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Samuel Noh; Morton Beiser; Violet Kaspar; Feng Hou; Joanna Rummens

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Perceived Racial Discrimination, Depression, and Coping: A Study of Southeast Asian Refugees in Canada*

SAMUEL NOH
MORTON BEISER
University of Toronto and the Centre for Addiction and Mental Health—Clarke Division

VIOLET KASPAR
Centre for Addiction and Mental Health—Clarke Division

FENG HOU
JOANNA RUMMENS
University of Toronto and the Centre for Addiction and Mental Health—Clarke Division

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Using data obtained from personal interviews with 647 Southeast Asian refugees in Canada, this study tests hypotheses regarding both the association between perceived racial discrimination and depression, and the roles of coping and ethnic identity in conditioning the nature of the discrimination-depression relation. Refugees who reported that they had experienced racial discrimination had higher depression levels than their counterparts who reported no such experiences. Responding to discrimination through confrontation was not significantly associated with depression. Study findings support the effectiveness of forbearance in diminishing the strength of the association between discrimination and depression. The moderating effect of forbearance was conditioned by the level of ethnic identity: The beneficial effect of forbearance was significantly greater among those holding stronger ethnic identification. Cultural and situational interpretations of the findings are presented.

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That race or visible minority status is a principal determinant of access to social status and resources, personal identity, and mortality and morbidity in North America (Williams 1997) is consistent with a sociological tradition that stresses the significance of social inequity as the primary source of differential distributions of health and well-being (Aneshensel 1992; Pearlin 1989). Although racism has been a long-standing preoccupation in political, ethical, and social science discourse, health researchers have only recently begun to investigate its effects on individual well-being (Jackson, Brown, and Kirby 1998; Krieger 1990; Salgado de Snyder 1987; Williams, Lavizzo-Mourey, and Warren 1994). Yet most studies do not illuminate how individual members of racial groups respond to the experiences of discrimination, nor do they explain

how those experiences are later manifested in physical and emotional casualties.

This study examines the experiences of Southeast Asian refugees in Canada and concentrates on the relationship between perceived racial discrimination and depression. We hypothesize that the association between discrimination and depression is conditioned by both the individual's coping response to discrimination and by his or her ethnic identification. Direct, confrontational responses, such as protesting directly to an offender or reporting to authorities, may mitigate the effect of perceived discrimination on psychological distress because *confrontation* may alter the situation and reduce the sense of helplessness and victimization. However, confrontation might exacerbate the distress due to discrimination because direct responding can contribute to instigation and escalation of conflict and hostile interaction. Also, confrontation may not be an option available to relatively powerless groups such as visible minority immigrants. Circumstances such as fear of losing a job, inadequate social support, and lack of institutional sanction for reporting racist incidents militate against confrontational responses to discrimination. Forbearing responses such as passively accepting the experiences or not reacting may be the most viable method of recourse for these minorities. *Forbearance* may reduce the association between discrimination and depression because it might help to avoid direct hostilities. However, it could contribute to further distress because the situation is not altered and the sense of helplessness and victimization is amplified. Given the lack of evidence for either position, these remain questions to be determined through empirical analysis.

Another question that we address in this paper is whether the association between discrimination and depression depends on the individual's level of ethnic identification. Strong ethnic identification may increase the depression associated with racial discrimination because of the perceived importance of the disparaged identity. In addition, ethnic identity may alter the protective effects of confrontation or forbearance. The idea that direct action is the best way to redress grievances is consistent with North American dominant cultural values, but studies of Asian-born residents of both Canada and the United States find that forbearance, or passive coping, is the preferred response to stress (e.g., Kuo 1995; Noh et al. 1998). In this regard, we may expect a stronger stress-buffering effect of *forbearance* among Asian respondents with stronger ethnic identification, given that Asian cultural norms and values dictate avoidance, self-regulation, and maintenance of interpersonal harmony rather than direct action (Aldwin 1994; Tietjen 1989; Triandis 1994).

BACKGROUND

Perceived Discrimination and Psychological Distress

Jackson et al. (1998) define *discrimination* as "intentional acts that draw unfair or injurious distinctions, that are based solely on ethnic or racial basis and that have effects favorable to in-groups and negative to out-groups" (p. 110). *Perceived racial discrimination* may be referred to as a minority group members' subjective perception of unfair treatment of racial/ethnic groups or members of the groups, based on racial prejudice and ethnocentrism, which may be manifest at individual, cultural, or institutional levels (Jackson et al. 1998). The unfair or injurious acts may be expressed either in direct and blatant forms of behavior or in more subtle and elusive attitudes and behaviors.

Studies of the psychological cost of being a target of discrimination tend to focus on perceived discrimination. One reason is that, in most modern, Western societies where these studies are carried out, racial discrimination is subtle and elusive; it is, therefore, difficult to document except through the eyes of its victims (Dovidio and Gaertner 1991, 1998; Gaertner and Dovidio 1986; Hamberger and Hewstone 1997; Henry et al. 1995; Meertens and Pettigrew 1997).

Qualitative studies of racial discrimination (Essed 1991; Feagin 1991) and hate crime (Barnes and Ephross 1994) describe psychological consequences of social stigma and discrimination, citing frequently expressed feelings of being worthless, helpless, powerless, looked down upon, sad, and fearful. Community surveys have demonstrated an association between experiences with discrimination and psychological distress among both Mexican immigrant women in Los Angeles (Salgado de Snyder 1987) and Hispanic

women in America (Amaro, Russo, and Johnson 1987). A study of Southeast Asian refugees and Pacific Island (mostly Samoans) immigrants in New Zealand found that Asian refugees and Pacific Islanders, but not British immigrants, experienced discrimination daily and that the experience of discrimination was "the crucial post-migration factor associated with high symptom levels (both anxiety and depression)" (Pernice and Brook 1996:516). There also appears to be evidence for a dose-response relationship between discrimination and psychological distress. In a study of black Americans, Sanders-Thompson (1996) reported that psychological distress symptoms (e.g., troubling dreams, intrusive thoughts and images) were more pronounced when the nature of the racism experienced (within the past 6 months) was moderate or severe than when it was mild.

Based on a survey of over 5,000 adolescents in Florida and California, Rumbaut (1994) reported a positive relationship between levels of depressive symptoms and reports of discrimination experienced by immigrant youth. Williams and his colleagues (Jackson, Williams, and Torres 1997; Williams, Yu, and Jackson 1997a; Williams et al. 1997b) used data from two U.S. national surveys (National Study of black Americans, and Americans' Changing Lives) and a regional study (Detroit Area Study) to examine the impact of discrimination on an array of health outcomes. They found that a single-item self-report measure of racial or ethnic discrimination was powerful in explaining the variance in health status of a sample of black Americans. Self-reported experience of discrimination during the month prior to the survey was associated with increased levels of chronic health problems and physical disabilities, and with self-reported physical symptoms, diagnosed depression, and compromised psychological well-being (Jackson et al. 1997).

