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ABSTRACT

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There is a dearth of psychological research with Polynesian populations in the United States Research on this population is needed to meet the demands of this increasingly growing population. This study aims to investigate the psychological well-being of an understudied Latter-day Saint (LDS) Polynesian American emerging adult group in order to better provide them with cultural-specific professional psychological services. The sample included 327 LDS Polynesian American emerging adults ranging from 18 to 26 years of age (191 females, 136 males). Specifically, this study examines the associations among coping strategies, religiosity, ethnic identity, depression, anxiety, and self-esteem. An online questionnaire was used to collect the necessary data. Descriptive statistics, bivariate correlations, and path analyses were conducted to examine relationships among variables. The results yield findings that are unique to this specific population.. This study's results found family support, religiosity, and ethnic identity to be influential among LDS Polynesian emerging adults with regards to their psychological well-being. As this study mentions, identifying and recognizing the influential cultural values on well-being for this population can contribute to assisting mental health professionals provide culturally sensitive and appropriate interventions for their LDS Polynesian American emerging adult clients.

Keywords: Polynesian Americans, Latter-day Saints, emerging adults, psychological well-being, psychological services

DEDICATION

I dedicate this work to my husband, Vinson, and daughter, Pearl. To Vinson, I express my eternal gratitude for your love, compassion, patience, endless support, and motivation that you provided me throughout my challenging graduate journey. It is your patience, faith, and immense love for me that has provided the needed balance, strength, and inspiration during the discouraging moments. It is without question that you are the reason why I am achieving my goals and aspirations. It is because of you I made it through this program. I will forever be grateful for your eternal companionship and endless love. To my Pearl, I want you to know that there were many moments where I felt defeated, exhausted, and at a dead end, but because of the love and comfort you, your dad, and Heavenly Father provided I was able to overcome my trials and succeed. Always remember that hard work always pays off, and faith in your Heavenly Father and Savior will always get you through any trial you face. I want to thank you for your pure spirit and sweet love. For this, I dedicate this work to you and to my eternal companion, Vinson.

ACKNOWLEDGMENTS

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Introduction

It may be correct to state that purpose of research is to gain further knowledge about the studied topic. Developing this knowledge is important to understand the unknown topic in hopes of ameliorating reactions or responses to the unknown. As the United States continues to become more diverse this notion is vital. With the influx of different cultures enriching the American Society, research is one way to help us learn more about culture so that we may become culturally sensitive and prepared to provide appropriate services. One group in particular is the Polynesian-American culture, which continues to grow in the United States, but is exceptionally underrepresented in current psychological research (U.S. Census Bureau, 2015).

Polynesians, who may also be recognized as South Pacific Islanders, come from the South Pacific Islands such as Samoa, Tonga, Fiji, Tahiti. Polynesian people may be recognized for their incredible hospitality, strong family dynamic, peaceful and welcoming personas, joyful and special cultural customs, and more (Allen, Garriott, Reyes, & Hsieh, 2013; Hezel, 1993; Macleod & Delany, 2009; Suggs, Kahn, Kiste, Pauls, & Kuiper, 2011). They may also be known for their faith and dedication to religion (Allen & Heppner, 2011; Allen & Smith, 2015; Hezel, 1993; Suggs, Kahn, Kiste, Pauls, & Kuiper, 2011). One religion in particular, which continues to grow throughout the islands due to years of missionary work, is the Church of Jesus Christ of Latter-day Saints (LDS). This study works to focus on the LDS Polynesians who immigrated to the U.S. and their children, who we will continue to refer to as LDS Polynesian Americans.

Learning more about LDS Polynesian Americans is essential for today's society because of the immense population growth in the U.S. Large LDS Polynesian communities have been identified in states such as California, Hawaii, Utah, Texas, and Washington (Allen, Garriott, Reyes, & Hsieh, 2013). As the population continues to increase in communities, the enrollment

in community colleges and universities continues to do so as well. It is at this education level where psychological researchers are recognizing a lack of knowledge of LDS Polynesian Americans. Further, for this study, we recognize the LDS Polynesian Americans between the ages of 18 and 26, who may be attending college or universities, as emerging adults. As we will discuss later, researchers such as Arnett (2000), found that emerging adults tend to experience great mental health issues because of various stressors, such as unstable residential status, identity exploration, and increasing responsibilities. Thus, at the college and universities, where mental health is promoted and counseling psychologists are provided, there is a lack of knowledge of the LDS Polynesian American emerging adult well-being and culturally appropriate mental health interventions.

In current psychological research, emerging adult ethnic groups like African Americans, Asian Americans, and Latino/as are commonly studied (Brittian et al., 2013; Brouillard & Hartlaub, 2005; Iwamoto & Liu, 2010; Yip, Seaton, & Sellers, 2006; Yuh, 2005). Learning about these populations is also essential; however, it does not serve as a foundation for understanding Polynesian American emerging adults. This is due to the uniqueness of Polynesian culture, which has been recognized distinctively for their traditional music, songs, dances, tattooing, strong religious commitment, and inter-dependent family dynamics (Allen et al., 2013; Allen & Heppner, 2011; Allen & Smith, 2015; Hezel, 1993; Macleod & Delany, 2009; Suggs et al., 2011; "Skin Stories: The Art and Culture of Polynesian Tattoo," 2003). These cultural values and customs may be distinctive from these well-known ethnic groups, and therefore, differ in well-being contributors. It is for this reason why this study works towards identifying factors that serve as contributors to the well-being of the Polynesian American emerging adults. Even further, research recognized religion as a significant factor in the Polynesian culture by

describing how Christianity first arrived in the islands and spread vastly—influencing the Polynesian society (Allen et al., 2013; Allen & Heppner, 2011; Allen & Smith, 2015; Hezel, 1993; Macleod & Delany, 2009; Suggs et al., 2011). As previously mentioned, many Polynesians adopted the LDS church into their culture. For these reasons, this study focuses on LDS Polynesian American emerging adults.

Previous studies have explored the role of religiosity and ethnic identity among Polynesian American adults' well-being. However, as the further literature review will discuss, this research focuses on the distinctive emerging adult group where identity is unstable and mental health is a concern. Thus, the characteristics of focus for this study are religiosity, collectivistic coping strategies, and ethnic identity. As Polynesians demonstrate a strong cultural value in each of these three qualities (Allen et al., 2013; Allen & Heppner, 2011; Allen & Smith, 2015), understanding the impact it may have on well-being is essential for providing appropriate mental health services for the emerging adult group.

Further, to identify the role religiosity, collectivistic coping strategies, and ethnic identity have on an individual for LDS Polynesian American emerging adults, this study will focus on three significant components of one's well-being—depression, anxiety, and self-esteem. More specifically, the study works to analyze the variables as follows: (a) collectivistic coping strategies with depression, anxiety, and self-esteem, (b) ethnic identity with depression, (c) religiosity with depression and anxiety, and (d) ethnic identity and religiosity with depression and anxiety. By using the necessary statistical calculations to identify potential relationships, the study focuses on identifying and sharing the results to contribute to assisting mental health providers who work with the LDS Polynesian American population at the college and university levels.

As previously mentioned, there is a growing number of LDS Polynesian American emerging adults attending college and universities. As these individuals work to further their education, some may experience great difficulty overcoming stressors that emerging adulthood brings. Because the Polynesian culture greatly differs from their ethnic minority counterparts, mental health providers at college and university levels struggle with identifying how to appropriately serve their LDS Polynesian clients. Thus, the purpose of this study is to first, provide mental health providers with information regarding the unique collectivistic coping strategies, religiosity, and ethic identity values of the LDS Polynesian American emerging adults. Mental health providers can use this information to identify appropriate interventions—interventions that may help their LDS Polynesian American clients endure life challenges and stressors that they seek for professional assistance. Second, the purpose of this research is to contribute to the recognition of this underrepresented population in the psychological research. It is our hope to provide the LDS Polynesian American population with a voice. This voice will inform the psychological research and American society of the distinguishable Polynesian cultural and their valuable customs that play a significant role in the LDS Polynesian American emerging adults' well-being.

Literature Review

There is a plethora of research focusing on the psychological well-being of adolescents, adults, and older adults (Blanco et al., 2008; Heckel, Clarke, Barry, McCarthy, & Selikowitz, 2009; Iosua, Gray, McGee, Landhuis, Keane, & Hancox, 2014; Narushima & Diestelkamp, 2013; Pudrovska, 2009). Of these age groups, one in particular that is attracting immense attention of various researchers is the range between 18 to 26 years old (Arnett, 2000; Blanco et al., 2008; Buchanan, 2012; Cook, 2007). Are these individuals developmentally in the adolescence or adult stages by this time? At the ages between 18 and 26 years-old, young women and men range from having recently exited high school and transitioning to their desired routes to defining their responsibilities as they enter a new developmental stage. Determining a pathway requires a higher order of thinking that adolescents potentially have yet to develop, and such decisions are not quite ones that require adults to make. Thus, as researchers argue that this specific developmental stage does not fall into the adolescence or adult category, current literature has recognized this group of young women and men as *emerging adults* (Arnett, 2000; Nelson & Padilla-Walker, 2013).

Emerging Adults

According to Arnett (2000), emerging adulthood differs from adolescence and adulthood in three distinct ways—demographically, subjectively, and identity exploration. During this stage of development, there is a wide range of decisions that these individuals make toward their desired life-route (Arnett, 2000). As a result of the unpredictability, Arnett (2000) describes this stage as the period of instability and experimentation that leads to an arbitrary and diverse demographic status. One area of which emerging adults' demographics is unstable is in their residential status—of all age groups, emerging adults have the highest rates of change in their

residence (Arnett, 2000). Majority of these emerging adults leave their families to attend college, while others may leave home to live independently and work full time (Arnett, 2000; Beck, Taylor, & Robbins, 2003; Carr, Colthurst, Coyle, & Elliott, 2012; Gustems-Carnicer & Calderón, 2013). The variability in emerging adults' demographics compared to other stages of development reflects how much this age group is recognized as the time of instability.

