

**COMMENTARY
BY
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cetera desunt

No one is quite certain why people use psychoactive substances. And indeed no one is really certain what prompts youth to use and abuse drugs and alcohol. Folk explanations abound that range from appeals to genetic predispositions to “that’s what youth do these days to entertain themselves.” Similarly, the research community has generated numerous findings purporting to explain the overt and covert motivations pushing and pulling youth into the use of illicit and licit drugs. A review of the etiologic literature reveals that researchers have explored just about every causal possibility — deviancy, socialization, family, peer groups, sanctions, situational environments, cultural orientations, personality correlates, and educational achievement are some of the inquiry domains where some partial yet inconclusive explanations have emerged.

In recent years, researchers have placed an emphasis on exploring the influence of identifiable risk factors on drug use behavior. Youths’ behavioral problems are known to be influenced by exposure to multiple risk factors; and drug and alcohol use are considered to be strong predictors of delinquency, violence, and poor academic performance (Hawkins, Catalano, & Miller, 1992). The strength of the multiple risk factor findings has subsequently led researchers to explore the relationships among ethnic minority groups (Trimble, 1995a). The work of Dale Walker and his associates at the University of Washington exemplifies some of the important work occurring among American Indian youth, as much of their research seeks to explore the correlates between risk factors and drug use. Their article, “Alcohol Abuse in Urban Indian Adolescents and Women: A Longitudinal Study for Assessment and Risk Evaluation,” summarizes their important work. The article’s contents serve as the source for these comments — use of multivariate research designs, self-esteem, and ethnic self identification form the basic source for comment.

Perhaps owing to the power of data processing and the seemingly insatiable drive to find explanations for adolescent drug and alcohol use, many researchers are using multivariate research designs. As a result, most contemporary questionnaires and interview schedules in the field contain items that seek information on numerous psychosocial, behavioral, and situational variables. In searching for the presumed correct combination of multiple risk factors researchers are stuffing their instruments with scales; however, many new scales are often untested

and therefore suspect. Others maintain tradition by including popular variables that have been used in previous research such as locus-of-control and self-esteem in hopes that plausible results will emerge when combined with new variable sets. Most disturbing, though, is the finding that many of the research efforts are atheoretical — in fact, some will cast their design under a large net and call it “Risk Factor Theory” or “A Behavioral-Cognitive Theory” in hopes of capturing every conceivable nuance that might, however remotely, predict drug use. Pieces of the research design may include variables known to be associated with small, well-tested theories such as “Peer Cluster Theory,” but the mixture with atheoretical variables can obscure the overall intent and aims of the research.

The design of Walker and associates’ research falls into the latter category. The research team attempted to predict alcohol use and abuse by relying on 23 variables and using 36 instruments and scales. Seventeen variables are ordered according to adolescent risk factors. While some of the risk factor variables are known to be causally related to alcohol, such as peer influences, sensation seeking, conduct disorder, and psychopathology, other variables in the set, such as self-esteem, poverty, and cultural identity have questionable value. In fact, self-esteem and cultural identity measures have little demonstrated predictive value in explaining adolescent drug use. The latter half of this article will explore this contention more thoroughly.

Multivariate Research is Like a Pot of Stew

While Walker and his associates should be applauded for studying Indian youths’ alcohol use over time their design raises serious methodological and analytic concerns. The design reminds me of the stew hobs used to make in their encampments along the byways of the nation’s railroad tracks. A large cooking pot served as the focal point of the camp as it contained an every-simmering broth. From time to time, hobos would drop in whatever vegetable or other edible foodstuff they managed to scrounge up. With each new addition the camp followers would assume that the stew’s flavor was enhanced. Occasionally, someone would dip into the pot to savor the broth; rarely would one frown for fear that he/she would never eat from the pot again. The American Indian Research (AIR) team has a large pot containing 36 instruments and an untold number of individual items that presumably will advance our understanding of Indian adolescent alcohol use. But, based on the content of their article, the remaining parts of the stew are absent (*cetera desunt*); only a few results are presented in their article and no analysis is offered describing the procedures that will be used to test hypotheses.

Many multivariate research approaches resemble the hobos’ pot. Add as many variables as one can even if they are not linked to theory and then subject the data to all sorts of sophisticated and complex statistical

treatments hoping that the flavor will improve with each run. So we can expect the AIR team to use MANOVAS, multiple regression models, and likely variants of structural equation modeling to make sense out of their very large data set. Variables will be added to a statistical routine guided by some reasonable hunch; the analysts will then pore over the results hoping to find significance. Not only is this procedure suspect, it is not very good social and behavioral science research. A research design should be tied to theory and the design should dictate the analytic strategies; statistical procedures should not dictate a research plan.

