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Research Article

Cultural Identity and Conceptualization of Depression among Native Hawaiian Women

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Abstract

This study seeks to understand how Native Hawaiian (NH) women identified themselves culturally and conceptualized the causes of depression, and whether there was an association between these two constructs. Among the thirty NH women who were interviewed, a quarter had a high degree of depression symptoms, and a majority expressed a strong/shared identification/affinity with their culture. Our findings suggest that social stressors that contribute to the depressive symptoms of NH women could be, in part, linked to acculturation-related factors associated with U.S. occupation of Hawai'i and their social status as native people. Future research should examine this relationship further.

Introduction

Native Hawaiians (*Kānaka Maoli*) are the descendents of the original people of the Hawaiian archipelago. They comprise 22 percent of the population in the state of Hawai'i; are the fastest growing racial/ethnic group in the state of Hawai'i; and are the single largest Polynesian group (46%) in the U.S. (Greico, 2001; Leigh and Huff, 2002). As with other U.S. native populations, they have been politically dominated by the U.S. and adversely impacted by its compulsory assimilation policies (Belcourt-Dittloff and Stewart, 2000; Kaholokula, 2007). Many scholars have postulated that the effects of acculturation on the psychological well-being of Native Hawaiians have been immense, ranging from moral outrage (Rezentes, 1996) to depression (Crabbe, 1999; Kaholokula, 2007).

Many researchers report an association between the acculturation process experienced by Native Hawaiians and their negative

social, physical, and psychological status as a group (Crabbe, 1999; Rezentes, 1996). Compared to other ethnic groups, Native Hawaiians are more likely to have obesity (43.5%), hypertension (39.6%), diabetes (19%), higher coronary heart disease mortality (135.4 per 100,000), and depression (13%) (Balabis et al., 2007; Cho et al., 2006; Grandinetti et al., 2007; Mau et al., 2009). They are also more likely to smoke cigarettes (27%), use other chemical substances (26%), be employed in low paying jobs, be undereducated, and have substandard living conditions (Balabis, et al., 2007; Office of Hawaiian Affairs, 2006). Researchers indicate that Native Hawaiians find themselves socially alienated and stigmatized by other social groups (Kaholokula, 2007; Okamura, 2008).

Of the over 470,000 people who identify themselves as having Native Hawaiian ancestry in the 2000 U.S. Census, about 80,000 of them self-identified as only Native Hawaiian (Leigh and Huff, 2002). Recent studies with Native Hawaiians find that a majority (94%) of them strongly identify with their Hawaiian culture and heritage, despite the fact that many individuals are of multiple ethnic ancestries (Kaholokula, Nacapoy, and Dang, 2009). Thus, the concept of group identity, which refers to the "membership of an identified group" such as a cultural group (Phinney, 2008, 98), merits particular attention among Native Hawaiians. According to Phinney, "identity is a complex, dynamic construct that develops over time as individuals strive to make sense of who they are in terms of the groups they belong to within their immediate and larger social contexts" (2008, 98). It is important to explore the role that cultural identity has on Native Hawaiians' health, especially given the socio-political experiences and poorer health outcomes of Native Hawaiians compared to other racial/ethnic groups as previously noted.

Quantitative studies among Native Hawaiians observed a positive correlation between degree of Hawaiian cultural identity and depression symptoms in adults (Kaholokula et al., 2009), and Hawaiian cultural identity and lifetime suicide attempts in adolescents (Yuen et al., 2000). Some have found that perceived racism may mediate the relationship between Hawaiian cultural identity and mental health indicators (Kaholokula, Iwane, and Nacapoy, 2010; Kaholokula et al., 2009). Several researchers have hypothesized that Native Hawaiians with a stronger Hawaiian cultural identity are experiencing more cultural conflict and acculturа-

tive stress because they are culturally Native Hawaiian living in a Western dominated environment that may not entirely support their traditional values and practices (Crabbe, 1999; Kaholokula et al., 2009; Rezentes, 1996; Yuen et al., 2000). Native Hawaiians who strongly identify with their culture are believed to be most affected by threats to their identity and way of life and, thus, are most susceptible to depression (Kaholokula et al., 2009).

