

Does Japanese Identity Buffer Stress or Intensify Symptoms of Depression Associated with Discrimination in Hawai'i?

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Abstract

Racism is a public health crisis—yet our knowledge remains limited about how different racial and ethnic groups cope with the stress of discrimination across the United States. Research suggests that ethnic identity plays a role in the relationship between perceived discrimination and mental health problems. The purpose of this study is to focus on whether a strong Japanese identity in Hawai'i can buffer the stress of discrimination to protect mental health. Data were from an anonymous survey of 222 students who self-identified as Japanese at a university in Hawai'i. The average age was 21 years, about half (53%) were women, and 10% were foreign-born. Less than half (42%) of the students self-reported ever experiencing discrimination in a lifetime due to race/ethnicity. However, non-specific unfair treatment based on the Everyday Discrimination Scale was self-reported by most students (90%). It primarily included being treated with less respect or courtesy than other people and people acting as if they were better than them. Levels of ethnic identity were assessed with the Multigroup Ethnic Identity Measure (mean, 2.07; range, 0–3). A statistically significant interaction effect was observed ($\beta = -0.50$; $P < .01$), indicating a stronger ethnic identity counteracted the psychological distress associated with everyday discrimination. This finding suggested that strong Japanese identity, which involves pride and knowledge, participation in cultural practices, and a sense of belonging to one's ethnic group, can buffer the stress of frequent experiences of unfair treatment.

Keywords

ethnic identity, everyday discrimination, stress buffer, psychological distress, Japanese American, Hawai'i

Abbreviations and Acronyms

CES-D = Center for Epidemiologic Studies Depression Scale
COVID 19 = Coronavirus disease 2019
EDS = Everyday Discrimination Scale
MEIM = Multigroup Ethnic Identity Measure

Introduction

Despite racism being a “public health crisis,” our knowledge remains limited about how different racial and ethnic groups cope with the stress of discrimination to protect mental health.¹ Since the Coronavirus disease 2019 (COVID-19) pandemic started in the United States, discrimination against Asian Americans has been on the rise because of anti-Asian stigma and political rhetoric surrounding the geographic origin of the virus.² National research by social epidemiologists on Asian Americans before the pandemic demonstrated that exposure to racial and ethnic discrimination, measured as self-reported unfair treatment, was associated with a greater risk for depression, anxiety, and other mental disorders, as well as elevated levels of psychological distress.^{3,4}

An area of research informed by identity theory has drawn attention to whether a stronger sense of ethnic identity can influence mental health by preventing Asian Americans from being psychologically distressed by perceived discrimination.^{4,5} From a social psychological perspective, ethnic identity can be a salient aspect of the individual's self-concept and involve pride, positive feelings, and knowledge about one's ethnic group exemplified by a commitment to cultural practices and social belonging.⁶ A strong ethnic identity can be a psychosocial coping resource, which can safeguard mental health by functioning as a stress buffer via the pathway of moderating and diminishing the impact of a stressor.⁵ A study on Filipino Americans in Honolulu and San Francisco found that a stronger sense of ethnic identity was linked with lower levels of psychological distress and buffered the stress of racial and ethnic discrimination experienced in a lifetime.⁵ Different findings emerged from a study of Korean American college students in Texas: ethnic identity pride buffered the stress of low levels of ethnic discrimination, but when discrimination was more frequent, stronger ethnic pride was associated with more psychological distress.⁷ Thus, ethnic pride was referred to as a “protective-reactive factor” depending on the frequency of discrimination. “Rejection sensitivity” occurred when those with more steadfast ethnic pride felt offended by frequent experiences of discrimination, which ultimately harmed their mental health.⁷ Furthermore, findings from the first national epidemiological survey of Asian Americans did not provide a clear picture because a stronger ethnic identity buffered the stress of racial and ethnic discrimination only among US-born persons aged 40 to 51 years but exacerbated the distress associated with discrimination among the US-born persons aged 31 to 40 years and 51 to 75 years.⁴ There was no evidence of stress-buffering or an exacerbating effect among foreign-born Asian Americans.⁴ In essence, racial and ethnic identity has been referred to as a “double-edged sword,” so more research is needed to disambiguate these findings by accounting for nativity status and the frequency of discrimination and studying specific age groups and Asian-American ethnic groups in different places.⁸

