

2020

## Help-Seeking Behaviors Among Filipino Americans: Understanding Enculturation, Depression, and Anxiety

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# Walden University

College of Social and Behavioral Sciences

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Kristoffer John Almazan Rouse

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Walden University  
2020

Abstract

Help-Seeking Behaviors Among Filipino Americans: Understanding Enculturation,  
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by

Kristoffer John Almazan Rouse

MA, Argosy University, 2008

BA, Central Washington University, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

May 2020

## Abstract

Filipino Americans have some of the highest levels of psychological distress among all Asian Americans. However, underrepresentation in psychological studies and a unique set of cultural values and norms contribute to the lack of literature on the sources of this distress among Filipino Americans. The purpose of this quantitative study was to examine how aspects of cultural assimilation and norms of Filipino culture affect willingness of Filipino Americans to seek mental health services. Several factors, enculturation, anxiety, and depression, among Filipino Americans were examined to predict influence on help-seeking behaviors. A sample of 120 Filipino Americans living in the Pacific Northwest region of the United States were asked to complete a survey containing a researcher-designed demographic questionnaire, the enculturation scale for Filipino Americans instrument, the inventory of attitudes toward seeking mental health services, the willingness to seek counseling scale, the Beck depression inventory 2nd edition, and the Beck anxiety inventory. Cramer's help-seeking model served as the theoretical framework for this study alongside adaptations made to the model by Tullio, Velasquez, Bello, and Pinson to account for an additional element unique to Asian culture: loss of face. A hierarchical regression model was used to assess the strength of the effects. Regression analysis indicated that enculturation, anxiety, and depression were not predictive of help-seeking attitudes and willingness to seek counseling scores. The implications for positive change from the results of this study include educating Filipino Americans on seeking mental health services and educating psychological practitioners about an understudied community.

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## Dedication

This dissertation is dedicated to my very loving and very beautiful and extremely patient wife, Tracy Paragas Cristobal Rouse. The woman who pushed to me to achieve more than I thought was ever possible in life. Rest in peace, My Love. This is also dedicated to my Uncle Noye who told me that, "I can do better." May you rest in peace, Uncle.

## Acknowledgments

Thank you to all those who were involved in my journey and encouraging me to the end. To my wife, Tracy, I have kept my promise. To my children, Thomas Michael Cristobal Rouse and Madelyne Hope Cristobal Rouse, follow your dreams and live a happy life to its full potential. To Brian Rouse, for helping me to get back on my feet and your sacrifice for the family. To all my family and friends that have been a loving and supportive through all the mayhem in my life. To Dr. Tracy Marsh and Dr. Maron Sukal, thank you so much for your love and support in seeing me through this process and reaching the end.

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## Chapter 1: Introduction to the Study

### **Introduction**

According to Barnes, Adams, and Powell-Griner (2008), only 1.9% of all Asian Americans report severe psychological distress, compared to 2.9% of all Caucasian Americans. However, this statistic does not represent all Asian Americans. One of the most underrepresented subgroups of the Asian American community is Filipino Americans. Filipino Americans have one of the highest immigration rates to the United States and represent the second largest immigration group within the Asian American population (Hoeffel, Rastogi, Ouk Kim, & Shahid, 2012; National Institute of Mental Health [NIMH], 2013; Sanchez & Gaw, 2007). Filipino Americans are also one of the Asian American groups with the highest significant psychological distress (2.5%) compared to Chinese Americans (1.6%) and Japanese Americans (1.1%) (Barnes et al., 2008). In the current literature, a number of studies include Filipino Americans in their Asian American sample, but researchers have yet to distinguish this group during analysis to better understand their help-seeking behaviors, intent to seek counseling, mental health concerns, and enculturation issues (Alvarez & Juang, 2010; David, 2010; David & Okazaki, 2010; Kim, Kim, & Nochajski, 2010; Lee, Ju, Der Vang, & Lundquist, 2010; Maxell et al., 2010; Nguyen et al., 2010; Novin, Tso, & Konrath, 2013).

Interestingly, research into enculturation—the cultural value and norms held within the dominant culture (del Prado & Church, 2010)—among the Filipino American population is limited in regards to help-seeking behaviors and mental health (Okazaki, Kassem, & Tan, 2010). Researchers have examined the relationship between

enculturation and help-seeking behaviors among Filipino Americans, but the use of culturally sensitive instruments specifically attuned to Filipino cultural values has not been implemented (Baello & Mori, 2007). With strong adherence to Asian cultural norms, some individuals who experience strong negative emotions may forego seeking counseling, as it could bring shame to their family (Kim & Omizo, 2003). Tuliao et al. (2016) found that university students from the Philippines possessed a fear of “loss of face,” which had a positive association with self-concealment and intent to seek counseling but a negative association with attitudes toward counseling. As such, many Asian Americans report higher levels of depression and anxiety, which may become contributing factors when seeking mental health services (Cheung, Leung, & Cheung, 2010; Leung, Cheung & Tsui, 2012). Filipino American immigrants report significantly fewer levels of depression than their U.S.-born counterparts (Mossakowski, 2007). This variation of mental health concerns from the U.S.-born and immigrant population may also factor into help-seeking behaviors.

