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Coming to Terms with Family of Origin Issues, Depression and Relationship
Satisfaction for Native American Individuals in
Committed Intimate Relationships

Krystal Cobell Dagley

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of
Master of Science

Jonathan G. Sandberg, Chair
Dean M. Busby
Jeffry Larson

Department of Marriage and Family Therapy
Brigham Young University

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ABSTRACT

Coming to Terms with Family of Origin Issues and Relationship Satisfaction for Native American Individuals in Committed Intimate Relationships

Krystal Cobell Dagley
Department of Marriage and Family Therapy, BYU
Master of Science

This study examined the relationships between childhood family of origin (FOO) adversities, coming to terms with them, and adult intimate relationship satisfaction for Native American individuals. The sample consisted of 186 Native American individuals in committed relationships who responded to the RELATionship Evaluation (RELATE). Among the items in the questionnaire were measures of childhood FOO adversity, whether respondents had come to terms with FOO problems, relationship quality and depression. Results from structural equation modeling indicated that coming to terms buffered the negative effects of childhood family of origin adversities on depression and relationship quality. Results suggest that coming to terms may help Native American individuals deal with FOO adversity and improve intimate relationship quality. Coming to terms with childhood FOO adversity should be considered in the treatment of Native American individuals in intimate relationships. Clinical implications and directions for future research are discussed.

Keywords: Native American, coming to terms, relationship quality, childhood trauma, adversity

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Introduction

While little research has been done on Native American individuals in intimate relationships in general—or relational satisfaction in Native American couples specifically—research on the prevalence of negative family of origin (FOO) experiences in the Native Community is plentiful. The research has tended to overfocus on the problems of Native Americans. For example, modern Native Americans, when compared with the modal American, are in general younger (median age 28.7 vs. 35.3), poorer (24.5% in poverty with median income of \$32,116 vs. 11.7% in poverty with median income of \$42,228), less educated (71% high school graduates with 11% of adults holding a bachelor's degree vs. 80% high school graduates with 24% holding a bachelor's degree), and less healthy (death from alcoholism 770% greater, tuberculosis 750% greater, diabetes 420% greater, accidents 280% greater, and suicide 190% greater in Native American populations than in Americans in general) (Gone, 2004). Rates of traumatic experiences are high in Native Americans: 22.8% of a community sample had experienced a traumatic event (violence, including rape or sexual assault, physical abuse or attack, or being in a natural disaster or serious accident) in their lives, and of those people who had experienced a traumatic event, 79.8% of them had experienced it before they were 18 years old (Whitesell, Beals, Mitchell, Manson, & Turner, 2009). Another study on trauma in Native Americans that used a broader definition of trauma (disaster, life-threatening accident, combat, rape, sexual abuse, physical assault/abuse, seeing violence perpetrated on others, observing a serious accident or disaster that resulted in harm or death to others but not oneself, unwitnessed trauma to close others) found that between 62.4% to 62.9% had experienced trauma at some point in their lives (Manson, Beals, Klein, & Croy, 2005).

Research on the general population has shown that childhood FOO experiences influence romantic relationship satisfaction in adulthood. Authors have found that children who experience difficult FOO issues (such as physical and sexual abuse) are more likely to have lower relationship satisfaction as adults (Halford, Sanders, & Behrens, 2001; Holman & Busby, 2011). Furthermore, children who are physically and sexually abused tend to form insecure attachments early in life, which can continue on in the form of mistrust and difficulty with intimate relationships in adulthood (Gray, 2003).

Researchers have begun to explore the phenomenon of “coming to terms,” a healing process resulting in feeling at peace with difficult past experiences (Martinson, Holman, Larson, & Jackson, 2010). This research has highlighted the mediating effect that “coming to terms” has on the negative effects on adult relationship satisfaction usually associated with difficult FOO experiences in childhood. Additional research has suggested that teaching couples how to come to terms with their difficult FOO experiences could have positive effects on their current relationship satisfaction (Strait, 2010; Bedrosian & Bozicas, 1994). In this study we seek to shed light on how Native American individuals’ levels of intimate relationship satisfaction are influenced by difficult childhood FOO experiences while considering the potential effect of coming to terms with these experiences.

Theoretical Context

In order to understand the importance of the present study, it is necessary to provide a theoretical framework from which the study variables can be identified. Intergenerational family therapy theory informs the conceptualization of this study. An assumption of intergenerational family therapy is that how a person thinks and talks about FOO experiences has important implications for current couple relationships (Boszormenyi, Nagy & Krasner, 1986; Bowen,

1978; Nichols, 2007). We will look through the lens of intergenerational theory to see how trauma and adversity in Native American individuals' families of origin affect their current intimate relationships.