In addition to this stage being acknowledged as being unstable in their demographics and being diverse in such area, emerging adults are subjectively distinct compared to other age groups. This subjectivity refers to the ambiguity of reaching adulthood. Emerging adults do not perceive themselves as being adolescents; however, they may also not yet identify themselves as adults (Arnett, 2000). Arnett (2000) explains that among these emerging adults, there is a subjective perspective of what being an adult means—a definition that is beyond an age marker. Some of these adulthood characteristics reported in research mentioned by Arnett (2000) is being self-sufficient such as being *financially independent*, *making independent decisions, and accepting the responsibility for one's self*. Once self-sufficiency has been attained, emerging adults begin to subjectively perceive themselves as entering into adulthood. However, without these qualities emerging adults stay in a transition period between adolescence and adulthood where they continue to explore and prepare to reach becoming an adult.

During their efforts to explore their identity in preparation for the responsibilities of adulthood, Arnett (2000) suggests that emerging adults specifically investigate their identity in work, love, and worldviews. By emerging adulthood work is more focused on discovering the long-term career path for adulthood either through various occupations or educational experiences. Love is searched through more intimate and longstanding relationships, and worldviews are reexamined and redefined to a product of the emerging adult's independent

beliefs from those of their family's (Arnett, 2000). Although emerging adulthood may portray jumping from job to job without much detrimental risk, dating around for lifetime partners, and encountering various college experiences for new views as exciting and adventurous, this journey does include hardship and even stress. Actually, many emerging adults may be psychologically struggling more in this developmental stage than coasting through and finding it pleasurable (Arnett & Schwab, 2012).

Current literature thus far emphasizes the importance of acknowledging the growing concerns with the increase in the psychological well-being of emerging adults (Blanco et al., 2008; Buchanan, 2012; Cook, 2007; Nelson & Padilla-Walker, 2013). In a 2014 National Survey of College Counseling Centers researchers found that over the past five years 89% of the visits were due to anxiety disorders, 58% clinical depression, and 35% of the visits were due to self-inflicted injuries, as coping mechanism for anxiety (Gallagher, 2014). In addition, over half of the college students who come for a consultation suffer from severe psychological issues and 44% experience severe distress such as depression and anxiety (Gallagher, 2014). Research conducted by Blanco et al. (2008) also mentions that the treatment rates for psychological issues are low for both student and non-student emerging adults.

Parallel to this growing concern for the increase in mental health issues among emerging adults is the developing desire to understand why, which is what current literature works to address (Arnett, 2000; Blanco et al., 2008, Buchanan, 2012; Cook, 2007). However, understanding emerging adults collectively is ineffective because of cultural differences. Each culture varies in their experiences and perceptions of mental health. Analyzing these differences will shed light on understanding the concern. There is current research discussing the psychological well-being among the well known main ethnic groups, African Americans,

Latinos/as, and Asian Americans (Arbona & Jimenez, 2014; Mosher, Prelow, Chen, & Yackel, 2006; Torres & Rollock, 2009; Wei, Heppner, Ku, & Liao, 2010; Williams, Chapman, Wong, & Turkheimer, 2012; Yuh, 2005). Studying these ethnic minority groups is critical as these populations continue to increase in the United States **(**U.S. Census, 2015**)**. However, there is another ethnic group that also deserves attention—South Pacific Islanders, also known as Polynesians (Allen & Heppner, 2011; Allen et al., 2013).

Latter-day Saint Polynesians

The word *Polynesia* is Greek for many islands (Allen & Heppner, 2011; Allen et al., 2013). The Polynesian triangle consists of several islands namely, Hawaii, Western and American Samoa, Tonga, Tahiti, New Zealand, Easter Island, Fiji, Easter Island, Marquesas, and several other smaller islands (Allen et al., 2013). Individuals from these islands identify themselves as Polynesians, and those who relocate from the Pacific Islands to permanently reside in the U.S. may also prefer to be recognized as Polynesian Americans. Since the 2000 U.S. Census, the Polynesian population in the U.S. increased by about 9.7 percent, three times faster than the total U.S. population (U.S. Census, 2000). As a result of this exponential growth, Polynesian Americans were identified as a separate ethnic group on the 2010 U.S. Census (i.e., Native Hawaiian, Samoan, Other Pacific Islander), compared to the 2000 U.S. Census, which categorized Polynesians under the Asian American ethnic group (Allen & Heppner, 2011; U.S. Census, 2000; 2010). Polynesians deserve to be recognized in a separate category because of their unique culture.

Besides being unique for coming from the beautiful Polynesian islands in the Pacific, Polynesian Americans are inimitable because of their culture—their traditional songs and dances, strong ethnic identity, and interdependence on family. From the island of Fiji and Tahiti to

Tonga and Samoa, all of the Polynesian islands distinctly have their traditional dances. These dances demonstrate the centuries of inherited cultural dance moves that demonstrate respect, cultural identity, strength, joy, and emotions. Some of these dances are known as Tahitian (Tahiti), Taualuga (Samoa), Ula (Tonga), Hula (Hawaii), and Meke (Fiji). Prior to performing these traditional songs and dances, Polynesians gather with their families, friends, village, and welcomed visitors. These gatherings typically are a celebration of marriage, family reunions, birthdays, anniversaries, a demonstration of respect for High Chiefs, and a celebration for a right to passage for those coming of age. While playing traditional songs and wearing customary clothing, Polynesians perform these dances for all those who came to express their gratitude and love for one another.

These Polynesian customary songs and dances are not only a demonstration of their cultural values and traditions, but also a representation of their ethnic identity. The performance of their cultural songs and dances are just one of the ways that Polynesians demonstrate how proud they are to be of Polynesian decent and from their respected countries. Polynesians also express their connectedness with their ethnic identity through traditional tattoos, which for some are a rite of passage into adulthood. Besides physically expressing their strong ethnic identity, Polynesians also do so through their commitment to serving other Polynesians by working to contribute to their country. One way that this occurs is through their efforts to take care of their Polynesian brother and sisters. Some of these services may include helping out other Polynesians by providing needed home goods, assisting with the preparation and execution of events, offering participation in song and dance performances, participating in attending village meetings, looking out for others' children, and using personal talents and abilities to help others.

Finally, Polynesians also maintain their ethnic connectedness through their responsibility to pass down their traditional customs, values, and language to the next generation. Looking out for and taking care of their fellow Polynesian peers, in addition to, always taking care of and including their family is a strong indication of the Polynesian people's value in their ethnic identity.

Even more so, Polynesians are a unique ethnic group because of their strong interdependence on family. The concept of family is essential in the Polynesian culture, as it is recognized and taught as being priority. As discussed, family is always included in the performance of the cultural songs and dances. As part of maintaining one's ethnic identity, Polynesians focus on helping their family and their peers' families when in need. They focus on raising their families in the Polynesian culture and preserving the inherited customs. Thus, the importance of family is part of the Polynesian culture. In the villages, it is vital that the family works together to take care of their land. Just as children depend on their parents to gain knowledge and for nurture, adults too depend on their children for additional help in and out of the home. When children are done with school they are expected to help their parents with chores—tending to the animals, maintaining the plantation, preparing the food, cleaning, and taking care of the younger children. To Western U.S. families, it may seem that children would despise having to give up playtime after school and come straight home from school to do chores. However, to Polynesians, the children understand that it is their role in the family to contribute by helping them as much as possible, and would prefer to serve rather than play. It is from this way of growing up that Polynesians continue placing a great emphasis of family and depending on one another to take care of their family and homes (Allen et al., 2013; Allen & Heppner, 2011; Allen & Smith, 2015; Hezel, 1993; Macleod & Delany, 2009; Suggs et al.,

2011). Therefore, with family being central to the Polynesian culture, this study explores family support and the well-being of Polynesian American emerging adults.

Since Polynesians cultivate family interdependence, many Polynesians are drawn by the family standards taught by the Church of Jesus Christ of Latter-day Saints (LDS). Currently, the LDS church has expanded to all of the South Pacific Islands and continues to thrive as new temples and chapels are built and LDS missionaries are sent to teach the LDS faith. Some of these LDS Polynesians relocated from the Pacific Islands to the U.S. and reside in states like California, Utah, and Hawaii. LDS Polynesian emerging adults in these three states are of particular interest for this study. Currently there are no studies that focus on this population in the psychological research. However, there are a few research articles published thus far that do inform us of Polynesian Americans 18 years and older and their psychological well-being (Allen et al., 2013; Allen & Heppner, 2011; Allen, Kim, Smith, & Hafoka, 2016; Allen & Smith, 2011; Allen et al., 2016).

Prior to introducing the well-being variables analyzed in this study, it is imperative to discuss the reason behind studying the LDS Polynesian emerging adult population. First, recent U.S. Census (2015) reports a growing number of Polynesians in the U.S., and like many other ethnic groups who migrate from their homelands, individuals begin to face having to adapt to the Western culture. For Polynesian American emerging adults this developmental stage may be most difficult. In the westernized culture, emerging adults may be living independently away from their families, working to support themselves, identifying their career choice, and searching for more intimate relationships in preparation for settling down. On the other hand, as previously mentioned, the Polynesian culture focuses on the selfless interdependence among the family—working together to support one another. It may be that Polynesian American emerging adults

experience stress during this developmental period, as they are caught between the two cultures' expectations—independently identify their path for adulthood while caring for their families.

Second, within the LDS church is a culture. Members wear certain clothing on Sundays (e.g., men wear white colored shirts, ties, and slacks), take the sacrament on Sundays, regularly study scriptures, fast, and prepare to serve missions. For some, being LDS may be a separate identity from their ethnic and societal culture. Further, as discussed, the LDS church is a growing religion among Polynesians. For some LDS Polynesian American emerging adults, juggling the LDS, Polynesian, and Western emerging adults cultural expectations may be difficult to mange, make decisions, and identify with. Thus, this study focuses on this specific and underrepresented group to explore factors that may contribute to their well-being.

Last, with the absence of psychological research on LDS Polynesian American emerging adults, further studies of this group and their distinctive culture are needed to better serve and provide psychological services for communities throughout the U.S. (Allen et al., 2016; Allen et al., 2013; Allen & Heppner, 2011; Allen et al., 2016; Allen and Smith, 2015). Research in mental health can aid counselors and psychologists enhance their efforts to help Polynesian Americans familiarize themselves to mainstream American culture. This study works to help mental health professionals provide such effective services for LDS Polynesian American emerging adults by further understanding this population according to their family and religious coping strategies, ethnic identity, and intra- and inter-religiosity, and how these variables influence their well-being.