A dearth of information is available on contemporary Native Hawaiians' perceptions of mental health, in particular, depression, and the role of Hawaiian cultural identity in its development. The ancestors of contemporary Native Hawaiians believed that the source of physical, emotional, and interpersonal problems could be due to endogenously or exogenously produced natural ailments (*ma'i kino*) or exogenously produced ailments due to curses or sorcery (*ma'i mai waho*) and to interpersonal disagreements and transgressions that cause psychological distress (*ma'i ma loko*) (Pukui, Haertig, and Lee, 1972). Although there have been a few quantitative investigations into the relationship between Hawaiian cultural identity and health indicators in Native Hawaiians, the findings do not allow for the contextualization of these constructs in the actual lived experiences of Native Hawaiians. A qualitative investigation into contemporary Native Hawaiians' perceptions concerning cultural identity and depression can complement the quantitative findings by providing the context in which to better understand the nature of the relationship between cultural identity and mental health concepts. Having both quantitative and qualitative information regarding Native Hawaiians could lead to culturally relevant interventions to ameliorate their depression and depression-related health issues (e.g., substance abuse and suicide attempts).

Among Native Hawaiians, women (17%) are more likely to report depressive symptoms than men (12%) (Kaholokula et al., 1999). Previous studies have found that there is a higher risk of depression among Native Hawaiian mothers compared to White mothers (Hayes et al., 2010; Ta et al., 2009). While some risk factors associated with depression are prevalent in Native Hawaiian women, such as being a victim of partner abuse, cigarette smoking, use of illicit drugs, and unintended pregnancies, there is limited information about the relationship between a person's Native Hawaiian cultural identity and perspectives on the causes of depression among Native Hawaiian women. Thus, the primary objectives

of this study were to understand how Native Hawaiian women identified themselves culturally and conceptualized the causes of depression, and whether there was an association between these two psychological constructs. The findings of this study will help us in addressing the mental health and heath care inequities that are experienced by this vulnerable population.

Methods

Data for this study were drawn from a parent study that was conducted in 2009. This study utilized qualitative methods. The purposive sample included thirty self-identified Native Hawaiian women aged 18 years old or older: ten from the University of Hawai'i at Mānoa (O'ahu County) and the University of Hawai'i at Hilo (Hawai'i County) and twenty from a Hawaiian Homestead Community. These sites were selected to ensure a representative sample of Native Hawaiian females from different age groups, socioeconomic backgrounds (e.g., community vs. university setting), and geographic locations (i.e., counties). The Hawaiian Homes Commission Act of 1920 "provides for the rehabilitation of the native Hawaiian people through a government-sponsored homesteading program" (Department of Hawaiian Homelands, 2010).

There were three trained female interviewers including a clinical psychology doctoral student and two community health workers. All interviews were conducted in a private room at the respective recruitment sites. Each participant was provided with a $25 gift card to a local supermarket as remuneration for her time. The time of the semi-structured interview varied from one to two hours. All interviews were audio recorded. After informed consent was obtained, each participant was asked to complete the demographics questionnaire and the Center for Epidemiologic Studies Short Depression Scale (CES-D) prior to the qualitative portion of the study in order to obtain a better understanding of the participant's background.

Measurements

Demographic items include: age (in years), marital status (single/never married; married; divorced/separated/widowed), and living with a spouse/partner (yes; no). Employment status was categorized as employed full/part-time and not employed (unemployed; full-time homemaker; retired). Respondents who indicated

that they were a student only were categorized as not employed. Educational level was categorized as less than a high school (H.S.) education, H.S./General Educational Development (GED) certificate, and some college or more. Current living situation was categorized as house or apartment that the respondent rents or owns and house or apartment that a friend or relative rents or owns. Individual annual income level was categorized as less than $10,000, $10,000-20,000, $21,000-30,000, and $31,000 or more.

The CES-D was used to assess depressive symptoms. It is a twenty-item scale that assesses the presence of depressive symptoms in the past week (Radloff, 1977). The total CES-D score can range from 0 to 60. Each item receives a score of 0 (rarely or none of the time), 1 (some or a little of the time), 2 (occasionally or a moderate amount of time), or 3 (all of the time) based on frequency of occurrence, with a higher score indicating more occurrence of the symptom. In this study, a CES-D score of 16 or greater was used for positive identification of depression status (Furukawa et al., 1997; Windham et al., 2004). The following cut-off scores were used to further qualify the level of depression severity: 0-9 = none or minimal, 10-16 = mild, 17-24 = moderate, and 25-60 = moderate to severe (Greden and Schwenk, 1997). The CES-D has been used and validated with Native Hawaiian (Grandinetti et al., 2000; Kaholokula et al., 2003; Nahulu et al., 1996; Prescott et al., 1998; Yuen et al., 1996; Yuen et al., 2000). Compared with the original reliability of the CES-D scale of 0.85 (Radloff, 1977), the reliability estimate (Cronbach alpha) was 0.92 for this study, indicating good internal consistency.