Compared to other places in the United States, Asians in Hawai'i are less likely to identify as “Asian American” but instead identify by their Asian ethnic subgroup.^{9,10} Each Asian ethnic group has had a different migration history leading to socioeconomic and ethnic inequality among Asian Americans in Hawai'i. For example, Filipinos initially moved to Hawai'i primarily for plantation work, while Japanese Americans were more likely to translate military service and independent businesses into political and socioeconomic advantages.¹⁰ “Many Japanese

Americans believe that their socioeconomic and political success is the cumulative result of their own determined efforts and family and personal sacrifices, with each generation contributing to the progressive mobility and well-being of the next.^{7,10}

Japanese Americans in Hawai'i, however, continue to experience stereotypes and discrimination.^{10,11} Moreover, the discriminatory treatment that Japanese residents of Hawai'i experienced during the internment of World War II has not been forgotten. This indelible, race-related historical trauma can be passed down to subsequent generations.¹² It remains unknown whether younger generations of Japanese Americans utilize a central ethnic identity as a protective resource and whether it plays a beneficial or deleterious role in the relationship between discrimination and distress.

The present study aims to address this gap in our knowledge by examining undergraduate students at a university in Hawai'i to focus on Japanese identity, discrimination, and psychological distress during the transition to adulthood. Two competing hypotheses are evaluated in this study; the first is the *Stress-Buffering Hypothesis* characterized as a strong Japanese identity will protect mental health by buffering the stress of discrimination. This buffering could involve insulating one's self-concept from any lasting psychological damage.⁵ To clarify, a strong ethnic identity, which consists of a sense of cultural belonging, pride, knowledge, and positive feelings about one's ethnic group, could prevent unfair treatment from changing how one feels or thinks about themselves, and block or reduce the harmful psychological effects. For example, a strong Japanese identity could provide resilience and prevent an individual from believing a racist stereotype and thus protect against the internalization of symptoms of depression, such as feelings of sadness, worthlessness, or loneliness. The second hypothesis is the *Intensifying Hypothesis* characterized as a strong Japanese identity will intensify the psychological distress associated with discrimination. It is plausible that intersecting pride in one's Japanese heritage, a sense of belonging to one's ethnic group, and privilege in the racial and ethnic hierarchy in Hawai'i may not be protective but rather increase the sensitivity of Japanese students to unfair treatment. This sensitivity could be due to a greater awareness of discrimination in their daily lives or heightened reactivity. The unexpected stigma could be particularly offensive and distressing. These hypotheses will be tested with interaction effects (ethnic identity x discrimination) between the level of ethnic identity and 2 types of perceived discrimination: racial and ethnic discrimination in a lifetime and the frequency of everyday discrimination in the past year. An interaction effect examines whether the effect of one independent variable (eg, risk factor) is moderated or varies by the effect of another independent variable (eg, protective factor) on a dependent variable (eg, mental health outcome). Evidence of stress-buffering is when a multiplicative interaction between higher levels of ethnic identity and the stressor (eg, discrimination) is significantly related to decreased levels of distress, an

inverse association.¹³ An exacerbating effect is a statistically significant interaction term in the opposite direction, a positive association.⁴

Methods

This study focused on students who self-identified as full or part Japanese (n=222) from a larger survey of undergraduate students (N=1098) conducted by the author at a university in Hawai'i from 2012 to 2013. Professors agreed to have their students complete the anonymous surveys by writing their responses during class time (10 minutes on average) for courses in the departments of Sociology, Women's Studies, Nursing, Philosophy, Accounting, and Engineering. The survey's procedures were approved by the university's Institutional Review Board (CHS #20055). The survey's questionnaire informed the students about the goal of the research as well as the benefits and risks and that their participation was voluntary, confidential, and would not be financially compensated.