Collectivistic Coping Strategies

As these exploring emerging adults endure college or other routes towards identifying their identity, careers, and other desires for their lives, Arnett (2000) suggests that life can be

stressful and potentially traumatic. Although this age group may seem spontaneous and "the best time" of an individual's life, emerging adults may experience more trauma than we think. As previously mentioned, in a study conducted among U.S. college-aged individuals, nearly all of the participants reported having experienced a traumatic incident. Such traumatic events that participants reported ranged from natural disasters, tragic deaths of loved ones, terminal illness of loved ones, or abuse (Gershuny, Najavits, Wood, & Heppner, 2004). Heppner and colleagues (2006) further suggest that although such traumatic events may lead individuals to experience chronic mental illnesses, some may differ and experience other psychological symptoms such as depression and anxiety. In addition, Heppner and colleagues (2006) argue that it is the individual's ability to cope with the psychological symptoms following the traumatic events that influence their psychological well-being.

With emerging adults experiencing stressful events as they explore and begin to shape their lives, it is their reactions that influence their psychological well-being. These responses to stressful events are essential, yet worrisome as researchers are recognizing the increase in mental health issues among emerging adults. Researchers suggest that reactions like collectivistic coping strategies, are ones that prevent such individuals from adverse psychological well-being (Gustems-Carnicer & Calderón, 2013; Khramtsova, Saarnio, Gordeeva, & Williams, 2007; Salami, 2010). Lazarus describes coping mechanisms and Folkman (1986) as an adaptive reaction to a stressor, which allows an individual to use cognitive or behavioral tactics to alleviate, remove, or manage the stressor (as cited in Gustems-Carnicer & Calderón, 2013). To measure these strategies, this study will, like other researchers, use the Collectivistic Coping Styles (CCS) instrument created by Heppner and colleagues (2006). In their CCS inventory, Heppner and colleagues (2006) focused on five components of measuring coping mechanism for

traumatic or stressful occurrences: acceptance, reframing and striving, family support, religion-spirituality, avoidance and detachment, and private emotional outlets. Further, Gustems-Carnericer and Calderón (2013) would argue that one of the functions of utilizing coping mechanisms, like the ones focused in Heppner and colleagues (2006) article, is to minimize strain and heightened psychological responses to particular stressors.

In support of these researchers, other scholars found that coping mechanisms are not only in response to stress, but also increase psychological well-being (Crocket et al., 2007; Koolhaas, de Boer, Buwalda, & van Reenen, 2007; Puglisis-Allegra & Andolina, 2015; Taylor & Stanton, 2007). In addition, Taylor and Stanton (2007) found that coping strategies have a direct affect on psychological health. In regards to emerging adults, in a study analyzing both non-student and student college individuals, Blanco et al. (2008) found that this age group lacked the ability to cope through their life stressors, and as a result the individuals were more likely to struggle with psychological well-being. However, this research strives to question if such claims are generalizable to all emerging adults while taking race and ethnicity into consideration.

Although emerging adults make similar life dependent decisions and undergo various life-stressors, their coping mechanisms for mental health illnesses may vary due to their cultural differences. Various researchers suggest that ethnic minorities differ in their coping techniques for their psychological well-being according to their studies on specific ethnic minority groups (Allen & Smith, 2015; Crockett et al., 2007; LaVeist, Thorpe, Pierre, Mance, & Williams, 2014; Mosher et al., 2006; Ng & Hurry, 2011; Wei, Ku, Russell, Mallinckrodt, & Liao, 2008). The most studied of these ethnic groups are African Americans, Latino/as, and Asian Americans. There is a plethora of research in the psychological sciences that discus various collectivistic coping strategies utilized within these ethnic groups in relation to mental health responses (Allen

& Heppner, 2011; Dyson & Renk, 2006; Koolhass et al., 2007; LaVeist et al., 2014; Mosher et al., 2006; Ng & Hurry, 2011). For instance, studies involving these popular ethnic groups suggest that positive and active types of coping strategies like problem solving or problem-focused coping and positive reframing, are correlated to lower levels of mental health difficulties, like depression, anxiety, or low self-esteem (Crocket et al., 2007; Mosher et al., 2006; Ng & Hurry, 2011; Wei et al., 2010).

Researchers found a strong relationship between the stressors that these emerging adults endure to higher levels of depression (Buchanan, 2012; Dyson & Renk, 2006; Hudson, Purnell, Duncan, & Baker, 2015; Sheets & Craighead, 2014). Several studies also demonstrated how collectivistic coping strategies play a significant role in the relationship between stress and depression for ethnic emerging adults (Allen & Heppner, 2011; Dyson & Renk, 2006; Koolhass et al., 2007; LaVeist et al., 2014; Mosher et al., 2006; Ng & Hurry, 2011). Such studies suggest that there are both effective (i.e., family support, reactive, and religious coping strategies) and ineffective coping strategies (i.e., avoidant coping strategies) that alleviate or enhance ethnic minority emerging adults' depressive symptoms. For instance, Wei et al. (2010) analyzed reactive coping strategies (i.e., strategies that include strong emotional responses) and its influence on the relationship between racial discrimination and depression among Asian American college students. This study found that when these emerging adults were faced with discrimination and used reactive coping strategies, then the individuals were more likely to experience depressive symptoms (Wei et al., 2010). On the other hand, research involving Latino/a college students and their use of active coping mechanisms found an association with lower levels of depression (Crocket et al., 2007). In another study, researchers analyzed the relationship between optimism, coping strategies, and depression among African American

college students, researchers found that those who used fewer avoidant coping strategies also reported having fewer depressive symptoms (Mosher et al., 2006). As these various studies among African Americans, Latino/a Americans, and Asian Americans support the influence collectivistic coping strategies have on depression, this research explores if LDS Polynesian American emerging adults' collectivistic coping strategies have a similar influence on anxiety and self-esteem.

In studies conducted among the emerging adult population, researchers found that like depression, there is an increase in individuals in this developmental stage struggling with anxiety (American College Health Association, 2013; Blanco et al., 2008; Cheng, McDermott, & Lopez, 2015). As previously mentioned, these emerging adults tend to experience life stressors that tend to lead to experiencing depressive and anxiety symptoms (Blanco et al., 2008). Riggs and Han (2009) validated this argument, as they found that the emerging adults in their study, who reported having faced distress, also yielded anxiety. According to Riggs and Han (2009), emerging adults may struggle with anxiety due to their inflexible coping techniques that use to work when dealing with adolescent stressors, but are now ineffective with emerging adult stressors. Researchers found that the inability to further utilize their familiar coping mechanisms from adolescence may further lead to anxiety (Riggs & Han, 2009). Besides research completed by Riggs and Han (2009), current psychological literature greatly lacks studies with collectivistic coping strategies and anxiety among ethnic minority emerging adults in current literature. Riggs and Han (2009) recommends that further research should consider studying ethnic minorities, as there may be cultural differences. With it being extremely difficult to search the insufficient amount of research completed on African American, Asian American, Latino/a American

emerging adults, it is even more challenging to search for such information involving LDS Polynesian American emerging adults, which is what the current study aims to research.

Similar to the little information regarding collectivistic coping strategies and anxiety, there are very few studies that analyze self-esteem and coping mechanism in general (Constantine, Donnelly, & Myers, 2002; Lorenzo-Hernández & Ouellette, 1998; Taylor & Stanton, 2007; Yonker, Schnabelrauch, & DeHann, 2012). Taylor and Stanton (2007) study found that self-esteem may act as a coping mechanism against adverse mental health in general, however, current psychological literature has yet to include studies identifying if this statement is true across cultures—specifically with ethnic minorities. Overall, there is a significant lack of information regarding self-esteem and collectivistic coping strategies among ethnic minorities—including Polynesian Americans.

As mentioned, current literature in the psychological sciences significantly lacks in research on Polynesian Americans. Although there are no studies conducted among LDS Polynesian American emerging adults, there are a few regarding Polynesian American adults and their psychological well-being (i.e., depression, anxiety, and self-esteem). In a study conducted in the Midwest involving LDS Polynesians ages 18 to 75, researchers found that the Polynesian American participants reported higher levels of depression and anxiety when they used avoidant and detached coping strategies (Allen & Heppner, 2011). Allen and Heppner (2011) suggest that collectivistic coping strategies relate to depressive symptoms among Polynesian Americans similarly to other ethnic minority groups. Researchers suggest that Polynesians utilized positive coping mechanisms such as religious and spiritual coping and family support more frequently when experiencing distress (Allen & Heppner, 2011; Allen & Smith, 2015). In addition, similar to other ethnicities, Allen and Heppner (2011) found a positive correlation with depressive

symptoms when the Polynesian American participants reported using avoidant coping strategies. In regards to self-esteem, there are no research that question collectivistic coping strategies and self-esteem among the Polynesian American population. Therefore, this study works to identify LDS Polynesian American emerging adults' collectivistic coping strategies when facing depression and anxiety, and with their self-esteem while having LDS, Polynesian, and western emerging adult cultural influences.

This study hopes to pioneer needed information regarding LDS Polynesian American emerging adults and their collectivistic coping strategies and well-being for the improvement of mental health services among this population. To do so, this study developed six research questions to introduce such information for a population that is neglected and inexistent in the psychological sciences. Contributing to the literature, the study's first research question focuses on analyzing the current sample's collectivistic coping strategies and their psychological well-being. Thus, the research inquires if collectivistic coping strategies are associated with self-esteem. According to Valentine (2001), social and cultural interactions influence one's self-esteem. Even further, Torres and Rollock (2009) found an association between positive coping and self-esteem among Latino/as emerging adults. As LDS Polynesian American emerging adults experience three distinctive cultures they may develop a sense of belonging, which may and impact their self-esteem. Therefore, it is hypothesized that religious spirituality and family support collectivistic coping strategies will be positively associated with self-esteem. Polynesians are a family-dependent culture and research found that religion also plays a significant role in the culture (Allen & Smith, 2015). As a result, the current study suggests that LDS Polynesian American emerging adults rely heavily on their religious spirituality and family to maintain their self-esteem as they work through the trials emerging adulthood bring.

Second, the study questions if collectivistic coping strategies are associated with anxiety and depression. With family and religion being significant factors in the LDS and Polynesian culture, this research inquires the role it may play on coping and anxiety and depression. With such rationale, it is hypothesized that collectivistic coping strategies, specifically religious spirituality and family support, will be inversely correlated with anxiety and depression. The sample may also demonstrate an inverse correlation because, assuming the sample grew up in the culture where religion and spirituality and family support is cultivated, they were taught and counseled to depend on their religion and family to address distress by the leaders of their families.