Cramer’s (1999) model for help-seeking behaviors, which served as the backbone for del Prado and Church’s (2010) study, identifies that individuals who pursue professional counseling services generally exhibit four fundamental vital features: (a) self-concealment, (b) social support, (c) problem severity, and (d) attitudes toward counseling. The Cramer model has proven useful in identifying and understanding these factors as well as implementing them into recent studies to further examine the relationship of help-seeking behaviors among Asian American college populations (Liao, Rounds, & Klein, 2005) and Philippines-based university students (Tuliao et al., 2016).

Del Prado and Church (2010) used Cramer's model as the primary structure to predict attitudes toward counseling among Asian Americans in densely populated U.S. states, such as California, Texas, and New York. However, the study included a loss of face variable that considers an important element of Asian culture. Help-seeking behaviors have been studied among different Asian American groups (Gloria, Castellanos, Park, & Kim, 2011; Mallinckrodt, Shigeoka, & Suzuki, 2005; Yi & Tidwell, 2005), but Filipino Americans have been understudied according to the current literature (Okazaki et al., 2010). The lack of research and models specifically focused on Filipino Americans underscores the need to evaluate the current models and instruments used to identify the relationship between enculturation and its influence on seeking mental health services. The following sections will include the background, problem statement, purpose of the study, research questions and hypotheses, conceptual framework, nature of the study, definition of terms, assumptions, scope and delimitations, limitations, significance of the study, and a summary.

### **Background of the Study**

Research into motivational factors for Filipino Americans to seek mental health services is limited. According to Okazaki et al. (2010), some studies have focused on Asian American groups and subgroups, such as Chinese Americans, Japanese Americans, and Korean Americans. However, the authors promoted the need for future studies to examine the underreported segments, such as Filipino Americans. Attempts to provide a deeper understanding of this population have been noted in previous studies. For instance, David (2010) examined the relationships between cultural mistrust and help-

seeking attitudes for mental health issues by Filipino Americans. This provided a more in-depth understanding of the complications that arise from past colonialization issues and trust toward mental health professionals. Alvarez and Juang (2010) found that many Filipino Americans suffered from poorer mental health, which was associated with racism. This study will address the validity of Cramer's model and del Prado and Church's model in a sample of Filipino Americans in a less densely populated area, specifically the Pacific Northwest. The study will also address how enculturation, anxiety, and depression affect help-seeking behaviors among Filipino Americans, as previous studies focused on Asian Americans as a whole.

Several psychometric measures have been used to help better understand the growing Asian American population. Such tools as the inventory of attitudes toward seeking mental health services (IASMHS) and the willingness to seek counseling scale (WSC) have been well-documented within the literature for identifying the everyday needs and concerns of college Asian Americans (Gim Chung, Atkinson, & Whiteley, 1990; Mackenzie, Knox, Gekoski, & Macaulay, 2004). Although specific screener tools for understanding Filipino Americans are quite limited, current researchers have nonetheless continued in this area. For example, del Prado and Church (2010) created an enculturation scale to help understand the mental health needs of Filipino Americans; the authors measure consisted of three dimensions: (a) connection with the homeland, (b) interpersonal norms, and (c) conservatism. These dimensions are areas found to be of importance to Filipino Americans, but additional use of their psychometric measure would be useful in exploring help-seeking attitudes. In this study, I address the validity of



Cramer's (1999) model and del Prado and Church's (2010) model in a sample of Filipino Americans in a less densely populated area, specifically the Pacific Northwest. This research also addresses how enculturation, anxiety, and depression affect help-seeking behaviors among Filipino Americans, as previous researchers focused on Asian Americans as a whole.