A U.S. study of other forms of discrimination, such as gender bias, demonstrated an association between experienced discrimination and both physical and mental health symptoms among African Americans. However, among white Americans the association was limited to psychological symptoms (Williams et al. 1997a). Taking the "weathering hypothesis" (Geronimus 1992) as a frame of reference, Williams et al. (1997a) speculate that, for white Americans, discrimination exerts only short-term influences on emotional distress, but the experience does not translate into long-term effects on physical health. For black Americans, however, racial and other forms of discrimination are more prevalent and more chronic, and their effects are more likely to be cumulative.

Experimental studies also demonstrate a link between perceived discrimination and psychological symptoms. Jewish students at the University of Toronto displayed significantly higher levels of aggression, sadness, and egotism in a manipulated "discrimination" condition than did Jewish students in the "no-discrimination" condition (Dion and Earn 1975). A replication study with Chinese students at the same university produced identical findings (Pak, Dion, and Dion 1991; Dion, Dion, and Pak 1992).

Thus, the weight of evidence supports the hypothesis that perceived discrimination constitutes a significant stressor which can jeopardize the physical and mental health of ethno-racial minority group members (Rabkin and Struening 1976; Moritsugu and Sue 1983; Kessler and Neighbors 1986; Williams 1994). The literature falls short, however, in explaining the sources of individual variability in response to this stressor.

In view of the stress-process paradigm, the variability originates from both differential vulnerability to stressors (i.e., individual differences in emotional reactions evoked by the social stressors) and the availability of coping resources, including personal coping ability, social support, and mastery (Aneshensel 1992; Avison and Gotlib 1994; Pearlin et al. 1981; Pearlin and Schooler 1978; Thoits 1995; Turner and Noh 1983; Turner and Lloyd 1998). There would most likely be considerable variability in psychological impacts of racial discrimination, but we are not aware of any empirical report examining the extent of the variability, nor are we aware of any that examine the factors that intensify or mitigate the impact of discrimination.

Coping with Discrimination

Problem-focused coping, or confrontation, functions to minimize the harmful effects of a perceived stressor through retrieval of personal control over the stressful situation. Emotion-focused coping, or forbearance, is an attempt

to regulate manifested emotional symptoms (Billings and Moos 1981; Folkman and Lazarus 1980). However, coping operates within a specific context (Eckenrode 1991; Folkman et al. 1991; Mattlin, Wethington, and Kessler 1990; Pearlin 1991; Wethington and Kessler 1991), and the behaviors and cognition for each function vary according to situational context.

The limited literature on coping with discrimination suggests that confrontation is more adaptive than is forbearance. For example, Krieger (1990) found that black American women who employed passive responses to racial discrimination had higher blood pressure levels than those who coped through more active, direct approaches, including talking to others about the situation or taking action to address the problem (as cited in Williams et al. 1994).

Situations that are extremely difficult to change militate against the use of problem-focused coping. Wethington and Kessler (1991) have reported that, in chronically threatening situations, passive coping may be the only realistic option. Perceived powerlessness affects the choice of coping responses. In a comparison of responses to gender discrimination, black women evidenced more recourse to passive coping than white women, leading the researchers to suggest that the former were less likely than the latter to anticipate that they could do anything to control the situation (Williams et al. 1994). With a present-day North American context characterized by color-based divisions of power and influence, highly selective immigration policies, and subtle rather than overt discriminatory practices, visible minority immigrants have limited opportunity to react to racism through confrontation. Because of a fear of causing further trouble, the absence of institutional support for direct complaints, a lack of social resources and skills for negotiation, and a skepticism about the effectiveness of official procedures, and because their subtlety makes discriminatory acts difficult to document, visible minority group members are often reluctant to report incidents to appropriate authorities or to engage in other direct forms of action against racial discrimination (Head 1975; Hofstede 1980; Kluegel and Smith 1986; Muszynski 1983; Kuo 1995).

Culture probably affects the choice of coping response and mediates its effectiveness. Previous studies suggest that many Asians believe that "doing nothing" is the best way to respond to discrimination, and they consider educational programs more effective than social deterrence as a method of reducing racism (Buchignani 1982; Kuo 1995). A previous report from the University of Toronto Department of Psychiatry/Centre for Addiction and Mental Health Refugee Resettlement Project (RRP) revealed that a large proportion of Chinese, Laotian, and Vietnamese refugees who encountered racial discrimination chose to regard it as a part of life, or simply ignored or avoided it (Noh et al. 1998). A minority of the sample said they protested verbally or reasoned with the offender, and only a very small proportion reported racially-based incidents to authorities.

In contrast to dominant North American values which stress action over passivity, Asian culture dictates a preference for indirect problem-solving over self-assertion (Reynolds 1976, cited in Aldwin 1994). This is consistent with the primacy of the collectivity over the individual, and with the over-riding importance most Asian cultures assign to the preservation of interpersonal relationships (Tietjen 1989; Triandis 1994). Within this context forbearance may be more culturally congruent than it is for other groups, and, therefore, a more effective coping strategy. Furthermore, if Hwang (1979) is correct in proffering that the use of culturally discordant coping responses can accentuate stress and associated mental health difficulties, active confrontation may actually be dysfunctional for Southeast Asians.

This cultural congruence hypothesis also suggests that the negative psychological impact of perceived racial discrimination against one's own ethnic group may be greater among those holding a stronger ethnic identity because, for these individuals, the disparaged identity likely holds greater significance. In addition, to the extent that either confrontation or forbearance is sanctioned within the culture, the efficacy of coping responses will be highlighted among those holding stronger ethnic identification.

METHOD

Sample

The data for this study were derived from

the third wave survey of the Refugee Resettlement Project (RRP), a decade-long study of the psychological, economic, and social adaptation of Southeast Asian refugees in Canada. The RRP began in 1981 with a one-in-three probability sample of 1,348 adult refugees (18 years and over) who resettled in Vancouver, British Columbia, between 1979 and 1981. Details of the multi-wave sampling procedure have been reported elsewhere (Beiser and Fleming 1986). Trained bilingual interviewers, most of them refugees themselves, conducted the structured interviews, which were prepared in Cantonese, Vietnamese, and Laotian versions using standard back-translation procedures (Brislin 1970) on an interview schedule. The completion rate was 97 percent. Two years later, 86.7 percent of the original sample participated in the second wave follow-up survey.

A second follow-up interview conducted 10 years later (between 1991 and 1993) contained a series of questions about personal experiences with racial discrimination. Sixty-two and one half percent of the 1,348 participants in the baseline survey were located for the ten year follow-up. Thirty-seven and one half percent were not located: 15.8 percent had moved out of British Columbia without leaving a forwarding address, and 21.7 percent were otherwise lost to follow-up. Of the 842 who were located, 155 did not answer or were "out of town" most of the time on business; 21 were either deceased or too ill to participate in the interview. Interviews were completed with a total of 666 respondents, but 19 cases were dropped because they could not be aligned with absolute certainty with their respective baseline or first follow-up interviews. The remaining sample was made up of 647 cases. The overall retention (62.5%) and response (76.8% of the 842) rates are reasonably high considering the 10 year follow-up period and the degree of mobility among the sample subjects. The results compare very favorably to the success rates reported in other longitudinal studies of Southeast Asian refugees (Burwell, Hill, and Van Wicklin 1986; Lewis, Fraser, and Pecora 1988).

