CULTURAL ORIENTATION AND ETHNIC IDENTITY
AS PREDICTORS OF PERCEIVED WELLNESS

A THESIS SUBMITTED TO THE GRADUATE DIVISION OF THE UNIVERSITY OF HAWAI'I AT MĀNOA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS
IN
PSYCHOLOGY
MAY 2016

By
Stevy Meli Scarbrough

Thesis Committee
John P. Barile, Chairperson
Charlene Baker
Ashley Maynard

Keywords: Ethnic Identity, Independence, Interdependence, Wellness
Abstract

Wellness is a term used to describe an individual’s health in a holistic manner; however, little attention has been paid to factors that might influence wellness. The purpose of this research is to determine whether cultural orientation and aspects of ethnic identity are associated with an individual’s perceived wellness. A sample of 205 undergraduate students at a large Pacific Island university completed an online survey. A three-step multiple regression showed that personal cultural orientation and ethnic identity achievement were related to perceived wellness. However, personal cultural orientation did not moderate the relationship between ethnic identity achievement and perceived wellness. These findings support the need to consider personal cultural orientation and ethnic identity when developing wellness programs. Future research should examine the long-term effects of these factors on wellness, whether the outcomes are similar or not in individuals who identify as multi-ethnic, and how these factors impact wellness in diverse populations.
Table of Contents

Abstract ................................................................................................................................... ii
List of Tables ............................................................................................................................ v
List of Figures ........................................................................................................................... vi
Introduction .............................................................................................................................. 1
Personal Cultural Orientation ................................................................................................... 2
  Individualism ......................................................................................................................... 3
  Collectivism ......................................................................................................................... 4
Measuring Personal Cultural Orientation ................................................................................. 5
Ethnic Identity .......................................................................................................................... 6
  Exploration ............................................................................................................................ 8
  Commitment .......................................................................................................................... 9
Three-Stage Model of Ethnic Identity Development ............................................................... 9
Three-Stage Model and how it is Measured ............................................................................. 12
Ethnic Identity and Personal Cultural Orientation ................................................................. 13
Perceived Wellness .................................................................................................................. 16
  Perceived Wellness Dimensions .......................................................................................... 17
Cultural and Ethnic Considerations ....................................................................................... 19
Method .................................................................................................................................... 21
Participants and Procedure ..................................................................................................... 21
Measures .................................................................................................................................. 21
  Multigroup Ethnic Identity Measure – Revised ................................................................. 21
Table of Contents

Personal Cultural Orientations Scale .................................................. 22
Perceived Wellness Survey ................................................................. 22

Results ............................................................................................. 23
Discussion .......................................................................................... 27

Hypothesis 1 ...................................................................................... 28
Hypothesis 2 ...................................................................................... 29
Hypothesis 3 ...................................................................................... 31

Local Context .................................................................................... 33
Limitations ........................................................................................ 34

Recommendations ............................................................................ 35
Conclusion ......................................................................................... 36

Appendix A ....................................................................................... 38
Appendix B ....................................................................................... 39
Appendix C ....................................................................................... 40

Appendix D ....................................................................................... 45
References ........................................................................................ 48
List of Tables

1. Correlations ..............................................................................................................24
2. Model Summary .......................................................................................................25
3. Descriptive Statistics .............................................................................................26
4. Ethnic Group Comparisons for Ethnic Identity Achievement .................................27
List of Figures

1. Marcia’s Identity Status Model……………………………………………………………………..45
2. Phinney’s Three-Stage Model of Ethnic Identity………………………………………………46
3. The Perceived Wellness Model………………………………………………………………………47
Introduction

Wellness is a term used to describe an individual’s health in a holistic manner (Miller & Foster, 2010). Wellness encompasses the belief that health is not only the absence of disease and illness, but also includes mental, physical, and social well-being (World Health Organization, 1946). Reaching consensus among researchers on the definition of wellness has been difficult, namely because the concept of wellness is subjective (Kelly, 2000; Sarason, 2000; Travis & Ryan, 2004). Though no single definition of wellness exists, it is generally agreed that wellness is a multidimensional construct on a continuum rather than at one end of a dichotomy (Roscoe, 2009).

In attempting to define wellness, several theories about the dimensions that comprise wellness have been developed (Roscoe, 2009). The most commonly included dimensions of wellness include physical, emotional, social, intellectual, and spiritual wellness. Other dimensions that have been included less universally are psychological, occupational, environmental, cultural, climate, and economic wellness (Miller & Foster, 2010). Interventions aimed at improving wellness have typically emphasized the detection, treatment, and prevention of disease (Adams, Bezner, & Steinhardt, 1997). Less is known about whether cultural orientation and ethnic identity influence an individual’s wellness.

Research on wellness has mainly focused on defining wellness and the dimensions that comprise it. However, little attention has been paid to factors that might influence wellness. The subjective nature of wellness may be influenced by cultural variations of attitudes, beliefs, and behaviors of individuals and an individual’s relationship with his or her ethnic identity. The
purpose of this research is to determine whether personal cultural orientation and aspects of ethnic identity are associated with an individual’s perceived wellness.

**Personal Cultural Orientation**

Culture can be defined as a system of knowledge (Keesing, 1974) that encompasses patterned ways of thinking and behaving (Kluckhohn, 1951), and shared values, ideas, and other meaningful systems (Kroeber and Parsons, 1958) that interact to influence how different human groups respond to their environment (Hofstede, 1980). At a societal level, culture has been studied as a multidimensional construct examining dimensions such as power distance, uncertainty avoidance, individualism vs. collectivism, masculinity vs. femininity (Hofstede, 1980), long-term vs. short-term orientation, and indulgence vs. restraint (Hofstede, Hofstede, & Minkov, 2010; Minkov, 2007). Of these dimensions, individualism vs. collectivism has also been widely studied at an individual level (Hofstede, 2011).

Individualism vs. collectivism is conceptualized as the relationship between individuals and their collective groups (Hofstede, 1980). These dimensions summarize differences in how societies are viewed and whether individuals or groups are the basic unit of analysis (Oyserman & Lee, 2008). As a societal characteristic, this dimension examines the degree to which individuals aggregate into groups (Hofstede, 2011). It includes differences such as “I” vs. “We” consciousness, privacy vs. belonging, what the purpose of knowledge and learning is, and many other contrasts.

Hofstede (2001) argues that studying individualism vs. collectivism at the individual, rather than societal level, is to examine culture as an aspect of personality. Individualism and collectivism should be measured as different facets of personality rather than as polar opposites.
of a singular dimension. At the individual level, most people possess characteristics of both individualism and collectivism (Oyserman, Kemmelmeier, & Coon, 2002b), which may activate in different situations (Markus & Kitayama, 1991).

**Individualism**

Individualism, as a societal characteristic, typically involves loose ties between individuals and others. The expectation in individualistic societies is that individuals look after themselves and their immediate family members (Hofstede, 2011). Specifically, individual’s identity is defined by individual rights over duties to others, personal autonomy and self-fulfillment, and personal accomplishments (Hofstede, 1980). Individualism is rooted in personal responsibility and freedom of choice, respect for others, and meeting one’s full potential (Waterman, 1984). The purpose of society with individualism is to promote an individual’s well-being (Oyserman & Lee, 2008). The individual is the core unit of analysis and each individual is seen separately from one another.

At an individual, rather than a societal level of analysis, concepts that describe individualism include independence, autonomy, agency, and separation (Kashima et al., 1995). Values such as power, achievement, and hedonism are also associated with individualism (Schwartz, 1990). These values serve the self-interest of the individual, but not necessarily at the expense of the individual. Self-concept for persons who display a strong individualistic character involves maintaining a positive sense of self (Baumeister, 1998), in which abstract traits become central to how individuals define themselves (Fiske, Kitayama, Markus & Nisbett, 1998). Personal success, possessing many unique personal attitudes that are valued by others, and positive self-esteem also play a role in an individualistic self-concept (Oyserman & Markus,
Collectivism

As a societal characteristic, collectivism, unlike individualism, typically involves strong cohesive in-groups including extended family members that protect and look after each other (Hofstede, 2011). Maintaining the well-being of the group is in the best interest for the well-being of the individual (Hofstede, 1980). Societies that are collectivistic in nature tend to hold expectations based on group memberships (Oyserman & Lee, 2008). Relationships are the avenue through which individuals are connected to each other. The group is the core unit of analysis and each individual must fit into it.