Finally, just as it is important to research coping strategies to contribute information regarding this underrepresented population to the psychological literature, it is also essential to look into their ethnic identity. More specifically, to study this sample's ethnic identity and their well-being, especially since during this developmental stage identity is explored for further development (Arnett, 2000). Thus, the following section will address what the current literature provides thus far, and how this study will contribute.

Ethnic Identity

For each developmental stage there tends to be a common characteristic that represents the age period. For instance, adolescence is perceived as the age of rebellion and naivety, and individuals in the adult stage as responsible and established. Current research identified the emerging adult stage as the developmental period of self-reflection and self-identification (Arnett, 2000; Syed & Azmitia, 2009). For ethnic minority emerging adults, part of developing their identity includes working to discover their ethnic identity. According to Erickson (1968), identity is obtained through exploration and commitment, which he described as occurring in

adolescence and intensifying into young adulthood (as cited in Arnett, 2000). Ethnic identity is further defined as an individual's feeling of inclusion and recognition of affiliation with an ethnic group (Smith & Silva, 2011; Syed & Azmitia, 2010). Research suggests that confident ethnic identity and positive perception of ethnic identity is associated with positive mental health (Brittian et al., 2013; Yuh, 2005).

As it is an essential period of time for emerging adults to develop their ethnic identity, this developmental stage provides self-searching opportunities for this process to occur. However, this process can be challenging enough to one's psychological well-being like depression, anxiety, and self-esteem. For instance, in a study comparing self-esteem levels among African American college students, participants who reported struggling with their ethnic identity also had higher levels of depressive symptoms than their counterparts (Yip et al., 2006). Another study involving Latino/a college students also yielded similar results—students' reports of ethnic identity stress were associated with depression (Arbona & Jimenez, 2014). Further, like feeling depressive emotions when failing to achieve ethnic identity, they may also experience anxiety. For instance, in a study that included African American emerging adults and adults, researchers found that participants who reported having lower levels of ethnic identity also demonstrated having greater amounts of anxiety (Williams et at., 2012).

Just as current psychological research found an association between ethnic identity and depression and anxiety among ethnic minority emerging adults, studies also found a relationship with self-esteem. The concept of this relationship can be further understood through Erickson's theory of identity (as cited in Arnett, 2000). According to Erickson (1968), identity is obtained through exploration and commitment, which he described as occurring in adolescence and intensifying into young adulthood (as cited in Arnett, 2000). Further research such as, Roberts et

al. (1999), suggests that the development of identity and feeling included in an ethnic group contributes to one's self-esteem. For example, studies report that an achieved ethnic identity serves as a buffer for depression and anxiety, and to be associated with self-esteem among adolescents and adults (Lorenzo-Hernandez & Ouellette, 1998; Roberts et al., 1999; Smith & Silva, 2011; Williams et al., 2012). Yuh (2005) and Brouillard and Hartlaub (2005) found that among their college-aged participants, ethnic identity and self-esteem were positively correlated. These studies included participants of ethnicities such as, African American, Latino/as, and Asian Americans.

Although psychological research includes some mentioned studies involving ethnic minority emerging adults and the relationship between ethnic identity and psychological well-being, there is still a lack of focus and further studies with this topic. The limited studies include the African Americans, Latino/as, and Asian Americans populations (Adams et al., 2015; Juang, Nguyen, & Lin, 2006; Syed, Azmitia, & Phinney, 2007). Just as studying these three popular ethnic minority groups is essential, other ethnic groups are just as important, which also have yet to be studied. Among these overlooked ethnic groups and of relevance for the current study, is the Polynesian Americans. The Polynesian people are known for having great pride in their culture and ethnicity. Being Samoan, Tongan, Tahitian, Fijian, etc., means being born from hardworking and pioneering ancestors, a beautiful and peaceful island full of self-sufficient individuals, a resilient family, and a culture full of spiritual and meaningful music and dances. Current research conducted by Allen and colleagues (2013) validates the importance of ethnic identity among Polynesian Americans and the influence it has on the Polynesian people's well-being like, self-esteem. This population may differ from Polynesian adults, as many of them are American born and have yet to visit their homeland. However, this study believes that regardless

of birth place, LDS Polynesian American emerging adults are just as proud to be Polynesian as their adult counterparts, and their developed ethnic identity influences their well-being like depression. Thus, this study questions if there is a relationship between ethnic identity and depression among this population. It is predicted that the two variables will be inversely correlated. For individuals with established ethnic identity, this may be true because of the connection they develop with the deeply rooted Polynesian culture—the rich and cultivating kinship and traditions, and devoted religiosity.

Thus far, the study addressed four research questions that inquire the potential influence of specific psychological well-being factors on the LDS Polynesian American emerging adult population. As previously mentioned, these four research questions are: (1) are collectivistic coping strategies associated with self-esteem? (2) are collectivistic coping strategies associated with anxiety and depression? (3) is there is a relationship between ethnic identity and depression? (4) is the population's intra- and inter-religious commitment associated with self-esteem, depression, and anxiety? In addition to collectivistic coping strategies and ethnic identity, another characteristic of Polynesians that research found to be significantly important for their psychological well-being, and is crucial for discussing such unique culture, is religion (Allen & Smith, 2015). Therefore, like analyzing ethnic identity and psychological well-being among Polynesian American emerging adults, this study focuses on the sample's religiosity. This study will continue by focusing on the intra- and inter-personal religiosity of LDS Polynesian American emerging adults.

Religiosity

As coping mechanisms and ethnic identity play a key role in sustaining mental health, another contributor is one's religiousness. Culliford (2002) argues that spirituality contributes to

identifying one's purpose in life, and cultivating one's spirituality yields progression in health. However, "religion" entails various aspects, which also differs in results derived from research. For this specific study, we focus on the intrinsic and extrinsic aspects of religion. Being intrinsically religious, which this study will also refer to as intra-personal religiosity, individuals live according to their religious principles. Such individuals are religious for personal fulfillment reasons and for the relationship with their omnipotent deity (as cited in Power & McKinney, 2014). On the other hand, extrinsically religious, or inter-personal religiosity, is when one uses religion as a source for social support or for personal gain and admiration (as cited in Power & McKinney, 2014).

Power and McKinney (2014) begin to question whether intra- and inter-personal religiosity plays a role in emerging adults' mental health. In studies involving emerging adults, Cook, Kimball, Leonard, and Boyatzis (2014) found that intra-personal religiosity was positively associated with well-being and extrinsic religiosity negatively associated with well-being. Power and McKinney (2014) further analyzed intra- and inter-personal religiosity and psychological well-being among emerging adults of Caucasian and African American decent. Their research suggests that with these variables future studies should consider studying other ethnicities and religions.

Several studies in psychological research have analyzed the religiosity and psychological well-being amongst ethnic minorities (Chatters, Taylor, Bullard, & Jackson, 2009; Hudson et al., 2015; Reese, Thorpe, Bell, Bowie, & LaVeist, 2012). For example, Chatters et al. (2009) studied religiosity among African Americans and found what seems to be consistent with other studies in psychological research—African Americans reported high levels of religious participation compared to Caucasian counterparts. Reese et al. (2012) takes this study further and questions

how religion may play a part on depression among African Americans. First, researchers identified an association between frequent religious service attendances as a form of social support. As previously explained, this study refers to the socialization aspect as inter-personal religiosity. Second, Reese et al. (2012) suggest that the high reports of inter-personal religiosity among the African Americans participants may reflect less rates of depression. Although there is an extreme lack of research involving emerging adults, other studies involving adolescents may be just as helpful to analyze to further understand the potential relationship. Therefore, research involving African American adolescents also found a negative relation between religiousness and depression (Le, Tov, & Taylor, 2007). Such research with other ethnic minority adolescents such as Latino/as and Asian Americans, found similar findings. Le et al. (2007) yield results that suggested Latino/as and Asian American adolescents differ from African American adolescents. That is, the Latino/a and Asian American participants' religiousness was not a predictor of their depressive symptoms. As these results differed from that of their African American counterparts, researchers argued that these various ethnic minorities greatly differ in the relationship between religion and depression (Le et al., 2007). This research agrees with Le et al. (2007) that ethnic minority groups differ.

Similar to the literature's research on collectivistic coping strategies and ethnic identity among ethnic minority emerging adults, the psychological research also is very limited in studies regarding religiosity among this population. Thus far, the research discussed above informs us that there are differences among particular ethnic minority emerging adults, specifically involving their intra- and inter-religiosity and its influence on depression. However, there remains no research analyzing these groups and their intra- and inter-personal religiosity and other psychological well-being, of particular interest, anxiety and self-esteem. Much more, there

are inexistent studies with these variables among Polynesian Americans, with the exception of two studies—Allen and Heppner (2011) and Allen and Smith (2015). These researchers found high religiosity commitment among Polynesian Americans 18 and older and psychological well-being. As this research looks at LDS Polynesian American emerging adults, it is inquired if this population yields similar results to their adult counterparts. According to Arnett (2000), individuals in the emerging adult stage are typically not religious. However, with the LDS influential culture and the strong religious commitment in the Polynesian culture, this study questions if their religiosity will be associated with their well-being like the Polynesian adults. More specifically, for the LDS Polynesian emerging adult population, is their intra- and inter-religious commitment associated with self-esteem, depression, and anxiety? This study assumes that this sample will also be high in intra- and inter-personal religiosity commitment, and as result, will have a healthier well-being. Thus, this research hypothesizes that intra- and inter-personal religious commitment will be positively correlated with self-esteem, and inversely linked to depression and anxiety.

