Participation in Cultural Traditions Promotes Happiness and Peacefulness Among American Indian, Alaska Native, and Native Hawaiian Elders

Andrew Herting, MPH, and Collette Adamsen, PhD

Intro

American Indian, Alaska Native, and Native Hawaiian (AI/AN/NH) elders have long been an understudied and medically underserved population in the United States (Garrett, Baldridge, Benson, Crowder, & Aldrich, 2015). Although high-quality data on the health status of AI/AN/NH elders is not readily available, the data that exists suggests that these elders suffer increased burdens of poor emotional health compared to majority populations.

Available data demonstrates that AI/AN/NH elders experience higher rates of depressive symptoms compared to all older Americans (Curyto et al., 1998). However, AI/AN/NH elder healthcare is especially deficient in its treatment of emotional and mental health issues (Garrett et al., 2015). Rurality and isolation represent significant barriers to access these services for the AI/AN/NH population (APA, 2010).

Cultural practices and traditions are important sources of resilience for AI/AN/NH elders (Kahn et al., 2016). These practices include ceremonies such as pow-wows and sweat lodges, spiritual practices such as smudging, and arts such as traditional dance and beadwork. Elders often turn to traditional cultural practices and values for support as they confront difficulties and stressors (Oré, Teufel-Shone, & Chico-Jarillo, 2016). Increased resilience in AI/AN/NH elders is associated with lower rates of depression, as well as improved physical health (Schure, 2013).

Among AI adults, perceived discrimination is an important risk factor for depression, but participation in traditional practices protects against this effect (Whitbeck, McMorris, Hoyt, Stubben, & LaFramboise, 2002).

Methods

The data used in this analysis comes from Cycle VI of “Identifying our Needs: A Survey of Elders” (ION). This is a national survey of AI/AN/NH elders conducted every three years by the National Resource Center on Native American Aging (NRCNAA). Cycle VI of the survey was conducted from 2014-2017. One hundred and sixty-four individual sites representing 267 tribes participated in this cycle, and 18,134 responses were collected. This represents the greatest number of individual responses ever received by NRCNAA. Relevant demographic and health indicators are presented below.
An ordinal logistic regression was constructed to illustrate the relationship between participation in cultural practices and emotional health. The independent variable for this analysis was self-reported frequency of participation in cultural practices in the past month.

**Emotional Health Characteristics of AI/AN/NH Elders**

**Results**

Despite the benefits of participation in cultural practices, 45% of elders reported that they never or rarely participated (Fig. 1).

8.7% of elders reported feeling downhearted or blue a good bit to all of the time, while 9.2% reported feeling nervous (Fig. 2). 16.9% reported feeling happy some or none of the time.

Although direct national comparisons are unavailable for some of the variables, comparable items representing nervousness and “feeling blue” are present on the Behavioral Risk Factor Surveillance System (BRFSS) survey.

Compared to the nation as a whole, AI/AN/NH elders are more likely to report feeling nervous or “blue” in the past month (Fig. 3).
An ordinal regression examining cultural participation found a significant association with happiness ($B=.142$, $p<.001$) and feeling calm and peaceful ($B=.104$, $p<.001$).

Elders with higher levels of cultural participation report feeling happy and calm more of the time (Fig. 4 & 5).

The findings of this study tell us that elders with greater cultural participation reported feeling happy and calm “all of the time” at the highest level (Figure 4ii & Figure 5iii).

No significant relationships were observed for frequencies of “negative” emotional traits, i.e., feeling nervous ($B=.009$, $p=.340$), feeling blue ($B=.010$, $p=.270$), or feeling inconsolably down ($B=.016$, $p=.104$).

Limitations of this study are common to many surveys. Although the ION survey has existed for several decades, individual participants are anonymized. Therefore, it is not possible to track individual elders across time. This survey therefore functions as cross-sectional data, captured at one point in time. As with all cross-sectional data, it is only possible to demonstrate association, not causation.

### Discussion

These findings suggest that degree of participation in traditional cultural practices is directly related to happiness and a sense of peacefulness and calm among AI/AN/NH elders.

Our regression did not reveal any significant relationships between cultural participation and “negative” emotions. This may reflect two dynamics that to some degree “cancel out.” E.g., participation in cultural practices may decrease levels of negative emotions such as anxiety. However, elders who are experiencing anxiety may also seek out cultural practices at an increased rate, as suggested by the literature (Oré, Teufel-Shone, & Chico-Jarillo, 2016).

Traditional AI/AN/NH cultural practices have historically been suppressed or forbidden by majority populations, e.g., during the boarding school era (Oré, Teufel-Shone, & Chico-Jarillo, 2016, p. 143). Many AI/AN/NH elders carry the memory of this repressive period.

This history may explain our finding that although traditional cultural participation has a protective effect on mental health, 27% of elders never participate in these practices, while 18% participate only rarely (Fig. 1). These findings demonstrate the need to support and promote traditional practices among elders.

Programs that incorporate traditional practices have seen success in diverse settings, including tribal nursing homes. The Oglala Sioux Lakota Nursing Home on Pine Ridge Reservation (South Dakota) offers traditional foods and maintains a space specifically for ceremonial prayer (Burger, 2017). It is believed these practices greatly improve residents’ comfort and quality of life. Additionally, the presence of familiar traditional practices helps to ease the transition for elders moving from their homes into long-term care (Day, 2007, p.57).

Research suggests that although youth resilience and moral formation is promoted by elders’ sharing of cultural practices, the divide between AI/AN/NH elders and youth is currently growing (Kahn et al., 2016). Therefore, programs that enable elders to share traditional practices with youth are likely to have the dual benefit of decreasing elders’ isolation and promoting youth wellness. As an example of such a program, the Red Lake Band of Chippewa Indians hosts an Ojibwe Language and Culture Camp each summer, where elders share traditional language and Anishinaabe culture with youth (Meuers, 2018).

These and many other examples demonstrate the important role of traditional practices in promoting and supporting the emotional health and well-being of AI/AN/NH elders.
References


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For both cultural participation and emotional health indicators, the six available responses were: “None of the Time,” “A Little of the Time,” “Some of the Time,” “A Good Bit of the Time,” “Most of the Time,” and “All of the Time.”

Cultural participation levels have been dichotomized for simplicity. “None,” “A Little,” or “Some of the Time” have been considered low cultural participation, while the remaining three categories are classified as high cultural participation.

Y axis represents mean level of happiness or calmness, where 1= No Participation, 2= A Little of the Time, etc.

For more information, contact

Collette Adamsen, PhD
Director
701.777-0676
collette.adamsen@und.edu

National Resource Center on Native American Aging
1301 N. Columbia Road, Stop 9037
Grand Forks, ND 58202-9037
Tel: 800.896.7628 or 701.777.5382
www.nrcnaa.org