The semi-structured interview questions included the following sets of questions:

> 1) Could you describe your cultural background in your own words? To what degree do you identify with your culture(s)?
>
> 2) What do you think causes people to feel sad or depressed? What do you think your family or friends think about sadness or depression?

Data Analysis

The interview data were transcribed into a Microsoft Word document and uploaded to NVivo, version 8.0, on which the data were analyzed (QSR International, 2007). Content analysis was conducted. The principal investigator, who designed the semi-struc-

tured questionnaire, created a coding dictionary for the two questions a priori. Such codes were created to cover a simple range of potential themes, and were not based on a theory. Then, two raters had independently utilized the coding dictionary as a guide to analyze the qualitative data. Upon comparison of the analyses, the raters had observed similar coding definitions and code additions to the dictionary for the cultural identity question. Both raters compared their analyses to clarify their code definitions and to include new additions to the dictionary. Upon the completion of coding the transcripts, emergent themes and subthemes were pieced together to form a comprehensive understanding of the lived perspectives of the participants.

A statistical software, SPSS v.17.0 (SPSS: An IBM Company, 2008), was used to analyze the quantitative data. Descriptive statistics for the sample overall and the sub-sample (community and university samples) were conducted.

Human Participant Protection

The University of Hawai'i at Mānoa Committee on Human Studies approved the study procedures.

Results

Sample Characteristics (Table 1)

Thirty women participated in the study. The mean and median age were 31.4 and 26 years, respectively, which is comparable to the median age of 26.8 years among all Native Hawaiian/other Pacific Islander in the U.S. (U.S. Census Bureau, 2007). The university participants were generally younger than the community participants (mean age 22.7 versus 35.8 years, respectively). Nearly two-thirds of them were single/never married, which is higher than the 35 percent that was reported in a community-based epidemiological study in Hawai'i (Kaholokula et al., 2006). Approximately two-thirds of the participants had a high school or below education level, which is higher than the 2003 state percentage of 55.6 for all Native Hawaiians (males and females) (Office of Hawaiian Affairs, 2006). Nearly three-quarters of the participants (73.4%) were employed, which is a higher proportion than the 2000 state percentage of 65.9 for Native Hawaiian females 16 years and older (Office of Hawaiian Affairs, 2006). Over 70 percent of the participants reported making less than $20,000 per year, which is

Table 1. Sample Characteristics of Native Hawaiian Women

Characteristic	Sample N (%)		
	Overall	Community	University
Age (in years)			
Mean (SD)	31.4 (13.3)	35.8 (14.4)	22.7 (3.0)
Range	18-66	20-66	18-27
Marital status			
Married	7 (23.3)	6 (30.0)	1 (10.0)
Single/never married	20 (66.7)	11 (55.0)	9 (90.0)
Divorced/separated/widowed	3 (10.0)	3 (15.0)	0 (0.0)
Living with a spouse/partner			
Yes	15 (50.0)	10 (50.0)	5 (50.0)
Employment status			
Not employed	8 (26.6)	6 (30.0)	2 (20.0)
Employed full/part-time	22 (73.4)	14 (70.0)	8 (80.0)
Education level			
Less than high school	3 (10.0)	3 (15.0)	0 (0.0)
High school/GED	19 (63.3)	14 (70.0)	5 (50.0)
Some college or more	8 (26.6)	3 (15.0)	5 (50.0)*
Current living situation			
House/apartment self-rented/owned	19 (63.3)	15 (75.0)	4 (40.0)
House/ apartment friend/ relative-rented/owned	11 (36.7)	5 (25.0)	6 (60.0)
Income level			
< $10,000	13 (43.3)	6 (30.0)	7 (70.0)
$10,000-20,000	8 (26.7)	7 (35.0)	1 (10.0)
$21,000-30,000	4 (13.4)	2 (10.0)	2 (20.0)
$31,000+	5 (16.6)	5 (25.0)	0 (0.0)

Note: One of the five women has a Bachelors degree; the remaining women have an Associates certificate.

two times higher than the 2000 state proportion of 31.5 for Native Hawaiian households making $24,000 or less per year.

