

COMMENTARY
BY
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The old show business maxim of “always leave them wanting more” applies very well to the most recent paper of Dale Walker and his colleagues. What they have put together is an intriguing set of data that is the only one of its kind, comprehensive, extremely complete in terms of participant follow-up and has the potential to answer a host of very pressing questions regarding problems experienced by urban Indian youth. As I read this manuscript I was formulating dozens of hypotheses and research questions that could be placed against these data and which could shed a great deal of light on the social and psychological functioning of urban Indian youth and their families. This body of data has significant research potential.

Probably the most striking aspect of this project is the relationship that has been forged between the researchers and those with whom they have worked over the past few years. This is in sharp contrast to the all too common approach to minority research whereby researchers consider their subject pool as an entity to be “mined”, with little concern as to the value that might accrue to the participants themselves. The exceptionally low attrition rate speaks not only to the carefulness with which this research has taken place but also the cooperation and respect the research team has been able to establish. There are, of course, dangers involved in the development of such a close working relationship. The participants may be biased in the direction of trying to please the researchers and the research itself may constitute an intervention that could well mask the “natural” development of these young people and their families. It is my sense, however, that these dangers are far outweighed by the benefits that accrue to research with a cooperative relationship. In our research we have found that if the research enterprise is trusted people will generally be truthful and, surprisingly, if they do develop a bias, they are willing to admit to it. A known bias is certainly preferable to what might develop in a more “hostile” research environment.

While a collaborative research atmosphere is generally preferable in research, it is essential when working with Indian populations. Historical circumstances, both politically and socially, have resulted in barriers and trust issues between Indian people and the majority culture. While one might wish these circumstances to be different, the reality is that there is suspicion and a feeling of exploitation that is a part of the Indian experience. If these issues are not addressed and remedied, research

efforts may not even get off the ground and if they do it is not uncommon for the efforts to be aborted midstream.

Nothing is more guaranteed to produce controversy in cross-cultural research than the use of measures that are developed and standardized on one population and then uncritically used in another ethnic or cultural group. This project employs a wide range of measures that have never been adequately tested with Indian youth. I see little problem with this *provided* that the various issues of equivalency are addressed and that any interpretations be treated extremely cautiously. This is particularly important with the issue of comorbid psychiatric problems. In many instances the criterion scores for various levels and types of pathology may be very different for Indian youth. The approach here should not be an examination of deviations from "the norm", rather the interpretation of differences should be seen as reflecting differing world views between Indian and non-Indian people emanating from differences in personal, social, and cultural development. This is not to say that morbidity is not a genuine concern; rather that the cross-cultural measurement may present problems.

With the above caveats, this project provides a good opportunity to see how the instruments that were chosen for the project fare with young people in this population. The collateral information that is collected from the mothers could go a long way toward aiding interpretation of objective scores that may point toward pathology when in fact it doesn't exist. While it was not mentioned in the Walker, et al. paper, it is hoped that when testing indicates the presence of a particular problem, this problem will become a subject of inquiry in the interviews with the family.

Another certain point of controversy in alcohol research is the definition of what constitutes use and abuse, there are about as many perspectives on this as there are alcohol researchers. The paper by Walker et al. discusses this issue but I think inadequately. It is mentioned that various questions are included regarding quantity and frequency but at the adolescent level only three categories are proposed: (a) "never used at all", (b) "ever tasted any alcohol", and (c) "ever drank more than a sip or taste". The latter category seems to cover a wide range of drinking from "normal" adolescent experimentation to heavy, abusive drinking. It appears that there will be sufficient data available to create more meaningful categories, or to even develop a scale of alcohol involvement that can be used as a continuous criterion variable. We have discovered in our work over the past 20 years that, since the use of small amounts of alcohol is nearly universal among Indian adolescents, a better indicator of seriousness of use is the level and frequency of "drunkenness". We have found, for instance, that by the age of 12 15% of Indian youth have been drunk at least once and this percentage increases to 62% by age 15. There is certainly a sufficiently high base rate of getting drunk to provide an adequate criterion.

A number of analytic strategies are certainly possible within this project and hopefully the longitudinal nature of the work will be fully exploited. An additive model of risk factors was mentioned as well as the analysis of moderating and mediating variables. Etiological studies and classification/descriptive strategies were also discussed. Given that longitudinal data will be available over a critical developmental period, linear modeling would certainly be in order to help understand some of the causative paths to alcohol abuse and other comorbid conditions. The most interesting question in this regard is the timing of the emergence of alcohol abuse and other psychological problems, thus giving some clues as to the direction of causality. The one problem that I foresee in this type of inquiry is that the majority of the measures used in the study are aimed at elucidating risk factors and there is a real possibility that the picture may be skewed toward the development of pathology. There is an emerging interest in how protective factors emerge throughout the adolescent years and it appears that these questions may be not so easily answered within this project. Such, however, is one of the limitations of longitudinal research — the outcomes are constrained by the selection of the initial instrumentation.

An area that I would have liked to see better described was the plan for the analysis of the data from the Indian women; it was not altogether clear what outcomes would be examined or what changes over time would be of interest. Along the same lines a further discussion of how the inter-generational data would be analyzed would have been helpful.

In sum this project has the potential to provide us with the opportunity to develop very rich descriptions of the developmental issues related to alcohol use among urban Indian youth and their families. The follow-up rate is excellent, and a nearly unprecedented relationship has been built with the Indian community under investigation. It is hoped that future data collection and analyses will fully capitalize on the comprehensive nature of this data set.

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