Review of Literature

Native American Historical Trauma and Mental Health

Historical oppression is a phenomenon that has been theorized as being passed down intergenerationally in Native Americans. Researchers and helping professionals have consistently associated the high degrees of psychological distress that contemporary Native Americans experience with indigenous historical experiences of European colonization (Duran, 2006; Kirmayer, Simpson, & Cargo, 2003). Native American historical trauma (HT) has been modeled after clinical observations of the Holocaust, not just for Holocaust survivors, but also for their progeny (Baranowsky, Young, Johnson-Douglas, Williams-Keeler, & McCarrey, 1998). These researchers have posited that there is an intergenerational transmission of risk for adverse mental health outcomes that stem from the historical unresolved grief or "soul wound" inflicted by experiences of colonization. These pathological reactions are said to diverge substantially from established categories of psychopathology, but include many of the symptoms of complicated bereavement and complex posttraumatic stress disorder.

Native American HT includes the violence, ethnocidal policies and practices, forced moves to reservations, widespread loss of indigenous language and culture, loss of traditional hunting and fishing grounds, and loss of religious ceremonies that were results of the colonization of the Americas by European settlers. The colonization of the Americas by Europeans systematically stripped the value of Native American languages, spiritual practices, cultural norms, land ownership, and the people themselves (Brown, 2008). Cultures that have

been colonized, including the Native American culture, suffer from endemic sequelae of historical trauma, such as high rates of interpersonal violence, which could be interpreted as a form of helpless horizontal hostility expressed within group because expressing it against their oppressors is not an option (Duran & Duran, 1995). Additional aftereffects include high rates of substance abuse, high rates of suicide, persistent poverty, and educational and occupational disenfranchisement (Duran, Duran, & Brave Heart, 1998; Brave Heart & DeBruyn, 1998).

Societal Oppression and Relationship Satisfaction

Kenneth Hardy postulates that relationships cannot thrive when pressed against a “backdrop of oppression and voicelessness” (Hardy, 2001). He asserts that experiences of oppression, devaluation and subjugation from society have direct effects on an individual’s ability to connect with their romantic partners. He also discusses the idea that a form of coming to terms with oppressive messages from society is an important developmental stage for people of color that must be completed in order to have a good relationship with one’s self and significant others (Hardy & Laszloffy, 2000; Hardy & Laszloffy, 2002). It is also important to note that societal oppression of Native Americans has eroded the traditional Native American family through historical forced assimilation efforts such as forced relocation of individuals from their Native lands to reservations, boarding schools, and the military suppression of religious customs (Choney, Berryhill-Paapke, & Robbins, 1995). This forced loss of traditional family ties and customs has greatly contributed to the psychological dysfunction cited in much of the research on Native Americans.

Native American Trauma, Adversity, and Mental Health

Within Native American communities there is a high rate of exposure to adversity. In a study on Native American exposure to adversity, Whitesell and colleagues (2009) of the

American Indian Service Utilization, Psychiatric Epidemiology, Risk and Protective Factors Project (AI-SUPERPFP), defined adversity as major childhood events (potentially substantial, but nonviolent, disruption in children's lives), traumas (violence, rape, sexual assault, physical abuse or attack, or being in a disaster or serious accident), witnessed violence (being an observer, but not the direct victim of violence), traumatic news (significant others in life threatening situations, being victims of assault or committing suicide), and death of a parent or siblings. They found that of the American Indians sampled in their study, 68.4% had experienced adversity in their lives. Of those 68.4% who had ever experienced adversity, 92.7% had experienced adversity before the age of 18. Robin, Chester, Rasmussen, Jaranson, and Goldman (1997) found that in a Southwestern tribe 49% of females and 14% of males reported at least one incident of childhood sexual abuse. Such childhood difficulties often lead to numerous problems in adulthood.

Beals et al. (2005) compared data derived from the AI-SUPERPFP American Indian participants to the baseline National Comorbidity Study (NCS). They found that the Native Americans sampled were more likely than the NCS sample to meet the criteria for PTSD. NCS women were more likely than all other samples to qualify for the aggregate category of any depressive disorder. Based on these studies, it appears that Native Americans do have a higher prevalence than the general population of certain disorders that have been linked to childhood family of origin issues.

Using AI-SUPERPFP data, Beals et al. (2003) found that while Native Americans drink less often than the NCS comparison group, more alcohol was consumed per drinking occasion by Native Americans. Native Americans males were found to be significantly more likely than the general population to qualify for alcohol dependence at some point in their lifetime (Beals,

2005).