Are Self-Esteem and Cultural Identity Covariates and Predictors?

Walker and associates claim that levels of self-esteem and cultural identity are risk factors and therefore likely predictors of alcohol use and abuse. Yet their justification for including these ostensibly important variables is thin at best and their claim that they are risk factors is unfounded.

The Elusive and Wily Self-Concept

The research findings on self-esteem levels for American Indians are very mixed and, if anything, suggest that mean levels are no different from other populations regardless of the self scale used in the research (see Trimble, 1987; Trimble & Bagwell, 1995). Moreover, there is little evidence that self-esteem and its derivatives are predictors of drug and alcohol use. In fifteen years of research using self measures in epidemiologic drug studies we have yet to find a causal relationship with Indian youths' drug use patterns and motives (Bobo, Gilchrist, Cvetkovich, Trimble, & Schinke, 1988; Cvetkovich, Schinke, Gilchrist, & Trimble, 1987; Gilchrist, Schinke, Trimble, & Cvetkovich, 1987; Schinke et al., 1986; Schinke et al., 1988). Specifically, using data from 846 self-identified American Indian youth (the "drop-out" study) collected by the staff at the Tri-Ethnic Center for Prevention Research at Colorado State University, we found that a seven item measure of global self-worth produced correlations ranging from .0064 to .0604 with 15 measures of alcohol use (e.g., ever tried, last month use rates, drinking style, passing and blacking out, behaviors while drunk, type of drinker). Our findings are consistent with others who hypothesized similar relationships.

To measure self-esteem Walker and associates used Susan Harter's Self-Perception Profile for Adolescents (SPA). The scale is a revision of Harter's Self-Perception Scale for Children and contains 45 items that tap 9 subtests; one of the subtests is a measure of global self-worth (Harter, 1988). The self-worth items are comparable to the items we used at the Tri-Ethnic Center. Our seven items have been normed with large samples of Indian youth over a ten year period. However, there is

little evidence to suggest that Harter's SPA has been used with Indian youth; there are no SPA normative data available for Indians regardless of developmental stage. Nonetheless, the SPA has been successfully used in other countries (e.g., Ireland, France, Germany, the Netherlands, Portugal, and Scotland) and has been translated into Dutch, French, and German. Thus, we can conclude that the SPA may have some cross-cultural equivalence and reliability.

Self-esteem is a very popular measure as numerous researchers from a variety of fields have attempted to establish its relationship with countless outcome variables. In the substance, alcohol, and drug abuse field the variable can be found as part of numerous treatment, prevention, and epidemiologic research plans. Community-based prevention programs, too, appear to be enamored with the construct. Yet very few studies purport to find any significant relationship between the construct and measured outcome variables. Self-esteem has a magical grip on the research field and it somehow or other manages to avoid the chopping block. Compelling evidence now exists to place it next in line to be hauled off to the graveyard of confounds and artifacts.

Embedding Culture in Respondent Selection

The AIR research team is to be commended for carefully measuring the degree of cultural identification of their samples — in fact, they are one of three national level American Indian research groups striving to improve on the conventional use of the “ethnic gloss” in cross-cultural sample selection procedures (Trimble, 1991, 1995b). They carefully selected their respondents using rigorous Indian identification and certification procedures to assure ethnic authenticity and supplemented that with ethnic identity and traditional Indian activities measures. Use of the procedure was appropriately justified in their article. A short description of their findings convincingly shows that indeed “not all Indians are alike” as their respondents spanned the ethnic identity spectrum from “all or nearly all Indian” (28%) to “not at all Indian (6%). But unfortunately the analysis stops there and therefore *cetera desunt*.

Some of the AIR ethnic identity items were borrowed from the work of Oetting and Beauvais (1991). Thus it might be helpful to illustrate the ethnic identification patterns we uncovered in our analysis of the “drop-out” data mentioned above since we used the items, too. Figure 1 shows the percentage of respondents' degree of identification with American Indian and other ethnic groups. About 71% identified “all” or “nearly all” with the American Indian group. The results also indicate that some of the Indian self-identified youth identified to some degree with other groups — about 9%, for example, indicated that they “mostly or nearly all” identified as Anglo-White and 7% did so for the Spanish-American group. Also, some

11% indicated that they identified “little” or “not at all” as American Indian, yet these respondents initially self-identified nominally as American Indian.