In addition, as research found Polynesians to report elevated ethnic identity and religious commitment (Allen & Heppner, 2011; Allen & Smith, 2015), this study questions which of these two variables better explains well-being outcomes. For LDS Polynesian emerging adults, is it the dominant, selfless, and family oriented Polynesian culture, or the faithful, omnipotent fearing, and spiritual LDS and Polynesian religiosity that explains one's well-being? Therefore, the fifth and sixth research questions are as follows: (5) will ethnic identity be more of an explanation for self-esteem outcomes, or will intrapersonal religious commitment? (6) will ethnic identity or intrapersonal religious commitment be more of a justification for depressive symptoms? With these two research questions, two hypotheses were generated to identify which variable is more

influential on self-esteem and depression. First, this research hypothesizes that ethnic identity will mediate the relationship between intra-personal religious commitment and self-esteem. As previously mentioned, Polynesians seem to take great pride in their heritage being from the Pacific Islands and descendants of pioneered hardworking men and women, and honored by their spiritual and expressive cultural customs—components of their ethnic identity (Allen and Heppner, 2011). In addition, studies found ethnic identity to be strongly correlated with self-esteem among other ethnic identities (Brouillard & Hartlaub, 2005; Lorenzo-Hernandez & Ouellette, 1998; Robert et al., 1999; Smith & Silva, 2011; Yuh, 2005). Thus, this study assumes that ethnic identity would further explain the relationship between intrapersonal religiosity and self-esteem. Second, it is hypothesized that ethnic identity will mediate the relationship between intra-personal religious commitment and depression. Current research suggests that a strong ethnic identity yields lower levels of depressive symptoms for ethnic minorities (Arbona & Jimenez, 2014; Yip et al., 2006). This study suggests that that Polynesian American emerging adults in this sample will be similar to the college-aged ethnic minorities in current literature. Having a developed ethnic identity of their Polynesian culture may serve as a stronger explanation, than their religious commitment, during vulnerable and challenging moments, which may result in lower depressive symptoms. In addition, research has yet to find that a negative association between religious commitment and depression. Thus, it is hypothesized that ethnic identity will mediate the relationship between intra-personal religious commitment and depression.

Purpose of this Study

The purpose of this study is to analyze collectivistic coping strategies, ethnic identity, intra- and inter-religious commitment, and the psychological well-being (i.e., depression,

anxiety, and self-esteem) among LDS Polynesian American emerging adults. The current literature includes vast research regarding these variables and the psychological well-being among African Americans, Latino/as, and Asian Americans emerging adults. However, there is very limited research on Polynesian Americans. This current study hopes to contribute to and build on to existing Polynesian American research (Allen et al., 2016; Allen et al., 2013; Allen & Heppner, 2011; Allen et al., 2016; Allen & Smith, 2015) specifically with LDS Polynesian American emerging adults. In addition, research on this exceptionally underrepresented population is vital for professionals such as, counselors and psychotherapists, providing culturally sensitive and appropriate services. Thus, this study strives to provide information regarding collectivistic coping strategies, ethnic identity, and religiosity and psychological well-being that may be helpful for mental health professionals when deciding on a treatment model for these underrepresented emerging adults.

Research Questions

Below are the developed research questions pertaining to this study's population and variables. Additionally, hypotheses based on these questions are provided.

1. Are collectivistic coping strategies associated with self-esteem?
2. Are collectivistic coping strategies associated with anxiety and depression?
3. Is there is a relationship between ethnic identity and depression?
4. Is the population's intra- and inter-religious commitment associated with self-esteem, depression, and anxiety?
5. Will ethnic identity be more of an explanation for self-esteem outcomes, or intrapersonal religious commitment?

6. Will ethnic identity or intrapersonal religious commitment is more of a justification for depressive symptoms?

Hypotheses

As discussed, the following are the hypotheses generated specifically for this study:

1. Collectivistic coping strategies will be positively associated with self-esteem.

2. Collectivistic coping strategies will be inversely correlated with anxiety and depression.

3. Ethnic identity will be inversely correlated with depression.

4. Intra and interpersonal religious commitment will be positively correlated with self-esteem and inversely linked to depression and anxiety.

5. Ethnic identity will mediate the relationship between intrapersonal religious commitment and self-esteem.

6. Ethnic identity will mediate the relationship between intrapersonal religious commitment and depression.

Studies involving LDS Polynesian American emerging adults is limited (Allen & Heppner, 2011). As mentioned, studies analyzing emerging adults are trending and the Polynesian American population is increasing. As both groups become more prevalent, evidence-based research will be essential to understand this unique culture and developmental stage—especially at the university level. Therefore, this study will pioneer the upcoming questions concerning LDS Polynesian American emerging adults and their psychological well-being.

Method

Participants

Three hundred and twenty-seven individuals participated in the study (191 females, 136

males; M_{age} = 22.68; age range =18–26 years). Participants were recruited from California,

Nevada, Utah, Washington, Arizona, Missouri, and Hawai'i. The recruitment process is

described further in the Procedures section. All 327 participants reported being Latter-day Saints

(LDS). The participants' Polynesian heritage was Native Hawaiian (n = 29, 8.9%); Tongan (n =

123, 37.6%); Samoan (n = 64, 19.6%); Tahitian (n = 10, 3.1%); Maori (n= 10, 3.1%); Fijian (n =

20, 6.1%); Multiracial Polynesian (n = 63, 19.3%); and Other (n = 7, 2.1%). Participants reported

the following education levels: less than high school (n= 1, .31%); received a high school

diploma/GED (n= 66, 20.2%); attended some college (n= 152, 46.5%); 2-year college degree (n=

39, 11.9%); obtained a 4-year degree (n= 65, 19.9%); and earned a master's degree (n=4, 1.2%).

See the Procedures section for the data collection method of the above information, and

Appendix A for the Demographic Questionnaire.

Instruments

The following measurements were included in a larger questionnaire. However, this

study only used selected scales that were relevant to the topic, research questions, and scope of

this study. The full questionnaire can be found in Appendix A.

Religious Commitment Inventory–10 (RCI–10). The Religious Commitment

Inventory–10 is a religious commitment assessment that was further developed from the 62-item

(Sandage, 1999) and 20-item (McCullough & Worthington, 1995; Morrow, Worthington, &

McCullough, 1993), and 17-item (RCI–17; McCullough, Worthington, Maxie, & Rachal, 1997)

RCI versions (as cited in Worthington et al., 2003). Worthington et al. (2003) focused on

collecting sufficient psychometric data for RCI–10 to ensure its value in counseling and research. In developing the RCI–10, Worthington et al. (2003) conducted six studies, which they used 155, 132, and 150 undergraduate students in a U.S. college institute, 190 married church-attending adults and college students, and 468 undergraduate students in a U.S. college institute, 217 client and counselor participants in diverse U.S. regions, and 217 clients and 52 counselors from seven counseling agencies within diverse regions of the U.S. (Worthington et al., 2003).

Two factors, intrapersonal religiousness (cognitive driven) and interpersonal religiousness (behavior driven), accounted for 72% of the variance. Intrapersonal religiousness items included statements like, "I spend time trying to grow in understanding of my faith," and "Religion is especially important to me because it answers many questions about the meaning of life," while interpersonal religiousness items included statements such as, "I enjoy spending time with others of my religious affiliation," and "I enjoy working in the activities of my religious organization." Participants addressed each item by rating their response according on a Likert scale (i.e., 1 = not at all true for me; 2 = somewhat true of me; 3 = moderately true of me; 4 = mostly true of me; 5 = totally true of me). Studies on the RCI–10 found that religious individuals ranked items higher than their non-religious counterparts, and that those with frequent religious attendance reported higher Intrapersonal and Interpersonal religious commitment scores. Participants were also provided statements such as, "I often read books and magazines about my faith," "my religious beliefs lie behind my whole approach to life," and "religious beliefs influence all my dealings in life." The Cronbach's alpha for the full scale of RCI–10 and its subscales was .96, intrapersonal religious commitment was .94, and interpersonal religious commitment was .92 (Allen & Heppner, 2011). This study's full scale Cronbach's alpha for the RCI–10 is .92. The test-rest reliability was .84. The RCI–10 full scale, Interpersonal subscale,

and Intrapersonal subscale were correlated from .67 to .84 with self-rated religious commitment, frequency religious service attendance, and self-rated spiritual intensity. The Religious Commitment Inventory (RCI–10) is found in Appendix B.

      Collectivistic Coping Styles (CCS). Heppner and colleagues (2006) developed the Collectivistic Coping Styles (CCS) scale in three of their studies involving 3,000 Taiwanese college students. In their efforts to identify the collectivistic coping styles from an Asian perspective, Heppner and colleagues (2006) focused on five factors: (1) Acceptance, Reframing, and Striving (ARS); (2) Family Support (FS); (3) Religion-Spirituality (RS); (4) Avoidance and Detachment (AD); and (5) Private Emotional Outlets (PEO). In the study, however, only two of the scales (i.e., Family Support and Religion-Spirituality) were used to remain within the scope of the study. To rate these factors, a Likert-type scale was used; 0 = Never used this strategy/Not applicable, 1 = Used but of no help at all, 2 = A little help, 3 = A moderate amount of help, 4 = A great deal of help, and 5 = A tremendous amount of help. To measure collectivistic coping strategies, participants were asked to rank statements such as, "believed that I would grow from surviving the stressful event," "shared my feelings with my family," "found guidance from my religion," "pretended to be OK," and "not vented my negative feelings to some people around me." Participants reported coefficient alphas for coping strategies in all five factors as: .85 for Acceptance, Reframing, and Striving; .86 for Family Support; .90 for Religion – Spirituality; .77 for Avoidance and Detachment; .76 for Private Emotional Outlets; and .87 for the total CCS. Among the five factors, the CCS were positively correlated, ranging from .03 to .32, which demonstrated that these factors are distinct and do not overlap with one another. In addition, Heppner and colleagues (2006) found that 40% of their participants reported utilizing religion and spiritual coping strategies and reported them as "somewhat to moderately" helpful in coping

with stressful events. Last, this study's full scale Cronbach's alpha for the CCS is .92. The Collectivistic Coping Styles (CCS) inventory is found in Appendix C.

Depression, Anxiety, and Stress Scale – 21 (DASS-21). The DASS-21 self-reported questionnaire, developed by Lovibond and Lovibond (1995), contains three subscales: Depression, Anxiety, and Stress. The DASS includes 21-items that are designed to measure the severity of symptoms common of Depression and Anxiety. The Depression subscale contains 7 items that assess self-depreciation, lack of interest/involvement, hopelessness, states of dysphoric moods, and anhedonia (e.g., "I felt downhearted and blue*"*). The Anxiety subscale includes 7 items where it measures automatic arousal, anxious affect, and muscular tension (e.g., "I felt I was close to panic"). The Stress subscale (7 items) is described to look for general tensions and negative emotions (e.g., "I found it difficult to relax") in response to stressors (Lovibond & Lovibond, 1995). The DASS-21 is rated using a Likert-type scale; 0 = Did not apply to me at all, 1 = Applied to me to some degree, or some of the time, 2 = Applied to me to a considerable degree, or a good part of time, and 3 = Applied to me very much, or most of the time. This study's Cronbach's alpha for DASS–21 full-scale is .96. The Depression, Anxiety, and Stress Scale—21 (DASS-21) inventory is found in Appendix D.