Childhood Family of Origin Adversities and Adult Relationship Satisfaction

With these figures about the difficulties that Native Americans face in their families of origin, it is important to explore how FOO difficulties tend to play out in later intimate relationship satisfaction. Since we do not know much about Native American FOO variables and adult romantic relationship quality, we look to the larger literature. Typically, childhood exposure to difficult FOO experiences has been associated with increased risk for relationship problems in adults (Halford, Sanders, & Behrens, 2001; Holman & Busby, 2011). FOO problems in childhood may manifest themselves in adult relationships in multiple ways, including communication problems (Halford & Moore, 2002), negative attitudes about marriage (Stanley, 2001), emotional dependency (Larson, Benson, Wilson, & Medora, 1998), and depression and anxiety (Shapiro & Levendosky, 1999), all of which detract from relationship satisfaction.

Childhood sexual abuse has also been associated with psychological and relational impairment in adult life (Alpert, Brown, & Courtois, 1998; Dhaliwal, Gauzas, Antonowicz, & Ross, 1996; Jesness, 2009; Johnson, 2003; Lange, et al., 1999; Streaan, 1988; Sypeck, 2005; Whetsell, 1991; Walker, Holman, & Busby, 2009; Wilcox, Richards, & O’Keeffe, 2004). Streaan (1988) reported that many adult survivors of sexual abuse have gone on to experience difficulty forming healthy relationships.

Gray (2003) examined the link between childhood abuse and adult relationships and found that experiencing abuse from the mother and/or the father figure during childhood was a predictor of problems in adult intimate relationships. As mentioned previously, Native Americans have a high risk of childhood adversities, including abuse.

Childhood Family of Origin Problems and Psychological Distress

Childhood FOO problems (such as financial difficulties, family members with emotional problems, family members with addictions to alcohol and drugs, and family members with physical disabilities or serious illnesses) have also been linked to psychological dysfunction in the children and adolescents exposed to them (Grant, Compas, Thurm, McMahon & Gipson, 2004). Ge and colleagues (1992) theorized that stressors such as financial hardship contribute to the overall levels of stress in the home and parental dyad, which then disrupts or undermines the parent-child relationship. The diminished quality of marital and parent-child relationships caused by the stress of financial hardship places adolescents at risk for psychological dysfunction. Similarly, parental depression has been linked to maladjustment in children. Parental depression is also linked to greater marital problems (Beach, Dreifuss, Franklin, Kamen & Gabriel, 2008). The combination of marital problems and parental depression can place children at an even greater risk for maladjustment (Kuoros, Merrilees, & Cummings, 2008). Exposure to FOO problems puts individuals at higher risk of psychopathology, including depression, which is associated with marital conflict and lower levels of adult intimate relationship satisfaction (Dew & Bromet, 1991).

Coming to Terms

Coming to terms with FOO issues, defined as an outcome of a healing process that involves individuals' efforts to interpret, understand, find meaning in, re-story, reframe, come to a resolution, and to be at peace with difficult past experiences, is related to better relationship satisfaction even with difficulties in FOO (Framo, 1992; Holman, 2001). While negative FOO experiences are unchangeable, it is possible to change the meanings people ascribe to FOO experiences and the effects those experiences have on present and future relationships.

Addressing early FOO experiences is important because the way people make sense of, or fail to make sense of, these experiences and come to terms with, or do not come to terms with them, may influence the quality of their adult relationships (Framo, 1992; Holman, 2001). Martinson, Holman, Larson, & Jackson, (2010) found statistically significant and meaningful differences in the relationship satisfaction of people who have come to terms with difficult family-of-origin experiences and those who have not. Busby, Gardner, and Taniguchi (2005) emphasized that resolving negative FOO experiences from the past and experiencing good relationships in the present will likely result in a more satisfied marital relationship.

In summary, Native Americans are at high risk for experiencing trauma and adversity before the age of 18. Some of the traumas and adversities occurring in the FOO (such as physical and sexual abuse) are associated with decreases in adult romantic relationship satisfaction in the general public. Coming to terms with these FOO difficulties has been shown to mediate the negative effects of FOO difficulties on adult romantic relationship satisfaction. Thus, it is worthwhile to explore the phenomenon of Native American childhood trauma and its association with adult relationship satisfaction, and depression, and the buffering effect of coming to terms with these things.

Because the risks for alcoholism in the Native American population are great, alcohol use was initially a part of the research model for this study. The RELATE evaluation which was used for the current study only asks about *frequency* of alcohol consumption but does not ask about *quantity* of alcohol consumption. Because of this, we were unable to determine whether the participants in our sample would qualify for alcohol dependence or alcohol abuse. Perhaps for this reason, preliminary analyses of the data suggested that the alcohol variable did not contribute significantly to the model, as a result it was not included in the final analysis. The

limitation is considered in the discussion section.

We have summarized the findings in the review of literature in Figure 1. As the model illustrates, the purpose of our study is to investigate the relationships among FOO difficulties, coming to terms, depression and relationship quality for Native American individuals in committed relationships. (See Figure 1.)

