

# Racial-ethnic Identity Pairings and Mental Health of Second-generation Asian Adolescents

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## Abstract

Second-generation adolescents experience identity conflict when trying to adapt to the United States. This identity conflict may be compounded for Asians, who experience racialization of their ethnicity. This intensity of identity conflict and racialization of ethnicity is reflected in different pairings of racial and ethnic identities (e.g., Hyphenated-Nationality, Hyphenated-Asian). We examine how these identity pairings are associated with mental health. Analysis used a sample of 1,308 second-generation Asian adolescents (aged 15–19) from the Children of Immigrants Longitudinal Study Wave 2 (1995–1996). Although not all associations were significant, low levels of identity conflict tended to be associated with lower levels of depression and more problem behaviors. Perhaps these identity pairings help reduce depression by lowering identity conflict while increasing peer conflicts. The analysis also showed that among adolescents with the same type of ethnic identity, mental health varied across racial identity, highlighting the importance of examining identity pairings.

## Keywords

ethnic identity, racial identity, depressive symptoms, problem behaviors, Asian Americans, adolescents

Second-generation adolescents occupy two cultural worlds—the culture of their current residency and the culture of the parents’ nationality of origin, and they develop multiple reference groups for their social identities (Park 2008). Unlike first-generation adult immigrants, who arrive with identities fully formed and deeply rooted in their home country, second-generation adolescents grow up needing to consider how they want to see themselves and how society at large classifies them (Rumbaut 2005). Clearly, this characterization does not uniformly apply to all first and second generations, and the intensity of identity struggles varies across individuals within each generation (Benet-Martínez et al. 2002; Berry 1997; Farver, Narang, and Bhadha 2002). Nonetheless, scholars generally agree that second-generation immigrants face unique challenges in developing racial and ethnic identities (Portes and Rumbaut 2001; Zhou 1997).

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To address second-generation immigrants' identity conflict, one needs to make a theoretical distinction between ethnic identity and racial identity. *Ethnic identity* refers to the label a person uses to indicate his or her identification with a group of people who share geographical and/or national heritage (Brown et al. 2013). Within some constraints, people make their own choices in how they define their ethnicity, and those who share the same ethnic identity are thought to experience similar cultural socialization (Haines 2007). Ethnic identities vary considerably especially among second-generation immigrants because even those with the same national heritage may have different types of ethnic identities, depending on how strongly they identify with their parents' national origin and with the host country (i.e., the United States in this study). For example, a second-generation adolescent of Vietnamese descent may describe his or her ethnic identity as Vietnamese, Vietnamese American, or American. In contrast with ethnic identity, *racial identity* refers to a socially constructed status that reflects differences in phenotype (Brown et al. 2013) as well as differences in shared histories and experiences within the racial stratification system (Helms 1996). For example, a second-generation adolescent of Vietnamese descent may be classified as "Asian" in the current U.S. racial stratification system. Thus, ethnic and racial identities are theoretically distinct from each other, but they are intertwined in reality (Kibria 2002; Quintana 2007). Asians in the United States, in particular, are considered *racialized ethnics*, which means that their "socially imposed racial identity almost always overrides the self-defined ethnic identity" (Trieu 2008:47, see also Tuan 2001). Among second-generation adolescents of Asian descent, this racialization of ethnic identity may constrain identity formation and cause identity conflict.

In this article, we argue that conflicting pairings of racial and ethnic identities among second-generation adolescents negatively impact their mental health. In the following sections, we will first discuss the social context of racial and ethnic identity construction while paying special attention to key issues for second-generation Asians. We will then develop hypotheses about how different pairings of racial and ethnic identities are associated with mental health in this population. We test these hypotheses analyzing data from the Children of Immigrants Longitudinal Study (CILS). We use a subsample of second-generation Asians, many of whom reported Southeast Asian nationalities.

## Literature Review

### *Ethnic Identity*

Scholars argue that racism plays an important role in identity development of second-generation Asian<sup>1</sup> adolescents (J. Kim 2012; N. Kim 2007). Although Asian Americans may be seen as the "model minority" or "honorary Whites" due to their high academic achievement and occupational attainment, they are still negatively stereotyped as ruthless, untrustworthy, submissive, and foreign (J. Kim 2012; N. Kim 2007). Asian Americans have also faced institutionalized forms of racism. Since the 1800s, for example, they have experienced the denial of citizenship, segregation, internment in concentration camps, and random acts of violence (Ancheta 1998; J. Kim 2012; N. Kim 2007). Between 1995 and 1996, harassment of Asian Americans increased 161 percent, and hate crimes in K-12 schools against Asian Americans increased by 27 percent (N. Kim 2007). These experiences of institutional and interpersonal racism remind Asian Americans of their subordinate status within the United States' racial hierarchy. Growing up in this cultural context, some second-generation Asian adolescents internalize the negative message, come to reject their Asian identity, and assimilate into the white culture. For example, Asian American women use skin-lightening products or undergo plastic surgery to obtain Eurocentric features such as a double-folded eyelid. This rejection of Asian physical features can be seen as a rejection of a person's own heritage, which is associated with poor mental health (Sue and Sue 1990).

Scholars argue that Asian individuals who live in a white-dominated society are bound to experience this identity conflict because the dominant society devalues Asian cultures.

Scholars argue that among second-generation Asian adolescents, there are three different types of ethnic identities, which indicate different levels of attachment to parents' nationality of origin and nationality of current residence (Zimmermann, Zimmermann, and Constant 2007). A nationality-based ethnic identity (e.g., Vietnamese) indicates strong attachment to parents' nationality of origin and weak attachment to the United States because these individuals choose to only identify with their parents' nationality of origin. A hyphenated ethnic identity (e.g., Vietnamese-American) indicates strong attachment to both parents' nationality of origin and the United States because these individuals choose to identify with the two cultures simultaneously (i.e., parents' nationality of origin and the United States). A pan-Asian ethnic identity (e.g., Asian) suggests having a weak attachment to both parents' nationality of origin and the United States. These individuals view themselves as different from the white majority population, indicating their weak attachment to the United States, and they also choose not to identify with their parents' nationality of origin, indicating their weak attachment to parents' nationality of origin.