Multigroup Ethnic Identity Measure –Revised (MEIM–R). The MEIM–R, developed by Phinney and Ong (2007), is a six-item revised measure of characteristics of group identity that determines the strength of the exploration and commitment of ethnic identity. Authors also suggest that the items assess ethnic self-categorization or labeling. The survey consisted of questions in a Likert-type scale ranging from one to five (i.e., 1= Strongly disagree; 5= Strongly agree). Participants were provided statements such as, "I have a strong sense of belonging to my own ethnic group," "I have often done things that will help me understand my ethnic background

better," and "I feel strong attachment towards my own ethnic group" (Phinney & Ong, 2007). The reported high scores indicated higher levels of the participant's commitment and exploration of their ethnic identity.

The estimated reliability of the MEIM–R scores is .81, and Cronbach's alpha for exploration is .76 and .78 for commitment (Phinney & Ong, 2007). The Cronbach's alpha for this study's MEIM–R full scale is .92. The Multigroup Ethnic Identity Measure –Revised (MEIM-R) inventory is found in Appendix E.

Rosenberg Self-Esteem Inventory (RSE). The RSE questionnaire measures self-esteem and is often used among racially and ethnically diverse individuals. The RSE Inventory includes 10 Likert-type items that ranged form one to four (i.e., 1 = Strongly disagree, 2 = Disagree somewhat, 3 = Agree somewhat, and 4 = Strongly Agree). Participants were asked to rank statements such as, "I feel I do not have much to be proud of," "I certainly feel useless," "at times," "I take a positive attitude toward myself, and I wish I could have more respect for myself." According to a study conducted by Allen and colleagues (2013) Cronbach's alpha for the full-scale scores with the same population was .86. For this study, the full-scale Cronbach's alpha is .80. The Rosenberg Self-Esteem Inventory (RSE) used for this study can be found in Appendix F.

Procedures

In the effort to collect LDS Polynesian American emerging adults, it is believed that providing the opportunity for them to participate through personal and social media was the most effective strategy. We invited numerous LDS Polynesian emerging adults via nationwide social media such as Facebook and emails to obtain their inferential participation. The survey provided was completed through the Qualtrics online program. Participants were incentivized and

provided a $10 gift card upon completion of the survey. Two doctoral and one master's research students from the BYU Polynesian American Psychology Research Team posted the link to the survey on their Facebooks. The participants' responses were tracked via Facebook, where they were directed to send a message to the students informing them whether they completed the questionnaire. A total of 627 Polynesian participants were recruited, but only 327 fit the specific criteria for this study—that is, being LDS, within the emerging adult age range, and having Polynesian ancestry. This study did not include any further exclusions for participants. The completion rate for those participants via Facebook resulted in 84%.

Data Analysis

First, descriptive statistics (e.g., means, frequencies, and standard deviations) were conducted to examine specific mean scores on each scale for this LDS Polynesian American emerging adult sample. Then, bivariate correlational analyses were conducted between collectivistic coping strategies, ethnic identity, and intra- and interpersonal religiosity, depression, anxiety, and self-esteem (Allen & Heppner, 2011; Le et al., 2007; Mosher et al., 2006; Yuh, 2005). Next, based on significant correlations, a mediation path analysis was conducted to examine if potential mediating effects account for specific relationships regarding research hypotheses (Allen & Heppner, 2011; Tix & Frazier, 1998).

Results

The analyses for this study included a frequency test to assess the descriptive statistics (e.g., means, standard deviations, skewness). The total sample size of 327 participants, which is specific to the age and purpose of this study, is a subsample of a larger dataset of Polynesian individuals recruited across the U.S.

The means and standard deviations of the variables of this study are found in Table 1, Appendix G. To generally describe the population, participants reported elevated scores for both Intra-personal Religious Commitment (RCIINTRA; $M = 4.17$, $SD = .80$) and Inter-personal Religious Commitment (RCINTER; $M = 4.16$, $SD = .86$) of the RCI. On the Collectivistic Coping Styles (CCS) subscales—such as Family Support (FS) and Religious Spirituality (RS)—the sample's reported means were higher for RS ($M = 5.17$, $SD = .93$) than FS ($M = 4.5$, $SD = 1.10$). Participants also reported high means on the Ethnic Identity (MEIM) scale ($M = 4.09$, SD $SD = .79$). As for the psychological well-being variables, the participants reported decreased means for Self-Esteem (RSES; $M = 3.02$, $SD = .47$), Anxiety (ANX; $M = 1.79$, $SD = 66$), and Depression (DEP; $M = 1.78$, $SD = .66$) based on the anchors of the scales.

To address the first three research questions, bivariate correlations were identified and examined between the variables, which are shown on Table II, Appendix H. For the first research question (i.e., are collectivistic coping strategies associated with self-esteem?; Research Question 1), the study hypothesized that coping strategies (i.e., FS and RS) would be positively associated with RSES (Hypothesis 1). Results indicate no correlation between FS and RSES ($r = .09$, $p > .05$), but a positive significant correlation between RS and RSES ($r = .23$, $p < .01$). Second, the study asked if collectivistic coping strategies are associated with anxiety and depression (Research Question 2). This study postulated that the sample's coping strategies would be

inversely correlated with ANX and DEP (Hypothesis 2). Results indicate that FS was positively

associated with ANX ($r = .17$, $p < .01$), but not correlated with DEP ($r = .08$, $p > .05$). Religious

Spirituality was not found to be correlated with ANX ($r = -.06$), but was found to be inversely

correlated with DEP ($r = -.13$, $p < .05$). Third, the study inquired, is there a relationship between

ethnic identity and depression (Research Question 3)? The study suggested that MEIM would be

inversely correlated with DEP (Hypothesis 3). Results validated the hypothesis, MEIM was

significantly correlated with DEP ($r = -.25$, $p < .01$).

Table 1

Means and Standard Deviations of Study Variables

Measure	*M*	*SD*
CCS		
FS	4.51	1.10
RS	5.18	.93
MEIM	4.09	.79
RCI		
INTRA	4.17	.80
INTER	4.17	.86
DASSD	1.78	.66
DASSA	1.79	.66
RSES	3.02	.47

Note. CCS = Collectivistic Coping Styles; FS = Family Support; RS = Religion/Spirituality; MEIM = Multigroup Ethnic Identity Measure; RCI = Religious Commitment Inventory; INTRA = Intrapersonal religious commitment; INTER = Interpersonal religious commitment; DASSA = Depression, Anxiety, and Stress Scale – Depression; DASSA = Depression, Anxiety, and Stress Scale – Anxiety; RSES = Rosenberg Self-Esteem Inventory.

In addition, bivariate correlations were performed to address the study's fourth hypothesis that addresses Religious Commitment Inventory (RCI) and psychological well-being—RSES, DEP, and ANX. First, the study questioned if the population's intra- and inter-religious commitment is associated with self-esteem, depression, and anxiety (Research Question 4). It was suggested that RCIINTRA and RCIINTER would be positively correlated with RSES (Hypothesis 4). Results, listed in Table 2, concluded that both RCIINTRA and RCINTER were positively associated with RSES (RCIINTA; $r = .17$, $p < .01$, RCIINTER; $r = .14$, $p < .05$). Second, the study hypothesized that RCIINTRA and RCIINTER would be inversely correlated with DEP and ANX (Hypothesis 4). It was found that RCIINTRA was not associated with DEP ($r = -.02$, $p < .05$) or ANX ($r = .02$, $p < .05$), and RCIINTER was also not correlated with DEP ($r = -.03$, $p < .05$) and ANX ($r = .02$, $p < .05$).

To address the fifth and sixth research questions, mediation analyses (Hypotheses 5 & 6) were performed using multiple regression models from Baron and Kenny (1986); Frazier, Tix and Baron (2004); and Tix and Frazier (2005). For the fifth research questions (i.e., will ethnic identity be more of an explanation for self-esteem outcomes, or intra-personal religious commitment?; Research Question 5), the data results analyses are found in Table 3, Appendix I. This study hypothesized that first, Ethnic Identity (MEIM) would mediate the relationship between Intra-personal Religious Commitment (RCIINTRA; predictor variable) and Self-Esteem (RSES; criterion variable; Hypothesis 5). Second, the study examined if ethnic identity or intra-religious commitment was more of a justification for depressive symptoms (Research Question 6). It was hypothesized that MEIM will mediate the relationship between RCIINTRA and Depression (DEP; Hypothesis 6). However, four conditions must be satisfied in order for evidence to validate the mediations between the predictor and outcome variables. The first

condition requires a significant relationship between the predictor (RCIINTRA) and criterion (RSES and DEP) variables. The first condition was satisfied for one criterion. RCIINTRA was significantly correlated with RSES ($r = .17$, $p = .003$). However, the first condition was not met for the DEP criterion. RCIINTRA was not correlated with DEP ($r = -.02$, $p = .621$, ns). Therefore, since the first condition was not met for the DEP criterion, then a mediation analysis could not be performed.

Table 2

Bivariate Correlations of the Study's Variables

Variables	1	2	3	4	5	6	7	8
1. CCSFS	-							
2. CCSRS	.56**	-						
3. MEIM	.19**	.25**	-					
4. RCIINTRA	.35**	.56**	.24**	-				
5. RCIINTER	.35**	.48**	.23**	.82**	-			
6. DASSD	.08	-.13*	-.25**	-.02	-.03	-		
7. DASSA	.17**	-.06	-.13*	.02	.02	.80**	-	
8. RSES	.09	.23**	.25**	.17**	.14*	-.61**	-.48**	

Note. The above correlations reflect the participants' reported scores on CCS = Collectivistic Coping Styles; FS = Family Support; RS = Religion/Spirituality; MEIM = Multigroup Ethnic Identity Measure; RCI = Religious Commitment Inventory; INTRA = Intrapersonal religious commitment; INTER = Interpersonal religious commitment; DASSA = Depression, Anxiety, and Stress Scale – Depression; DASSA = Depression, Anxiety, and Stress Scale – Anxiety; RSES = Rosenberg Self-Esteem Inventory. *$p < .05$, **$p < .01$.