Methods

Participants

For this study, data will be analyzed from a sample of 186 heterosexual Native American individuals who participated in the RELATionship Evaluation (RELATE). The mean age was 30 years (SD 9.89) with a range of 18-68. Of the 186 respondents, 105 were female and 81 were male. In regards to current relationship status, 18% were single in a serious or steady dating relationship, 3% were engaged to be married, 33% were cohabiting with their intimate partner, and 46% were married to the person they answered partner questions about. Eleven percent had a high school diploma/GED, 17% had completed some college and were not currently enrolled, 32% were currently enrolled in college, 13% had an associate degree, 11% had a bachelor's degree, 6% had some progress toward a graduate degree, and 9% had completed a graduate degree. The median personal yearly gross income fell within range of \$20,000-\$39,999, with 41% reporting income under \$20,000.

Procedure

Data was collected using the RELATE questionnaire (Holman, Busby, Doxey, Klein, & Loyer-Carlson, 1997) from 2000 to 2011. The questionnaire is a multidimensional measure consisting of more than 300 items. Couples responded to items about perceptions of themselves and their partner on four major contexts: (a) individual, (b) couple, (c) family, and (d) social.

Participants may choose to receive a printout (also viewable online) showing an evaluation of their responses which is to be interpreted by the couples themselves.

The RELATE measures have withstood rigorous validity and reliability testing, showing test-retest and internal consistent reliability and content, construct, and concurrent validity (Busby, Holman, & Taniguchi, 2001). Reliability coefficients for most of the measures scored between .70 and .90 for internal consistency and two test-retest samples, including a test-retest of a Hispanic version. Construct validity testing showed that 92 percent of the items loaded on the correct subscale and further investigations of overlap showed appropriate correlations for similar items while still remaining distant (range between .45 and .65). To measure concurrent validity measures of RELATE were compared with scales from the Revised Dyadic Adjustment Scale (RDAS) (Busby, Crane, Larson, & Christensen, 1995). Correlations were strong and in the right direction with every compared subscale. For this particular sample from RELATE, Cronbach's alpha was calculated for all latent variables and observed variables consisting of more than one item (see Measures for alpha values). Internal consistency (George & Mallery, 2003) ranged from acceptable (alpha > .70) to excellent (alpha > .90), except for childhood sexual abuse.

The cost of RELATE is \$20 per person to receive access to the extensive evaluation of responses. Couples access the assessment online at <http://www.relate-institute.org> and are referred by therapeutic professionals, professors, researchers, and various forms of advertising.

Measures

The variables from RELATE measured in this study were perceptions of problems in the respondents' own family-of-origin, depression and reported relationship satisfaction in the current intimate relationship, and coming to terms (see Table 1 for descriptive statistics). Several scales will were utilized in measuring these variables. To measure perceptions of FOO problems,

the scales from the *Childhood Violence*, *Childhood Sexual Abuse* and *Family Problems* sections were used (see Table 1 for a description of scores of all measures).

The *Childhood Violence* scale was comprised of five questions, three of which asked “How often was your father violent towards your mother?” “How often was your mother violent towards your father?” and “How often were you violent in your family?” The next question asked the respondent to specify how often the person they selected in a previous question was violent toward them. The fifth question addressed the general frequency of violence: “Considering all of your experiences while growing up in your family, how would you rate the general level of violence in your home?” The possible responses included five options ranging from “There was never violence in the home” to “There was very often violence in the home.” Violence may have taken the forms of “slapping, pushing, kicking, hitting hard with a fist, hitting with objects or other types of violence.” A higher scale score indicated greater frequency of violence in the home. The standardized Cronbach’s alpha for the items was .81.

The *Sexual Abuse* scale consisted of four questions that dealt with the amount of sexual abuse behavior in the individual’s childhood. The first question was: “How often was a family member sexually abusive toward you?”, with possible answers ranging from “does not apply” to “very often sexually abusive.” The final three questions were as follows: “How often was someone outside your family (not your partner) sexually abusive toward you?” “How often were you sexually inappropriate to a family member?” “How often did inappropriate sexual activities occur between other family members, but not directly involving you?” The possible set of responses ranged from never to very often. Higher scale scores reflected more frequent sexual abuse. The standardized Cronbach’s alpha for this item was .69.

The *Family Problems* scale measured four different types of stressors: “In my immediate family while I grew up” (1) “there were family members who experienced emotional problems such as severe depression, anxiety attacks, eating disorders, or other mental/emotional problems,” (2) “there were one or more family members who struggled with addictions to alcohol or other drugs,” (3) “there were physical strains such as a member(s) being physically handicapped, hospitalized for a serious physical illness or injury, or becoming premaritally pregnant,” and (4) “there were financial strains such as loss of jobs, bankruptcy, large debts, or going on welfare.” The possible responses ranged from never to very often. A higher scale score suggested more frequent occurrence of negative childhood stressors. The standardized Cronbach’s alpha for these items was .70.