Comparisons between the dropout and retained samples suggested that the largest threat to validity was that single refugees were more likely to attrite than the ever-married. On a number of other characteristics, including gender, age, and employment status, "dropouts" were not different from "stayers." Depression at the second wave was significantly ($p < .03$) lower for attriters than for those retained for follow-up, although the effect size was small (standardized effect of 0.12). Perceived racial discrimination at the third wave was not related to level of depression assessed at either baseline or at the 1983 re-interview. Higher rates of attrition among the less depressed could potentially result in an increased estimate of the crude rate of perceived discrimination. However, it is difficult to determine the extent to which the sample attrition would bias the associations among perceived racial discrimination, depression, coping, and ethnic identity.

Of the 647 refugee adults who participated in the third wave, 10-year follow-up survey, 281 (43.4%) were Chinese. The remaining 366 (56.6%) were Vietnamese and Laotian. Men were slightly over-represented (57.3%). At the time of the 1991 follow-up, the RRP respondents ranged in age from 26 to 88 years. The mean age of the sample was 41 years, and fewer than 20 percent were 50 years of age or older. In 1991, 80 percent of the sample were currently married. The refugees' level of formal education was significantly lower than that of the general population of Canada. Fewer than 30 percent of the refugees had completed 12 or more years of formal schooling. Only 8.5 percent had received formal education after arriving in Canada. However, a large proportion of the sample (71.4%) had been employed for 100 percent of the time during the five years prior to the survey, and an additional 20 percent had worked for some portion of that time.

Measuring Perceived Discrimination and Coping

Discrimination. The interview's section on discrimination was introduced by a screening question: *"Some people have experienced discrimination (e.g., being looked down upon, insults about one's race, being passed over for a promotion) because they belong to a particular racial group rather than because of their lack of English or other skills. In Canada, have you been discriminated against because of your race?"*[1] More than one quarter of the respondents (n = 168, 26.0%) answered the question in the affirmative. The interviewers

then asked all respondents who had answered in the affirmative about their coping responses to discrimination. This measurement encompassed personal experiences covering the entire duration of residence in Canada. Detailed findings pertaining to the nature of reported discrimination have been reported elsewhere (Noh et al. 1998).

Coping responses. Following the questions about the experience of discrimination, respondents were asked: *"Overall how did you mainly react to these unpleasant experiences?"* Interviewers read a total of seven possible reactions, to each of which respondents answered "yes" or "no." A principal component analysis of the responses identified two coping modes, one describing behavioral and cognitive responses reflective of *forbearance* and the other representing a *confrontational* response style. The forbearance mode is similar to what the coping literature has described as passive or emotion-focused coping, and the confrontational response refers to what others have called active or problem-focused coping. The forbearance items asked respondents if they "took it as a fact of life," "did not react," and "(did not) return in kind." These were the refugees' most prevalent responses to their experiences with racism, claimed by 77.9 percent, 60.6 percent and 6.5 percent, respectively. The confrontation coping dimension included four items: "made verbal protests," "reasoned with offenders," "discussed with other people," and "reported to authorities." Respondents said "yes" to these items 58.9 percent, 37.5 percent, 31.5 percent, and 14.3 percent, respectively. The internal consistency of scales based on the identified factors (standardized alpha coefficients) were 0.50 for *forbearance* and 0.65 for *confrontation.*

Measuring Depression and Ethnic Identity

Depression. Previous publications have described the development—and the very good psychometric properties of—the depression scale (Beiser 1988; Beiser and Fleming 1986; Beiser, Johnson, and Turner 1993). The scale contains "etic" items derived from measures which have been widely used with a variety of populations. Sources for scale items include the Senegal Health Scales (Beiser et al. 1976); the Self-Report Questionnaire (SRQ), a 24-item schedule developed by the World Health Organization for studies in a number of developing countries (Harding et al. 1980); selected portions of the Diagnostic and Statistical Manual of Mental Disorders-III derived Diagnostic Interview Schedule (Robins, Helzer, Croughan, and Ratcliff 1981); and the Affect Balance Scale (Bradburn 1969). "Emic" items were derived from the Vietnamese Depression Scale developed by Kinzie et al. (1982) for their research of Asian refugees in Oregon, as well as through interviews with expert informants, including personnel of the health authority assigned to help the refugees when they arrived in Vancouver, a Vietnamese linguistic anthropologist skilled in survey research, and other Southeast Asian community members.

Using a trichotomous forced-choice format "often" (coded 3), "sometimes" (coded 2), or "never" (coded 1), respondents were asked to report their experiences with each of the depression symptoms during the few weeks prior to interview. The depression scale consists of 17 items, each introduced by a stem question, "Have you been feeling": unhappy; sad; inner turmoil; discouraged; nervous, tense, or worried; low and hopeless; bored; a worthless person; lonely, even when you are with other people; remorseful; upset because someone criticized you; restless; like you've lost interest and pleasure; that you have trouble making up your mind; worry about what people say about you; that you have trouble concentrating; and that your thoughts are mixed up. For the current study, the mean item-total correlation for the depression scale was 0.41, and the standardized alpha reliability coefficient was 0.92. Items are summed to provide an over-all depression score. Scores in the current study ranged from a low of 17 to a high of 48, with a mean of 20.75 (standard deviation of 5.02).

Ethnic identity. The variable ethnic identity[1] was measured by a scale consisting of responses to nine questions tapping self-appraised ethnic salience (e.g., "my ethnicity is of [minor to central] importance for my life;" "I make decisions on the basis of ethnic background;" and "without my ethnic background, the rest of my life would not have much meaning to it"), attitude toward intermarriage (e.g., "people should marry someone from their own ethnic background;" and "I would like to see my children marry Caucasian Canadians"), language retention (e.g., "how important do you feel it is

for children to maintain their mother tongue?"), and ethnic identification (e.g., "all people who come to this country should forget their cultural background as soon as possible;" "ethnic organizations are important in reinforcing ethnic identity;" and "how would you define your ethnicity—Canadian, Ethnic (Chinese, Laotian, Vietnamese), or Hyphenated?"). Responses to these items were coded on diverse scales. For example, responses to the item "All people who come to this country should forget their cultural background as soon as possible" were coded on a seven-point Likert scale ranging from 1 (strongly agree) to 7 (strongly disagree), but responses to the question "Without my ethnic background, the rest of my life would not have much meaning to it" were scored on a five-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). All items were scored so that higher scores would indicate stronger ethnic identity. For example, ethnic identification was coded as 1 for Canadian, 2 for hyphenated identity (e.g., Chinese-Canadian), and 3 for ethnic identity (e.g., Chinese).

To compute scale scores, individual scores for each item were standardized into z-scores, with a mean of 0 and a standard deviation of 1. Internal consistency of the nine-item scale, as assessed by Cronbach's alpha, was 0.72. The sample distribution of the scale had a mean of 0 and a standard deviation of 0.59, with scores ranging from –1.55 to 1.11.