Depressive symptoms

For the overall sample ($n = 30$), the total CES-D scores ranged from 0 to 45 and had a mean score of 12.5 (SD = 9.9). Among the community sample ($n = 20$), the mean CES-D score was 14.9 (SD = 2.5). Among the university sample ($n = 10$), the mean CES-D score was 7.8 (SD = 3.9). Overall, 26.7 percent of women participants (8 of 30) had a CES-D score of 16 or higher, indicating positive identification of depression status and they were all found in the community sample. Specifically, 30 percent of the community sample

reported none/minimal level of depression, 35 percent indicated mild level of depression, 15 percent reported moderate level of depression, and 20 percent indicated severe level of depression. In contrast, among the university sample, 70 percent reported none/minimal level of depression and 30 percent reported a mild level of depression.

Cultural Identity

Results from the analysis showed that participants used an array of indicators and processes for their cultural identity development, construction, and negotiation. The majority of the participants (63.3%) reported that they strongly identified as Native Hawaiian with similar proportions reported in each sample (70% of the university and 60% of the community). Among these participants, two of the most commonly identified themes are family traditions and educational environments that incorporated Native Hawaiian language and cultural practices (26.3%). They appear to play an integral role in shaping the participants' Native Hawaiian identity. This finding is not surprising given that one's environment may play a role in racial identity development, such as influences from one's role models (e.g. parents and educators) and community during childhood and early adulthood (Helms, 1994). Furthermore, according to Helms (1995), racial identity development occurs "by way of the evolution or differentiation of successive racial identity statuses" (184). Specifically, there are five statuses in Helms' People of Color Racial Identity Model: Conformity (Pre-Encounter), Dissonance (Encounter), Immersion/Emersion, Internalization, and Integrative Awareness (1995). Helms postulates that if a person has more than one status, then the individual may participate in "more complex race-related behavior because they have more information-processing mechanisms by which to respond" (1995, 184). Upon review of Helms' model, the following are representative responses that appear to fall under the Internalization Status, where one has a positive orientation and is committed to one's group and characteristics:

> Participant: "I was brought up in a Hawaiian immersion program from [when] I was in pre-school till I was around eighth grade and from there I went to [a charter school] which is [a] culturally based school which focuses on Hawaiian cultures."

> Participant: "I'm Hawaiian, Portuguese, Irish, Caucasian, and Chinese. And, basically I take more of the Hawaiian culture more. . .because both grandparents are very strongly into their Hawaiian culture. So I dance hula. . .and my grandpa speaks to me in Hawaiian sometimes."
>
> Participant: "Every Christmas we always make *laulau* [pork wrapped in *lūʻau* leaves], which is a family tradition. My grandma passed away, but we continue to do the tradition and we do it the traditional way. . .it's everything made by just the ingredients that they have from the land. The *ti* leaves and *lūʻau* leaves and stuff. . .and we continue that tradition. I took two years of Hawaiian language yes. So I'm not fluent. . . but I do know."
>
> Participant: "I am a Native Hawaiian student. I was raised within a native Hawaiian family system where we have our own cultural practices. I was also raised in a *hula* environment, so with that, we have *hula* protocol, gathering protocol and all these things play a part in my daily routine of life. . .and that has followed me to [where I am now] and I continue to practice my cultural beliefs and that affects my actions in everyday basis."
>
> Participant: "Teaching my family cuz I do *lomi lomi* ["Hawaiian massage with a spiritual component" (Allison, 1997)]. I teach my family the importance about *lomi lomi*, I mean what it does, and I also teach them medicine, and how to make it. . . what they use for, why do we grow it, and things like that."

Another common theme to the responses suggested that a person's strong cultural identity can be demonstrated through memberships and affiliations with Native Hawaiian organizations, as well as be influenced by having lived through a Hawaiian cultural renaissance (21.1%), defined as a cultural movement from the late 1960s to early 1970s in which there was a resurgence of a distinct Hawaiian cultural identity, practices, and values (Tengan, 2008). Utilizing Helms' model, the following are representative responses that appear to fall in the third status, Immersion/Emersion, where one withdraws from things that derive from the White culture and idealize her own racial group and engage in activities to learn more about her group (1995).

> Participant: "I'm a member of [Hawaiian organization]. I am also a board member on [Hawaiian organization]. . . . Culturally, I think that's it."