At an individual level of analysis, concepts that describe collectivism include relatedness to others, duty, harmony, and belongingness (Oyserman et al., 2002a), social reliability, cultural inwardness, and morality (Bond, 1988), and universalism (P. Smith, Dugan, & Trompenaars, 1996). Values based on tradition, security, conformity, and prosocial norms are also associated with collectivism (Schwartz, 1990). These values focus on promoting the interests of others, rather than the self, but not necessarily at the expense of self-interests. Self-concept for persons who display a strong collectivistic character involves group membership as a central part of identity (Hofstede, 1980; Hsu, 1983; Kim, 1984; Markus & Kitayama, 1991). In-group harmony and personal sacrifice for the good of the group are also integral to self-concept (Markus & Kitayama, 1991; Oyserman, 1993; Triandis, 1995). The traits associated with collectivism indicate that social roles are important to causal reasoning style (J. Miller, 1984; Morris & Peng,
Relationships and group memberships are ascribed and fixed, principles of generosity and equality guide in-group exchanges, and in-group/out-group boundaries are stable, important, and relatively impermeable (Kim, 1994; Morris & Leung; 2000; Sayle; 1998; Triandis; 1995).

**Measuring Personal Cultural Orientation**

At the individual level, individualism and collectivism can be viewed as aspects of personality. As aspects of the self, every individual possesses both characteristics to some extent (Triandis, Leung, Villareal, & Clack, 1985). Cultural differences, such as individualism and collectivism, influence individuals’ construals of the self (Markus & Kitayama, 1991). Markus and Kitayama propose the use of the terms independence and interdependence to describe and represent individualism and collectivism respectively, at the individual level. Singelis (1992) theoretically linked the independent and interdependent self-construals with the cultural level variables of individualism and collectivism (as cited in Kim, Sharkey, & Singelis, 1994).

Singelis (1994) developed a measure to empirically assess theoretical conceptions of the independent and interdependent selves. Items on Singelis’ Self-Construal Scale (SCS) were developed to measure feelings, thoughts, and actions that are representative of independent and interdependent self-construals. Forty-five initial self-report items were piloted with a diverse sample of 364 university students in Hawaii. Twenty-four items were selected for the final scale. The SCS was found to be a reliable and valid measure to assess the divergent constructs of independent and interdependent self-construals.

An early study of self-construals was that of Kim, Sharkey, and Singelis (1994) which examined the relationship between self-construals and interactive constraints of communication in an ethnically diverse sample of undergraduate students using the SCS. They hypothesized that
greater independent self-construal would relate to a greater perceived importance of clarity in a conversation, greater interdependent self-construal would relate to a greater perceived importance of not hurting the hearer’s feelings in a conversation, and greater interdependent self-construal would relate to a greater perceived importance of avoiding negative evaluations. Kim et al. found support for their hypotheses. They concluded that the relationship between self-construals and interactive constraints supports the general conversational styles of Eastern and Western cultures.

In a more recent study, Mishra and Roch (2013) examined the effects of self-construal on performance ratings in a sample of undergraduate students. They hypothesized that rater’s self-construal would influence how they rated the performance of employees and that a high interdependent self-construal would lead to high ratings of employees who also had interdependent self-construals but not employees with high independent self-construals or those who could not be easily categorized. Results supported the hypothesis that raters with interdependent self-construal showed a preference for ratees who also had an interdependent self-construal, but raters with an independent self-construal showed no significant preference. These studies offer empirical support for the practical use of the divergent constructs of independent and interdependent self-construals as unique individual-level concepts.

**Ethnic Identity**

Ethnic identity does not have a widely-agreed upon or universal definition (Phinney, 1990). Different definitions have included cultural aspects such as language and knowledge of customs, social identity, self-identification, commitment and belonging, and a sense of shared attitudes and values. A broad general understanding of ethnic identity exists among researchers,
but specific components vary based on the conceptual frameworks that have been used. Most studies on ethnic identity have been based on three frameworks, social identity theory, acculturation, and identity formation.

Studies of ethnic identity formation have roots in Erik Erikson’s ego identity model (Phinney & Ong, 2007). Erikson (1968) posits that identity development occurs in the core of the individual and the individual’s communal culture. The formation of identity requires “simultaneous observation and reflection.” The individual “judges himself in the light of what he perceives to be the way in which others judge him in comparison to themselves” (pg. 22). The process of identity development is constantly changing. In late adolescence, a psychosocial crisis may occur in which ego identity and identity diffusion are opposing outcomes (Erikson, 1956).

James Marcia extended the empirical study of identity development (Phinney & Ong, 2007). Marcia (1966) established two measures of individuals’ identity status, crisis (later called identity exploration) and commitment. Crisis (identity exploration) is the engagement in choosing between meaningful alternatives during adolescence. Commitment reflects the level of personal investment in the choices made that an individual exhibits. Marcia asserts that “identity achievement” and “identity diffusion” are polar alternatives of ego identity status that are intrinsic to Erikson’s ego identity theory, predicated on the presence or absence of crisis and commitment.

Identity achievement indicates that an individual has experienced a period of crisis and has committed to an identity (Marcia, 1966). Moratorium, the stage preceding achievement, is characterized by an individual who is currently experiencing crisis and has not yet made a commitment to a particular identity (see Figure 1, Appendix D). Before experiencing crisis,
individuals can also demonstrate having committed to an identity. This stage is known as foreclosure. Finally, identity diffusion is characterized by individuals who have neither experienced crisis nor committed to an identity.

Similar to ego identity studied by Erikson and Marcia, ethnic identity refers to a sense of self (Phinney & Ong, 2007). However, this sense of self also involves sharing a sense of identity with others, namely those who belong to the same ethnic group. In addition to a shared sense of identity with others, ethnic identity also differs from ego identity in that it is assigned based on the ethnic background of parents. Like personal identity, exploration and commitment are the processes by which developmental changes in ethnic identity occur during adolescence (Phinney, 1989; Phinney 1993).

**Exploration**

Ethnic identity includes more than knowing and understanding of one’s in-group, it is also based on experiences accumulated over time (Phinney & Ong, 2007). The accumulation of these experiences marks the phase of exploration. Exploration involves the process of learning about and understanding the beliefs, practices, and history of ethnic group membership, including the positive and negative aspects of belonging to that group. In addition, the implications of group membership are considered (Phinney, Jacoby, & Silva, 2007).

Though exploration includes learning about behaviors specific to ethnic groups, ethnic behaviors should be considered separately from identity (Phinney & Ong, 2007). Ethnic behaviors such as speaking the ethnic language, eating ethnic foods, and interacting with members of one’s ethnic group are aspects related to the content of ethnic identity. By contrast, ethnic identity formation focuses on the process by which an individual’s ethnic identity is
Commitment

Ethnic identity commitment involves a sense of belonging to one’s ethnic group (Phinney, Jacoby, & Silva, 2007). Also included, are a sense of pride and attachment to that group and an awareness of potential discrimination that may come with group membership (Phinney, 2004). Commitment is a key component of one’s ethnic identity and is most likely the most important aspect. However, the strength or level of commitment that an individual demonstrates about their ethnic identity is not necessarily related to the content of that identity. In other words, the attitudes and behaviors associated with an individual’s ethnic identity, do not always reflect the level of commitment an individual has to the internalization of his or her ethnic identity.

Furthermore, it is important to note that two types of commitment to one’s ethnic identity can occur (Phinney, 1993; Phinney & Ong, 2007). First, an individual can demonstrate a commitment without exploration. This type of commitment is often based on parental and societal values or beliefs about ethnicity. Second, an individual can demonstrate commitment after exploring different activities and artifacts that are associated with their ethnicity.

Three-Stage Model of Ethnic Identity Development

Phinney (1989) developed and tested a three-stage model of ethnic identity development based on Marcia’s (1966, 1980) empirical model of Erikson’s (1956, 1968) theoretical writings of Ego Identity Statuses. This model is designed to be applicable across ethnic groups. In the
development of this model, Phinney was unable to make a distinction between identity foreclosure and identity diffusion as Marcia had.