Statistical Analysis

The dependent variable for the study, depression (Dep), is a continuous variable, while the primary independent variable is dichotomous (Dis = 1 if perceived discrimination, Dis = 0 if no perceived discrimination). The central moderating factors, forbearance and confrontation, were applicable only to those cases who had perceived discrimination. These conditionally relevant variables (Cohen 1968; Ross and Mirowsky 1992) were computed as conditional deviation scores. For example, forbearance (F) was computed as an interaction between discrimination (binary) and the deviation scores for F. In its simplest form, this conditionally relevant variable appears in a regression model as follows:

$$Dep = b_0 + b_1 Dis + b_2(F - \bar{F})Dis. \quad (1)$$

For respondents who did not perceive discrimination, depression scores equal b_0. For those who perceived discrimination, depression scores vary with forbearance (F):

$$Dep = (b_0 + b_1 - b_2 \bar{F}) + b_2 F. \quad (2)$$

This approach assumes that those who had not perceived discrimination never had to cope with discrimination. In the same way, confrontational coping was computed as a conditionally relevant variable. The procedure was extended to three-way interaction terms to estimate interaction effects of ethnic identity by each type of coping.

RESULTS

Perceived Racial Discrimination and Depression

The relationship between perceived discrimination and depressive symptoms was positive and statistically significant (Table 1, model 1). The mean depression score for the group that had experienced discrimination was 1.58 higher than the mean for the sample who had not had these experiences. This is equivalent to a standardized effect size of 0.315, or 31.5 percent of the standard deviation of the depression variable. The direct effect of perceived discrimination could, therefore, be considered relatively moderate. The effect of discrimination was not affected by the inclusion of sociodemographic factors in the model. Among the demographic correlates appearing in Table 1, model 1, age, education, and current employment status were inversely related to levels of depression ($p < .05$). There was no association between gender and depression.

Effects of Coping

Based on the hypothesis that cultural congruence conditions the effectiveness of coping, we predicted that forbearance would attenuate the relationship between discrimination and depression, and that confrontation might have a potentially deleterious impact. As shown in Table 1 (model 2), confrontation coping had no effect on the relationship between discrimination and depression. Forbearance, however, displayed a substantial and statisti-

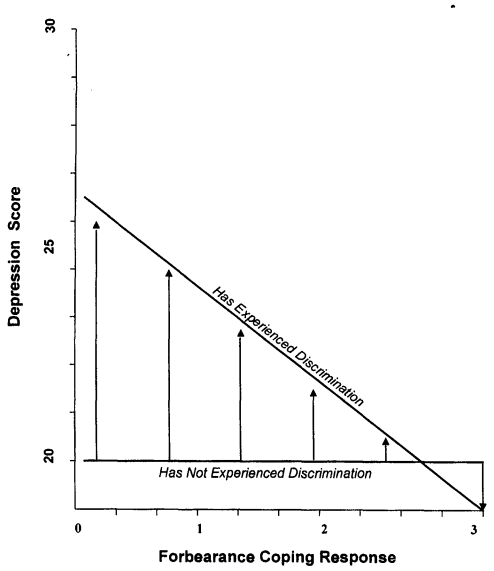
TABLE 1. Regression of Depression on Perceived Discrimination, Forbearance, and Confrontation

	Model 1	Model 2
Age	–.046*	–.038
	(.021)	(.021)
Female	–.500	.501
	(.416)	(.407)
Married	–.912	–.752
	(.495)	(.484)
Employed	–2.052*	–1.499*
	(.629)	(.618)
Years of education	–.129**	–.159*
	(.067)	(.066)
Discrimination	1.579***	1.566***
	(.441)	(.429)
Forbearance		–2.494***
		(.457)
Confrontation		.414
		(.304)
Constant	25.558***	24.894***
	(1.461)	(1.428)
Adjusted R^2	.052	.100

*$p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed tests)
Note: numbers in parentheses are standard errors.
N = 643.

cally significant negative coefficient. This moderating effect of forbearance is illustrated graphically in Figure 1. Clearly, the increase in depressive symptoms in the "discriminated" group was substantial at the lowest end of forbearance. The group difference in depression was moderated considerably as the level of the forbearance response increased to 2, and the trend was reversed at the highest point of the forbearance response.

FIGURE 1. Conditional Effects of Perceived Discrimination and Forebearance Coping on Depression



According to the R^2 reported in Table 1, the coping variables explained an additional 5 percent of the variance in symptoms over and above that accounted for by discrimination and demographic variables. These results suggest that perceived racial discrimination affected the mental health of refugees, but responding through culturally congruent coping, forbearance, was an effective buffer against psychological consequences of discrimination.

Effects of Ethnic Identity

Table 2 explores the effects of ethnic affiliation on the relationship between discrimination and depression, as well as the interaction between ethnic identity and coping styles. According to model 3 in Table 2, strength of ethnic identity had no direct relationship with level of depression. To examine the moderating effects of ethnic identity, the effects of three interaction terms were tested following the entry of the discrimination variable and the two coping measures. A two-way interaction term between ethnic identity and discrimination was entered into the regression equation, followed by three-way interaction terms between ethnic identity and each of the coping variables (note that the coping strategies as conditionally relevant variables are in fact two-way interaction terms).

As reported in Table 2 (model 4), the positive coefficient for the interaction of ethnic identity by discrimination ($b = 1.95$, $p < .05$) suggests that ethnic identity intensified the link between discrimination and depression. However, ethnic identity also enhanced the moderating effect of the forbearance response. For a less technical illustration, we refer to Figure 2. The stress-moderating effect of forbearance was highlighted among refugees holding stronger attachments to traditional ethnic values and group identification. Thus, when Asian refugees held a strong ethnic identity, they were most vulnerable to the psychological consequences of perceived racial discrimination if they failed to use forbearance coping. While the stress-moderating effect of forbearance coping was observed even among the Asian refugees who did not identify strongly with ethnic values and traditions, the mag-

TABLE 2. Regression of Depression on Perceived Discrimination, Coping, and Ethnic Identity

	Model 3	Model 4
Age	–.042	–.042*
	(.022)	(.021)
Female	.355	.432
	(.428)	(.422)
Married	–.638	–.722
	(.512)	(.504)
Employed	–1.539*	–1.271*
	(.640)	(.637)
Years of education	–.176*	–.152*
	(.068)	(.068)
Discrimination	1.671***	1.812***
	(.447)	(.448)
Forbearance	–2.582***	–2.692***
	(.472)	(.478)
Confrontation	.349	.192
	(.312)	(.319)
Ethnic Identity	.276	–.149
	(.376)	(.420)
Ethnic Identity × Discrimination		1.949*
		(.897)
Ethnic Identity × Forbearance		– 3.427***
		(.828)
Ethnic Identity × Confrontation		–.820
		(.613)
Constant	25.188***	24.806***
	(1.478)	(1.457)
Adjusted R^2	.102	.132

* $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed tests)
Note: numbers in parentheses are standard errors.
N = 643.

nitude of the effect was significantly diminished in this low ethnic identity group.