This is one interpretation of the pan-Asian ethnic identity, and researchers have provided other interpretations. During the 1960s, Chinese and Japanese individuals used this term to mobilize themselves into collective action against racism (Espiritu 1992). In this historical context, the pan-ethnic Asian identity indicated a strong attachment to ones' nationality of origin and a weak attachment to the United States because individuals felt connected to a greater Asian American community (Nadal 2004). Since then, however, this symbolic meaning has faded, and some second-generation Asian adolescents have come to associate the pan-Asian ethnic identity with the model minority image that emphasized assimilation into the dominant culture (Kibria 2002; Park 2008). Individuals who internalize this definition of the pan-Asian ethnic identity may have a weak attachment to their parents' nationality of origin and a strong attachment to the United States because these individuals value assimilation into the American culture (Park 2008).

Yet another interpretation, based on the multiculturalist perspective, is that the pan-Asian ethnic identity indicates a bicultural identity. This perspective suggests that these individuals are able to integrate both Asian and U.S. cultures into their identity through interacting with members of those communities in their everyday lives (Benet-Martínez et al. 2002). Therefore, they should have a strong attachment to both their parents' nationality of origin and the United States (Park 2008). In short, there are a few major scholarly interpretations of pan-Asian ethnic identity, which may indicate that the meaning of the pan-Asian ethnic identity varies across individuals in the second-generation Asian population.

Although our discussions so far focused on ethnic identities, it is important to consider ethnic and racial identity together because ethnicity affects the meaning of race, and race affects the meaning of ethnicity. More specifically, race involuntarily transmits information about a person's ethnic origins and serves as the interactional and cognitive context in which individuals negotiate their ethnic identity (Kibria 2000). In regard to the second-generation Asian adolescent population, society imposes a generalized Asian ethnic label to anyone who looks "Asian" regardless of his or her national origin (Kibria 2000). This racialization of ethnic identity constrains the ethnic identity options that are available to Asian Americans. This racialization of ethnic identity may also contribute to the variations in racial-ethnic identity pairings within the Asian population. As we turn to second-generation Asian adolescents' racial identity below, we elaborate on this idea that their racial and ethnic identities are intertwined.

### *Second-generation Asian Adolescents' Racial Identity*

The development of racial identity is not an automatic process based on biological markers but rather, a complex process where many social factors operate simultaneously (Brown et al. 2013;

Nagel 1994; Williams 1999). Consistently, second-generation Asian Americans do not necessarily identify themselves as Asian. In fact, only 57 percent of them do, according to a study by Pei-Te M. Lien, Margaret Conway, and Janelle Wong (2003). In a closed-ended survey question, a substantial percentage of second-generation Asians select an "Other" racial identity, and some second-generation Asians identify as "White," "Black," or "Multi-racial" if one of their parents has non-Asian heritage.

Adding to the complexity of Asians' racial identity, some use their nationality (e.g., "Vietnamese," "Chinese") to describe their *race*. This phenomenon can be interpreted as rejection of the racialization of Asian ethnicity. These individuals tend to believe that the "Asian" racial category, as used in the Census, lumps together a large variety of nationalities and does not reflect the heterogeneity of the group (Espiritu and Omi 2000; Humes and Hogan 2009). Consequently, these people often refuse to select a racial category in interviews and surveys that only offers a broad category of "Asian" for them (Espiritu and Omi 2000). Resonating with these past findings, other research has found that some Filipinos reject the pan-ethnic "Asian" racial classification because they do not feel solidarity with other Asian individuals. Filipinos are marginalized within the broader Asian American community, and some of them feel as though the other Asian communities do not advocate for the needs of the Filipino community (Nadal 2004). Considering these efforts to sustain ethnicity through racial identification, we conceptualize nationality not only as an ethnic category but also as a racial category. In the analysis, we take advantage of a survey question in CILS that allowed such identification.

Very few empirical studies have examined the implications of a nationality-based racial identity with the notable exception of Ruben G. Rumbaut's (2005) work. He found that second-generation immigrants who had such a racial identity were more likely than others to hold a nationality-based ethnic identity. Their social experience also seemed unique as they were more likely to report experiences of discrimination. Rumbaut's research provides important information about how nationality-based racial identity is linked to ethnic identity and social experience, and the present study seeks to extend the literature by examining mental health implications.

### *Identity Development and Mental Health*

Although Asian American adolescents as a whole show worse mental health than their non-Asian peers (Africa and Carrasco 2011; Centers for Disease Control and Prevention [CDC] 2008; Choi, Meininger, and Roberts 2006), their mental health varies considerably across subgroups within the Asian adolescent population. The patterns of these subgroup differences are complex and depend on mental health outcomes. Koreans and Vietnamese have higher rates of depression and anxiety compared with Chinese and Japanese (L. S. Kim and Chun 1993). Furthermore, Vietnamese, Koreans, Filipinos, and Japanese have higher rates of mental distress compared with Chinese, South Asians, and Other Asians. In addition, Southeast Asian refugees (e.g., Hmong, Laotian, etc.) have a higher risk for Posttraumatic Stress Disorder (PTSD) than their other Asian groups (Africa and Carrasco 2011). Filipinos and Filipinas also have higher rates of depression than the general population (David 2008).