For the second condition, there must be a significant correlation between the predictor (RCIINTRA) and mediator variable (MEIM). RCIINTRA was significantly correlated with MEIM ($r = .24$, $p = .000$), which satisfies the second condition. Third, the mediator variable must be significantly association with the criterion variable (RSES). The result of this condition was satisfied ($r = .25$, $p = .000$). The fourth and last condition requires that the strength of the

relationship between the predictor (RCIINTRA) and criterion variable (RSES) significantly decreases when the mediator variable (MEIM) is added into the regression model. As demonstrated in Table 3, results indicate that the correlation between RCIINTRA and RSES was not significantly decreased when MEIM was added to the regression analysis ($B = .13$, $p = .22$). In addition, another mediation analysis (Hypothesis 6) was conducted with a different criterion variable, which was Depression (DEP). This mediation analysis indicated that the relationship between RCIINTRA and DEP was not significantly decreased when MEIM was added to the regression analysis ($B = -.21$, $p = -.25$). Thus, no mediating affect with Ethnic Identity was found to explain or account for the relationship between Intrapersonal Religious Commitment and Self-Esteem as well as Depression.

Table 3

Mediation of the Relationship Between Intrapersonal Religious Commitment and Psychological Well-Being (Self-Esteem and Depression)

Variables	R^2 *Change*	B	*p* value
MEIM Mediator			
RSES Criterion			
Step 1	.03		
RCIINTRA		.10	
Step 2	.07		
RCIINTRA		.07	
RSES		.13	.217
MEIM Mediator			
DASSD Criterion			
Step 1	.001		
RCIINTRA		-.02	
Step 2	.07		
RCIINTRA		.03	
DASSD		-.21	-.249

Note. Predictor = Intrapersonal Religious Commitment (RCIINTRA); Mediator = Ethnic Identity (MEIM); Criterion = Self Esteem (RSES), Depression (DASSD). MEIM was not a significant mediating variable between RCIINTRA and RSES, or RCIINTRA and DASSD.

Discussion

The current study examined the relationships among collectivistic coping strategies, ethnic identity, religious commitment, and psychological well-being among LDS Polynesian American emerging adults. Results support what existing studies have found regarding Polynesian American coping strategies, which is that family support and spirituality can buffer against distress (Allen & Heppner, 2011; Allen & Smith, 2016). Results also suggest that this sample of emerging adult Polynesian Americans are highly committed to their religion both for intrinsic and extrinsic reasons. These findings are significant because they differ from other emerging adults (Cook, Kimball, Leonard, and Boyatzis, 2014; Le, Tov, & Taylor, 2007; Le et al., 2007; Power and McKinney, 2014; Reese et al., 2012). Arnett (2000) described emerging adulthood as being a developmental period where individuals are least religious, and if they are religious they are more so for external purposes. However, this study found similar and validating findings with Allen and colleagues (2013), which is that the sample relies heavily on family and religion spirituality coping mechanisms when experiencing mental health difficulties such as depression and anxiety, and to maintain their self-esteem.

Results also suggest low levels of anxiety and depression. This may be due to their high reports of family support and religion spirituality coping techniques, and well-developed ethnic identity. When analyzing anxiety and depression levels, the study hypothesized that the use of family support and spirituality coping mechanisms would decrease the sample's depressive and anxiety levels. However, results rejected part of this hypothesis. First, although it is a weak correlation, the results suggest the more they relied on family support the more anxious they felt. On the other hand, when they relied on their religion/spirituality to cope with distress, they felt less depressive symptoms. The current study also analyzed family support and religious

spirituality with self-esteem, and hypothesized that both coping mechanisms would be positively associated with self-esteem. This hypothesis was also partially rejected. Results suggested that spirituality/religion as a coping strategy is more linked to their increased self-esteem than their family support. As Polynesians are known for their family values and strong religious culture, these findings may infer that LDS Polynesian American emerging adults may prefer and find it more effective to utilize their religion than family support to cope with psychological difficulties. Further, when their spirituality/religion coping strategy is helpful during distressful situations their self-esteem seems to increase as a result.

In addition to their spirituality/religion coping mechanisms increasing their self-esteem, this study also questioned whether their ethnic identity may also influence their self-esteem. As previously discussed, Polynesians often express gratitude and pride for their Polynesian culture and ancestors. The respect and connectedness that they feel toward their ethnic identity has found to be connected to positive well-being (Allen et al., 2013). This study also yielded similar results indicating high levels of ethnic identity while showing lower levels of depressive symptoms. These findings may suggest that the sample's strong connection to their Polynesian culture explains depressive feelings.

Another essential feature of this sample is their religious commitment. Religion plays a significant role in the Polynesian culture, and studies with Polynesian American participants found higher rates of religious commitment (Allen & Heppner, 2011). It was hypothesized that both intra- and inter-personal religious commitment would be positively associated with self-esteem and negatively with depression and anxiety. Results found two significant findings that are noteworthy to understand this unique culture. First, personal (intra) and social (inter) commitment to their religion is linked to self-esteem. Religious coping techniques among these

LDS Polynesian emerging adults play a major role in their self-esteem. Second, results suggest that there is no relationship between religious commitment and depression and anxiety. There may be a misconception that faith and spiritual commitment alone may serve as a buffer to depression and anxiety. However, these findings suggest that the two may be exclusive of each other. Individuals may be very religious and strong in their LDS faith, intra-personally and inter-personally, but still experience depression and anxiety.

As this study has found an importance of religion and ethnic identity among the LDS Polynesian American emerging adult sample, it also sought to identify which was more influential on their well-being. The last hypotheses proposed that ethnic identity would mediate the relationship between intra-personal religious commitment and self-esteem, and depression. The mediation with ethnic identity between religious commitment and depression was rejected. Such rejection aligns with the study's findings—that religious commitment and depression are separate and not associated. Similar results were also found among other Polynesian Americans (Allen et al., 2013). The second mediation with self-esteem as a criterion variable was also rejected because the relationship between ethnic identity and self-esteem was found to not be as strong as the sample's intra-personal religious commitment and self-esteem. This finding continues to support that the LDS Polynesian American emerging adults' intra-personal religious commitment to the LDS faith is linked to self-esteem.

Limitations

The current study includes some potential limitations. First, although the study included 327 participants, which was sufficient for data analysis, this number of LDS Polynesian American emerging adults is not reflective of this population in the U.S. More specifically, the breakdown of the number of Polynesian ethnic groups (i.e., 64 Samoans, 10 Tahitians, 20

Fijians, and 123 Tongans) are not equivalent groups and reflective of the target population. Second, based on the population's responses, results generated a high mean of religiosity (Table 1). As a result, the variability for this population is a limitation.

Implications

Current psychological research has mainly focused on African Americans, Latino/as, and Asian Americans when looking at emerging adults and their psychological well-being. Thus far, research conducted by Allen and colleagues (2016, 2013, 2011, 2015, & 2016) examines older adult Polynesian Americans (i.e., 18 years and older) and their psychological well-being. However, there is a significant lack of research that primarily focuses on LDS Polynesian American emerging adults and their psychological well-being. Given this large sample for this specific population, the current study includes meaningful findings in the field of multicultural psychology. More specifically, this study can contribute three significant findings that can highly benefit the mental health field.

First, Arnett (2000) identifies emerging adulthood as a developmental period where individuals typically are not religious or spiritual as they are exploring their identity. However, we learn from this study that the LDS Polynesian American emerging adult sample reported being high in religiosity and spirituality and their spirituality was positively associated with well-being measures, namely self-esteem, healthy coping strategies, and ethnic identity. This information contributes to mental health providers working with emerging adults—including those working in college counseling centers. Mental health providers can apply this information when identifying effective therapeutic strategies to help their LDS Polynesian American emerging adult clients. These therapeutic techniques may include discussing how their LDS faith may influence decision-making processes, career goals, and overall self-esteem. Also, knowing

how the family system and culture plays a role in their lives and how they may cope with stressors.

In addition, the study also contributes to the misconception between religion or spirituality and mental well-being among LDS members. Too often in highly religious communities, there could be a pervasive belief that religiosity can cure all problems, including major psychological ones. While spirituality may not permanently heal the person's psychological struggles (as suggested by this sample of Polynesians specifically related to depression and anxiety), it can be used to explain how individuals cope with these difficulties. This study among Polynesians reported high levels of help when they use religion and spirituality as a coping strategy in the face of psychological problems. In an LDS semi-annual 2013 conference talk titled, "Like a Broken Vessel," LDS Apostle, Elder Jeffery R. Holland, mentions that mental illness should not be shamed. Elder Holland continues to encourage individuals suffering with mental illness to utilize the LDS religious belief to cope and overcome (Holland, 2013). Thus, in addition to the guidance of the LDS Apostle, the information gained from this study can help mental health providers who work with the LDS community and Polynesian Americans. Mental health providers working with this population can also utilize this information to help their clients process the role of religion in their culture and self-understanding of their depression and anxiety.

Last, this study further contributes to similar findings from Allen and Heppner (2011) that LDS Polynesian American emerging adults tend to have a strong ethnic identity. As mentioned in this study, individuals in the emerging adult stage typically are working toward developing and identifying their ethnic identity. However, with the LDS Polynesian American emerging adults from this study it appears that their ethnic identity levels were elevated at this

stage of development and could possibly serve as a buffer against depression and anxiety and may contribute to their self-esteem. With such information, mental health providers can help their LDS Polynesian American emerging adult clients identify how their ethnic identity may serve as a coping mechanism with various stressors.