### **Problem Statement**

The reluctance of the Filipino community to seek counseling for psychological distress is disconcerting. Filipinos in the United States in particular have the highest rates of psychological distress compared to all other Asian American groups, yet their ability to seek help for their mental health needs is guided by a set of cultural norms and mores that prevent them from obtaining the help they need (David, 2008; Gonzalez, Ramos-Sanchez, Tran, & Roeder, 2006). The current literature does not include enough research focused on the Filipino American community to understand help-seeking behaviors, mental health concerns, or enculturation issues (David & Okazaki, 2006). Tulliao (2014) argued the importance of updating current research concerning Filipino Americans. According to Tulliao (2014), most studies were completed within the end and beginning periods at the turn of the century. Tulliao (2014) argued that additional research on the cultural influence and generalizability of researched variables associated with help-seeking behaviors needs to be replicated to other Filipino groups within United States, Canada, and Australia. Filipino Americans are often overlooked in research and often avoid reporting problems due to cultural norms and language barriers (Chang & Samson, 2018). Often, Filipino Americans are blended into the general Asian American

population during research without any method to distinguish them for analysis (Alvarez & Juang, 2010; David, 2010; David & Okazaki, 2010; Kim et al., 2010; Nguyen et al., 2010). This makes Filipino Americans an invisible minority group in the field and places them at high risk for many behavioral health issues; research has identified family and religion as the primary sources of mental care, which may be sources of positive support or stress for many Filipino Americans (Javier, Galura, Aliganga, Supan, & Palinkas, 2018).

The continuing underrepresentation of Filipino Americans in research leaves them understudied and misunderstood. As such, this study aims to further validate Cramer's (1999) model and del Prado and Church's (2010) model in a sample of Filipino Americans. Cramer's (1999) model for help-seeking behaviors underscores four key features that individuals pursue when seeking professional counseling: (a) self-concealment, (b) social support, (c) problem severity, and (d) attitudes toward counseling. This model is useful in examining help-seeking behaviors among Asian American and Philippine-based university students but does not target Filipino Americans (Tuliao et al., 2016).

As such, this study will also target Filipino Americans in the Pacific Northwest region of the United States as current literature lacks relevant information on the help-seeking behaviors of Filipino Americans in respective regions of the United States. Understanding this segment of Filipino Americans will be useful, as some behaviors and aspects of culture in the Pacific Northwest are unique to that specific region and may affect help-seeking behaviors. Certain features of the culture of this specific region that

can be recognized may help in the process of identifying factors unique to other regions of the United States that influence depression and anxiety among Filipino Americans.

### **Purpose of the Study**

The purpose of this quantitative, correlational study was to examine how enculturation, anxiety, and depression affect help-seeking behaviors among Filipino Americans. There are limited studies on the mental health characteristics of Filipino Americans as a specific subgroup of the Asian American population (Tuliao, 2014). The Asian American community is a diverse cultural group that differs by language/dialects, socioeconomic status, cultural norms, country of origin, use of health care, and health outcomes (Sonsona, 2014). This study will address the gap associated with mental health issues often observed in various Asian American populations (Ang, Palaiyan, & Goh, 2003; Cheung & Cheung, 2011; Javier et al., 2018; Leung et al., 2012) and cultural beliefs that contribute to resistance toward mental health services (Chang & Samwson, 2018; David, 2010). Additionally, this study will also address the stressors Filipino Americans endure when assimilating into a host culture while attempting to maintain their cultural heritage (Choi, Park, Lee, Yasui, & Kim, 2018). It is significant to examine these stressors and the gap in knowledge about Filipino Americans because of the potential contributions to the already limited literature on this group.

### **Research Questions and Hypotheses**

Based on Cramer's (1999) help-seeking model, in the current study, I aim to understand and explore the relationship between help-seeking behaviors with enculturation, depression, and anxiety among Filipino Americans. Help-seeking behavior

can be separated into two areas: attitudes toward counseling and willingness to seek mental health services (Kim & Omizo, 2003; Liao, Rounds, & Klein, 2005).

RQ1: Do enculturation, anxiety, and depression scores predict attitudes toward help-seeking behaviors for mental health services among Filipino Americans?

$H_{01}$ : Enculturation, anxiety, and depression scores are not predictive of attitudes toward help-seeking behaviors for mental health services among Filipino Americans.

$H_{a1}$ : Enculturation, anxiety, and depression scores are predictive of attitudes toward help-seeking behaviors for mental health services among Filipino Americans.

RQ2: Do enculturation, anxiety, and depression scores predict willingness to seek counseling behaviors toward mental health services among Filipino Americans?

$H_{02}$ : Enculturation, anxiety, and depression scores are not predictive of willingness to seek counseling behaviors toward mental health services among Filipino Americans.

$H_{a2}$ : Enculturation, anxiety, and depression scores are predictive of willingness to seek counseling behaviors toward mental health services among Filipino Americans.