Perceived ethnic identification of one’s parents strongly influences levels and degrees of ethnic identification among offspring. Figures 2 and 3 show the percentage responses of the youths’ perception of their parents’ ethnic identity. Results are not as distinct as those in Figure 1 in part because the ethnic background of one or both parents varied. Sixty-nine percent of the youths’ mothers were seen as “all or nearly all” Indian as were 58% for the fathers. At the other extreme, some 9% of the mothers’ and 13% of the fathers’ identity was perceived as “not at all” Indian. An inspection of the middle choice alternatives, “most” and “little,” show varying degrees of the youths’ parents degree of ethnic identity with American Indian and other groups. Finally, the results revealed that 360 (43%) of the youth who “all or nearly all” identified as Indian indicated that their parents also were seen as identifying at the same level of intensity.

By no means are the findings definitive; nonetheless, they demonstrate that many self-identified Indian youth identify to some degree or not with other groups. The AIR team’s preliminary findings at a partial level mirror our findings. Results also support the fundamental principle of Oetting and Beauvais’ orthogonal cultural identification theory. The findings also complicate the search for plausible explanations for why people choose or not to identify as Indian; the choice is not a dichotomous one but rather multidimensional likely fueled by socialization, geographic location, reference groups, and the perceived tolerance for the sociocultural climate.

Walker et al. did not elaborate on their analytic plans for the cultural identification information but we can hope that their plans include a careful examination of the relationship between various levels of identity with other variables — certainly they must examine drinking patterns as a function of degrees of identity. Using our “dropout study” data we found that:

1. Levels of ethnic identity do not predict alcohol use and abuse (Trimble, 1995b).
2. The correlation between self-worth and ethnic identification is .004; we consistently find this relationship with similar measures of the same constructs.
3. The alcohol use and abuse rates for the high Indian identity youth (see above for description) were significantly different for those youth with moderate to low levels of identity.

This finding firmly substantiates the importance of clearly defining an ethnic or cultural respondent population along an orthogonal ethnic identity continuum. For example, if we treated the entire sample of 846 Indian youth the alcohol and drug use rate findings would be obscured by

Figure 1. Self-identified American Indian adolescents' degree of identification with own and other ethnic groups (n=846)