The statistical programming software STATA Version 16 (College Station, TX) was used to conduct the statistical analyses. Multiple imputation by chained equations replaced missing values (29 observations).¹⁴ Based on pooled estimates derived from 10 imputations, ordinary least squares (OLS) regressions were conducted predicting levels of depressive symptoms. OLS regression results were substantively consistent using list-wise deletion of the missing cases or multiple imputations. As a sensitivity analysis of the multivariate regression models, variance inflation factors confirmed no issues with multicollinearity because the mean VIF was 1.32 and the highest VIF in the fully-adjusted regression model was 2.14, which are below the threshold of 2.50.

Measures

The dependent variable was the 20-item Center for Epidemiologic Studies Depression scale (CES-D) (6 missing cases). The CES-D is a valid and reliable measure to assess the frequency of symptoms of depression or psychological distress during the transition to adulthood.¹⁵ Respondents were asked how they felt in the past week, such as how often they felt depressed, sad, lonely, everything was an effort, and had crying spells.¹⁵ The response categories were: (0) rarely or none of the time or less than 1 day, (1) some or a little of the time or 1–2 days, (2) occasionally or a moderate amount of the time, or 3–4 days, and (3) most or all of the time or 5–7 days. The scale was summed and coded so that higher values signified more symptoms. The Japanese sample's Cronbach's alpha was high (0.90) using all 20 items, which confirmed it was a reliable scale for this population. The mean level of depressive symptoms was 11.68 (standard deviation [SD], 9.77) for this scale that ranges from 0 to 60. The CES-D is a screening scale for levels of psychological distress or symptoms of depression and not intended for diagnosis of clinical depression: 69% of the students were

below the CES-D cutoff (> 15) for identifying individuals at possible risk for depression.¹⁶ A sensitivity analysis checked the skewness of the CES-D (1.15), which is common for the scale, and the regression results were consistent using a transformed (natural logged) scale or negative binomial regression and OLS regression. An unadjusted CES-D scale was used for the final OLS regression results shown.

The focal independent variable was ethnic identity (7 missing cases) which used a 12-item scale based on Phinney's Multigroup Ethnic Identity Measure (MEIM).⁶ Items from the MEIM have been used in previous research on students in Hawai'i.¹⁷ In the current study's survey of students in Hawai'i, the respondents were informed that "in the United States, people come from different countries and cultures, and there are many words to describe these different backgrounds or ethnic groups. Some examples of ethnic groups are Japanese, Chinese, Filipino, Native Hawaiian, Caucasian, Italian American, and others." Then, they were asked to indicate how strongly they agreed or disagreed with the following 12 statements about their ethnicity or ethnic group: (1) I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs; (2) I am active in organizations or social groups that include mostly members of my own ethnic group; (3) I have a clear sense of my ethnic background and what it means for me; (4) I think a lot about how my life will be affected by my ethnic group membership; (5) I am happy that I am a member of the group I belong to; (6) I have a strong sense of belonging to my own ethnic group; (7) I understand pretty well what my ethnic group membership means to me; (8) In order to learn more about my ethnic background, I have often talked to other people about my ethnic group; (9) I have a lot of pride in my ethnic group; (10) I participate in cultural practices of my own group, such as special food, music, or customs; (11) I feel a strong attachment towards my own ethnic group; and (12) I feel good about my cultural or ethnic background.⁶ Responses ranged from strongly disagree (0) disagree (1), agree (2) to strongly agree (3). The scale was based on mean scores (range, 0–3) and had high internal consistency (Cronbach's $\alpha=0.89$).