To gather the data, I used the following instruments to measure the independent variables:

1. Demographics (sociodemographic): age, education, marital status, gender, generation, and ethnicity;
2. Enculturation scale for Filipino Americans (ESFA; enculturation);

3. Inventory of attitudes toward seeking mental health services (IASMHS; attitudes toward mental health services);
4. Willingness to seek counseling scale (WSC; willingness to seek mental health services);
5. Beck depression inventory, 2nd edition (BDI-II; depression); and
6. Beck anxiety inventory (BAI; anxiety).

### **Theoretical and Conceptual Framework**

Cramer's (1999) help-seeking model served as the theoretical framework for this study. Through the help-seeking model, Cramer asserted that an individual's desire/ability to find professional mental health services depends on the interaction of four variables: (a) attitudes toward seeking counseling, (b) social support, (c) problem severity, and (d) self-concealment. Based on these four variables, the model predicts that individuals will seek professional help when both problem severity and attitudes toward seeking counseling are high. When these two variables are elevated, individuals seeking help also have low levels of social support and higher levels of self-concealment. However, Cramer noted a contradiction where individuals with high self-concealment have an association with intensifying psychological issues and the inhibition of help-seeking by lowering attitudes toward counseling.

Adaptations to Cramer's model by Tuliao et al (2016) informed this research as it pertains to Filipino culture and beliefs regarding mental health services. According to this new model, the inclusion of the term "loss of face"—the perceived threat or loss of social integrity in interpersonal and psychosocial dynamics (Leong, Kim, & Gupta, 2011)—

provided an additional element unique to this population. As Tuliao et al. (2016) noted, loss of face was positively associated with intent to seek counseling services and self-concealment. Though counterintuitive at first, this may imply that Filipino culture places importance on solving mental health issues while not allowing the social circle to be aware a problem exists. This will help inform how to incorporate the variables, such as enculturation, the cultural customs and values retained within a foreign culture (Baker, Soto, Perez, & Lee, 2012; David, 2010; Miller, 2007), depression, and anxiety (Ang et al., 2003) into the current study of Filipino Americans. Incorporating these variables provided a numerical measurable method in understanding how enculturation, depression, and anxiety affect help-seeking behaviors.

### **Nature of the Study**

In this nonexperimental correlational study I used a quantitative approach with a hierarchal regression analysis predictive model. Previous studies, such as the Cramer (1999) and del Prado and Church (2010) models have relied on a quantitative method to empirically and repetitively measure trends in behavior and cultural values that influence help-seeking behavior. With this study, I intended to build on those models. The hierarchal regression model will provide a deeper understanding of analysis by constructing a consecutive linear regression model and adding extra predictors to determine if other models work better than previous ones.

Additionally, it was expected that distinct aspects of enculturation would be correlated, and quantitative analysis was used to help identify those trends. Using a hierarchal linear regression model also helps determine which factors account for

changes in the levels of the four variables described in the Cramer model. As such, for this study, I followed a similar online sampling method to the del Prado and Church (2010) study. I used three independent variables in this study: (a) enculturation, (b) depression, and (c) anxiety. Dependent variables were the IASMHS scores (consideration of seeking mental health services) and WSC scores (willingness to seek mental health services). The enculturation scores were analyzed using the hierarchal regression model.

### **Definition of Terms**

*Acculturation:* The process by which an individual adopts the values of the dominant host culture (Yoon, Hacker, Hewitt, Abrams, & Cleary, 2011).

*Anxiety:* Excessive worry, fear, irritability, restlessness, muscle tension, and sleep disturbance (American Psychiatric Association, 2000).

*Asian Americans:* Individuals born in Asian countries who have lived within the United States of America for more than 1 year (Barnes & Bennet, 2002). These individuals may possess any legalized status, including naturalized citizenship, legal permanent residence, and any individuals with working or student visas (Oza-Frank, Cheng, Narayan, & Gregg, 2009).

*Depression:* A mood disorder that affects the functions of emotion, cognitive, and social well-being. Symptoms include loss of energy, poor sleep patterns, difficulty with memory and concentration, fatigue, irritability, social withdrawal, and poor eating habits (Benek-Higgins, McReynolds, Hogan, & Savickas, 2008).

*Enculturation:* The degree to which an individual retains their indigenous cultural practices within dominant cultural norms (Nadal, 2004; Yoon, Langrehr, & Ong, 2011).

*Filipino Americans*: Individuals who were born in the Philippines or are descended from such a group, who have lived in the United States for at least 1 year. These individuals may possess any legalized status, including naturalized citizenship, legal permanent residence, and any individuals with working or student visas (Oza-Frank et al., 2009).