> Participant: "You know. . . the Kamehameha School programs things they have? I'm kinda really into it now and yet at one time I wasn't really interested. I want my grandchildren and my children to be around and to look what's going on. . .those are the things I miss, you know, when I was young."
>
> Participant: "I think when the Hawaiian Renaissance started in the 70s . . . that is when I got interested in my culture and . . .it was a good thing for me cuz I never grow up with Hawaiian culture in my home. My mom just spoke of a few words. But there was nothing behind it. . .so with the Renaissance culture and knowing friends who were into this I learned much about my Hawaiian culture and was proud to know a lot of these things because there were a lot of things I didn't know."

Furthermore, for some women (26.3%), being Native Hawaiian is a "way of life" as suggested by these responses:

> Participant: "I'm a Native Hawaiian and I live our culture as much as possible. . . everyday, and is all around us. I live my culture through education."
>
> Participant: "Through language, through practice. . .from things such as planting, I utilize, like the Hawaiian calendar in order to plant things at the right time. To. . .ask for the right fish at the right time. . .the way we treat each other, respect elders, identify different places and respect different places that we know that are different. . .whose are from these places and we always recognize them when we pass that are there."

Thirty percent said that they share or identify with certain aspects of Native Hawaiian culture; most of these participants were from the community sample (88.9%). They either view the community as one, universal culture or were raised to accept everyone regardless of their differences. In some of the participants' responses, there is the implication of how U.S. occupation has altered how they view themselves and the Hawaiian culture.

> Participant: "Certain things are more Hawaiian culture and then certain things are more Filipino, but you know our community is so mix that it is kind of one big culture in itself."
>
> Participant: "I'm the type of person that looks at things more universally. . . so culture. . .brings labels and a sort of divisiveness with it that I try to break down in what I'd do now. . .and so. . . that's why I relate to it like that."

> Participant: "I do very much so *aloha* spirit is alive and well in me and. . . I can get philosophical on you and say ok, there is a fine line between where the definition of Hawaiian, being Hawaiian stops, and where just having a. . . positive mental attitude. . .and joy towards everybody, becomes universal from that point on."
>
> Participant: "I'm a child of the 50s, so I was raised to be a good American in a Hawaiian community that raised us to love America and not so much of the Hawaiian side, other than the cultural values of respecting one another and loving people. . .taking care of each other. . .and accepting all people for who they are and where they come from."

Additionally, some of the women's responses spoke to the many cultural changes Native Hawaiians have experienced that affect their identity.

> Participant: "As far as Hawaiian goes, yeah, I use *aloha*, *mahalo*. . .I call my kids by their Hawaiian names you know we talk. . . we have that whole family, '*Ohan*a you know that is culturally here. . .but. . .*hula* and all the cooking ways and all those historical stuff, then I don't. . .actually have it. . ."

One participant from each of the samples reported that she was interested in connecting with or learning more about their Native Hawaiian culture (6.6%). This type of interest appears to fall in the Immersion/Emersion Status.

> Participant: "I was born and raised in the mainland [continental U.S.] and so. . . when I came here, I don't know as much as I would like to know. . . it's still at that point."

Overall, only one woman from the university sample (3.3%) reported that she had a weak Native Hawaiian identity and felt disconnected with the culture. The following participant response suggests that she is in the Dissonance (Encounter) Status, where there is confusion regarding one's racial identity and commitment to one's group.

> Participant: "When I was away [in college], I really didn't have a chance to continue to practice my culture. There was a lack of Hawaiian celebration with other people. . .I couldn't identify with anyone there, except for my American people."

Conceptualization of Depression

Many respondents reported more than one cause of depression or sadness. Seven percent of women felt that the oppression or marginalization of Native Hawaiians causes depression; these participants were all from the university sample.

> Participant: "When Captain Cook came and took the land and they made everyone. . .dress the way they were dressing. Just change the whole lots of Hawai'i. . .all the buildings and stuff like that. They don't have a lot of privileges even to the beaches. Like on Big Island. . .we used to go to certain beaches, we don't even have those privileges no more. . . They closed a lot of beaches. But I believe it's because people have been throwing trash at the beaches . . . also there's issues with. . . movies stars that come down and actually buy that house, but they're actually buying houses by the beaches. . . the beach should be available for everyone, but so that's causing a lot of problems too on the Big Island. So my dad is very upset about that. Also . . .those kind of privileges that we don't have any more. Even when we make people go out. . .like the *laulau*. . . we have to get this certain *ti* leaf to make it and. . . sometimes. . . it's at the beaches where they grow, but. . .if we get caught going to those areas. . .where. . . someone owns the beach or the land, then we could get into trouble or arrested for being on their property."
>
> Participant: "Bringing someone down. . .oppression, I think is another one. In a Hawaiian prospective in Native Hawaiian men and women, we still feel through colonization and the overthrow of the kingdom and stuff like that. I think they [Native Hawaiians] resist a lot of things like education."
>
> Participant: "Yeah because my dad drinks a lot and so a lot of his frustration comes out when he's drinking or when he's watching the news, too. He. . .expresses his feelings. . . about government and how they're running. . .things and a lot of privileges are being taken away from Native Hawaiians."
>
> Participant: "That's another issue too is that so many Hawaiians want to get homes, but there's not enough room and they feel like their land is taken away. [T]here's not enough. . .areas for. . . Hawaiians to get these kind of. . .Hawaiian homes and stuff like that so that's another. . .could be another issue that my dad is dealing with. Inside he wants actually a home. . .on his own home cause actually the rent is really high. They really wish they could own their own home."