Two types of perceived discrimination were measured. Lifetime racial and ethnic discrimination (1 missing case) was assessed with the following question: "Have you ever been treated unfairly or badly because of your race or ethnicity in your lifetime?" (1=yes; 0=no). The Everyday Discrimination Scale (EDS) included day-to-day experiences of unfair treatment (5 missing cases).¹⁸ Respondents were asked the following question: "In your day-to-day life how often have any of the following things happened to you?" The specific experiences included being treated with less courtesy or less respect, receiving more subpar service, people acting as if they are better than you and that they think you are not intelligent or honest, and that they are afraid of you, and being called names, insulted, threatened

or harassed.¹⁸ Response categories were (0) never, (1) less than once a year, (2) a few times a year, (3) a few times a month, (4) at least once a week, and (5) almost every day. These items were summed (possible range, 0–45) to create a 9-item scale (Cronbach's $\alpha=0.86$). The Everyday Discrimination Scale (EDS) is one of the most widely used scales in epidemiologic and public health research to measure unfair treatment. The EDS was designed to assess discriminatory treatment across different contexts or general mistreatment without reference to race, ethnicity, sex, or other demographic or personal characteristics. In prior research, the scale has been used to measure discriminatory experiences for persons from various racial and ethnic backgrounds (including Asian Americans).¹⁹ Everyday discrimination and ethnic identity were mean-centered (recoded by subtracting the mean from each case, so the new mean is 0) for the interaction effects to test the stress-buffering and intensifying hypotheses.

Control variables included sex (woman=1, man=0), age, nativity status (foreign born=1, US born=0), and parental education. As an indicator of family socioeconomic background, parental education was the highest level of schooling (number of years) the respondent's father or mother had achieved. Missing values were imputed using the following procedure: (1) missing values on father's education were substituted with mother's education and vice versa, and (2) multiple imputation was used to replace the remaining missing values (13 observations).

Results

Descriptive Statistics

Table 1 displays the descriptive statistics, including means or percentages, SD, and ranges of the scales. About half (53%) of the students were women; their average age was 21 years, their parents were generally college-educated (mean, 16 years of education), and 10% were foreign-born. The average level of ethnic identity was 2.07 (SD, 0.47) on a scale ranging from 0 to 3. Less than half of the students (42%) self-reported experiencing discrimination in their lifetime due to race or ethnicity, and 58% reported never experiencing it. The average level of non-specific unfair treatment or "everyday discrimination" was 10.05 (range, 0–45). Supplementary analyses (data not shown) indicated that 200 (90%) students reported any response category other than *never* on at least one of the everyday discrimination questions; only 17 students reported *never* or 0, and there were 5 missing cases. The more subtle forms of discrimination were the most common (data not shown), such as being treated with less courtesy (79% of the students experienced it to varying degrees of frequency), people thinking that they are better than you (79%), being treated with less respect (72%), and the least common was the overt experience of being threatened or harassed (37%).

Variables	n (%)	Mean	SD
Symptoms of depression (range, 0–60) ^a		11.68	9.77
Ethnic identity (range, 0–3) ^b		2.07	0.47
Racial and ethnic discrimination in a lifetime	93 (42)		
Everyday discrimination (range, 0–45) ^c		10.05	7.03
Women	117 (53)		
Age, y		21	3.51
Parental education, y		16	2.44
Foreign born	22 (10)		

Abbreviation: SD, standard deviation.

^a Score indicates levels of self-reported depressive symptoms or psychological distress based on the Center for Epidemiologic Studies Depression (CES-D) scale.

^b Score indicates levels of ethnic identity based on the Multigroup Ethnic Identity Measure (MEIM) scale.

^c Score indicates levels of non-specific unfair treatment based on the Everyday Discrimination Scale (EDS).