Depression was measured by asking how often, ranging from never to very often, a person felt “sad and blue,” “hopeless,” and “depressed.” A higher score suggested more depression. The standardized Cronbach’s alpha for the items was .89. This scale was validated by previous researchers (Busby, et al, 2005).

Alcohol use was measured by asking “How much do you use alcohol?” with response options ranging from never to very often. A higher score reflected more frequent alcohol use.

The *Coming to Terms* scale was created by summing the scores on three items: “I feel at peace about anything negative that happened to me in the family in which I grew up”, “There are matters from my family experience that I’m still having trouble dealing with or coming to terms with”, and “There are matters from my family experience that negatively affect my ability to form close relationships,” The five-item set of possible responses ranged from strongly disagree to strongly agree. Higher scores represented a higher perception of coming to terms with FOO

problems. The standardized Cronbach's alpha for these items was .77. This scale was validated by previous researchers (Martinson, et al, 2010)

The measure of *Relationship Quality* consisted of two variables: *Relationship Satisfaction*, and *Relationship Stability*. *Relationship Satisfaction* was measured by seven items on a five-point Likert scale ranging from "Very Dissatisfied" to "Very Satisfied." An example item reads, "In your relationship, how satisfied are you with the following: Your overall relationship with your partner?" This scale had a Cronbach's alpha of .90. *Relationship Stability* contained three items measured on a five-point Likert scale ranging from "Never" to "Very Often." An example item reads, "How often have you and your partner discussed ending your relationship (or marriage)?" The Cronbach's alpha for these items was .85.

Analysis

Basic statistical methods were utilized to provide mean and standard deviation scores on all key variables (see Table 1). The multivariate correlation procedure, Structural Equation Modeling (SEM), was used to analyze the data because it provides a method for testing both direct and indirect relationships among several different variables that may be correlated. The statistical package AMOS (Analysis of Moment Structures) was used to analyze the data (Kline, 2005; Byrne 2001).

Results

Full Model

Goodness of fit indices suggest the model was a good fit for the data. The CFI for the model was 1.00, the TLI was 1.03, and the RMSEA was .000, with a chi-square of 7.18 (df = 10, $p = .709$). CFI and TLI values of above .95 (Byrne, 2001) and an RMSEA value of below .05 (Arbuckle, 2006) indicate good model fit. Forty-four percent of the variance in relationship

quality was accounted for by the full model.

Direct Paths

The model tested six different direct effects falling under four different categories: Childhood Family of Origin Adversity, Coming to Terms and Depression.

Childhood Family of Origin Adversity was significantly associated with Coming to Terms ($\beta = -.69, p \leq .001$) in the negative direction, suggesting that people who experience Family of Origin adversities are less likely to have come to terms. Family of Origin Adversity was not significantly associated with Depression ($\beta = .06, p = .110$), but the relationship between Family of Origin Adversity and Depression trended in the direction of increased depression for those who experienced greater Family of Origin adversities. Further, Family of Origin Adversity was not significantly associated with Relationship Quality ($\beta = -.122, p = .542$) either, although the results trended in the direction of people who had Family of Origin adversities more likely to report compromised Relationship Quality. As shown in the correlation matrix in Table 2, Family of Origin Adversity is related to Relationship Quality, but this relationship is fully mediated by Coming to Terms.

Coming to Terms was significantly associated with depression ($\beta = -.96, p \leq .001$), and Relationship Quality ($\beta = .47, p = .003$) suggesting that those who come to terms experience less depression and have greater relationship quality.

Depression was significantly associated with Relationship Quality ($\beta = -2.10, p \leq .001$) suggesting that depression is negatively associated with relationship quality in this model.

Indirect Paths

Two indirect paths in our model were significant. First, the model suggests that the trend effects of Family of Origin adversity on depression are buffered by Coming to Terms (Sobel

statistic = 3.01, $p = .002$). Second, the trend effects of family of origin adversity on relationship quality also appear to be impacted by Coming to Terms (Sobel statistic = -2.62, $p = .009$).

Although the impact was noticeable for depression, meaning those who had come to terms were less likely to be depressed than those who had not, the most salient and significant relationship was between Coming to Terms and relationship quality. Specifically, those who had come to terms with FOO adversity were significantly more likely to report higher relationship quality in the face of difficult childhood experiences. This finding is important considering the family and society difficulties uniquely common for Native Americans. Sobel tests (see Preacher & Leonardelli, 2006) indicated significant mediating effects in all three cases. Unfortunately, the sample size was too small to appropriately test for gender differences.

Discussion

Direct Paths

For the participants in this study we found that Childhood FOO Adversity was significantly related to a number of key outcome variables. Some of these relationships were expected, and some were contrary to expectations.