Researchers argue that the degree of success in negotiating racial and ethnic identities accounts partly for these variations of mental health among the Asian adolescent population (Hovey, Kim, and Seligman 2006; Phinney 1990). In general, having multiple demands for identity negotiation can be detrimental to mental health because they undermine one's ability to maintain a coherent sense of self (Gecas and Burke 1995). Consistently, a failure to develop a strong ethnic identity is linked to lower self-esteem and a higher risk of depression (Smokowski et al. 2014). Second-generation immigrants face a demanding task of negotiating the culture of

parental origin and the U.S. culture. Among them, Asian Americans may be particularly prone to experiencing identity conflict because they are generally seen as racialized ethnics (Kibria 2000). This racialization of ethnic identity constrains the ethnic identity options that are available to this population. Furthermore, these identity choices may conflict with the identity that individuals in this population may already hold (Ling et al. 2014). These identity demands may increase the risk of poor mental health among second-generation immigrants if they cannot develop a coherent sense of self.

Mental health differs by types of ethnic identities, although past studies have reported mixed findings regarding the patterns of differences. Some research shows that a strong identification with a nationality-based ethnic identity is associated with better mental health outcomes, such as fewer depressive symptoms (Mossakowski 2007), fewer problem behaviors (Shrake and Rhee 2004), and higher self-esteem and self-efficacy (Le and Stockdale 2008). Scholars interpreted these results as an indication that a strong identification with a nationality-based ethnic identity gives individuals a coherent sense of self. This interpretation is consistent with acculturation research, which shows that those who sustain cultural traditions, instead of acculturation to the host country, tend to show better mental health outcomes (Hovey and Magaña 2000; Rogers-Sirin and Gupta 2012). However, other studies have reported contradictory results. For example, Charles G. Go and Thao N. Le (2005) showed that having a nationality-based ethnic identity is positively associated with delinquency. Furthermore, in Thao N. Le and Gary Stockdale's (2008) study of Southeast Asian refugees, ethnic identity was not linked to serious violence. Delinquency and violence are relevant to the current investigation because they are viewed as "externalizing problems" and frequently analyzed in conjunction with "internalized problems" such as depression and anxiety in the mental health literature (Rosenfield and Smith 2010).

The mixed findings about the association between ethnic identities and mental health might be the result of an inadequate measurement of ethnic identity. Specifically, past measures paid little attention to nativity, race, and cultural influences. These factors interplay with ethnic identity to create variations in the lived experiences of individuals, which may in turn affect mental health (Brown et al. 2013; Ford and Harawa 2010). In addition, these studies either did not focus on immigrants or treated immigrants of different generations as one group, so implications of different types of ethnic identities for second-generation Asian adolescents have been unclear. An exception is Emily R. Baumaan's (2009) study of second-generation Latino and Asian young adults, which examined the effect of ethnic identity on assimilation behaviors. The present study extends this literature by examining a previously unexplored outcome—mental health.

### *The Current Study*

Using the CILS, the current study examines how different ethnic and racial identity pairings are associated with mental health among second-generation Asian adolescents. Past studies of this population analyzed ethnic and racial identities but paid little attention to the pairings of these identities. We argue that each identity pairing reflects unique experiences of second-generation Asian Americans living in the culture of their parents' national origin and the U.S. culture. Measures of ethnic identity and racial identity included in the CILS dataset provide a unique opportunity to answer this question while overcoming important shortcomings of past research. The ethnic identity question was coded in such a way that it allows us to identify three types of ethnic identities (nationality-based, hyphenated, and pan-Asian). The racial identity question gave respondents the option of writing in their racial identity, and about 14 percent of the total sample chose to write in a nationality-based racial identity. In the following

Ethnic Identity	Racial Identity	Expected Outcome
Nationality	Nationality	Lower Depression & Fewer Problem Behaviors
Hyphenated	Asian	Moderate Level Depression & Problem Behaviors
Hyphenated	Nationality	Moderate Level Depression & Problem Behaviors
Pan Asian	Asian	Moderate Level Depression & Problem Behaviors
Nationality	Asian	Higher Depression & More Problem Behaviors

**Figure 1.** Hypotheses of the five racial-ethnic identity pairings.

section, we present our hypotheses regarding how specific pairings of ethnic and racial identities observed in CILS are associated with mental health among second-generation Asian adolescents.

### *Hypotheses*

Figure 1 summarizes the hypotheses. Among the five identity pairings, a nationality-based ethnic and racial identity (i.e., nationality-nationality identity) indicates alignment of ethnic and racial identities with parental nationality of origin, which generally promotes mental health (Le and Stockdale 2008; Mossakowski 2007; Shrake and Rhee 2004; Zimmermann et al. 2007) because such alignment represents low identity conflict (Gecas and Burke 1995). Therefore, we expect that adolescents reporting this identity pairing will have the best mental health (i.e., fewest depressive symptoms and lowest chance of getting in fights).

We hypothesize those adolescents who have a nationality-based ethnic identity and an Asian racial identity (i.e., nationality-Asian identity) will have the worst mental health. The nationality-based ethnic identity indicates an alignment with parental nationality of origin. At the same time, their Asian racial identity indicates an alignment with the United States because their choice of the American-made category shows their inclination to assimilate into the U.S. culture. This identity pairing, therefore, indicates an experience of identity conflict between parental nationality of origin and the United States, which would be associated with poor mental health.

Adolescents who report a hyphenated ethnic identity will show mental health levels somewhere between the two groups mentioned above, regardless of whether they paired the ethnic identity with an Asian racial identity (i.e., hyphenated-Asian identity) or with a nationality-based racial identity (i.e., hyphenated-nationality identity). This is because their hyphenated ethnic identity may represent identity conflict due to strong attachment to both parents' nationality and the United States (Zimmermann et al. 2007) and because their Asian or nationality-based racial identity does not necessarily contradict their ethnic identity.