Ordinary Least Squares Regression Analyses

Table 2 tests the *Stress-Buffering Hypothesis* and *Intensifying Hypothesis* with OLS regression models predicting levels of depressive symptoms and two interaction effects: (1) ethnic identity x racial and ethnic discrimination ever in a lifetime, and (2) ethnic identity x everyday discrimination. Ethnic identity interacted with everyday discrimination, but the interaction between ethnic identity and lifetime racial and ethnic discrimination was not statistically significant. The statistically significant interaction effect (ethnic identity x everyday discrimination) in Model 2 ($\beta = -0.51$; $P < .01$) indicated stress-buffering, in which at higher levels of ethnic identity there were fewer symptoms of depression associated with everyday discrimination. The statistically significant interaction effect remained in Model 3 ($\beta = -0.50$; $P < .01$), which was the fully-adjusted model with all control variables (sex, age, socioeconomic status, nativity status) and both interaction effects. Finally, results indicated that everyday discrimination ($P < .001$) and women ($P < .05$) were associated with higher levels of depressive symptoms in Table 2 and in a supplementary regression model (data not shown) that included the control variables and excluded the interaction effects.

Discussion

This study on Hawai'i is the first to find that a strong ethnic identity is a protective factor for coping with discrimination among those who identify as Japanese. Interaction effects suggested that ethnic identity served as a stress buffer for everyday discrimination. This finding suggests that having more knowledge and positive feelings about one's ethnic group, engaging in cultural practices, and fostering a sense of social belonging can counteract the distress associated with routine experiences of unfair treatment. The types of everyday discrimination that

Variables	Model 1 β (SE)	Model 2 β (SE)	Model 3 β (SE)
Ethnic identity	-0.39 (1.83)	-2.27 (1.35)	-2.08 (1.91)
Racial and ethnic discrimination in a lifetime	0.85 (1.35)	0.84 (1.32)	0.86 (1.33)
Everyday discrimination	0.49 (0.09)***	0.48 (0.09)***	0.48 (0.09)***
Women	2.54 (1.27)*	2.51 (1.25)*	2.52 (1.26)*
Age	-0.19 (0.18)	-0.23 (0.18)	-0.22 (0.18)
Parental education	-0.05 (0.26)	-0.05 (0.26)	-0.05 (0.26)
Foreign born	0.95 (2.03)	1.83 (2.00)	1.83 (2.00)
Interaction Effects			
Ethnic identity x racial and ethnic discrimination	-2.59 (2.74)	---	-0.41 (2.82)
Ethnic identity x everyday discrimination	---	-0.51 (0.18)**	-0.50 (0.19)**
Intercept	15.60**	16.25**	16.15**
R ²	0.17	0.20	0.20

Abbreviations: β, unstandardized beta; OLS, ordinary least squares; SE, standard error.

^a For 2-tailed tests: * $P < .05$; ** $P < .01$; *** $P < .001$

were most frequently self-reported were more subtle, such as being treated with less respect or courtesy and people thinking that they were better than them, while the least common was the overt experience of being threatened or harassed. A study using national data similarly found that across Asian American groups, being treated with less respect was reported most often in contrast to being threatened or harassed.¹⁹

The interaction between racial and ethnic discrimination in a lifetime and Japanese identity was not statistically significant, which is an intriguing null finding. Lifetime racial and ethnic discrimination may have measured more severe experiences that were obviously due to racism and possibly occurred earlier in life, which could involve recall bias. Everyday discrimination referred to experiences in the past year and may capture the intersectionality of several social statuses, so it may be difficult to know if the unfair treatment was due to race/ethnicity, sex, age, or other factors. The statistically significant interaction between everyday discrimination and Japanese identity may be because the frequency of unfair treatment matters. Everyday discrimination can assess regular experiences or chronic stress rather than the oversimplified dichotomy of ever experiencing a stressful event of racial and ethnic discrimination in a lifetime or not. It is an important finding that a strong Japanese identity buffers the stress of day-to-day discrimination that may not necessarily be due to race or ethnicity. Future research should investigate whether a strong ethnic identity can buffer the stress of non-specific unfair treatment and racism, sexism, ageism, classism, and heterosexism as a resilient aspect of the self-concept or a form of ethnic support among different groups.