In Phinney’s (1989) initial studies to develop the three-stage model (see Figure 2), she conducted interviews with American-born tenth graders from two Los Angeles area high schools. The participant pool included students who considered themselves Asian American, Black, Hispanic, and White, but not students of mixed ethnicity or other ethnic groups. A coding manual was developed to reflect the four ego identity statuses of Marcia’s (1966, 1980) model. Phinney found that participants categorized as White could not be assigned to stages as these participants did not consider themselves to have an ethnicity other than “American” (Phinney, 1989). Minority group participants, however, were able to be assigned to the different stages of Marcia’s (1966, 1980) model. However, three coders could not reliably distinguish between identity diffusion and identity foreclosure, the two lowest stages. These two stages were combined to represent individuals who had not yet gone through a period of exploration of their ethnicity (Phinney, 1989). Thus, Phinney (1993) hypothesized that commitment to an ethnic identity may not be meaningful if exploration of one’s identity had not occurred. Because of this lack of distinction, foreclosure and diffusion are considered part of the first stage of the model.

The first stage of ethnic identity development, unexamined ethnic identity, is characterized by an individual’s lack of exploration of his or her own ethnicity (Phinney, 1993). This stage parallels that of Marcia’s identity foreclosure. An individual in this stage of ethnic identity development often has committed to an identity based on an internalization of societal values, often adopting opinions and attitudes of others without exploring what those opinions, attitudes, and beliefs about what his or her identity means.
Some individuals in the first stage of ethnic identity development, unexamined ethnic identity, align more closely with Marcia’s identity diffusion stage. This aspect of unexamined ethnic identity is characterized by an individual’s lack of exploration and lack of commitment to his or her own ethnicity (Phinney, 1993). In Phinney’s study of tenth-grade students, identity foreclosure and diffusion could not clearly be distinguished from each other. Raters were able to determine that students were lacking in exploration, but their level of commitment was less clear. It was reasoned that the distinction between diffusion and foreclosure does not apply to ethnic identity as commitment to ethnic identity may not be salient without first exploring ethnicity.

The second stage, ethnic identity search, is initiated by some crisis in an individual’s identity, or turning point when exploration of one’s ethnic identity begins (Phinney, 1993). This is parallel to Marcia’s moratorium stage. Individuals in this stage have not committed to an ethnic identity and are still questioning, seeking, and exploring their ethnic identity. During this stage of exploration activities such as talking to peers, parents, and community members, reading information in books, magazines and watching movies, television, and other media sources to gain an understanding or sense of what it means to be of that ethnic background are often pursued.

The final stage of ethnic identity development is ethnic identity achievement. This stage is characterized by a clear sense of understanding of one’s own ethnicity (Phinney, 1993). Individuals who have an achieved ethnic identity have experienced a period of exploration and have committed to their ethnic identity. In essence, these individuals have accepted and internalized their ethnic identity. They are assumed to have positive, but realistic views about their group. For example, “Too many people have a stereotypical view of what Hispanics are.”
Through normal day-to-day activity, I give them visible proof that…it’s not necessarily true” (Ferdman & Cortes, 1992). These views suggest that the individual has gained an understanding of what his or her group membership means in terms of the history and current status of that ethnic group in society. However, salience to the group may be high or low (Phinney, 1996).

Ethnic identity is dynamic, with changes that occur across time, context, and individuals. Adolescents and adults are thought to progress through the stages of the model over time, with adolescence being the most salient time of ethnic identity development (Phinney, 1996). Phinney (1989) found that more tenth graders than eighth graders engaged in ethnic identity search. Phinney (1992) also found that college students had significantly higher scores of ethnic identity achievement than high school students.

**Three-Stage Model and how it is Measured**

Phinney’s (1993) model found support for a progression from the first stage to the third stage as an individual increases with age and suggests that ethnic identity demonstrates a developmental progression. Though Phinney’s model suggests stages of ethnic identity development, the associated measure that was developed, the Multigroup Ethnic Identity Measure (MEIM), is based on conceptualizing ethnic identity as a continuous variable, including the three aspects of exploration, affirmation and achievement (Phinney, 1996). Affirmation and achievement were later grouped into one category, commitment.

Because the MEIM considers ethnic identity as a continuous variable, rather than calculating the scores of component aspects, individuals cannot be assigned to the various stages of Phinney’s model using this measure (Phinney, 1996). Scoring on the MEIM ranges from low/weak to high/strong. The aim of the MEIM is to gauge the extent of an individual’s
exploration and commitment regarding his or her identity and level of positive regard of that identity. Exploration, commitment, and positive regard or affirmation, were found to be interrelated and loaded onto one factor. Individuals who score high on the MEIM are assumed to have attained ethnic identity achievement and possess a positive attitude about their ethnic identity, whereas individuals who score low on the MEIM are assumed to have a weak and negative attitude toward their ethnic identity.

Phinney and Ong (2007) conducted several studies to address measurement issues found in the original version of the MEIM. The Multigroup Ethnic Identity Measure – Revised (MEIM-R) was reduced to six items, three to address exploration and three to address commitment. With the development of the MEIM-R, scores for the exploration and commitment subscales can now also be calculated as well as the composite score for overall ethnic identity achievement. With the ability to calculate the individual subscales, ethnic identity stages can now also be computed.

**Ethnic Identity and Personal Cultural Orientation**

Ethnic identity and personal cultural orientation both span multiple domains of life experience (e.g., language, behaviors, attitudes), and describe how cultural environments impact individuals (Tsai, Chentsova-Dutton, & Wong, 2002). Ethnic group belonging is salient to the ways in which individuals view and describe themselves (A. Smith, 1986). Examining ethnic identity and personal cultural orientations ensures that group differences are based upon cultural variables rather than confounding variables, such as socioeconomic status and gender (Tsai et al., 2002). Additionally, multiple aspects of culture, including language, attitudes, and affiliations, that comprise ethnic identity and personal cultural orientation can highlight how culture is transmitted.
Gaines et al. (1997) examined the link between ethnic identity and cultural value orientation in a study of adults in the Los Angeles area. They hypothesized that Anglos would score significantly higher on independence and African Americans, Latinos, and Asian Americans would score significantly higher on interdependence. Their first study included a sample of 327 participants split into 6 separate groups. Group 2, containing 71 participants, were measured on ethnic identity and cultural value orientation. Group 6, containing 53 participants, were measured on cultural value orientations. Gaines et al. conducted planned comparisons of group 2 and group 6, of which both groups were represented by Anglos, African Americans, Latinas/Latinos, and Asian Americans. Their results found that ethnic identity was significantly correlated with interdependence. Their results also found that ethnic identity was a significant positive predictor of independence and interdependence.

Khakimova, Zhang, and Hall (2012) examined the relationships between ethnic identity, cultural value orientation and conflict management styles between European Americans and Arab international students in the United States. Results of their study showed that ethnic identity was significantly more salient for Arab participants than for European American participants. Arab participants were also significantly more interdependent while European participants were significantly more independent. Additionally, they found that cultural orientation predicted conflict management styles better than ethnic identity. However, questions regarding an interaction between personal cultural orientation and ethnic identity were not pursued in this study.

Studies of personal cultural orientation often assume that individualism or independence is associated with industrialized Western societies whereas collectivism or interdependence is
associated with East Asian societies (Chan, 1994; Kitayama, Markus, Matsumoto, & Norasakkunkit, 1997; Yamaguchi, 1994) and ethnic group minorities within the United States (Oyserman et al., 2002a). In the development of the three-stage model of ethnic identity development, Phinney (1993) found that ethnicity was not a meaningful concept for white-identified participants, but salient and meaningful for participants who identified as an ethnic minority. These findings support the idea that ethnic identity development is related to personal cultural orientation.

Ethnic identity for minorities has been examined heavily on the mainland of the United States, where minorities are in fact, in the minority. However, these findings have led researchers to question the role that ethnic identity plays for minorities in Hawaii, a place where minorities make up the majority of the population and whites are in the minority, as compared to the mainland United States.