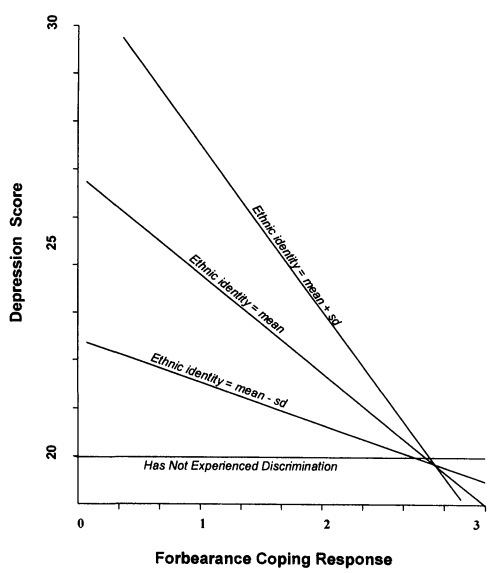
DISCUSSION

Consistent with reports by others (Amaro et al. 1987; Barnes and Ephross 1994; Essed 1991; Feagin 1991; Jackson et al. 1997; Krieger 1990; Pernice and Brook 1996; Rumbaut 1994; Salgado de Snyder 1987; Sanders-Thompson 1996; Williams et al. 1997a, 1997b), the findings in this paper provide empirical evidence for a link between perceived discrimination and depressive symptoms. The current study also adds to the literature by providing information about the moderating effects of coping and ethnic identity. In this sample of Southeast Asian refugees, forbearance—consisting of cognitive and behavioral responses that may be characterized as passive acceptance and avoidance—diminished the strength of the link between discrimination and depression. This pattern of results contradicts the assertion that problem-focused coping is more adaptive than passive acceptance (e.g., Krieger 1990; Williams et al. 1994).

One explanation for the stress-buffering effect of forbearance may be that most expressions of discrimination are subtle and difficult to ascertain objectively and publicly. A majority of the refugees included in this study who experienced discrimination reported that it occurred in elusive or subtle forms, such as being looked down upon and receiving unfair treatment. Reports of blatant or explicit discrimination were rare (Noh et al. 1998). A confrontational response to subtle discrimination may be difficult to justify, and may even be counter-productive.

Maintenance of cultural values and norms provides a conceptual bridge helpful in understanding the link between adaptive coping responses and mental health (Aldwin 1994). Problem-focused coping strategies, considered adaptive in pragmatic, task-oriented Western societies, may not constitute the prototype of "successful coping" in cultural groups holding person-oriented values and norms. For example, Hwang (1979) described coping strategies adopted by unemployed Taiwanese males. Although their fatalism could, according to

FIGURE 2. Moderating Effect of Ethnic Identity for the Effect of Forebearance Coping on Depression



Western standards, be characterized as passive and unlikely to be adaptive, they did in fact prove more effective than active and self-serving coping strategies. As among the Southeast Asians taking part in the current study, the passive coping adopted by the Taiwanese may have been effective because it was consistent with cultural values which assign primacy to the promotion of interpersonal cooperation and the avoidance of conflict.

Studying Hispanic women dealing with family conflicts, Garrison (1977) advanced a similar argument regarding culturally mandated coping strategies. The emotionally charged coping strategies adopted by these women were not characterized as problem-focused, yet were effective in reducing conflict.

This explanation—that preferred style of coping reflects cultural norms and values—is consistent with the literature on differences in approaches to conflict resolution employed by members of collectivistic and individualistic societies. Recent study findings suggest that, compared to members of individualistic cultures such as United States majority culture, members of collectivistic cultures such as Latin Americans are more likely to resolve interpersonal conflicts in ways that reflect concern over the consequences for others (Gabrielidis et al. 1997). Gabrielidis et al. (1997) also reported that collectivists' avoidant coping patterns were part of a method that evaded conflict in order to preserve the interpersonal relationships integral to the maintenance of collectivistic culture (Tietjen 1989; Triandis 1994).

These interpretations are consistent with the view that Western dichotomies, such as active versus passive or internal versus external, probably fail to capture complexities in culturally patterned responses. As Reynolds (1976, as cited in Aldwin 1994) explains this notion:

> "Instead of an active-struggling versus a passive-acceptance dichotomy, I would suggest that a more useful contrast between Oriental and Western approaches to problem solving lies in the locus of preferred activity. One's phenomenological reality is a product of one's inner state and objective reality. By manipulating either factor it is possible to change phenomenological reality. It seems that, in very general terms, the West is more accepting of activity directed toward changing objective reality. . . . But I must reemphasize that the Japanese value is not passive resignation. It is simply tactical. Certain sorts of problems are held to be best handled by indirection and internal change" (Pp. 110–11).

This position emphasizes the difference between locus of control (one's belief about whether it is possible to effect a change on the external environment) and locus of preferred activity (the domain in which one chooses to exert control), a distinction implying that indirect action is not synonymous with passivity. This interpretation supports theoretical speculations regarding a tendency among members of Asian culture to exercise self-regulation rather than affect a change on the environment. Furthermore, it is reminiscent of an effective coping strategy, perception-focused coping, that entails cognitive recasting of a stressful event (Pearlin and Schooler 1978). For example, faced with a negative event, one may cope by adopting the belief that, for example, "adversity makes one a better person." Even in some inventories designed to assess coping in Asian samples, researchers, in an attempt to construct items that are reflective of Asian beliefs and proverbs, have included items such as "it is best to do nothing" and "to lose is to win" (Furukawa et al. 1993).

Interestingly, while the current findings support the view that emotion-focused coping, or forbearance, is effective in reducing the adverse impact of perceived discrimination, the stress-buffering effect of forbearance was augmented among those refugees with the strongest attachments to traditional ethnic values and ethnic communities. For those who did not identify with traditional ethnic values and practices, neither forbearance nor confrontation was an effective coping strategy for protecting mental health.

Alternatively, the benefits of forbearance for dealing with perceived discrimination may be explained through reference to reports that the adaptiveness of active and passive coping is situationally determined (Folkman 1984; Forsythe and Compas 1987; Mattlin et al. 1990; Vitaliano et al. 1990). Within this literature passive coping is considered adaptive, as indexed by lower levels of negative psychological symptoms, in the face of uncontrollable stressors, and active coping is adaptive when the stressor is controllable. Moreover, there is research to support the view that avoidant coping strategies are more adaptive in dealing with stressors that are associated with unfavor-

able outcome expectancies (Abella and Heslin 1989). Perceived discrimination is a stressor that is both elusive, in that it is often subtle and difficult to detect, and is perceived as uncontrollable by most refugees. Moreover, any reaction to it is highly likely to be associated with negative outcomes. When encountering discrimination, minority group members usually face a no-win situation. If they react in a direct, problem-oriented manner, such as filing a formal complaint with the Canadian Human Rights Commission, for example, they may be regarded as uncivilized and militant if they win, or as morally and physically weak if they lose: "In opting to cope 'safely' by avoidance, they can at least preserve themselves and salvage a minimal degree of self-esteem and self-worth" (Chan and Lam 1986).