More generally, this study adds to a growing area of research on the stress-buffering effect of ethnic identity among Asian Americans and should stimulate more research on Asian ethnic groups and different types of discrimination. This study could not determine the sources of discrimination (ie, peers at school, professors, or members of specific racial and ethnic groups), which is a limitation shared by most studies in this literature. The extent to which Japanese identity in Hawai‘i is a positive aspect of the self-concept and a resource for coping with discrimination among younger and older generations (those who were children during World War II after the Pearl Harbor attack), as well as among first-generation and second-generation Japanese Americans warrant investigation. The results from this survey study should be supplemented by qualitative research that explores the extent to which residents of Hawai‘i believe that their ethnic identities help them handle the stress of different types of discrimination and whether it varies by racial and ethnic group, generation, sex, and socioeconomic status. Overall, the current study implies that it is crucial to understand how the ethnic identity of Japanese Americans is a function of that group’s social position in a multicultural environment.²⁰ This study is innovative because it draws attention to a cultural context where Japanese Americans have a uniquely privileged status in a racial and ethnic hierarchy, with Asian Americans as the majority group. Insights might also be gained by more public health, psychological, and sociological research delving into Hawai‘i’s unique racial and ethnic hierarchy. Furthermore, studies on identity development and well-being among Japanese youth and young adults are still scarce.²¹

I propose multiple recommendations to advance the limitations of the literature in general and the cross-sectional data used for the present study. Future research should gather representative survey data of racial and ethnic groups in the state of Hawai‘i and assess causal ordering with longitudinal data. This study would help examine whether depression (diagnosed and self-rated symptoms) can lead to perceiving more experiences of discrimination or weaken ethnic identification over time, and include different types of strategies for coping with stress. Future studies should also explore mixed race/ethnicity in Hawai‘i and elsewhere to better understand the role of racial and ethnic identity in the link between racism and mental health problems. Although the current study included lifetime discrimination due to race and ethnicity, the everyday discrimination scale used in the survey did not ask the reasons for discrimination. Despite the limitations mentioned, this study’s findings provide new

evidence of the psychological efficacy of Japanese identity and how it can be a protective factor against the chronic stress of discrimination.

For public health research moving forward, what needs to be uncovered is whether a strong Japanese identity in the continental United States or places where Asian Americans are not the majority group or in advantaged positions buffers the stress of discrimination similar to Hawai‘i. What deserves closer scrutiny by social psychologists is why a strong ethnic identity across Asian ethnic groups may differentially interact with discrimination, such as protecting the self-concept from denigrating stereotypes by providing a sense of security, backing, and social support, or conversely, whether ethnic pride can trigger or displace aggression.¹⁷ A nullifying hypothesis should also be considered to account for the possibility that stress-buffering and rejection sensitivity could co-occur in a population and cancel each other out. Distinguishing between ethnic identity as an intrapsychic resource or a social anchor that provides emotional support as part of the coping process or a reactive trigger remains imperative for future studies on different ethnic groups to consider.²²

The implications of this study’s findings for clinical practice are that psychiatrists and counseling services at universities should be aware of the roles of ethnic identity and discrimination in their Japanese American students’ mental health problems. College counselors need to discuss microaggressions and everyday discrimination with Japanese American students and whether their sense of ethnic identity could prove protective, regardless of the social position of their ethnic group in the racial and ethnic hierarchy of a particular cultural context.²³ To conclude, public health programs, medical schools, clinical practice, and social work programs should incorporate curriculum on how a strong ethnic identity can be a personal form of resilience against racial injustice and discrimination in the United States.

Conflict of Interest

The author reports no conflict of interest.

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