Xu, Farver, and Pauker (2015) examined salience of ethnic identity and self-esteem of Asian Americans and White Americans in Hawaii and the U.S. Mainland. They hypothesized that ethnic identity would be higher for Asian Americans on the U. S. Mainland, where they are a minority, as compared to Asian Americans in Hawaii, where they are a majority. Additionally, they hypothesized that ethnic identity would be higher for European Americans than Asian Americans in Hawaii as European Americans are the minority group in Hawaii. They also hypothesized that ethnic identity would be higher for European Americans in Hawaii, where they are a minority, as compared to the U. S. Mainland, where they are a majority. In their first study, Xu and colleagues found that Asian Americans on the U.S. Mainland reported higher ethnic identity than Asian Americans in Hawaii, consistent with their hypothesis. In their second study,
contrary to their hypothesis, they found that Asian Americans in Hawaii reported higher ethnic identity than European Americans in Hawaii. These findings provide support for Phinney’s model of ethnic identity development in the Hawaiian context, where traditional minority groups on the U.S. Mainland make up a majority of the population in Hawaii.

**Perceived Wellness**

Wellness is a construct that emphasizes the balance between physical, mental, and spiritual well-being (Adams, 1995; Adams et al., 1997; Ardell, 1977; Dunn, 1977; Greenberg, 1985; Harari, Waehler, & Rogers, 2005; Hatfield & Hatfield, 1992; Mullen, 1986; Myers, 1992; National Wellness Institute [NWI], 1989). As advances in medical technology improved after World War II, health moved beyond the absence of disease and illness and toward a more holistic view termed “wellness” (Panelli & Tipa, 2007) to better capture the positive attributes of health (Miller & Foster, 2010). No single definition or measurement of wellness has been agreed upon (Kelly, 2000; Sarason, 2000; Travis & Ryan; 2004). However, perception appears to have an impact on wellness outcomes (Adams et al., 1997). Information derived from internal and external sources to the self is perceived by individuals in highly variable ways. Individual perceptions of wellness may precede manifestations of illness or wellness and should be considered.

Perceived wellness is salutogenic, or health causing (Adams et al., 1997). Traditionally, “wellness practice” has heavily emphasized the detection, treatment, and prevention of disease. However, perceived wellness precedes observable illness symptomology and better reflects a wellness-oriented conception of salutogenesis than a focus on disease prevention. Perceived wellness is based on systems theory. All sub-elements of perceived wellness are interrelated, part
of a larger system, as well as considered independently. As a systems theory derived construct, perceived wellness is multidimensional. The included dimensions are psychological, emotional, social, physical, spiritual, and intellectual wellness. The contribution of each dimension and the balance between all dimensions should be simultaneously considered.

**Perceived Wellness Dimensions**

Psychological wellness is the perception that events experienced in life lead to positive outcomes (Adams et al., 1997). Characteristics associated with psychological wellness include dispositional optimism and maintaining a positive attitude (Adams et al., 1997; Miller & Foster, 2010, Scheier & Carver, 1985). Psychological wellness develops over time as the individual matures (Miller & Foster, 2010). Factors such as autonomy, integrity, competence, and relatedness may also affect psychological wellness (Ryan & Frederick, 1997).

Emotional wellness is the possession of positive self-regard and a secure self-identity (Adams et al., 1997). Self-regard and self-identity are facets of self-esteem. Maintaining high self-esteem is integral to emotional wellness (Miller & Foster, 2010). The capacity to manage behaviors and associated feelings, including the realistic assessment of an individual’s limitations and effectively coping with stress, are aspects of high emotional wellness (Scheer & Lockee, 2003). Emotional wellness also relates to an individual’s level of anxiety, depression, self-control, and well-being (Renger et al., 2000). Individuals with high emotional wellness are able to maintain satisfying relationships with others.

Social wellness is the perception that support is available from friends and family when needed and the perception of being valued as a provider of support to others (Adams et al., 1997). A reciprocal support relationship has a greater impact on social wellness than a non-
reciprocal support relationship. The degree and quality of interactions, such as expressing opinions, feelings, and needs with other individuals, and making contributions to the community are central to social support (Renger et al., 2000).

Physical wellness is the positive perception and assumption of physical health (Adams et al., 1997). Flexibility, strength, and cardiovascular fitness are primary concerns of physical wellness. Physiological considerations including harm-avoidance behavior, body type, and genetic predisposition are included in physical wellness (Miller & Foster, 2010). Perceptions about physical wellness can account for differences in attitudes, values, preferences, and needs of individuals and aid in assessing physical health (Stewart, Hays, & Ware, 1992).

Spiritual wellness is the positive perception of purpose and meaning in life (Adams et al., 1992). Spiritual wellness encompasses a sense of selflessness, a code of ethics to live by (Banks, 1980), transcendence, and a spiritual community (Westgate, 1996). Harmony between the self and others, harmony between the self and universe, and an appreciation for the complexities of existence are also emphasized (Adams, et. al., 1997; Renger et al., 2007)

Intellectual wellness is the perception that optimal intellectually stimulating activity is internally motivating (Adams et al., 1997). Intellectually enriching activities should be pursued in moderate amounts to avoid an overload. Activities such as higher order thinking, critical reasoning, and development of talent can be acquired, learned, and shared to increase intellectual wellness (Miller & Foster, 2010). A commitment to life-long learning, developing skills to achieve more satisfaction in life, and sharing knowledge with others also affect intellectual wellness (Hales, 2005). Attending cultural events and acquiring knowledge of current local and world events contribute positively to an individual’s intellectual wellness (Renger et al., 2000).
Based on these definitions of the dimensions of perceived wellness, Adams et al. (1997) developed a model of wellness that incorporates vertical and horizontal directionality (see Figure 3). Vertical movement shows the range between illness and wellness. Horizontal movement shows the fluctuations that occur between wellness dimensions and illness and the various states of balance between each dimension.

**Cultural and Ethnic Considerations**

Cultural differences and cultural environment are important factors that impact wellness (Miller & Foster, 2010). Higher levels of subjective well-being are associated with individualistic and democratic cultures where individualism and independence emphasize individual needs, and freedom of choice whereas collectivism and interdependence emphasize the needs of others, duty to others, and accepting one’s fate (Schimmack, Oishi, & Diener, 2005). In a study of undergraduates at a Midwestern university, Cross, Gore, and Morris (2003) examined the relational-interdependent self-construal where interdependence is based on dyadic relationships with close friends or romantic partners. Relational-interdependence is thought of as an intermediate between independent and interdependent self-construals. Cross and colleagues hypothesized that a stronger relationship between well-being and consistency would exist for individuals who had a lower degree of relational-interdependent self-construal, or those who tended to display more independence. Their results supported this hypothesis. These findings suggest that conceptions of well-being and wellness may be based on Western or European American ideas of wellness.

In a study of adolescents in the southeastern United States, Rayle and Myers (2004) hypothesized that ethnic identity would predict adolescents’ wellness. Their study consisted of
self-report measures distributed among a sample of 176 minority and 286 nonminority high
school students in 9th-12th grades. They found that for minority adolescents, ethnic identity
strongly predicted wellness, whereas ethnic identity did not predict wellness for nonminority
adolescents. This finding supports Phinney’s model that ethnic identity is more salient to
minority individuals in areas of the United States where whites make up the majority of the
population. However, studies of the role that ethnic identity plays in an individual’s wellness are
scarce.

Studies have focused on cultural orientation and well-being (Cross et al., 2003), ethnic
identity and wellness (Rayle & Myers, 2004), and culture and ethnic identity (Gaines, et al.,
1997). Findings from studies of these constructs suggest that a link exists between personal
cultural orientation, ethnic identity, and perceived wellness. However, no empirical research has
focused on the relationships that exist between personal cultural orientations, ethnic identity
achievement, and wellness together. In a diverse population, such as that found in Hawaii, where
ethnic groups traditionally considered minorities are in the majority, examining the ways in
which these factors relate can provide new insights about wellness. The present study seeks to
fill this gap in the research by answering the following questions:

RQ1: Is an individual’s personal cultural orientation associated with perceived wellness?

H11: Personal cultural orientation is associated with perceived wellness.

RQ2: Is an individual’s degree of ethnic identity achievement associated with perceived
wellness?