In exploring the relation between ethnic identity and depression we found no significant effect. Sanders-Thompson's (1996) U.S. study findings also suggest that racial identification is not associated with psychological distress among black Americans. In regard to the mediating effect of ethnic identity on the relation between discrimination and depression, our findings also were consistent with those observed in Sanders-Thompson's study, and they suggest that ethnic identity did not mediate the link between discrimination and depression. However, our analyses provided evidence to support a moderating effect of ethnic identity: The effect of passive coping, or forbearance, was dramatically highlighted when adopted by refugees holding strong attachments to traditional ethnic values and ethnic community. In our view, this finding points to the salience of a cultural interpretation of the distress-reducing effect of emotion-focused coping.

Finally, alternative explanations for the findings cannot be ruled out. While the findings of the current study are consistent with the hypothesis that exposure to discrimination is associated with elevated levels of depressive symptoms, and that forbearance, particularly when adopted by individuals with strong ethnic identity, reduces the emotional impact of the exposure for this sample of Southeast Asian refugees in Canada, the issue of causal order remains an important consideration. Given that these data are cross-sectional and retrospective, the possibility remains that depressed individuals are more likely than the psychologically comfortable to recall experiences of discrimination and to blame them for their current unhappiness. Similarly, strong ethnic identification may increase the likelihood of recalling or perceiving discrimination.

Future research on the topic of discrimination and mental health should employ measures of discrimination that capture subtle interactions. Williams et al. (1997a) suggest that poor conceptualization and operationalization of discrimination are major obstacles to developing a knowledge base regarding the association between discrimination and health. In most research to date, including the present study, a single-item measure of discrimination is used, a strategy that may underestimate the true rate of racial discrimination (Sigelman and Welch 1991). Scales of discrimination, such as those used in the Detroit Area Study, probably constitute a significant methodological advance.

NOTE

1. The translation of such keywords as "race" and "ethnicity" often poses difficulty in cross-cultural research. In our estimation, the term race was translated into the three languages for this study with little difficulty in conveying the meaning of the term. The terms "ethnicity" and "ethnic identity" might represent less clearly defined concepts than race for the study respondents, and as such may pose a greater challenge for translation. In essence, the conception of the term "ethnicity" for respondents of the present study referred to "the people" of China, Vietnam, or Laos for the respective communities. For most Asians, the term ethnicity is not familiar prior to their migration to North America. They are more familiar with terms such as nationality or national identity. Within the North American context ethnicity, for refugees, may refer to cultural or national minorities who share historical, cultural, and linguistic backgrounds. While we can never be assured that the meaning and nuance of "ethnic" has been consistently maintained in all translated terms, conceptions of ethnicity in terms of minority status shared by the three subgroupings of respondents in this study may transcend linguistic representations of the concept.

REFERENCES

Abella, Rodolfo and Richard Heslin. 1989. "Appraisal Processes, Coping, and the Regulation of Stress-related Emotions in a College Examination." *Basic and Applied Social Psychology* 10:311–27.

Aldwin, Carolyn M. 1994. *Stress, Coping, and Development*. New York: Guilford Press.

Amaro, Hortensia, Nancy F. Russo, and Julie Johnson. 1987. "Family and Work Predictors of Psychological Well-Being Among Hispanic Women Professionals." *Psychology of Women Quarterly* 11:505–21.

Aneshensel, Carol S. 1992. "Social Stress: Theory and Research." *Annual Review of Sociology* 8:15–38.

Avison, William R. and Ian H. Gotlib. 1994. *Stress and Mental Health: Contemporary Issues and Prospects for the Future*. New York: Plenum Press.

Barnes, Arnold and Paul H. Ephross. 1994. *The Impact of Hate Violence on Victims: Emotional and Behavioral Responses to Attacks*. New York: Plenum Press.

Beiser, Morton. 1988. "Influences of Time, Ethnicity and Attachment on Depression in Southeast Asian Refugees." *American Journal of Psychiatry* 145:46–51.

Beiser, Morton, Robert C. Benfari, Henri Collomb, and Jean Louis Ravel. 1976. "Measuring Psychoneurotic Behavior in Cross-cultural Surveys." *Journal of Nervous and Mental Disease* 163:10–23.

Beiser, Morton, and Jonathan A. E. Fleming. 1986. "Measuring Psychiatric Disorder Among Southeast Asian Refugees." *Psychological Medicine* 16:627–39.

Beiser, Morton, Phyllis J. Johnson and R. Jay Turner. 1993. "Unemployment, Underemployment and Depressive Affect Among Southeast Asian Refugees." *Psychological Medicine* 23:731–43.

Billings, Andrew G. and Rudolph H. Moos. 1981. "The Role of Coping Responses and Social Resources in Attenuating the Stress of Life Events." *Journal of Behavioral Medicine* 4:139–57.

Bradburn, Norman M. 1969. *The Structure of Psychological Well-being*. Chicago, IL: Aldine.

Brislin, Richard W. 1970. "Back-translation for Cross-cultural Research." *Journal of Cross-Cultural Psychology* 1(3):185–216.

Buchignani, Norman. 1982. *Perceptions of Discrimination in Calgary*. Ottawa: Multiculturalism Directorate, Department of Secretary of State, Canada.

Burwell, Ron J., Peter Hill, and John F. Van Wicklin. 1986. "Religion and Refugee Resettlement in the United States: A Research Note." *Review of Religious Research* 27:356–66.

Chan, Kwok and Lawrence Lam. 1986. "Chinese in Timmins, Canada, 1915–1950: A Study of Ethnic Stereotypes in the Press." *Asian Profile* 14:569–83.

Cohen, Jacob. 1968. "Multiple Regression as a General Data Analysis System." *Psychological Bulletin* 70:426–43.

Dion, Kenneth L., Karen Dion, and Anita Wan-Ping Pak. 1992. "Personality-based Hardiness as a Buffer for Discrimination-related Stress in Members of Toronto's Chinese Community." *Canadian Journal of Behavioral Science* 24:517–36.

Dion, Kenneth L. and Brian M. Earn. 1975. "The Phenomenology of Being a Target of Prejudice." *Journal of Personality and Social Psychology* 32:944–50.

Dovidio, John F. and Samuel L. Gaertner. 1991. "Changes in the Nature and Expression of Racial Prejudice." Pp. 201–41 in *Opening Doors: Perspectives on Race Relations in Contemporary America*, edited by Harold J. Knopke, Robert J. Norrell, and Ronald W. Rogers. Tuscaloosa, AL: University of Alabama Press.

Dovidio, John F. and Samuel L. Gaertner. 1998. "On the Nature of Contemporary Prejudice." Pp. 3–32 in *Confronting Racism: The Problem and the Response,* edited by Jennifer Lynn Eberhardt and Susan T. Fiske. Thousand Oaks, CA: Sage.

Eckenrode, John, ed. 1991. *The Social Context of Coping*. New York: Plenum Press.