The last ethnic identity, a pan-Asian ethnic identity, tends to be paired with an Asian race identity (pan Asian-Asian identity), and we hypothesize that adolescents reporting this pairing should also show moderate levels of mental health. This identity pairing, based on the broad "Asian" category for both race and ethnicity, suggests a particularly strong internalization of the "racialized ethnic" identity, meaning that these individuals come to consider themselves as Asian regardless of their national origin (Kibria 2000). As explained above, this racialization of ethnic identity may result from constrained choices for ethnic identity due to society's imposition of a pan-Asian label to all those who look Asian. Although this identity pairing does not necessarily suggest a high level of identity conflict between parents' national origin and the United States, it reflects a lack of identity options as well as a marginalized status in the U.S. racial hierarchy that also denies these individuals the opportunity to build pride around nationality-specific culture. For these reasons, the mental health of adolescents reporting this identity pairing should be somewhat poor, although not as poor as adolescents reporting identity pairings that are linked to high levels of identity conflict.

## Method

### Data

Our analysis used the second wave of the CILS (1995–1996), which was comprised of second-generation adolescents. This wave was ideal for the present analysis that examined mental health outcomes among adolescents. The original survey was conducted between 1992 and 1993 with a large sample of second-generation immigrant children attending the eighth and ninth grades in public and private schools in the metropolitan areas of Miami/Ft. Lauderdale, Florida, and San Diego, California. To be eligible to participate in the original study, children had to be U.S. born with at least one foreign-born parent or foreign born with at least one U.S. born parent. The sample included 5,262 children, who represented 77 different single and mixed nationalities. The second wave was conducted three years later (e.g., 1995–1996) when most of the respondents were in high school. The mean age of the respondents was 17.2. The study retrieved 4,288 respondents of the original sample (about 81.5 percent retention). The adolescent dataset was collected at the students' schools using self-administered paper and pencil questionnaires. Our study focused on Asian adolescents in the sample. To define the operational sample, we selected second-wave participants who indicated at least one Asian national origin or identified with an Asian racial or ethnic identity ("Asian identified sample" hereafter). This operational sample included 1,308 adolescents, who were between 15 and 19 years old.

Although this dataset is about 20 years old, the results of this study are still important and relevant from theoretical and historical standpoints. Alejandro Portes and Min Zhou (1993) describe this birth cohort of second-generation immigrants as the "new second-generation." Unlike earlier cohorts, many people in this cohort did not become fully integrated into American society, and others who became integrated did so by following unique paths, which have led to new theoretical developments regarding assimilation patterns (e.g., segmented assimilation, Portes and Zhou 1993) and racial socialization (Park 2008). Although individuals in this cohort have transitioned out of adolescence since the data collection, investigations into their adolescent identity formations and mental health provide key insights into the cohort's ethnic identity and mental health in adulthood. In addition, very few datasets that were recently collected include a sufficient number of Asian American adolescent respondents to conduct meaningful analysis, leaving CILS as the best dataset available to answer our research question.

### Measures

The study included two measures of mental health as the dependent variables—depressive symptoms and problem behavior. In general, it is important to include multiple measures of mental health outcomes when examining the implications of a given social factor because stress manifests in different outcomes depending on one's social background. In this conceptualization of mental health, depressive symptoms are commonly viewed as an example of "internalizing symptoms," and problem behavior is an example of "externalizing symptoms" (Rosenfield and Smith 2010). Problem behaviors in adolescence may not present immediate mental health risks, but they are associated with engagement in antisocial behavior in adulthood (Burt 2012).

**Depressive symptoms.** The measure for depressive symptoms summed four items from the Center for Epidemiology Studies Depressive symptoms Scale (CES-D; Radloff 1977). These questions assessed how often the individuals "felt sad," "could not get going," "did not feel like eating (or had a poor appetite)," or "felt depressed" in the past week (1 = *rarely*, 2 = *some of the time*, 3 = *occasionally*, and 4 = *most of the time*). The scale had an alpha reliability score of .76 in the present sample. Ordinary Least Squares (OLS) regression was used to predict this outcome.

**Problem behavior.** The measure for problem behavior was constructed from a question that asked the respondents if “[he or she] got into a physical fight at school.” The response categories included *never*, *once or twice*, and *more than twice*. This variable was converted into a binary variable (0 = *never*, 1 = *once or more*) because the “more than twice” category was only chosen by about 3 percent of the sample. Logistic regression was used for this outcome.<sup>2</sup> Similar measures of problem behavior have been used in previous research (Nagin and Tremblay 1999). In exploratory analysis, we included another measure of problem behavior regarding getting into trouble at school. The measure asked if the student thought that he or she was seen as a troublemaker by other students at school. Because this measure produced results similar to those based on getting into fights (available from the authors upon request), we focus on the fighting measure in this article to avoid repetition and save space.

**Racial-ethnic identity pairing.** The focal independent variable, racial-ethnic identity pairing, was based on an ethnic identity question and a racial identity question. Each of these questions included fixed response categories and write-in options. This format generally enhances the quality of data on racial and ethnic identities (Smith, Woo, and Austin 2010). The first question asked, “How do you identify, that is what do you call yourself? (Examples: Asian, Hispanic, American, Latino, Black, Cuban, Cuban-American, Haitian, Haitian-American, Nicaraguan, Nicaraguan-American, Jamaican, Jamaican-American, etc.).” Although this question did not explicitly ask about ethnicity, we believe that this question effectively measured ethnicity because of the context in which it was asked. This question was asked immediately after questions concerning parents’ and friends’ country of origin, what language parents spoke, what language respondents used with friends, and parents’ ethnicity. We believe that the interview context made it clear to the respondents that they were being asked about ethnic identity in that question. Like the present study, previous studies based on CILS (Baumaan 2009; Rumbaut 1994) treated this question as an ethnic identity measure. The data organizers coded these responses into the following five categories: American (2 percent in the Asian identified sample), Hyphenated (e.g., “Korean-American”; 33.2 percent), Pan-Asian (i.e., “Asian”; 12.5 percent), Nationality-based (e.g., “Korean”; 48.8 percent), and Mixed/Other (4 percent). Those who identified as American and Mixed/Other were excluded from the analysis due to low frequencies in the operational sample.