Ten percent of women expressed that certain external/societal pressures cause depression. There was a higher proportion of university participants (20%) compared to community participants (5%) who provided similar statements in this regard.

> Participant: "Just pressure. I mean like sometimes just to look a certain way, as in what you see on TV, the media. That could just make somebody feel depress. . . they don't fill that standard you mean what I mean?"

More than a third of the women (36.7%) had an external locus of control in regards to depression and sadness, and that such feelings are inevitable in life. There was a higher proportion of community participants (45%) who stated this as a cause of depression or sadness compared to university participants (20%).

> Participant: "[T]hings that happen in their life, they have no control over."

> Participant: "I think my family thinks of sadness and depression as something everybody goes through, but you don't hang on that too long. My grandma raised us to cry for a night and the next morning, move on. That's how my grandma and mom raised us. So when things get you sad, you can cry. . . but only one night and the next day you pick yourself up. You know, forgive people who hurt you and just wipe it off. Dust yourself off and just keep moving."

Several women (26.7%) stated that people get depressed if they experience a crisis or confusion with their identity, but there were more community (35%) versus university (10%) participants who made such statements.

> Participant: "Not knowing who they are. Not knowing what it means to be. . .whatever. . .parts of their identity have. . . come upon them through growing up."

Thirty percent felt that being depressed can be perceived as a personal weakness, and that one may not be permitted to be depressed. The proportion of participants who felt this was four times greater in the community sample compared to the university sample.

> Participant: "[I]t's cause of weak character. Like you're weak or you're not firmly planted in a stronger belief that can overcome your circumstances."

Approximately 17 percent felt that some people are depressed because they lack social support or a strong social network in their lives. Similar proportions of university (20%) and community participants (15%) shared this thinking.

> Participant: "I think it would probably be. . . family problems, that your family is not close together or family gets torn apart because, especially in Hawaiian culture, family is important, so to grandparents if they see that their family is not getting along, maybe it'll cause being depressed or something."
>
> Participant: "No support system and not being able to just talk it out and being in a safe place to give it up."

Approximately 13 percent of participants stated that depression may be caused by a mental condition (30 percent of the university sample compared to 5 percent of the community sample). Ten percent of the participants stated that depression may be caused by a physical illness (20 percent of the university sample compared to 5 percent of the community sample).

> Participant: "Just by seeing about 40 percent of homeless people in Hawai'i are Native Hawaiian, I would think that they factor in mental health as well as physical health."
>
> Participant: "Like my family, we deal with it every day, because my sister. . .we know that she has some type of mental sickness. . .but she doesn't want to get help for it. She doesn't acknowledge that she does have something wrong with her . . .she's depressed all the time."

Experiences with stressful life events were suggested by more than half of the women (56.7%) as a cause of depression. There were a higher proportion of participants from the university (90%) compared to the community sample (40%) that made similar statements.

> Participant: "Maybe it's more life experiences like traumatic events that happened in their lives that they didn't come to peace with yet, and that's what I kind of think makes people feel more depression state or if it's financial problems or just things that they cannot get through or finding an end to it causes them to go into depression, I think."
>
> Participant: "Degraded by their spouse, or boyfriend or girlfriend. . .different forms of I guess of domestic violence."

Discussion

Summary of Findings

The objectives of this study were to understand how Native Hawaiian women identified themselves culturally and conceptualized the causes of depression, and whether there was an association between these two psychological constructs. One of the strengths of this study sample was the inclusion of Native Hawaiian women who were diverse in age, marital status, employment status, and living situation, suggesting a socio-demographically broad representation. Also, the SES distribution, where many of the women were in a lower SES, is similar to the SES distribution of the larger Native Hawaiian population (Leigh and Huff, 2006; Office of Hawaiian Affairs, 2006).

