors or therapists might also use the information to help couples who are working towards strengthening their relationships or marriages.

This study was an initial effort in understanding components of strong marriages of a limited number of couples in two northern Chapters of the Navajo Nation, in order that culturally appropriate relationship and marriage education might be provided. The Navajo Nation covers a very large geographical area—27,000 square miles—and is larger than 10 of the 50 states. Although this study included volunteers from two northern Chapters, there are 110 governing Chapters on the Navajo Nation, representing various regions. Because of differences in the degree of traditional practice on the Navajo Nation, components of strong marriages may vary even within the Navajo Nation, depending on geographic location. It is unknown if findings from this study have implications for relationship and marriage education for other AI/AN tribes, because tribal cultures vary. It is hoped that other studies might be conducted in other Chapters of the Navajo Nation and with other tribes to determine if these finding might have overlap or be consistent with what makes strong marriages in other AI/AN populations.

Linda Skogrand, Ph.D.
Department of Family, Consumer and Human Development
Utah State University
2705 Old Main
Logan, UT 84322-2705
Phone: 435/797-8183
E-mail: linda.skogrand@usu.edu

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Appendix
Interview Schedule

1. Tell me about how you and your spouse met.
2. What was one of the best times you had when you began to see each other?
3. What made you decide to get married?
4. In your opinion what are the reasons for getting married?
5. Before you got married did you ever get good advice about marriage from other people? If so, what was that advice?
6. Did family members affect your decision to marry? Explain.
7. What are some of the things you did, personally, to prepare for getting married?
8. How did you learn what it takes to have a strong marriage?
9. How have family members outside of your immediate family affected your marriage?
10. How have relationships with friends affected your marriage?
11. What was a good time in your marriage? Please tell a story about that.
12. How are decisions made in your marriage?
13. What kinds of things could lead to difficulties in marriage?
14. What is advice that you would give to others about overcoming difficulties?
15. What are your feelings about having children?
16. How have children affected your marriage?
17. How would you describe a strong marriage? What does a strong marriage look like?
18. What does it take to make a marriage work?
19. What advice would you give your children about how to have a strong marriage?
20. What would be the most useful in helping Navajo couples *prepare* for marriage?
21. For couples who are already married, what would be the most useful in supporting Navajo couples to *continue* to have strong marriages?
22. How can we help couples who are having struggles in their marriages?
23. If education about marriage were provided for Navajo people, what should we teach and how should it be taught?
24. Is there anything about strong marriages that you would like to add?
25. Is there anything about this study that you would like to ask me about?

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