The second question asked, “Which of the races listed do you consider yourself to be?” As in previous studies based on CILS (Rumbaut 2005), this question was treated as a racial identity measure. This question had the following categories: White, Black, Asian, Multi-racial, and Other. If the respondents chose the Other category, they were asked to write in a response. Using the write-in information, a separate category of “Nationality” was created. If this write-in response could not be categorized as “Nationality,” the respondent was coded with an “Other” racial identity. About 90 percent of the Asian identified sample reported either Asian or Nationality (e.g., “Vietnamese,” “Chinese”) as their racial identity in this question. Those who wrote in other answers were excluded from the analysis due to low frequencies.

The following five racial-ethnic identity pairings were created out of these two variables: (1) hyphenated ethnic identity and nationality-based racial identity (i.e., hyphenated-nationality identity, 5.3 percent); (2) hyphenated ethnic identity and Asian racial identity (i.e., hyphenated-Asian identity, 21.8 percent); (3) pan-Asian ethnic identity and Asian racial identity (i.e., pan Asian-Asian identity, 12.0 percent); (4) nationality-based ethnic identity and nationality-based racial identity (i.e., nationality-nationality identity, 9.2 percent), and (5) nationality-based ethnic identity and Asian racial identity (i.e., nationality-Asian identity, 40.2 percent). The nationality-Asian identity pairing was used as the reference group for the analysis because adolescents reporting this identity pairing were hypothesized to show the worst levels of depressive symptoms and problem behaviors. Only one person in the sample reported a pairing of pan-Asian ethnic identity and nationality-based racial identity (i.e., pan Asian-nationality identity), and this respondent was dropped from the analysis.



**Control variables.** The analysis controlled for several sociodemographic variables due to their correlations with identity pairings and mental health outcomes. *Gender* was dichotomously coded (male = 0; female = 1). *Nationality* was based on a question that asked students to list their national origin. About 51 percent of the operational sample was Filipino, 20.3 percent was Vietnamese, 9.9 percent was Laotian, 5.0 percent was Cambodian, 2.4 percent was Hmong, and 11.0 percent was Other Asian. Filipino was set as the reference category because Filipino populations tend to have higher rates of mental illness than other Asian ethnic groups (David 2008; David and Nadal 2013). *Age* was a continuous variable that ranged from 15 to 19, with the mean of 17.2. *Family structure* was measured dichotomously with people living in a two-parent household coded as 1 (88.8 percent) and others coded as 0 (11.2 percent).

As in a previous CILS study (Rumbaut 2005), the present analysis used three sets of measures to control for family socioeconomic status, including parents' home ownership, labor force participation, and education level. *Home ownership* distinguished between adolescents living in a home that their parents owned (coded 1, 64.6 percent) and those living in another type of home (coded 0, 35.4 percent). Two dichotomous variables for *parents' labor force participation* distinguished between adolescents who had mothers employed in the labor force (coded 1, 64.1 percent) and others (coded 0, 35.9 percent) and between those who had fathers employed in the labor force (coded 1, 72.2 percent) and others (coded 0, 27.8 percent). Two additional dichotomous measures for *parents' education* distinguished between those with college-educated mothers (coded 1, 29.5 percent) and others (coded 0, 70.5 percent) and between those with college-educated fathers (coded 1, 24.2 percent) and others (coded 0, 75.8 percent). Table 1 presents descriptive statistics for all of the variables mentioned above.<sup>3</sup>

### Analytical Plan

Analyses were performed using Stata 12. We examined bivariate and multivariate relationships between racial-ethnic identity pairings and mental health using OLS and logistic regression. Robust standard errors were estimated for the OLS models to account for heteroscedasticity. Model 1 only included racial-ethnic identity pairings as predictors using adolescents with a nationality-based ethnic identity and an Asian racial identity (i.e., nationality-Asian identity) as the reference group. Model 2 introduced gender, age, family structure, and socioeconomic status as controls. Model 3 introduced nationality as a set of controls (with Filipino as the nationality reference group). We also conducted a series of postestimation tests comparing the effect of different identity pairings on mental health that were not captured in the regression model. These postestimation tests were obtained using the test command in Stata.

## Results

### Bivariate Analysis

Table 2 presents the results of the bivariate relationships. For depressive symptoms, adolescents with a nationality-based ethnic identity and an Asian racial identity (i.e., nationality-Asian identity) had the highest level of symptoms (1.73). Those who had a nationality-based racial identity with either a hyphenated (i.e., nationality-hyphenated identity) or nationality-based ethnic identity (i.e., nationality-nationality identity) reported the lowest level (both at 1.58). Regarding getting into fights, adolescents with a hyphenated ethnic identity and a nationality-based racial identity (i.e., hyphenated-nationality identity) had the highest percentage of adolescents reporting such behavior (18.84 percent). Those with a pan-Asian ethnic identity and an Asian racial identity (i.e., pan Asian-Asian identity) had the lowest (8.92 percent). Despite these differences at the descriptive level, a test of overall group difference in fights did not reach statistical significance.

**Table 1.** Descriptive Statistics ( $N = 1,308$ ).

Variables	<i>M</i> / <i>%</i>	<i>SD</i>
Dependent variables		
Depressive symptoms	1.7	0.63
Getting into fights at school	13.8%	
Independent variable (racial-ethnic identity pairings)		
Hyphenated-nationality	5.3%	
Nationality-nationality	9.2%	
Hyphenated-Asian	21.8%	
Nationality-Asian	40.2%	
Pan Asian-Asian	12.0%	
Controls		
Female	50.7%	
Nationalities		
Filipino	51.6%	
Vietnamese	20.3%	
Laotian	9.9%	
Cambodian	5.0%	
Hmong	2.4%	
Other Asian	11.0%	
Age	17.2	0.83
Two-parent household	88.8%	
Socioeconomic status		
Own a home	64.6%	
Mother in the labor force	64.1%	
Mother is a college graduate	29.5%	
Father in the labor force	72.2%	
Father is a college graduate	24.2%	

Source: Second Wave of the Children of Immigrants Longitudinal Study.