We found that a quarter of the women could be classified as having a depression status based on a CES-D score of 16 or greater. When comparing between community and university participants, women in the community sample reported more depression symptoms in which four out of ten of them could be classified as depressed based on a CES-D score of 16 or greater including 35 percent who reported moderate to severe level of depression. In contrast, none of the women in the university sample could be classified as depressed based on a score of 16 or greater. Although our sample size is very small and the participants represent a narrow and non-random segment of the larger Native Hawaiian female population, the high prevalence of depression symptoms in our sample of Native Hawaiian women is considerably higher than what has been previously reported in other studies of Native Hawaiian women using the same depression measure (Hayes et al., 2010; Kaholokula et al., 1999).

Based on the interviews with Native Hawaiian women, an overwhelming majority of them (97%) expressed a strong or shared identification and affinity toward their Native Hawaiian heritage and culture, and interest in connecting or learning more about their culture. This finding is consistent with reports based on quantitative investigations of Native Hawaiian cultural identity (Kaholokula et al., 2008; Kaholokula et al., 2009). A novel finding here, however, is the identification of specific factors associated with having a strong Native Hawaiian identity. The factors that were reported by the women to be associated with their cultural

identity included growing up in a family that maintained traditional Hawaiian customs and practices, having memberships and affiliations with Native Hawaiian organizations, having attended schools that emphasized Hawaiian values and culture, having lived through a period of strong Hawaiian social and cultural revitalization, and the maintenance of Native Hawaiian modes of living. Despite the strong Native Hawaiian cultural identity reported by the women, a few women did express an interest in reconnecting with or learning more about their Native Hawaiian culture. Additionally, some of the women spoke to the idea of a shared cultural identity amongst people who are born and raised in Hawai'i—often referred to as "local culture" (i.e., a hybrid of Native Hawaiian, Asian, and American values, beliefs, and practices that is shared by residents born and/or raised in Hawai'i).

Based on some of the women's responses, there is the implication of how the U.S. occupation of Hawai'i and its acculturation process have altered their views of themselves as Native Hawaiian, and their culture and modes of living. The accompanying cultural and social changes for Native Hawaiians and the adverse effects of these changes on their social and health status were themes that emerged from the survey. Their responses also suggest that multiple factors contribute to depression, with many of their responses implying that acculturation to mainstream U.S. culture, the oppression/marginalization of Native Hawaiians, stressful life circumstances, limited economic opportunities in Hawai'i, and financial challenges in a state with high costs of living were important factors related to depression. Previous researchers have also reported similar effects of acculturation and U.S. occupation on the mental health and well-being of Native Hawaiians (Crabbe, 1999; Kaholokula, 2007; Rezentes, 1996).

Some of the women shared stories about how depression is often associated with the historical oppression and marginalization of Native Hawaiians, which is consistent with the thoughts of many Hawaiian scholars. Rezentes (1996), Crabbe (1999), and Kaholokula (2007) have described the collective moral outrage and depression Native Hawaiians experience over the loss of their sovereignty and U.S. assimilation policies and practices that often pit Hawaiians' preferred modes of living against those of the U.S. mainstream. Studies have reported a higher prevalence of depression in Native Hawaiians compared to other ethnic groups in Hawai'i (Cho et al., 2006).

Among the eight participants who reported a CES-D score of 16 or greater, 75 percent expressed a strong cultural identification with their Native Hawaiian heritage and 25 percent a shared cultural identification. Most of these participants reported more than one cause of depression or sadness. Specifically, 75 percent felt that some people perceive depression as a personal weakness. Moreover, these participants felt that depression could be a result of having an identity crisis (50%), experiencing a stressful event (37%), and/or something that was inevitable in life (37%). One participant felt that some people are depressed because they lack social support in their lives. In addition to the small sample size limitation, our results regarding the relationship between cultural identity and depression are inconclusive, and, thus, further research needs to be conducted to better understand this relationship.

Our study focused on the adverse effects of acculturation and social changes on the psychological well-being of Native Hawaiian women. However, we would like to highlight the resilience of Native Hawaiians who have withstood many adversities and remain steadfast in their cultural beliefs, practices, and aspirations. What the findings of our study highlight is the importance of Native Hawaiian cultural values, beliefs, and traditions to many Native Hawaiians, despite the pressures to assimilate toward the U.S. mainstream. Tengan (2008) has pointed out many of the great strides Native Hawaiians have made over the past forty years to include Hawaiian language, music, and hula revitalization in schools with a Native Hawaiian-focused curriculum, which in turn increases educational opportunities and expresses strong optimism for Native Hawaiian political autonomy.