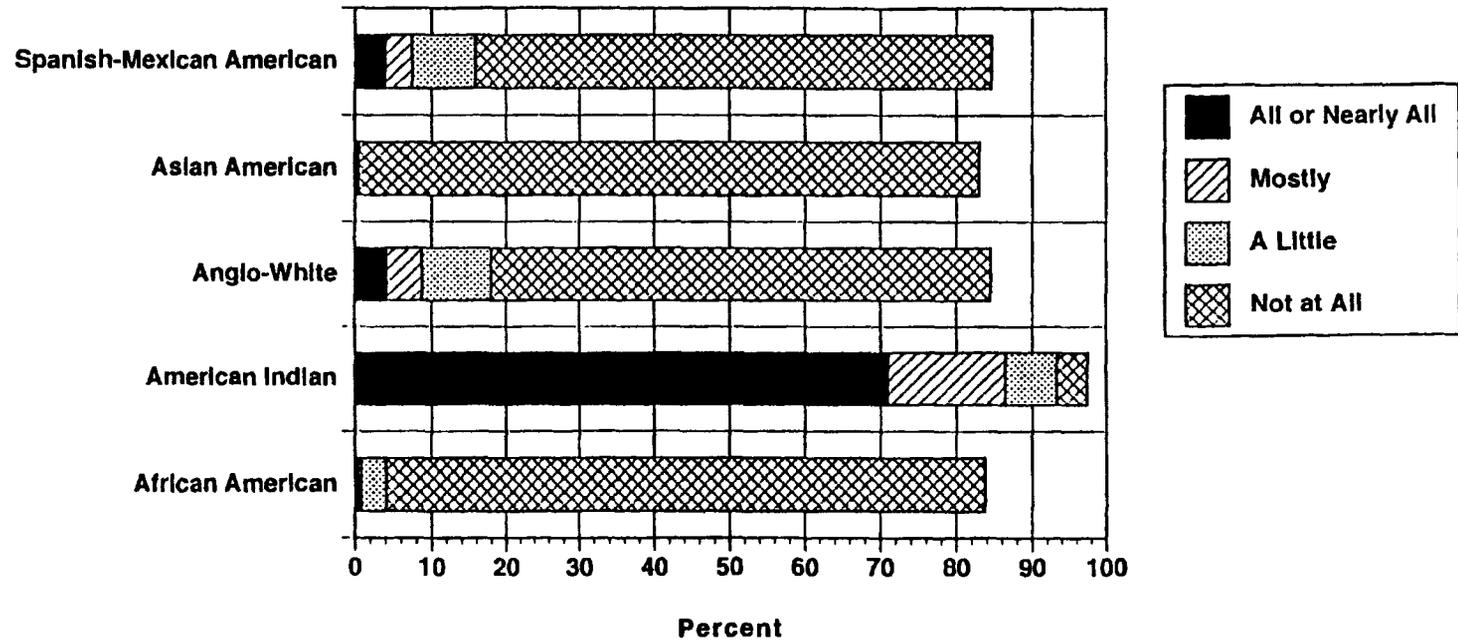


Figure 2. Self-identified American Indian adolescents' perception of mother's degree of ethnic self-identification (n=846)

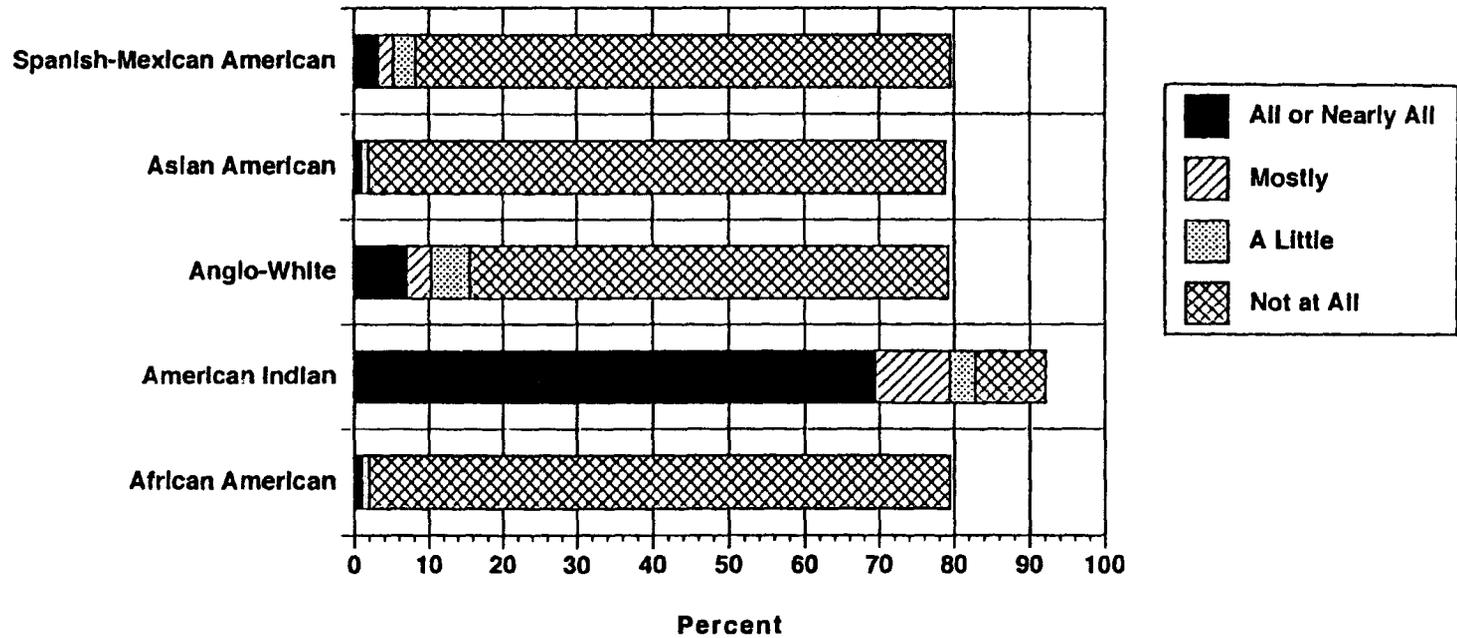
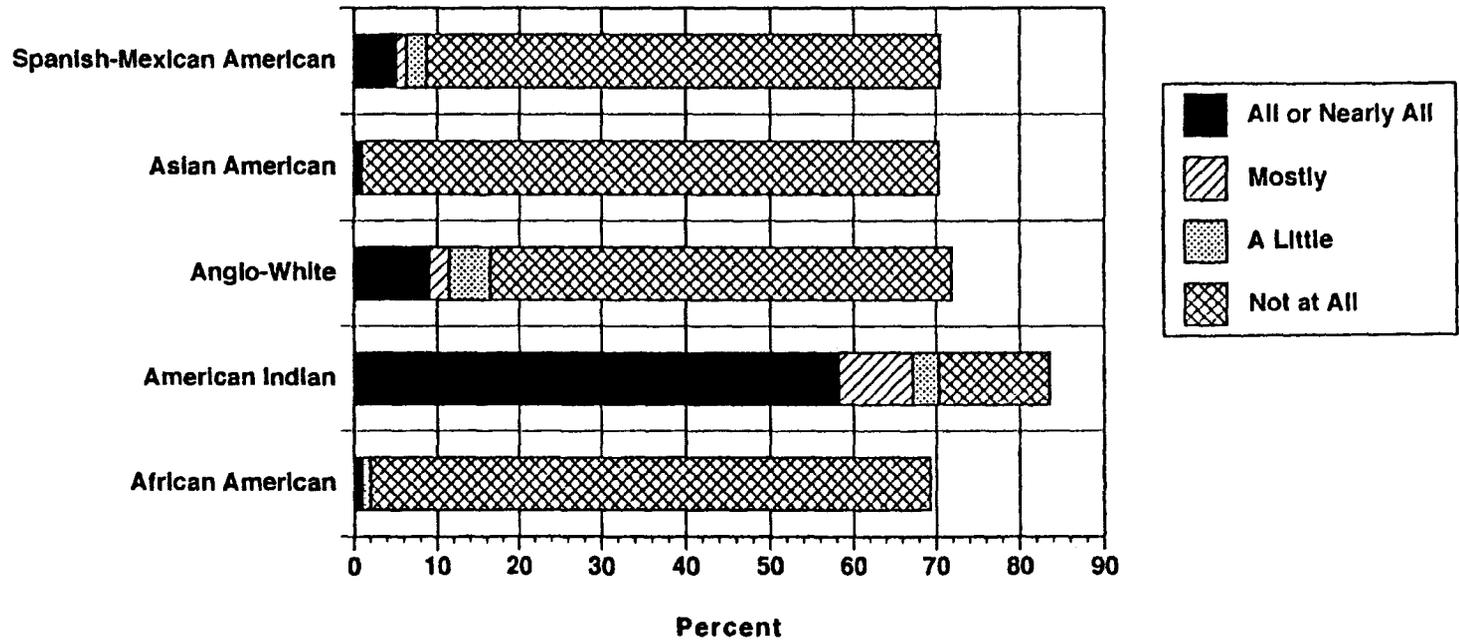