Coming to Terms was significantly associated with greater Relationship Quality. This finding supports the literature which states that coming to terms with difficult childhood experiences is related to better relationship satisfaction even with FOO difficulties (Holman, 2001; Martinson, et al., 2010). This finding is particularly relevant, considering how little research has been done on the intricacies of Native American intimate relationship quality. The process through which these Native American individuals were able to come to terms with the FOO adversities in their childhood was not captured by the RELATionship Evaluation. It is possible that part of coming to terms with childhood FOO adversities involves an individual

realizing what negative aspects of their FOO they do not want in their adult intimate relationships and forming resolutions that result in better relationships in the future (Busby, Gardner, & Taniguchi, 2005).

Coming to terms was also significantly associated with less depression. That is, individuals who had come to terms with their childhood FOO adversities reported less depression. This finding is consistent with the research on depression (Alloy, Lipman, & Abramson, 1992) that states that the way individuals think about the events in their lives, including the past, affects their mood. It may be that the Native American individuals in our study who came to terms were able to generalize the positive strategy of overcoming the problems in their family of origin to overcoming difficulties in the rest of their lives (Folkman, 1984; Lazarus, 1993).

Childhood FOO Adversity had a significant negative association with Coming to Terms. Quite simply, those individuals with adverse situations in their families of origin were less likely to be at peace with difficulties in their FOO.

As expected, depression had significant negative association with relationship quality; quite simply; those who were depressed had lower relationship quality. The literature on the negative effects of depression on marital satisfaction is extensive (Beach, Dreifuss, Franklin, Kamen, & Gabriel, 2008; Beach, Whisman, & O'Leary, 1994), and researchers have found that depression precipitates marital conflict (Banawan, O'Mahen, Beach, & Jackson, 2002; Dew & Bromet, 1991). It may be that the Native American individuals who reported depressive symptoms also reported lower relationship quality because depression can contribute to negativity and conflict in intimate relationships. There is less empirical data available on the effects of depression on Native American individuals in intimate relationships: this finding is

helpful in adding some knowledge to the generalizability of the data on depression and couples in the general population to Native Americans.

This finding highlights the prospective utility of interventions designed to help Native American individuals come to terms with adversities from their past in order to improve their current intimate relationships.

Indirect Paths

Of particular interest in this study is the variable Coming to Terms, which seemed to buffer the negative effects of Childhood FOO Adversities. The results of this study suggest that when the negative effects of Childhood FOO Adversity are filtered through the pathway of Coming to Terms, Relationship Quality is protected. This finding supports the research on coming to terms and relationship quality outcomes (Basham, 2005; Martinson, et al., 2010), and extends it to Native American individuals in intimate relationships. This result in our study is most likely accounted for by the fact that being able to come to terms with, or re-story, negative experiences from the past results in greater psychological health for the individual, and may transform negative attitudes about family relationships that could result from difficult FOO experiences. Additionally, the process of coming to terms can potentially increase individuals' sense of self in relationships, which has also been linked to healthier relationships (Skowron, 2000).

Martinson et al. (2010) suggested that the process of coming to terms could result in acquisition of coping skills, positive changes, and mended relationships, all of which support a healthy outlook. The Native American individuals in our study may have learned skills in the process of coming to terms with childhood FOO adversities that served them for the rest of their lives in weathering adversities and maintaining a resilient outlook on life.

Overall Model

Past studies have examined the relationship between coming to terms with FOO difficulties and adult intimate relationship quality and looked at the mediating effect that coming to terms has on that relationship (Martinson, et al., 2010). However, this is the first study that explores a similar model applied to a sample of Native American individuals in intimate relationships. The full model accounted for 45% of the variance in Relationship Quality, which suggests that the variables of FOO adversity, depression and CTT provide a unique and robust understanding of relationship quality for Native Americans. This model provides helpful and practical insight for clinicians as they work with this underserved population.

Implications for Clinical Practice

The results of this study are laden with implications for clinical practice. First, Native American individuals who experienced adversity in their families of origin are not doomed to be depressed or have poor quality relationships. These results suggest that those who have come to terms with FOO adversity can experience a satisfying adult intimate relationship.

Second, while we are not sure of the strategies the respondents in our sample used to come to terms with their childhood FOO adversity, coming to terms is significantly associated with greater relationship quality. One model to guide treatment with Native Americans with FOO adversities was outlined by Gone (2009). The model highlights what therapists can do to help clients heal from emotional burdens from their childhood. This is done by acknowledging and expressing the pain of past ordeals, reframing this introspective process as a lifelong transformation (similar to coming to terms), while establishing a healthy cultural identity as a Native American in spite of historical oppression. This model could be useful in guiding Native

Americans with childhood FOO adversity toward coming to terms because it deals with trauma in ways that are culturally relevant.