H12: Ethnic identity achievement is associated with perceived wellness.
RQ3: Is the association between ethnic identity achievement and wellness dependent upon personal cultural orientation?

H₁3: Personal cultural orientation moderates the association between ethnic identity achievement and perceived wellness.

Method

Participants and Procedure

Approval by the Institutional Review Board for an exempt study was obtained prior to data collection. After acquiring informed consent, a convenience sample of 205 undergraduate psychology students at a large Pacific Island university completed an anonymous online survey. The mean age of participants was \( M = 20.39 \). A majority of the participants were female (70.24%) and were born in Hawaii (58.54%). Participants identified ethnically as multiethnic (35.61%), Caucasian/White (17.56%), Japanese (15.61%), Filipino (15.12%), Chinese (6.83%), Hawaiian (2.93%), Hispanic/Latino (2.44%), other Asian/Pacific Islander (1.46%), other/unknown (1.46%), and Native American/Alaska Native (0.98%). There was a normal distribution of family income with 44.39% of participants from middle-income families.

Measures

Multigroup Ethnic Identity Measure – Revised. Ethnic identity achievement was measured using Phinney and Ong (2007) Multigroup Ethnic Identity Measure – Revised. The MEIM-R is a 6-item scale with two subscales, exploration and commitment. Exploration and commitment are measured on a 5-point Likert scale ranging from 1 = “Strongly Disagree” to 5 = “Strongly Agree.” An example item for exploration includes, “I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.” An example item for
commitment includes, “I have a strong sense of belonging to my own ethnic group.” Internal consistency for this study was high with Cronbach’s alpha of $\alpha = .91$. Scores ranged from 1.33 – 5.00 with $M = 3.62, SD = 0.82$. Higher scores indicated a higher level of ethnic identity achievement.

**Personal Cultural Orientations Scale.** Personal Cultural Orientation was measured using Sharma (2010) Personal Cultural Orientations Scale. The PCO is an 8-item scale with two subscales, independence and interdependence. Independence and interdependence are measured on a 7-point Likert scale ranging from $1 = “Strongly Disagree”$ to $7 = “Strongly Agree.” An example item for independence includes “I would rather depend on myself than others”. An example item for interdependence includes “The well-being of my group members is important for me.” Internal consistency for this study was low with Cronbach’s alphas of $\alpha = .63$ for independence and $\alpha = .62$ for interdependence. Scores for independence ranged from 3.50 – 7.00 with $M = 5.83, SD = 0.72$. Scores for interdependence ranged from 2.00 – 7.00 with $M = 5.56, SD = 0.86$. Higher scores indicated a higher level of independence and interdependence.

**Perceived Wellness Survey.** Perceived wellness was measured using Adams et al. (1997) Perceived Wellness Survey. The PWS is a 36-item scale with six subscales, psychological, emotional, social, physical, spiritual, and intellectual wellness. Each subscale is measured on a 6-point Likert scales ranging from $1 = “Very Strongly Disagree”$ to $7 = “Very Strongly Agree.” An example item for psychological wellness includes “I am always optimistic about my future.” An example item for emotional wellness includes “I sometimes think I am a worthless individual.” An example item for social wellness includes “My family has been available to support me in the past.” An example item for physical wellness includes “My
physical health has restricted me in the past.” An example item for spiritual wellness includes “It seems that my life has always had purpose.” An example item for intellectual wellness includes “I avoid activities which require me to concentrate.” Internal consistency was high for this study with Cronbach’s alpha of \( \alpha = .92 \). Scores for perceived wellness ranged from 2.25 – 5.47 with \( M = 3.99, SD = 0.54 \). Higher scores indicated a greater degree of wellness.

**Results**

Before beginning data analysis, the assumptions of normality, linearity, homoscedasticity, and the absence of multicollinearity were assessed (Mertler & Vannatta, 2010). Normality was assessed by examining skewness, with values between -0.81 – 0.03 and kurtosis, with values between -0.34 – 0.72. Linearity was assessed through an examination of residuals plots. Homoscedasticity was assessed using bivariate scatterplots. Multicollinearity was assessed by measuring tolerance among the IVs.

After checking for assumptions, a preliminary analysis was completed for descriptive statistics (reported with the measures) and bivariate correlations (see Table 1). Perceived wellness was associated with an individual’s ethnic identity achievement, independence, and interdependence. Ethnic identity achievement and interdependence were associated with each other. However, ethnic identity achievement was not found to be associated with independence.

Participants who reported a strong sense of ethnic identity achievement were more likely to identify with characteristics of interdependence rather than independence. Participants who reported a strong sense of ethnic identity achievement also had a more positive perception of their own wellness. Higher levels of independence and interdependence were also related to positive perceptions of wellness among participants. This suggests, that when not adjusting for
any other variables, how one perceives their own wellness is related to their level of ethnic identity achievement and personal cultural orientation.

Table 1

*Correlations among Ethnic Identity Achievement, Independence, Interdependence, and Perceived Wellness*

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ethnic Identity Achievement</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Independence</td>
<td>.13</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Interdependence</td>
<td>.19**</td>
<td>.39**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>4. Perceived Wellness</td>
<td>.18*</td>
<td>.26**</td>
<td>.23**</td>
<td>-</td>
</tr>
</tbody>
</table>

*Note.* **p < .01 *p < .05

After the preliminary analysis was completed, a three-step multiple regression was conducted to test the three hypotheses (Aiken & West, 1991). The first step of the regression model included the covariates of age, gender, and whether a participant was born in Hawaii to identify the variance associated with these variables. Table 2 shows that age, gender, and whether a participant was born in Hawaii were non-significant, indicating that these covariates do not contribute a significant level of variance accounting for perceived wellness.

Step two of the regression model was conducted to test Hypothesis 1: An individual’s personal cultural orientation is associated with perceived wellness and Hypothesis 2: An individual’s level of ethnic identity achievement is associated with perceived wellness. Table 2 shows that the covariates of age, gender, and whether a participant was born in Hawaii are still non-significant. Independence was found to be a significant predictor of the model. However, interdependence was not a significant predictor, thus providing partial support for Hypothesis 1.
Ethnic identity was also found to be a significant predictor for the model, providing support for Hypothesis 2.

Step three in the regression model was conducted to test Hypothesis 3: Personal cultural orientation will moderate the association between ethnic identity and perceived wellness. The interactions between ethnic identity achievement and independence, and ethnic identity achievement and interdependence were calculated and added to the model. Table 2 shows that these interactions were non-significant, thus, hypothesis 3 was rejected.

Table 2

<table>
<thead>
<tr>
<th></th>
<th>Step 1</th>
<th></th>
<th></th>
<th>Step 2</th>
<th></th>
<th></th>
<th>Step 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
<td>SE</td>
<td>p</td>
<td>b</td>
<td>SE</td>
<td>p</td>
<td>b</td>
<td>SE</td>
</tr>
<tr>
<td>Age</td>
<td>.02</td>
<td>.01</td>
<td>.079</td>
<td>.02</td>
<td>.01</td>
<td>.067</td>
<td>.02</td>
<td>.01</td>
</tr>
<tr>
<td>Gender</td>
<td>.06</td>
<td>.08</td>
<td>.495</td>
<td>.03</td>
<td>.08</td>
<td>.739</td>
<td>.02</td>
<td>.08</td>
</tr>
<tr>
<td>Born in Hawaii</td>
<td>.05</td>
<td>.08</td>
<td>.487</td>
<td>.04</td>
<td>.07</td>
<td>.610</td>
<td>.04</td>
<td>.08</td>
</tr>
<tr>
<td>Ethnic Identity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achievement</td>
<td></td>
<td>.09</td>
<td>.05</td>
<td>.047</td>
<td>.09</td>
<td>.05</td>
<td>.05</td>
<td>.05</td>
</tr>
<tr>
<td>Independence</td>
<td>.13</td>
<td>.06</td>
<td>.015</td>
<td>.14</td>
<td>.06</td>
<td>.187</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interdependence</td>
<td>.07</td>
<td>.05</td>
<td>.111</td>
<td>.07</td>
<td>.05</td>
<td>.111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EIA x Independence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EIA x Interdependence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The summary of regression coefficients in Table 2 indicates that ethnic identity achievement and independence significantly contributed to the model. There were no interaction effects between ethnic identity achievement and independence, nor ethnic identity achievement and interdependence. The regression results indicate that the overall model significantly predicts

\( R^2 = .018 \quad R^2 = .114 \quad R^2 = .115 \)
perceived wellness, $F(6, 196) = 4.20, p < .001$. This model accounts for 11.4% of the variance in perceived wellness. Since the interaction effects tested in step three were not statistically significant, we will focus on the main effects tested in step two.