**Table 2.** Bivariate Relationships Between Identity Pairings and Mental Health Outcomes ( $N = 1,308$ ).

Identity Pairings	Depression ( <i>M</i> )	Fight at school (%)
Hyphenated-nationality	1.58	18.84
Nationality-nationality	1.58	16.67
Hyphenated-Asian	1.68	12.28
Nationality-Asian	1.73	14.64
Pan Asian-Asian	1.67	8.92
<i>F</i> ( <i>df</i> 1, <i>df</i> 2)	1.97 (4, 4)	
$\chi^2$ ( <i>df</i> 1)		7.00(4)

Source: Second Wave of the Children of Immigrants Longitudinal Study.

### Depressive Symptoms

Table 3 presents results from multivariate analysis for depressive symptoms, which were based on OLS regression models. Adolescents with a nationality-based ethnic and racial identity (i.e., nationality-nationality identity) scored about .15 point lower on a depressive symptoms scale than those with a nationality-based ethnic identity and an Asian racial identity (i.e., nationality-Asian

**Table 3.** OLS Regression of Depressive Symptoms on Racial-ethnic Identity Pairings, Sociodemographics, and Nationality ( $N = 1,308$ ).

Variables	Model 1	Model 2	Model 3
Hyphenated-nationality	-0.148* (0.071)	-0.117† (0.068)	-0.133† (0.069)
Nationality-nationality	-0.156* (0.062)	-0.142* (0.061)	-0.158* (0.062)
Hyphenated-Asian	-0.047 (0.044)	-0.045 (0.043)	-0.036 (0.043)
Pan Asian-Asian	-0.058 (0.056)	-0.054 (0.055)	-0.041 (0.059)
Female		0.198*** (0.034)	0.200*** (0.034)
Age		0.024 (0.022)	0.030 (0.022)
Two-parent household		-0.234*** (0.065)	-0.216*** (0.065)
Own a home		0.034 (0.043)	-0.007 (0.044)
Mother in the labor force		-0.024 (0.041)	-0.061 (0.043)
Mother is a college graduate		0.091* (0.043)	0.061 (0.045)
Father in the labor force		-0.052 (0.043)	-0.081† (0.044)
Father is a college graduate		0.013 (0.045)	0.009 (0.045)
Vietnamese			-0.087 (0.054)
Laotian			-0.228*** (0.065)
Cambodian			-0.216** (0.079)
Hmong			-0.167 (0.136)
Other Asian			-0.001 (0.063)
Constant	1.731*** (0.025)	1.428*** (0.403)	1.439*** (0.407)
$R^2$	.007	.050	.061
	<b>Model 1</b>	<b>Model 2</b>	<b>Model 3</b>
Postestimation contrasts	$F(1, 1303)$	$F(1, 1295)$	$F(1, 1290)$
Hyphenated-nationality versus nationality-nationality	0.01	0.09	0.08
Hyphenated-nationality versus hyphenated-Asian	1.78	0.98	1.69
Hyphenated-nationality versus pan Asian-Asian	1.19	0.62	1.10
Nationality-nationality versus hyphenated-Asian	2.63	2.10	3.15†
Nationality-nationality versus pan Asian-Asian	1.71	1.40	2.09
Hyphenated-Asian versus pan Asian-Asian	0.03	0.02	0.01

Note. OLS = Ordinary Least Squares. Robust standard errors in parentheses. Reference: Racial-ethnic identity pairing reference is nationality-Asian, nationality reference is Filipino.

† $p < .10$ . \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ , two-tailed test.

identity). This difference was significant at the .05 level although substantively small given the standard deviation of the scale (.71). When all the controls except nationality were added in Model 2, this difference decreased to .14, but the relationship remained significant at the .05 level. Two of the control variables, gender and family structure, were also significant in the expected directions (Gartner, Kiang, and Supple 2013; Miller and Taylor 2012). When nationality was entered as a set of controls in Model 3, two of the dummy variables showed significant coefficients in the directions consistent with past research (Mossakowski 2007; Rumbaut 1994). Laotians scored .23 point lower on the depressive symptoms scale than Filipinos ( $p < .001$ ), and Cambodians scored .22 point lower on the depressive symptoms scale than Filipinos ( $p < .01$ ). More important, the dummy coefficient for the nationality-nationality identity pairing (i.e., nationality-based ethnic and racial identity) did not change much (from  $-.13$  to  $-.15$ ). This result suggests that among adolescents who reported a nationality-based ethnic identity, nationality of respondent does not account for the depressive symptom difference between individuals with a nationality-based racial identity (i.e., nationality-nationality identity pairing) and those with an Asian racial identity (i.e., nationality-Asian identity pairing).

As shown in Model 1, individuals with a hyphenated ethnic identity and a nationality-based racial identity (i.e., hyphenated-nationality identity) also had lower levels of depressive symptoms than those with a nationality-based ethnic identity and an Asian racial identity (i.e., nationality-Asian identity). The former group scored about .15 point lower on the depressive symptoms scale than the latter ( $p < .05$ ), and the difference reduced only moderately in magnitude and significance in Models 2 and 3. In Model 3, the difference was .13 and significant at the .10 level.

In short, the results support the hypothesis that identity pairings that indicate low or moderate levels of identity conflict (i.e., hyphenated-nationality and nationality-nationality identity pairings) will have better mental health than identity pairings that indicate high identity conflict (i.e., nationality-Asian identity pairing). The comparison between adolescents with a nationality-nationality identity pairing and those with a nationality-Asian identity pairing shows that mental health varies depending on racial identity (nationality-based or Asian) even among people reporting a same type of ethnic identity, highlighting the need to consider ethnic and racial identity simultaneously.