Essed, Philomena. 1991. *Understanding Everyday Racism*. Newbury Park, CA: Sage.

Feagin, Joe R. 1991. "The Continuing Significance of Race: Anti-Black Discrimination in Public Places." *American Sociological Review* 56:101–16.

Folkman, Susan. 1984. "Personal Control and Stress and Coping Processes: A Theoretical Analysis." *Journal of Personality and Social Psychology* 46:839–52.

Folkman Susan, Margaret Chesney, Leon McKusick, Gail Ironson, David S. Johnson, and Thomas J. Coates. 1991. "Translating Coping Theory into an Intervention." Pp. 239–60 in *The Social Context of Coping,* edited by John Eckenrode. New York: Plenum Press.

Folkman, Susan and Richard Lazarus. 1980. "An Analysis of Coping in a Middle-Aged Community Sample." *Journal of Health and Social Behavior* 21:219–39.

Forsythe, Carolyn J. and Bruce E. Compas. 1987. "Interaction of Appraisals of Stressful Events and Coping: Testing the Goodness of Fit Hypothesis." *Cognitive Therapy and Research* 11:473–85.

Furukawa, Toshiaki, Arisa Suzuki-Moor, Yumi Saito, and Toshihiko Hamanaka. 1993.

"Reliability and Validity of the Japanese Version of the Coping Inventory for Stressful Situations (CISS): A Contribution to Cross-cultural Studies of Coping." *Seishin Shinkeigaku Zasshi* 95:602–20.

Gabrielidis, Cristina, Walter G. Stephan, Oscar Ybarra, Virginia M. dos Santos Pearson, and Lucila Villareal. 1997. "Preferred Styles of Conflict Resolution: Mexico and the United States." *Journal of Cross-Cultural Psychology* 28:661–77.

Gaertner, Samuel L. and John F. Dovidio. 1986. "The Aversive Form of Racism." Pp 61–89 in *Prejudice, Discrimination, and Racism,* edited by John F. Dovidio and Samuel L. Gaertner. Orlando, FL: Academic Press.

Garrison, Vivian. 1977. "The Puerto Rican Syndrome in Psychiatry and Espiritismo." Pp. 383–449 in *Case Studies in Spirit Possession,* edited by Vincent Crapanzano and Vivian Garrison. New York: Wiley.

Geronimus, Arline T. 1992. "The Weathering Hypothesis and the Health of African-American Women and Infants: Evidence and Speculation." *Ethnicity and Disease* 2:207–21.

Hamberger, Jurgen and Miles Hewstone. 1997. "Inter-ethnic Contacts as a Predictor of Blatant and Subtle Prejudice: Tests of a Model in Four West European Nations." *British Journal of Social Psychology* 36:173–90.

Harding, Tim W., Maria V. deArango, J. Baltazar, Carlos E. Climent, Hassam H. Ibrahim, Ladrido Lourdes Ignacio, Srinivasa R. Murthy, and Narendra N. Wig. 1980. "Mental Disorders in Primary Health Care: A Study of Their Frequency and Diagnosis in Four Developing Countries." *Psychological Medicine* 10:231–41.

Head, Wilson A. 1975. "The Black Presence in the Canadian Mosaic." A Report Submitted to the Ontario Human Rights Commission, September, Toronto, Ontario, Canada.

Henry, Frances, Carol Tator, Winston Mattis, and Tim Rees. 1995. *The Colour of Democracy: Racism in Canadian Society.* Toronto: Harcourt Brace and Company.

Hofstede, Geert H. 1980. *Culture's Consequences: International Differences in Work-related Values.* Beverly Hills, CA: Sage.

Hwang, Kwang K. 1979. "Coping with Residential Crowding in a Chinese Urban Society: The Interplay of High Density Dwelling and Interpersonal Values." *Acta Psychological Taiwanica* 21:117–33.

Jackson, James S., Kendrick T. Brown, and Daria C. Kirby. 1998. "International Perspectives on Prejudice and Racism." Pp. 101–35 in *Confronting Racism: The Problem and the Response,* edited by Jennifer Lynn Eberhardt and Susan T. Fiske. Thousand Oaks, CA: Sage.

Jackson, James S., David Williams, and Myriam Torres. 1997. *Perceptions of Discrimination: The Stress Process and Physical and Psychological Health.* Washington, DC: National Institute of Mental Health.

Kessler, Ronald C. and Harold W. Neighbors. 1986. "A New Perspective on the Relationships Among Race, Social Class, and Psychological Distress." *Journal of Health and Social Behavior* 27:107–15.

Kinzie J. David, Spero M. Manson, Do The Vihn, Nguyen Thi Tolan, Bui Anh, and Than Ngoc Pho. 1982. "Development and Validation of a Vietnamese Language Depression Rating Scale." *American Journal of Psychiatry* 139:1276–81.

Kluegel, James R. and Eliot R. Smith. 1986. *Beliefs About Inequality: American Views of What Is and What Ought To Be.* Chicago, IL: Aldine Publishing.

Krieger, Nancy. 1990. "Racial and Gender Discrimination: Risk Factors for High Blood Pressure?" *Social Science and Medicine* 30:1273–81.

Kuo, Wen H. 1995. "Coping with Racial Discrimination: The Case of Asian Americans." *Ethnic and Racial Studies* 18:109–27.

Lewis, Robert E., Mark W. Fraser, and Peter J. Pecora. 1988. "Religiosity Among Indochinese Refugees in Utah." *Journal for the Scientific Study of Religion* 27:272–83.

Mattlin, Jay, Elaine Wethington, and Ronald C. Kessler. 1990. "Situational Determinants of Coping and Coping Effectiveness." *Journal of Health and Social Behavior* 31:103–22.

Meertens, Roel W. and Thomas F. Pettigrew. 1997. "Is Subtle Prejudice Really Prejudice?" *Public Opinion Quarterly* 61:54–71.

Moritsugu, John N., and Stanley Sue. 1983. "Minority Status as a Stressor." Pp. 162–74 in *Preventive Psychology: Theory, Research, and Practice,* edited by Robert David Felner, Leonard A. Jason, John N. Moritsugu, and Stephanie S. Farber. New York: Pergamon Press.

Muszynski, Leon. 1983. "Discrimination in Employment: What is the Evidence?" *Currents* Winter:9–13.

Noh, Samuel, Morton Beiser, Feng Hou, and Violet Kaspar. 1998. "Experiences of Racism Among Southeast Asian Refugees in Canada." In *Psychologists Facing the Challenge of a Global Culture with Human Rights and Mental Health,* edited by Roswith Roth. Germany: Pabst Science Publishers.

Pak, Anita Wan-Ping, Kenneth L. Dion, and Karen K. Dion. 1991. "Social-psychological Correlates of Experienced Discrimination: Test of the Double Jeopardy Hypothesis." *International Journal of Intercultural Relations* 15:243–54.

Pearlin, Leonard I. 1989. "The Sociological Study of Stress." *Journal of Health and Social Behavior* 30:241–56.