An exploratory analysis was also conducted to determine whether ethnic identity, cultural orientation, or wellness scores differed by ethnic/racial groups. This analysis was conducted to better understand the role that each one of these constructs may play for individuals from different ethnic backgrounds. The means and standard deviations for ethnic identity achievement, independence, interdependence, and perceived wellness based on ethnic group are reported in Table 3. An ANOVA was conducted to test for group differences.

Table 3

Descriptive Statistics for Ethnic Identity Achievement, Independence, Interdependence, and Perceived Wellness by Ethnic Group

<table>
<thead>
<tr>
<th></th>
<th>Multiethnic</th>
<th>Caucasian/white</th>
<th>Japanese</th>
<th>Filipino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic Identity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achievement</td>
<td>M 3.80</td>
<td>SD 0.79</td>
<td>M 2.98</td>
<td>SD 0.80</td>
</tr>
<tr>
<td>Independence</td>
<td>M 5.77</td>
<td>SD 0.70</td>
<td>M 5.90</td>
<td>SD 0.72</td>
</tr>
<tr>
<td>Interdependence</td>
<td>M 5.66</td>
<td>SD 0.85</td>
<td>M 5.35</td>
<td>SD 0.85</td>
</tr>
<tr>
<td>Perceived Wellness</td>
<td>M 4.03</td>
<td>SD 0.48</td>
<td>M 4.14</td>
<td>SD 0.63</td>
</tr>
</tbody>
</table>

While there were no significant differences among ethnic groups for independence, interdependence, and perceived wellness, there were significant differences by ethnic group for ethnic identity achievement, $F(3, 168) = 10.09, p < .001$. Post-hoc tests were conducted to determine which group differences were significant see Table 4. Similar to Phinney’s (1993) findings, there were significant differences for ethnic identity achievement between Japanese and Caucasian/White, Filipino and Caucasian/White, and multiethnic and Caucasian/White ethnic
groups. Based on these findings, people who identify as multiethnic are more similar to Japanese and Filipino identified participants than Caucasian/White participants in terms of their level of ethnic identity achievement. Ethnic identity is more salient among multiethnic, Japanese, and Filipino participants than Caucasian/White participants.

Table 4

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>t</td>
<td>p</td>
<td>t</td>
<td>p</td>
</tr>
<tr>
<td>Multiethnic</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian/white</td>
<td>4.89</td>
<td>&lt;.001</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Japanese</td>
<td>1.10</td>
<td>0.270</td>
<td>-3.53</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Filipino</td>
<td>-0.55</td>
<td>0.580</td>
<td>-4.54</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Discussion

Wellness research has focused heavily on the dimensions that comprise it, but less attention has been paid to other factors, such as ethnic identity and cultural orientation, that might impact wellness outcomes. Wellness is a subjective construct which may be influenced by an individual’s ethnic identity and by cultural variations in beliefs, behaviors, and attitudes. This study sought to determine whether an individual’s personal cultural orientation and their ethnic identity are related to an individual’s perceived wellness by investigating three hypotheses.

Wellness is a term used to examine individual health in a holistic sense. It is concerned with physical, social, emotional, psychological, spiritual, and intellectual health. Understanding how overall wellness is impacted by cultural beliefs, values, attitudes, and behaviors can aid in the development of successful wellness programs. It is not enough to address the individual
components of wellness in a program; all aspects of an individual’s life must be taken into account to enact lasting change.

Before testing hypotheses 1 and 2, we examined the covariates of age, gender, and socioeconomic status. These demographic variables were not found to be significantly associated with perceived wellness. This suggests that within the sample under study, individuals’ age, gender identification, and socioeconomic status were not meaningfully associated with how they perceived their wellness.

**Hypothesis 1**

First, it was hypothesized that personal cultural orientation would be associated with perceived wellness. The results partially confirmed this hypothesis. Personal cultural orientation is a construct consisting of two orthogonal dimensions, independence and interdependence, when studied at the individual level (Markus & Kitayama, 1991). In this study, independence shared a significant, positive relationship with an individual’s perceived wellness. An individual’s level of interdependence was not associated with an individual’s perceived wellness. The more strongly an individual identified with characteristics of independence, the more likely they were to have a positive perception of their own wellness. It is possible that collinearity between independence and interdependence contributed to the non-significant association between interdependence and perceived wellness.

As wellness programs are developed, a key recommendation would be to first consider the population that the program is intended to serve. Do the program components consider the cultural attitudes, values, beliefs, and behaviors of the intended recipients of program services? How are these cultural considerations addressed? An important first step in developing any new
wellness program would be to conduct focus groups with individuals who the program is going to be developed for. In what ways do these individuals adhere to independence? In what way do these individuals practice interdependence?

In this study, the four largest ethnic groups, multiethnic, Caucasian/white, Japanese, and Filipino all had similar mean scores for independence, ranging from 5.76 – 5.92. The mean scores for interdependence among these four groups was also similar, ranging from 5.23 – 5.70. The mean scores were not significantly different, indicating that though independence and interdependence had individual level variations, group level variations may not hold up. As suggested by Hofstede (2011) and Markus and Kitayama (2009), cultural groups may be higher overall on independence or interdependence, but at the individual level, people tend to have aspects of both cultural orientations.

Addressing these considerations when developing a new wellness program will aid in sustaining long-term success, by tailoring the program components to fit the needs of the population that will receive these services. In addition to considering the personal cultural orientation of individuals when developing wellness programs, ethnic identity should also be of concern.

**Hypothesis 2**

The second hypothesis addressed in this study was that an individual’s ethnic identity achievement would be associated with their perceived wellness. The results of this study also support this hypothesis. Ethnic identity achievement had a significant, positive relationship with perceived wellness scores. Thus indicating that the more strongly an individual identifies with achieving their ethnic identity, the more positive their perception of their own wellness will be.
As one comes to know and understand their ethnic identity and has accepted what it means to him- or herself, he or she is assumed to have positive views of the ethnic group and membership within it (Phinney, 1993).

These results also have important implications for the development of wellness programs. In the development of wellness programs, the ethnic identity of intended recipients should be considered. Do these individuals have a strong sense of their ethnic identity? Do they possess high levels of ethnic identity achievement? Age is often a factor in the development of ethnic identity. It is more likely for older adolescents and adults to have reached the stage of ethnic identity achievement than younger children. A developing wellness program should consider whether they are intending to help younger children, adolescents and adults, or people of any age. If the program is designed for younger children, it should include activities that are salient to the population’s ethnicity. For example, if a wellness program is designed for adolescents who identify ethnically as Hawaiian, does the program incorporate activities that are salient within this ethnic group, such as carving a wa’a (canoe) and holding a ceremonial blessing to learn about and experience the interconnectedness between the people, ocean, and land? As children grow up within these programs, they will be provided with opportunities to explore their ethnic identity and what it means to them. A wellness program that helps promote the development of participants’ ethnic identity achievement will also serve to benefit the individual’s perceptions of their own wellness.

The results of this study support Phinney’s (1993) work in that ethnic identity achievement was significantly, positively correlated with interdependence, a characteristic strongly associated with ethnic minority groups in the U.S. The results also showed no
relationship between ethnic identity achievement and independence. This is also congruent with Phinney’s findings that ethnic identity achievement was not salient for individuals of European ethnic heritage, who often strongly identify with independence.