### *Problem Behavior (Getting into Fights at School)*

Table 4 presents results of logistic regression models that predicted the chance of getting into fights at school by identity pairing. As shown in Model 1, adolescents with a pan-Asian ethnic identity and an Asian racial identity (i.e., pan Asian-Asian identity) had 56 percent lower odds of getting into fights than those with a nationality-based ethnic identity and an Asian racial identity (i.e., nationality-Asian identity). This difference was consistent with our hypothesis. The difference was significant at only the .10 level ( $p = .057$ ). When sociodemographic background characteristics were controlled for in Model 2 and 3, the association became nonsignificant.

The analysis showed two significant contrasts in postestimations. First, adolescents with a hyphenated ethnic identity and a nationality-based racial identity (i.e., hyphenated-nationality identity) had higher odds of getting into fights than those with a pan-Asian ethnic identity and an Asian racial identity (i.e., pan Asian-Asian). This difference was significant in all three models ( $\chi^2 = 4.04$ ,  $p < .05$  in Model 3). Second, among adolescents with a hyphenated ethnic identity, those with a nationality-based racial identity (i.e., hyphenated-nationality identity) had higher odds of getting into fights than those with an Asian racial identity (i.e., hyphenated-Asian identity). This difference was significant only in Model 3 ( $\chi^2 = 3.83$ ,  $p < .05$ ).

In short, identity pairings that indicated low or moderate identity conflict (i.e., individuals with a hyphenated-nationality identity) were positively related to fighting at school. In addition, among those with a hyphenated ethnic identity, those with a nationality-based racial identity (i.e.,

**Table 4.** Odds Ratios of Problem Behaviors on Racial-ethnic Identity Pairings, Sociodemographics, and Nationality ( $N = 1,308$ ).

Variables	Model 1	Model 2	Model 3
Hyphenated-nationality	1.339 (0.437)	1.422 (0.492)	1.534 (0.538)
Nationality-nationality	1.154 (0.309)	1.025 (0.289)	1.130 (0.324)
Hyphenated-Asian	0.756 (0.162)	0.775 (0.174)	0.722 (0.165)
Pan Asian-Asian	0.565 <sup>†</sup> (0.170)	0.581 <sup>†</sup> (0.181)	0.608 (0.200)
Female		0.211*** (0.042)	0.207*** (0.041)
Age		1.412*** (0.146)	1.371** (0.143)
Two-parent household		1.017 (0.276)	0.955 (0.261)
Own a home		0.919 (0.190)	1.089 (0.239)
Mother in the labor force		0.763 (0.156)	0.887 (0.194)
Mother is a college graduate		0.761 (0.175)	0.861 (0.208)
Father in the labor force		1.287 (0.268)	1.428 (0.308)
Father is a college graduate		0.789 (0.183)	0.820 (0.193)
Vietnamese			1.670* (0.437)
Laotian			2.199** (0.667)
Cambodian			2.366* (1.013)
Hmong			1.059 (0.728)
Other Asian			0.808 (0.291)
Constant	0.173*** (0.019)	0.001*** (0.002)	0.001*** (0.002)
$\chi^2$	7.428	109.4	120.6
Postestimation Contrasts	Model 1 ( $\chi^2$ )	Model 2 ( $\chi^2$ )	Model 3 ( $\chi^2$ )
Hyphenated-nationality versus nationality-nationality	0.14	0.64	0.55
Hyphenated-nationality versus hyphenated-Asian	2.54	2.57	3.83*
Hyphenated-nationality versus pan Asian-Asian	4.30*	4.12*	4.04*
Nationality-nationality versus hyphenated-Asian	1.90	0.76	1.85
Nationality-nationality versus pan Asian-Asian	3.69 <sup>†</sup>	2.09	2.23
Hyphenated-Asian versus pan Asian-Asian	0.75	0.68	0.22

Note. Standard errors in parentheses. Reference: Racial-ethnic identity pairing reference is nationality-Asian, nationality reference is Filipino.

<sup>†</sup> $p < .10$ . \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ , two-tailed test.

hyphenated-nationality identity) had a higher odds of fighting at school than those with an Asian racial identity (i.e., hyphenated-Asian identity). The comparison between adolescents with a hyphenated ethnic identity and either a nationality-based racial identity (i.e., hyphenated-nationality identity) or an Asian racial identity (i.e., hyphenated-Asian identity) suggests that mental health varies depending on racial identity even among the same type of ethnic identity. Like the analysis of depressive symptoms, this analysis of problem behavior supports our argument that ethnic and racial identities need to be considered simultaneously when examining the implications for mental health.

## Discussion

This study sought to extend the existing literature on second-generation Asian adolescents by considering the mental health implications of their ethnic and racial identity pairings. The analysis distinguished among three types of ethnic identities (nationality, hyphenated, and pan-Asian), and unlike data used in previous research, CILS provided the opportunity to examine nationality of origin as a racial category. Some past studies have examined mental health consequences of ethnic identities, but they did not consider pairings of ethnic identities and racial identities. This is partly because these studies assumed that people in this population always identify their race as Asian, therefore failing to address the fact that some people use nationality of parental origin not only as their ethnic identity but also as their racial identity. We argued that examining identity pairings is important for second-generation Asian Americans' mental health because identity pairings show different ways in which this population responds to unique identity demands (i.e., both the negotiation between the culture of parental origin and the U.S. culture and the racialization of their ethnicity). We proposed that these identity pairings show different levels of attachment to the two cultures and different levels of identity conflict this population experiences. Tying this typology of identity pairings to the literature on identity conflict and mental health, we developed and tested the hypotheses regarding the associations between identity pairing and mental health.