Pearlin, Leonard I. 1991. "The Study of Coping: An

Overview of Problems and Directions," Pp. 261–276 in *The Social Context of Coping,* edited by John Eckenrode. New York: Plenum Press.

Pearlin, Leonard I., Morton A. Lieberman, Elizabeth G. Menaghan and Joseph T. Mullan. 1981. "The Stress Process." *Journal of Health and Social Behavior* 22:337–56.

Pearlin, Leonard I. and Carmi Schooler. 1978. "The Structure of Coping." *Journal of Health and Social Behavior* 19:2–21.

Pernice, Regina and Judith Brook. 1996. "Refugees' and Immigrants' Mental Health: Association of Demographic and Post-migration Factors." *The Journal of Social Psychology* 136:511–19.

Rabkin, Judith G. and Elmer L. Struening. 1976. "Life Events, Stress, and Illness." *Science* 194:1013–20.

Reynolds, David K. 1976. *Morita Psychotherapy.* Berkeley, CA: University of California Press.

Robins, Lee N., John E. Helzer, Jack Croughan, and Kathryn Ratcliff. 1981. "National Institute of Mental Health Diagnostic Interview Schedule: Its History, Characteristics, and Validity." *General Archives of Psychiatry* 38:381–89.

Ross, Catherine and John Mirowsky. 1992. "Households, Employment, and Sense of Control." *Social Psychology Quarterly* 55:217–35.

Rumbaut, Ruben G. 1994. "The Crucible Within: Ethnic Identity, Self-esteem, and Segmented Assimilation Among Children of Immigrants." *International Migration Review* 28:748–94.

Salgado de Snyder, V. Nelly. 1987. "Factors Associated with Acculturative Stress and Depressive Symptomatology Among Married Mexican Immigrant Women." *Psychology and Women Quarterly* 11:475–88.

Sanders-Thompson, Vetta L. 1996. "Perceived Experiences of Racism as Stressful Life Events." *Community Mental Health Journal* 32:223–33.

Sigelman, Lee and Susan Welch. 1991. *Black Americans' Views of Racial Inequality: The Dream Deferred.* Cambridge, MA: Harvard University Press.

Thoits, Peggy A. 1995. "Stress, Coping, and Social Support Processes: Where Are We? What Next?" *Journal of Health and Social Behavior* 36:72–82.

Tietjen, Anne Marie. 1989. "The Ecology of Children's Social Support Networks." Pp 37–57 in *Children's Social Networks and Social Support,* edited by Deborah Belle. New York: Wiley.

Triandis, Harry, C. 1994. *Culture and Social Behavior.* New York: Oxford University Press.

Turner, R. Jay and Donald A. Lloyd. 1998. "The Stress Process and the Social Distribution of Depression." Presented at the 7th International Conference on Social Stress Research, Budapest, Hungary. May 26.

Turner, R. Jay and Samuel Noh. 1983. "Class and Psychological Vulnerabilities Among Women: The Significance of Social Support and Personal Control." *Journal of Health and Social Behavior* 24:2–15.

Vitaliano, Peter P., Deborah J. DeWolfe, Roland D. Maiuro, Joan Russo, and Wayne Katon. 1990. "Appraisal Changeability of a Stressor as a Modifier of the Relationship Between Coping and Depression: A Test of the Hypothesis of Fit." *Journal of Personality and Social Psychology* 59:582–92.

Wethington, Elaine and Ronald Kessler. 1991. "Situations and Process of Coping." Pp. 13–29 in *The Social Context of Coping,* edited by John Eckenrode. New York: Plenum Press.

Williams, David. 1994. "The Concept of Race and Health Status in America." *Public Health Reports* 109:26–41.

Williams, David. 1997. "Race and Health: Basic Question, Emerging Directions." *Annals of Epidemiology* 7:322–33.

Williams, David, Risa Lavizzo-Mourey, and Rueben C. Warren. 1994. "The Concept of Race and Health Status in America." *Public Health Report* 109:26–41.

Williams, David, Yan Yu, and James Jackson. 1997a. "Discrimination, Race, and Health." Paper presented at the 1997 Joint Meeting of the Public Health Conference on Records and the Statistics and Data Users Conference, July 28–31, Washington, DC.

Williams, David, Yan Yu, James Jackson, and Norman Anderson. 1997b. "Racial Differences in Physical and Mental Health: Socioeconomic Status, Stress, and Discrimination." *Journal of Health Psychology* 2:335–51.

Dr. Samuel Noh, a sociologist and epidemiologist, is Associate Professor in the Department of Psychiatry at the University of Toronto, and Senior Research Scientist at the Clarke Division of the Centre for Addiction and Mental Health. He also serves the national Metropolis Project through the Joint Centre of Excellence for Research on Immigration and Settlement (CERIS) in Toronto as Leader of the Health Domain Research section. His current research projects include a longitudinal study of pre- and post-migration determinants of health among immigrants and their children, including the impact of racism and discrimination, as well as a cross-cultural comparison study of the stress process among youth in Canada, China, Japan, and Korea.

Dr. Morton Beiser, a psychiatrist, is David Crombie Professor of Cultural Pluralism and Health in the Department of Psychiatry, University of Toronto, and Program Head of Culture, Community, and Health Studies at the Clarke Division of the Centre for Addiction and Mental Health. He also serves as director of the Joint Centre of Excellence for Research on Immigration and Settlement (CERIS) in Toronto. He is the principal investigator of the Refugee Resettlement Project, a decade-long investigation of resettlement and mental health among Southeast Asian refugees in Canada. His current research includes studies of the impact of settlement stress on TB among immigrants, immigrant conceptions of mental illness, ethnic identification and mental health among children in immigrant families, and longitudinal investigations of academic and social adaptation of native children in the United States and Canada.

Dr. Violet Kaspar, a developmental psychologist, is a Research Scientist with the Clarke Division of the Centre for Addiction and Mental Health. Her research examines the mental health status of immigrant youth previously exposed to war, and cultural variations in the influences of stress and coping on child development and adaptation. She recently received a grant to examine the effects of war-related traumatic stress on the psycho-social adaptation of children and adolescents.

Dr. Feng Hou, a demographer, is an Assistant Professor with the Department of Psychiatry at the University of Toronto, and a Research Scientist with the Culture, Community, and Health Studies Program at the Clarke Division of the Centre for Addiction and Mental Health. His research interests include socioeconomic and psychological adjustment of immigrants, as well as statistical methods in social and biomedical studies. His current research examines the effects of poverty, unemployment, underemployment, and family process on the mental health of visible minorities and immigrant families.

Dr. Joanna Rummens, an anthropologist and sociologist, is an Assistant Professor with the Department of Psychiatry at the University of Toronto, a Research Scientist at the Clarke Division of the Centre for Addiction and Mental Health, and the Academic Coordinator of the Joint Centre of Excellence for Research on Immigration and Settlement (CERIS) in Toronto. A specialist in Latin American and Caribbean studies, she is the former Deputy and Acting Director of the Centre for Research on Latin America and the Caribbean (CERLAC) at York University. Her current research focuses on identity formation and negotiation among newcomer immigrant and refugee youth.