**Hypothesis 3**

To examine the relationships between perceived wellness, personal cultural orientation, and ethnic identity achievement, a third hypothesis, that an individual’s personal cultural orientation would moderate the relationship between ethnic identity achievement and perceived wellness, was tested. The results of this study do not support this hypothesis. Independence and interdependence did not moderate the relationship between ethnic identity achievement and perceived wellness. Thus, the association between ethnic identity achievement and perceived wellness did not depend upon how strongly an individual identified with characteristics of independence or interdependence. Ethnic identity achievement shared weak positive associations with interdependence and perceived wellness. Independence shared weak positive associations with interdependence and perceived wellness. Additionally, interdependence shared a moderate positive association with perceived wellness, indicating that ethnic and cultural factors, involving values, beliefs, attitudes, and behaviors, may be worth considering in addition to examining the dimensions that wellness is comprised of.

It is likely that an individual’s level of independence, interdependence, and ethnic identity achievement are influenced and impacted simultaneously by personal and environmental or ecological factors rather than the development of one before the other. For example, as an individual develops through childhood and adolescence, they are exposed to the cultural values, attitudes, beliefs, and behaviors of their parents, their neighborhood, their community, and their
school. Additionally, this individual will learn about how those practices are tied to their ethnic identity.

In the development of wellness programs, a key consideration should be whether the program elements take the participants’ cultural orientation and ethnic identity into account. Are the customs, attitudes, beliefs, values, and behaviors that participants identify with incorporated into program components?

In addition to the development of wellness programs, these considerations should be addressed with policies and mandates that are put into place, such as found within schools. It is not enough to simply offer physical education courses and the choice of salad in the cafeteria. How do schools address the differing cultural considerations and needs of their students? Must the students assimilate into the beliefs of the school or does the school work to create a flexible environment that seeks to improve the lives of its students? In most cases, it is the former. If wellness is to become a primary goal in the nation, then adjusting the mindset about what it means to be healthy and well will need to be addressed first and foremost. Considering the impact of an individual’s personal cultural orientation and ethnic identity achievement will be important factors to address in working toward positive wellness outcomes.

While personal cultural orientation and ethnic identity were associated with wellness, there is still a large proportion of variance in perceived wellness that is not explained. Other factors such as social relationships with family members and friends, personality traits, community involvement, level of education, physical disabilities, mental disorders, etc. may also contribute to explaining an individual’s perceived wellness. Social relationships and community involvement could have an impact on social and emotional aspects of wellness. Personality traits
may impact social, emotional, psychological, and spiritual aspects of wellness. Physical wellness may be impacted by the presence of physical disabilities. Psychological wellness may also be impacted by mental disorders. Intellectual wellness may be impacted by an individual’s level of education. Future research into factors that predict perceived wellness should consider these variables.

**Local Context**

Considering that personal cultural orientation and ethnic identity achievement were associated with perceived wellness, it would be expected that being born in a diverse population like Hawaii’s would be associated with wellness. In this study, it is possible that the participants who were not born in Hawaii had assimilated or adapted to the local culture, thus making identity and place of birth less salient. The population of the state of Hawaii is quite diverse culturally and ethnically. People who grow up in Hawaii likely experience more cross-cultural and cross-ethnic interactions than people residing in many areas of the mainland United States. Perhaps where someone is born is less important than how long they have lived somewhere. It seems likely that the longer a person lives somewhere, the more likely they are to acquire the values, beliefs, attitudes, and practices of that community. For example, living in Hawaii for a person’s entire life may lead to more positive wellness outcomes than a person who moved to Hawaii from a more homogenous community on the mainland United States and experiences culture shock or issues with adjusting to a different cultural environment. A person who moves to an unfamiliar environment may experience higher levels of stress, and in turn this stress may be negatively affecting their wellness.
Limitations

Though this study has found strong associations between personal cultural orientation, ethnic identity achievement, and perceived wellness, there are limitations that need to be addressed. First, this study was conducted on a sample of university students. The university setting offers individuals ample opportunities for new experiences, with more interactions occurring between diverse groups of people, making this population somewhat unique. In this setting, individuals are free to explore their cultural orientations and ethnic identity in a less restrictive manner. Thus, the results of this study may not be generalizable to a larger, societal population or to subpopulations, such as specific ethnic groups.

A second limitation of this study is its use of cross-sectional data. Ethnic identity is achieved over time and thus, it would be ideal to track individuals’ ethnic identity in a longitudinal design. Additionally, cross-sectional study designs can only capture how variables relate to each other at that moment in time, and cannot offer causal explanations. It is not known whether personal cultural orientation or ethnic identity cause perceived wellness to increase or whether perceived wellness causes personal cultural orientation or ethnic identity to increase.

A third limitation of this study is the use of self-report measures. Bias is often hard to avoid when asking individuals to assess themselves. Do they remember their own actions and daily lives accurately? The construct of perceived wellness is based upon an individual’s self-perception and thus, a self-report measure may be suitable to capture this construct. However, ethnic identity achievement and personal cultural orientation may be better assessed through other methods.
**Recommendations**

Based upon the limitations of this study and the central findings, a few recommendations and future directions for research into personal cultural orientation, ethnic identity achievement, and perceived wellness can be made. First, longitudinal designs should be employed to study the long-term impacts of cultural orientation and ethnic identity on perceived wellness. An important question that can be addressed is whether there are critical developmental time periods when culture and ethnicity have the greatest impact on wellness outcomes? Also, it would be beneficial to determine what other factors may also affect perceived wellness.

Second, studies of ethnic identity in the U.S. have focused on examining mono-ethnic groups such as African Americans, Asian Americans, and Hispanic/Latino Americans. However, the population of multi-ethnic individuals is ever increasing. In this study, multi-ethnic individuals comprised the largest proportion of participants. As seen in Table 3, these individuals score similarly to other mono-ethnic minority groups. The between group differences shown in Table 4 also support the need for future research to incorporate larger, more diverse samples. Research should begin to address how multi-ethnic individuals develop and achieve a multi-ethnic identity. Questions that require attention are whether multi-ethnic individuals tend to identify with only one or a few of the components of their ethnic backgrounds or if they can identify with all parts of their multi-ethnic heritage? Additionally, do all multi-ethnic individuals have similar experiences with their multi-ethnic identity or does it depend on the make-up of ethnicities that each individual has?

A third recommendation would be to incorporate a mixed-methods design approach to studying personal cultural orientation, ethnic identity, and perceived wellness. Community-based
participatory research (CBPR), techniques such as PhotoVOICE, focus groups, and qualitative interviews may provide more insights into what factors are important when considering wellness. In the development of a wellness program, a CBRP approach may help delineate what aspects of wellness are the most important or most in need of support from community programs. Through CBPR, the developers can begin to understand the underlying cultural values, attitudes, beliefs, and behaviors that might affect how successful a program will be. In addition, quantitative approaches such as Q sorts, and quasi-experimental techniques can be incorporated into the design.

Finally, it is recommended to expand the sample beyond the university setting. How do personal cultural orientation and ethnic identity achievement impact perceive wellness in other settings such as local neighborhoods? Are there community programs or afterschool programs that can be studied? How do these factors impact wellness in middle- and older-aged adults? Do socio-economic factors play a role in determining the impacts of personal cultural orientation and ethnic identity on perceived wellness outcomes? Expanding upon this research to look at a variety of populations may be able to delineate the ways in while wellness is impacted by culture and ethnic identification.

Conclusion

In conclusion, research on wellness has been sparse in determining the factors which may impact wellness outcomes in individuals. This study has shown that personal cultural orientation, ethnic identity achievement, and the beliefs, values, attitudes, and behaviors associated with these constructs are important factors that play a role in an individuals’ wellness. Future research should examine the long-term effects of these factors on wellness, whether the outcomes are
similar or not in individuals who identify as multi-ethnic, and how these factors impact wellness in diverse populations.
Appendix A

IRB Approval Letter

UNIVERSITY
of HAWAIʻI
MĀNOA

December 23, 2015

TO:     Stevy Scarbrough
         John Barile
         Principal Investigators
         Psychology Department

FROM:   Denise A. Lin-DeShetler, MPH, MA
         Director

SUBJECT: CHS #23596- “Personal Development and Well-Being”

This letter is your record of the Human Studies Program approval of this study as exempt.

On December 23, 2015, the University of Hawaiʻi (UH) Human Studies Program approved this study as exempt from federal regulations pertaining to the protection of human research participants. The authority for the exemption applicable to your study is documented in the Code of Federal Regulations at 45CFR 46.101(b)(Exempt Category 2).