Overall, this study provides new and valuable information about a unique and underrepresented population. The concluding information can contribute to both the multicultural education of the psychological research and concern for the increase of mental health issues among emerging adults. The findings from this study will be of great contribution to current psychological literature, as the Polynesian American population is critically underrepresented. It is anticipated that bringing needed focus to the LDS Polynesian American emerging adults in regards to intra- and inter- religiosity and their psychological well-being will help mental health providers gain an understanding of the combining LDS and Polynesian unique cultures to identify appropriate therapeutic interventions for these emerging adults. Further, this study hopes to help mental health providers by shedding further light on inexistent and highly demanded research involving LDS Polynesian American emerging adults and their collectivistic coping strategies, ethnic identity, and religious commitment to their psychological well-being. The information also differs from other ethnic groups and research regarding the emerging adult stage. As a result of the pioneering information, this study recommends further research among LDS Polynesian American emerging adults to continue identifying potential differences from other ethnic minority emerging adults. It is especially important that this population continues to receive recognition as the population continues to grow and more mental health providers are seeing clients from this population.

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APPENDIX A
Demographics Questionnaire

Q2 Gender
- ○ Male (1)
- ○ Female (2)
- ○ Transgender (3)

Q4 Age

Q6 Sexual Orientation
- ○ Heterosexual (1)
- ○ Lesbian (2)
- ○ Gay (3)
- ○ Bisexual (4)
- ○ Questioning (5)
- ○ Other: Please describe below. (6) _____

Q5 Polynesian Ethnic Background
- ○ Native Hawaiian (1)
- ○ Samoan (2)
- ○ Tongan (3)
- ○ Fijian (4)
- ○ Tahitian (5)
- ○ Maori (6)
- ○ Multiracial Polynesian: Please describe below (7) _____
- ○ Other: Please describe below (8) _____

Q8 Religious Orientation

	Buddhist (1)	Catholic (2)	Hindu (3)	Jewish (4)	Latter-Day Saint (5)	Muslim (6)	Protestant /Christian (7)	Baptist (9)	Other (10)	None (11)
Please select below (4)	○	○	○	○	○	○	○	○	○	○

Q15 Please describe your religious orientation in your own words

Q11 Please indicate how "active" you are in the LDS church: "Active" is defined as attending Church on a weekly basis for Sunday services, regularly attend church meetings and activities, and fully participate in all ordinances of the Church.
- ❍ 1 Not At All Active (1)
- ❍ 2 (2)
- ❍ 3 (3)
- ❍ 4 (4)
- ❍ 5 Active (5)

Q10 Educational Background

	Less than High School (1)	High School / GED (2)	Some College (3)	2-year College Degree (4)	4-year College Degree (5)	Master's Degree (6)	Doctoral Degree (PhD, PsyD) (7)	Professional Degree (JD, MD) (8)
Please select below (1)	❍	❍	❍	❍	❍	❍	❍	❍

APPENDIX B
Religious Commitment Inventory–10
Q12 [RCI] - Please read each statement and rate how true of you it describes.

	Not at all true of me (1)	Somewhat true of me (2)	Moderately true of me (3)	Mostly true of me (4)	Totally true of me (5)
I often read books and magazines about my faith. (1)	❍	❍	❍	❍	❍
I make financial contributions to my religious organization. (2)	❍	❍	❍	❍	❍
I spend time trying to grow in understanding of my faith. (3)	❍	❍	❍	❍	❍
Religion is especially important to me because it answers many questions about the meaning of life. (4)	❍	❍	❍	❍	❍
My religious beliefs lie behind my whole approach to life. (5)	❍	❍	❍	❍	❍
I enjoy spending time with others of my religious affiliation. (6)	❍	❍	❍	❍	❍
Religious beliefs influence all my dealings in life. (7)	❍	❍	❍	❍	❍

It is important to me to spend periods of time in private religious thought and reflection. (8)	○	○	○	○	○
I enjoy working in the activities of my religious organization. (9)	○	○	○	○	○
I keep well informed about my local religious group and have some influence in its decisions. (10)	○	○	○	○	○

APPENDIX C
Collectivistic Coping Styles

Q17 [CCS] - The following questions are NOT asking how frequently you engage in the various coping activities. Rather, please indicate how much each item helped you toward resolving the SPECIFIC event you just identified:

	0 = Never used this strategy/Not applicable (1)	1 = Used but of no help at all (2)	2 = A little help (3)	3 = A moderate amount of help (4)	4 = A great deal of help (5)	5 = A tremendous amount of help (6)
Through prayer or other religious rituals. (2)	❍	❍	❍	❍	❍	❍
Found guidance from my religion. (3)	❍	❍	❍	❍	❍	❍
Followed the guidance of my elders (e.g., parents, older relatives). (4)	❍	❍	❍	❍	❍	❍
Believed that I would grow from surviving the stressful event. (5)	❍	❍	❍	❍	❍	❍
Waited for time to run its course. (6)	❍	❍	❍	❍	❍	❍
Followed the norms and expectations of my family about handling stressful events. (7)	❍	❍	❍	❍	❍	❍

Found comfort from my religion or spirituality. (8)	○	○	○	○	○	○
Saved face by not telling anyone. (9)	○	○	○	○	○	○
Placed trust in my elders' traditional wisdom to cope with the event. (10)	○	○	○	○	○	○
Pretended to be OK. (11)	○	○	○	○	○	○
Analyzing my feelings provided me with ideas about how to proceed. (12)	○	○	○	○	○	○
Not vented my negative feelings to some people around me. (13)	○	○	○	○	○	○
Avoided thinking about the stressful event for a short time for the peace of mind. (14)	○	○	○	○	○	○
Told myself that I could think of effective ideas. (15)	○	○	○	○	○	○
Knew that I could ask assistance from my	○	○	○	○	○	○

family increased my confidence. (16)					
Saved face by seeking advice from a professional (e.g., counselor, social worker, psychiatrist) I did not know personally. (17)	❍	❍	❍	❍	❍	❍
Shared my feelings with my family. (18)	❍	❍	❍	❍	❍	❍
Chatted with people about the event on the Internet in order to gain support. (19)	❍	❍	❍	❍	❍	❍
To save face, only thought about the problem by myself. (20)	❍	❍	❍	❍	❍	❍
Kept my feelings within myself in order not to worry my parents. (21)	❍	❍	❍	❍	❍	❍
Accepted the event as fate. (22)	❍	❍	❍	❍	❍	❍
Maintained good relationships with people around me. (23)	❍	❍	❍	❍	❍	❍

Actively sought advice from professionals (e.g., counselors, social workers, psychiatrists). (24)	○	○	○	○	○	○
Realized that often good comes after overcoming bad situations. (25)	○	○	○	○	○	○
Ate in excess (or not eating). (26)	○	○	○	○	○	○
Realized that the stressful event served as an important purpose in my life. (27)	○	○	○	○	○	○
Thought about the meaning of the stressful event from the perspectives of my religious beliefs. (28)	○	○	○	○	○	○
Told myself that I could make my plans and ideas work. (29)	○	○	○	○	○	○

As a starting point, tried to accept the event for what it offered me. (30)	❍	❍	❍	❍	❍	❍
Through family assistance and support. (31)	❍	❍	❍	❍	❍	❍

APPENDIX D
Depression, Anxiety, and Stress Scale
Q25 [DASS] - Please indicate how much the statements below applied to you over the past week.

	0 = Did not apply to me at all (1)	1 Applied to me to some degree, or some of the time (2)	2 Applied to me to a considerable degree, or a good part of time (3)	3 Applied to me very much, or most of the time (4)
I found it hard to wind down (1)	❍	❍	❍	❍
I was aware of dryness of my mouth (2)	❍	❍	❍	❍
I couldn't seem to experience any positive feeling at all (3)	❍	❍	❍	❍
I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion) (22)	❍	❍	❍	❍
I found it difficult to work up the initiative to do things (23)	❍	❍	❍	❍
I tended to over-react to situations (7)	❍	❍	❍	❍
I experienced trembling (eg, in the hands) (8)	❍	❍	❍	❍
I felt that I was using a lot of nervous energy (9)	❍	❍	❍	❍
I was worried about situations in which I might panic and make a fool of myself (28)	❍	❍	❍	❍

	❍	❍	❍	❍
I felt that I had nothing to look forward to (29)				
I found myself getting agitated (27)	❍	❍	❍	❍
I found it difficult to relax (13)	❍	❍	❍	❍
I felt down-hearted and blue (14)	❍	❍	❍	❍
I was intolerant of anything that kept me from getting on with what I was doing (30)	❍	❍	❍	❍
I felt I was close to panic (31)	❍	❍	❍	❍
I was unable to become enthusiastic about anything (18)	❍	❍	❍	❍
I felt I wasn't worth much as a person (19)	❍	❍	❍	❍
I felt that I was rather touchy (20)	❍	❍	❍	❍
I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat) (34)	❍	❍	❍	❍
I felt scared without any good reason (35)	❍	❍	❍	❍
I felt that life was meaningless (33)	❍	❍	❍	❍

APPENDIX E

Multigroup Ethnic Identity Measure –Revised

Q21 [MEIM-R] - Using the scale below, please read each statement carefully and indicate how much each one describes you.

	1 Strongly disagree (1)	(2)	(3)	(4)	5 Strongly agree (5)
I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs. (1)	○	○	○	○	○
I have a strong sense of belonging to my own ethnic group. (2)	○	○	○	○	○
I understand pretty well what my ethnic group membership means to me. (3)	○	○	○	○	○
I have often done things that will help me understand my ethnic background better. (4)	○	○	○	○	○
I have often talked to other people in order to learn more about my ethnic group. (5)	○	○	○	○	○
I feel a strong attachment towards my own ethnic group. (6)	○	○	○	○	○

APPENDIX F
Rosenberg Self-Esteem Inventory

Q22 [RSES] - Please read each statement and indicate how much each one describes you based on the following scale.

	1 = Strongly disagree (1)	2 = Disagree somewhat (2)	3 = Agree somewhat (3)	4 = Strongly agree (4)
On the whole, I am satisfied with myself (1)	❍	❍	❍	❍
At times, I think I am no good at all. (2)	❍	❍	❍	❍
I feel that I have a number of good qualities. (3)	❍	❍	❍	❍
I am able to do things as well as most other people. (4)	❍	❍	❍	❍
I feel I do not have much to be proud of. (5)	❍	❍	❍	❍
I certainly feel useless, at times. (6)	❍	❍	❍	❍
I feel that I'm a person of worth, at least on an equal plane with others. (7)	❍	❍	❍	❍
I wish I could have more respect for myself. (8)	❍	❍	❍	❍
All in all, I am inclined to feel that I am a failure. (9)	❍	❍	❍	❍
I take a positive attitude toward myself. (10)	❍	❍	❍	❍