Overall, the analysis found that the nationality-based ethnic and racial identity pairing (i.e., nationality-nationality identity) and the hyphenated ethnic identity and nationality-based racial identity pairings (i.e., hyphenated-nationality identity) were associated with lower levels of depression. This finding is consistent with previous findings that low or moderate identity conflict is associated with better mental health (Gecas and Burke 1995). Adolescents with these identity pairings may have strong attachment to their parents' nationality of origin and may, thus, develop a strong sense of pride and belonging to their ethnic communities (Phinney 1991; Zimmermann et al. 2007). This attachment to an ethnic community may, in turn, protect them against depression through promoting a coherent sense of self (Gecas and Burke 1995; Rumbaut 2005). In addition, the result regarding the nationality-nationality identity resonates with previous findings that nationality-based ethnic identities are linked to fewer depressive symptoms (Hovey and Magaña 2000; Mossakowski 2007), but those previous studies only considered types of ethnic identity and not types of racial identity. The present study elaborates on those findings by showing that a nationality-based ethnic identity is particularly beneficial when coupled with a nationality-based racial identity.

Contrary to our expectation and to the result for depressive symptoms, the hyphenated ethnic identity and nationality-based racial identity pairing (i.e., hyphenated-nationality) was also associated with a *higher* likelihood of engaging in fights at school, rather than a lower likelihood. Although strong attachment to one's parental nationality of origin can provide group solidarity, it can also prime adolescents to be aware of their otherness (Rumbaut 2005). This condition can lead to a constant feeling of "us" versus "them," which could increase problem behaviors. Future research is needed to directly test this interpretation and identify any other possible mechanisms

that contribute to the strong ethnic identities leading to a higher chance of engaging in problem behaviors. In this effort, it is important to consider racial and ethnic composition of schools because the argument implies that students are more likely to fight when their racial and ethnic groups represent a small portion of student body. Unfortunately, the CILS does not provide information about the racial composition of the schools, so we were unable to test this interpretation.

These results provide additional insights when comparisons are made among adolescents who have the same type of ethnic identity. First, among those with a hyphenated ethnic identity, a nationality-based racial identity (i.e., hyphenated-nationality identity) is associated with higher odds of getting into fights at school than an Asian racial identity (i.e., hyphenated-Asian identity). In addition, among those with a nationality-based ethnic identity, a nationality-based racial identity (i.e., nationality-nationality) is associated with lower depressive symptoms scores than an Asian based racial identity (i.e., nationality-Asian). These results show that even among those of the same type of ethnic identity, mental health varies across people with different racial identities, indicating each group's unique life experiences. Therefore, differences in ethnic and racial identity pairings may capture types of identity conflict among second-generation Asian adolescents unaddressed when these identities are measured separately.

There are several limitations to this study. First, the findings cannot speak to causality because of the cross-sectional nature of the study. We drew on past research and argued that identity pairings affect adolescent mental health, but the present results may indicate that mental health specifies which identity pairing second-generation immigrants develop or that third factors influence identity formation and mental health at the same time. Second, the study only included two types of mental health outcomes—depressive symptoms and problem behavior. Future research should investigate how identity pairings are associated with other outcomes such as anxiety, substance use, and antisocial behaviors. Third, the nationality category within the race variable was only assessed through a write-in choice. More respondents might have reported a nationality-based racial identity if the identity was offered as a fixed response category. Fourth, this study only assessed adolescents' primary ethnic-racial identification. The CILS did not ask questions about secondary identities, which precluded us from examining mental health implications of secondary ethnic-racial identification. Finally, the study focused on five different forms of identity pairings, and could not address differences across specific nationalities within each type of pairing due to small cell sizes. For example, mental health may differ between someone who reports a Filipino ethnic identity and someone who reports a Cambodian ethnic identity. Future research should use a larger sample, or data that include oversampled adolescents with these identity pairings, to examine how nationality interacts with identity pairings as they affect mental health. In this effort, it is important to increase the sample diversity in terms of nationalities. The present sample consisted of many Southeast Asians partly due to the sample locations (Miami/Ft. Lauderdale and San Diego). Including respondents with other Asian nationalities will help one determine whether the present results are unique to Southeast Asians or apply to Asians in the United States as a whole.

Overall, the present findings illuminate the importance of reconceptualizing racial and ethnic identity in mental health research. Previous studies suggest that standard racial categories do not fully capture the racial identity of second-generation Asian adolescents (Espiritu and Omi 2000; Ford and Harawa 2010; Humes and Hogan 2009; Lien et al. 2003; Park 2008). Ethnic identity measures used in these studies were also unable to account for subgroup differences in sociocultural experience and identity formation in the second-generation Asian population (Ford and Harawa 2010; Mossakowski 2003; Park 2008). On the recommendation of past literature (see Ford and Harawa 2010), this study created a measure of ethnic and racial identity pairings that indicated different levels of attachment to parent's cultural origin and to the culture of their current residency in this population. As expected, mental health varied across these identity pairings, which seems to reflect the diverse social experiences in this population and varying degrees of

identity conflict. The results call for future research to further untangle this complexity in mental health differences.

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## Notes

1. In our discussion, the term *Asian* operates as both an ethnic and racial identity. Individuals in this population are often treated as “Asians” regardless of their ethnic identities, and some of them internalize this treatment and come to use the Asian label as their ethnicity as well as their race.
2. We also tested these hypotheses using an ordinal logistic regression model. The results from this analysis are very similar to the results from the logistic regression. We have decided to report the logistic results because these results are simpler and easier to interpret than the ordinal logistic results.
3. We considered controlling for having one native-born parent and one foreign-born parent as opposed to having two foreign-born parents. Adolescents with such a family background (12 percent of the sample) were more likely to report a hyphenated-nationality identity pairing and also more likely to engage in problem behavior, although their levels of depressive symptoms did not differ from other adolescents. This result may indicate that this population faces unique identity conflicts. However, the results from the supplemental analysis should be considered as anecdotal because some combinations of parent background and identity pairings had small cell sizes, which made the results unstable.

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