Figure 3. Self-identified American Indian adolescents' perception of father's degree of ethnic self-identification (n=846)



the within group identity variation. No doubt the AIR research team will find that use alcohol and drug use rates will vary as a function of identity.

Where is the Culture?

Most researchers conduct studies with different cultural and ethnic groups because they believe or not that the uniqueness of the group may or not influence cognition, emotion, and behavior. Interest in this domain of inquiry is increasing. Although the fields of transcultural psychiatry and cross-cultural psychology produce numerous findings about different cultural and ethnic groups, rarely do the researchers explore the deep-cultural meanings that influence deeper understandings of a groups' cognitions, emotions, and behaviors. The work of the AIR team is illustrative however many others are equally guilty if not more so. The Walker et al. article reports drinking patterns, as they should; however there is no attempt to attribute the findings to anything cultural. Consequently, from a cross-cultural perspective, what lifeways (ethos) and thoughtways (eidos) contribute to the drinking styles? There is little evidence in their research design to suggest that they will be able to sufficiently answer the question.

Even though the AIR team advanced respondent selection procedures, their study and design will produce no more than conventional alcohol and drug use findings. While the findings may be useful at an epidemiologic level, they will not advance our much needed knowledge about the deep-cultural correlates and causes of substance abuse. Until we generate culturally enriched information and interpretations our treatment and prevention strategies will be marginally resonant at best with groups who are deeply enmeshed with their traditional culture.

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