Exempt studies are subject to the ethical principles articulated in The Belmont Report, found at http://www.hawaii.edu/irb/html/manual/appendices/A/belmont.html.

Exempt studies do not require regular continuing review by the Human Studies Program. However, if you propose to modify your study, you must receive approval from the Human Studies Program prior to implementing any changes. You can submit your proposed changes via email at uhirb@hawaii.edu. (The subject line should read: Exempt Study Modification.) The Human Studies Program may review the exempt status at that time and request an application for approval as non-exempt research.

In order to protect the confidentiality of research participants, we encourage you to destroy private information which can be linked to the identities of individuals as soon as it is reasonable to do so. Signed consent forms, as applicable to your study, should be maintained for at least the duration of your project.

This approval does not expire. However, please notify the Human Studies Program when your study is complete. Upon notification, we will close our files pertaining to your study.

If you have any questions relating to the protection of human research participants, please contact the Human Studies Program at 956-5007 or uhirb@hawaii.edu. We wish you success in carrying out your research project.

Office of Research Compliance
Human Studies Program

1960 East-West Road
Biomedical Sciences Building B104
Honolulu, Hawai‘i 96822
Telephone: (808) 956-5007
Fax: (808) 956-8663
An Equal Opportunity/Affirmative Action Institution
Appendix B

Consent Form

University of Hawai‘i

Consent to Participate in Research

Ethnic Identity, Personal Cultural Orientation, and Perceived Wellness

My name is Stevy Scarbrough. I am a graduate student at the University of Hawaii (UH). As part of my degree program, I am conducting a research project. The purpose of my project is to examine the relationships between ethnic identity, personal cultural orientation, and perceived wellness. I am asking you to participate in this project because you are at least 18 years old and you are enrolled as a student at UH Mānoa.

Project Description – Activities and Time Commitment: If you decide to take part in this project, you will be asked to fill out a survey. The survey questions are mainly multiple choice. However, there will be a few questions where you may add an open-ended response. The survey is accessed on a website which I will provide you with a link to. Completing the survey will take approximately 20 minutes. I expect around 300 people will take part in this project.

Benefits and Risks: There will be no direct benefit to you for taking part in this project. The findings from this project may help create a better understanding of how ethnic identity and culture contribute to an individual’s perceived wellness. There is little risk to you in participating in this project.

Confidentiality and Privacy: I will not ask you for any personal information, such as your name or address. Please do not include any personal information in your survey responses.

Voluntary Participation: You can freely choose to take part or to not take part in this survey. There will be no penalty or loss of benefits for either decision. If you do agree to participate, you can stop at any time.

Questions: If you have any questions about this study, please call or email me at [808.956.6271 & smscar@hawaii.edu]. You may also contact my adviser, Dr. John Barile, at [808.956.6271 & barile@hawaii.edu]. If you have questions about your rights as a research participant, you may contact the UH Human Studies Program at 808.956.5007 or uhirb@hawaii.edu.

Please print a copy for your reference.
[I would like to participate]   [I do NOT want to participate]
Appendix C

Measures

Multigroup Ethnic Identity Measure – Revised (MEIM-R)

The following statements are designed to provide information about your ethnic identity. Please carefully and thoughtfully consider each statement. Then indicate your level of agreement with each statement.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

Exploration
1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.
4. I have often done things that will help me understand my ethnic background better.
5. I have often talked to other people in order to learn more about my ethnic group.

Commitment
2. I have a strong sense of belonging to my own ethnic group.
3. I understand pretty well what my ethnic group membership means to me.
6. I feel a strong attachment towards my own ethnic group.
Appendix C

Personal Cultural Orientations Scale

The following statements are designed to provide information about your personal cultural orientation. Please carefully and thoughtfully consider each statement. Then indicate your level of agreement with each statement.

1. I would rather depend on myself than others.
2. My personal identity, independent of others, is important to me.
3. I rely on myself most of the time, rarely on others.
4. It is important that I do my job better than others.

5. The well-being of my group members is important for me.
6. I feel good when I cooperate with my group members.
7. It is my duty to take care of my family members, whatever it takes.
8. Family members should stick together, even if they do not agree.

1 2 3 4 5 6 7
Strongly Disagree
Strongly Agree
Appendix E

Perceived Wellness Survey

The following statements are designed to provide information about your wellness perceptions. Please carefully and thoughtfully consider each statement. Then indicate your level of agreement with each statement.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very</td>
<td>Strongly</td>
<td>Disagree</td>
<td>Very</td>
<td>Strongly</td>
<td>Agree</td>
</tr>
</tbody>
</table>

Psychological Dimension Items
1. I am always optimistic about my future.
7. I rarely count on good things happening to me. *
19. In the past, I have expected the best.
25. In the past, I hardly ever expected things to go my way. *
31. Things will not work out the way I want them to in the future. *

Emotional Dimension Items
2. There have been times when I felt inferior to most of the people I knew. *
8. In general, I feel confident about my abilities.
14. I sometimes think I am a worthless individual. *
20. I am uncertain about my ability to do things well in the future. *
26. I will always be secure with who I am.
32. In the past, I have felt sure of myself among strangers.

Social Dimension Items
3. Members of my family come to me for support.
9. Sometimes I wonder if my family will really be there for me when I am in need. *
15. My friends know they can always confide in me and ask for advice.
21. My family has been available to support me in the past.
27. In the past, I have not always had friends with whom I can share my joy and sorrows. *
33. My friends will be there for me when I need help.

Physical Dimension Items
4. My physical health has restricted me in the past. *
10. My body seems to resist physical illness very well.
16. My physical health is excellent.
22. Compared to people I know, my past physical health has been excellent.
28. I expect always to be physically healthy.
34. I expect my physical health to get worse.*

Spiritual Dimension Items
5. I believe there is a real purpose in life.
11. Life does not hold much future promise for me.*
17. Sometimes I don’t understand what life is all about.*
23. I feel a sense of mission about my future.
29. I felt in the past that my life was meaningless.*
35. It seems that my life has always had purpose.

Intellectual Dimension Items
6. I will always seek out activities that challenge me to think and reason.
12. I avoid activities which require me to concentrate.*
18. Generally, I feel pleased with the amount of intellectual stimulation I receive in my daily life.
24. The amount of information that I process in a typical day is just about right for me (i.e., not [too much, not too little]).
30. In the past, I have generally found intellectual challenges to be vital to my overall well-being.
36. My life has often seemed devoid of positive mental stimulation.*

Note. Items marked with * are reversed scored.
Appendix C

Demographic Items

Please state how you identify yourself ethnically? _________________________________

What is your age in years? _____

What is your gender? Male Female Transgender Other

If you selected other gender, please specify: ____________________

What year of college are you in? 1st year 2nd year 3rd year 4th year 5th year +

What is your marital status? Married Divorced Widowed Separated Unmarried Couple Never Married (Single)

Are you a veteran? Yes No

What is your ethnicity? (Circle all that apply) African American/Black Asian Indian
Caucasian/White Chinese Filipino Guamanian/Chamorro Hawaiian Japanese
Korean Marshallese Micronesian Native American/Alaska Native Other Asian
Other Pacific Islander Portuguese Samoan Taiwanese Tongan Vietnamese
Multiethnic Unknown Other Ethnicity

If other ethnicity was selected, please specify: ____________________

Were you born in Hawaii? Yes No

If you were not born in Hawaii, where were you born? (Please enter the city/state or the
city/country if you are not from the United States)

How long have you lived in Hawaii? (Please write the number of years and months) _________

If you have not always lived in Hawaii, how long did you live in your previous location before
moving to Hawaii? (Please write the number of years and months) ____________________
Appendix D

Figures

Appendix D

Figure 2. Phinney’s Three-Stage Model of Ethnic Identity
Appendix D

Figure 3. The Perceived Wellness Model
As wellness in each dimension increases, individuals move further from illness and closer to maximum wellness. Adapted from “Conceptualization and measurement of the spiritual and psychological dimensions of wellness in a college population,” by T. B. Adams, J. R. Bezner, M. E. Drabbs., R. J. Zambarano, and M. A. Steinhardt, 2000, *Journal of American College Health, 48*, pg. 166. Copyright 2000 by Taylor & Francis, Ltd.
References