Additionally, it is important to take into account Native American culture, religion, traditional family structure, and diversity. Because of the diversity of Native American tribal religious practices and cultural mores across the United States, no single understanding of Native American spirituality exists (Limb & Hodge, 2008). Further, due to the steadily increasing rates of urbanization and intermarriage among Native Americans, the level of cultural commitment in Native American individuals can vary from “traditional” to “assimilated”, and should be assessed in order to guide therapeutic interventions and potential inclusion of traditional healers (Garrett & Garrett, 1994). It is important for clinicians to assess for cultural commitment and take it into account when working with Native Americans in order to understand and help them most effectively. In highlighting the more collectivistic aspect of some Native American tribal cultures, Attneave (1969) outlined the concept of the “clan” (a group of extended family and friends in the lives of some Native Americans), and suggested some ways of including the clan in individual or family therapy. Clinicians should be cognizant of the family and community ties of Native American clients, and use them as a resource when therapeutically appropriate.

Limitations and Future Research

Some limitations of this study are as follows: ethnicity was self-report and tribal participation was not assessed, so the degree of “Native Americanness” represented within our sample is unknown. Whether participants in the sample were raised on reservations or in urban areas is also unknown. Future research with Native Americans individuals in committed intimate relationships would need to assess to what extent they recognize Native American culture and traditions as part of their upbringing, whether they were enrolled members of a

federally recognized tribe, whether they lived on a reservation or not during their childhood, or what Native American practices inform their daily lives. In this way we would be able to know more specifically who our results were describing and to whom they could be generalized.

Furthermore, this study did not look into the culture of the partner of the Native American individuals who responded. Whether respondents were partnered with other Native Americans and how a partner's experience influences Native American cultural practices was captured for some, but not all, respondents by the RELATionship Evaluation. It would be useful to conduct further research on Native American couples and intermarried couples with one Native American partner.

Additionally, this sample may have had an inordinate number of those who had come to terms. It could be useful to do a similar study with Native American populations with more depression, alcohol use, and less incidence of coming to terms in order to shed light on the needs of a more vulnerable segment of the Native American population.

While the Relationship Evaluation assessed *whether* respondents had come to terms with difficulties in their families of origin, *how* they came to terms with these difficulties was not assessed. A retrospective study, perhaps qualitative, on how Native American individuals who had already come to terms with childhood family of origin adversities actually came to terms with FOO adversities would help elucidate coping strategies and healing experiences that work for Native Americans.

Conclusion

The purpose of this study was to expand the knowledge on the relationships between Native American individuals' adult relationship quality and childhood FOO adversities and coming to terms. This study supports the general literature on the buffering role that coming to

terms plays between FOO adversities and relationship quality and extends it to Native American individuals. Further research is needed to examine relationship quality in Native Americans while more concisely taking into account cultural influences, and method of coming to terms. Finally, clinicians can use these results to guide their assessment and treatment of Native American individuals who have experienced childhood FOO adversity, making sure to incorporate culturally relevant therapeutic strategies.

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Table 1. Descriptive Statistics

| | Min-Max | Mean | SD |
|---------------------------|---------|-------|------|
| Violence | 6 - 24 | 12.40 | 4.36 |
| Sexual Abuse | 5 - 17 | 8.50 | 3.00 |
| Family Problems | 4 - 20 | 9.57 | 4.14 |
| Relationship Satisfaction | 7 - 35 | 26.31 | 6.13 |
| Stability | 3 - 15 | 6.33 | 2.83 |
| Coming to Terms | 3 - 15 | 9.90 | 3.27 |
| Alcohol | 1 - 5 | 2.23 | 1.64 |
| Depression | 1 - 5 | 2.40 | .87 |

Table 2. Summary of Correlations for Latent Variables in SEM (N=186)

| Variables | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------------|--------|--------|--------|--------|--------|-------|-------|
| FOO Probs. | ----- | | | | | | |
| Violence | .51** | ----- | | | | | |
| Sex. Abuse | .61** | .59** | ----- | | | | |
| CTT | -.44** | -.44** | -.62** | ----- | | | |
| Relate Sat. | -.18* | -.23* | -.03 | .42** | ----- | | |
| Stability | .21** | .24* | .60 | -.46** | -.63** | ----- | |
| Depression | .28** | .34** | .39* | -.48** | -.46** | .46** | ----- |