Strengths/Limitations

Our purposive sample of Native Hawaiian women included residents from the islands of O'ahu (an urban county) and Hawai'i (a rural county), which are the most populated islands in the state of Hawai'i. Also, persons who either reside or work in the community served as interviewers for the Hawaiian homestead community sample in which they interviewed all the women from their community who participated. We view this as a strength of our study because of the rapport they were readily able to develop with the participants and their cultural/community competency in understanding the lived experiences of the women.

Some limitations are worth noting. Our study had a small sample size and, thus, the results may not be generalizable to the larger Native Hawaiian female population. However, the main intent of the study was to investigate the complex topic of cultural identity and the conceptualization of depression through the voices of Native Hawaiian women; hence, our qualitative study elucidated some important dimensions of this topic.

It is also important to note that the depressive symptoms scale (i.e., CES-D) was used to assess participant's current level of depressive symptoms, whereas the semi-structured questions were used to elicit participants' beliefs about the causes of sadness and depression; thus, one method provided a quantitative measurement of depression and the other method provided a better understanding of the conceptualization of depression. The participants were purposely asked to complete the quantitative instruments prior to participating in the interviews; at times, the interviewers utilized the quantitative responses as a tool to ask the participants to elaborate on their responses. Though this is a common qualitative technique, the extent that the participants were prompted to discuss some issues and not others is unknown. Future studies can divide their sample in two groups, with one group completing the quantitative instruments first and the other group participating in the interviews first; therefore, findings may be compared to determine if there are differences by the type of method that was administered first.

Study Implications/Next Steps

Our findings suggest that many of the social stressors that contribute to the depressive symptoms of Native Hawaiian women could be, in part, linked to acculturation-related factors associated with U.S. occupation of Hawai'i and their social status as native people. This notion would certainly be consistent with the reports of many scholars of Native Hawaiian history and health (Kaholokula, 2007; Rezentes, 1996). We recommend that future researchers examine the relationship between psychosocial factors associated with U.S. acculturation (i.e. oppression) and depression.

There are other potential reasons that may explain the high depression found in the community sample compared to the university sample. For instance, the women in the community sample may have felt a sense of safety and trust with their interviewers because the interviewers are either from or work in the Hawaiian

homestead community, and therefore, been more likely to share their feelings of sadness or depression. One may also argue that this particular finding (high depression in the community sample) may be the result of a self-selected or biased sample. We explored this possibility by having a meeting with the interviewers after the data collection was completed. While we recognize that we had a convenience sample, the interviewers stated that the participants were not recruited to the study because of a pre-existing knowledge that the participants had a high mental health need.

Additionally, it was surprising that all of the women with significant depressive symptoms were found in the community sample to be residing in a Hawaiian homestead/homeland. Future researchers should investigate this finding further (e.g. determine the rates of depression among Native Hawaiians residing in other Hawaiian homesteads/homelands). It is important to note that our findings in no way imply that Hawaiian homestead residents are at an increased risk for depression compared to Native Hawaiians residing outside of homestead communities. It is probably a stronger indicator of SES-related factors and, thus, we would expect similar findings with Native Hawaiian women in a comparable SES residing outside of Native Hawaiian homestead communities. As a result, one of the pressing objectives is to better understand the socio-cultural and environmental context of Native Hawaiians who are residing in a Hawaiian homestead/homeland—where the purpose of the program is "to provide for economic self-sufficiency of Native Hawaiians through the provision of land"(Department of Hawaiian Homelands, 2010).

Moreover, given that 40 percent of all Native Hawaiians reside outside of Hawai'i (Leigh and Huff, 2002), we recommend that future research investigate the relationship between cultural identity and depression in other states as well. In addition, Native Hawaiians are newly listed as a racial group in the 2010 U.S. Census (U.S. Census Bureau, 2010). It is noteworthy to examine the impact of such a change in a demographic form, where a person is now provided with the option to self-report as Native Hawaiian.

Finally, while research examining the underlying causes of depression within a vulnerable population such as Native Hawaiians is warranted, researchers must work intimately with community-based organizations, providers, and public health workers in efforts to address the needs related to depression and other mental health

disorders. Such efforts must be grounded in cultural competency for them to be effective and culturally relevant for Native Hawaiians.

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