Figure 1. SEM Model

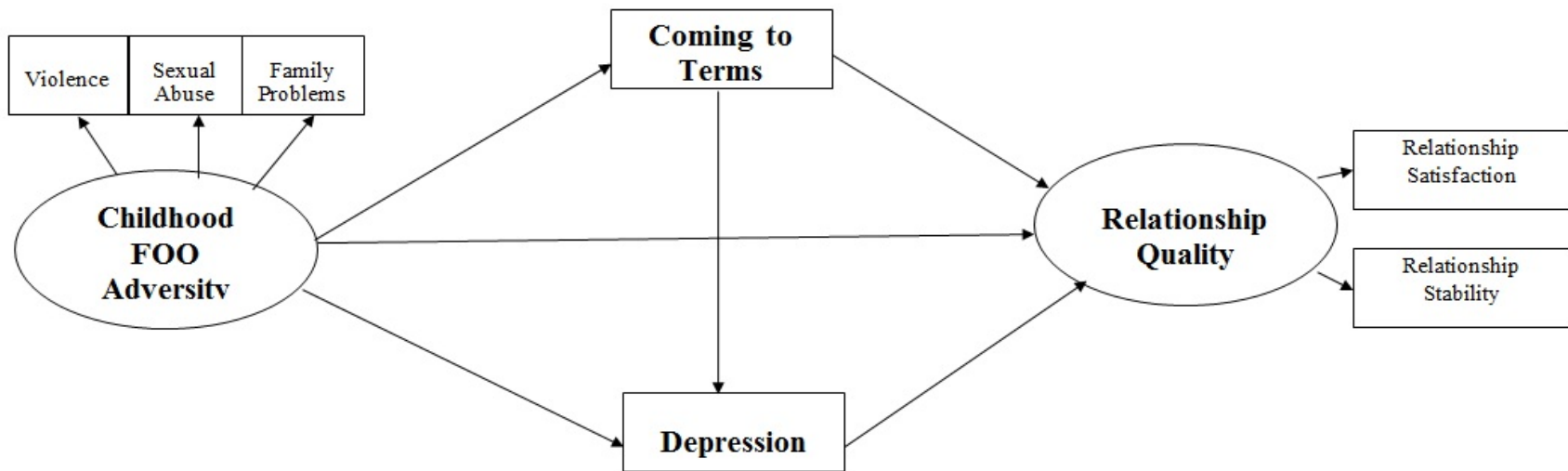
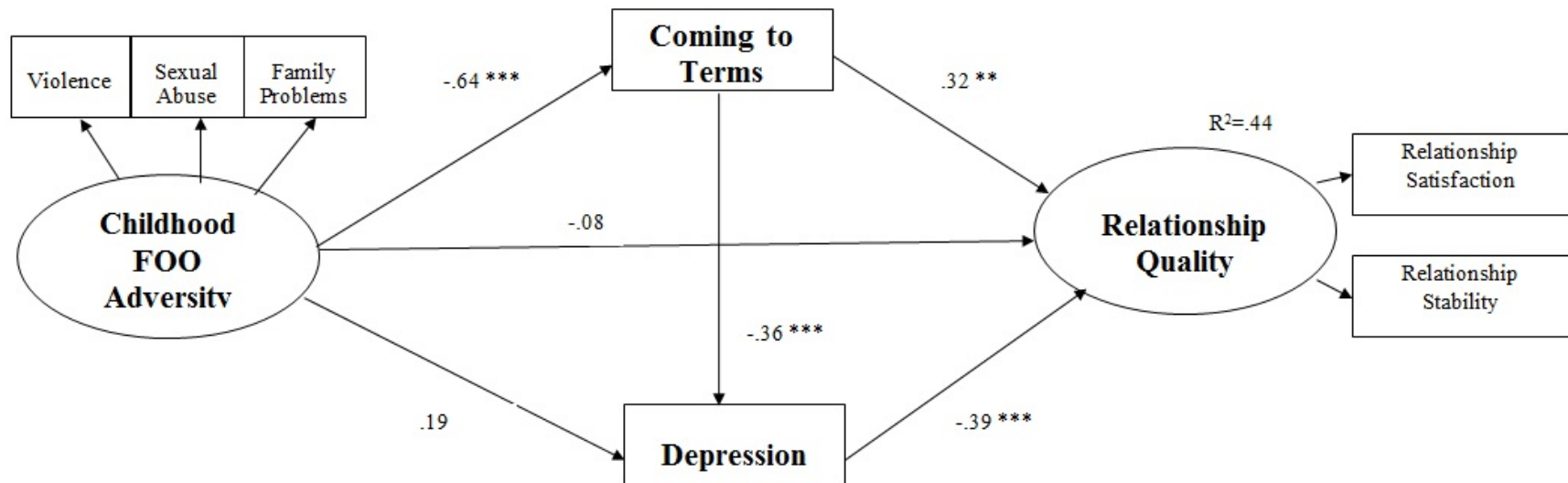


Figure 2. SEM Model with Standardized Coefficients and R2



Note: * $p < .05$, ** $p < .01$, *** $p < .001$; R2 represents the amount of variance accounted for in endogenous variables.