*Help-seeking behaviors*: Help-seeking reactions to illness within a health care system (Kleinman, 1978).

*Inventory of attitudes toward seeking mental health services (IASMHS)*: Measurements used to relate the attitudes and perceptions toward seeking help from mental health professionals (Kim & Omizo, 2003).

*Sociodemographic information*: Information regarding the age, gender, marital status, religious affiliation, ethnicity, immigration and generation status, language, and education of participants. Identification of these areas will help to control for any potential confounding variable influence.

*Willingness to seek counseling scale (WSC)*: A psychological instrument used to assess the intent to find and use mental health professionals (Atkinson, Lowe, & Matthews, 1995; Gim Chung et al., 1990, Kim & Omizo, 2003). This differs from the IASMHS, as the constructs of the psychological test measures immediacy of seeking help (Mackenzie et al., 2004).

### **Assumptions**

I assumed that the participants participated in the study voluntarily, which would not create any bias. I expected that participants would answer truthfully and completely



each online question. Participants were above the age of 18, resided in the Pacific Northwest region of the United States, and were of Filipino descent. Also, it was assumed that the psychological instruments used in this study were appropriate for the above-defined variables.

I assumed that confusion would arise for some participants regarding some items on BDI-II and BAI due to the technical language used in the survey, which may not have been fully understood by participants. I assumed that participants would be able to answer the questionnaire understanding about reporting symptoms within the preceding 2 weeks. To assure that participant answers were as truthful as possible, participants remained anonymous and responses remained confidential. Participants were allowed to withdraw at any time without ramifications if they experienced discomfort while answering the survey.

### **Scope and Delimitations**

The primary focus of this study was to only include as main participants Filipino Americans in the Pacific Northwest region of the United States. For this study, participants were defined as Filipino Americans above the age of 18, who have lived in the United States for more than 1 year.

Delimitations included in this study were participants who could read and speak English. Exclusion criteria for participants were those who lived less than a year in the United States, any individual who did not identify as Filipino American, and any participant who lived outside the Pacific Northwest region.

### **Limitations**

This study focused on the relationship between the independent variables (enculturation, depression, and anxiety) and dependent variables (IASMHS scores and WSC scores). As such, threats to internal and external validity were warranted. For instance, the online questionnaire was only in English and was not available in native Filipino languages, such as Tagalog or other Filipino dialects. Due to the assumption that participants would be able to read and comprehend English, I may not have fully representative data of the experiences of most Filipino American immigrants in the Pacific Northwest region of the United States. Individuals in this group may not be able to read or speak English and therefore were unable to participate in the study.

Additionally, there may have been some misunderstandings for participants if English was their second language. Technical language in the survey may have created misunderstandings of what was being asked and participants may have answered in accordance to what they thought was being asked rather than what was being asked. Thus, the results might not be fully representative of the Filipino immigrant experience. Threats to external validity may include sampling from outside the United States. Due to the anonymous online nature of the sampling method, responses from individuals outside the Pacific Northwest could skew results.

### **Significance of the Study**

In this study, I sought to fill the significant gap in the research by examining specific factors that influence help-seeking behaviors of mental health services by Filipino Americans. With the unique nature and limited understanding of this population

(Okazaki et al., 2010), the findings provide a deeper understanding into the influence of enculturation, depression, and anxiety on seeking help. This study contributes to the growing literature related to Filipino Americans, which may include possible culturally specific interventions and awareness strategies best aimed to help this population.

As noted by the American Psychological Association on multicultural practice, therapists are encouraged to recognize the importance of multicultural sensitivity and understand the impact of racial and ethnic values among different individuals (Anderson, 2002). This could also include culturally specific outreach strategies for areas highly populated with Filipino Americans. Due to the rising population and immigration rates, concerns and fears about how to approach mental health services could be better addressed to help with overall wellness of individuals and how they function in society. Considering the lack of literature of help-seeking behaviors among Filipino Americans, I hoped that the variables used here would help expand the general understanding of this understudied population (Okazaki et al., 2010).

### **Summary**

To assist Filipino Americans in seeking mental health services for depression and anxiety, a deeper understanding of the Filipino community is necessary. The lack of information on the impact of Filipino cultural values and their influence on seeking mental health counseling is a subject of concern as this is an underserved and underreported population in the field of psychology (Nadal, 2004). Filipinos represent one of the ethnic groups with the highest immigration rates, but many will not seek assistance for mental health due to cultural values not fully understood within

psychological literature (Tuazon, 2013). Previous research has focused on the Asian American community overall, but the Filipino subgroup of that community represents a small subsample that has not been adequately disaggregated in prior research. To better assist this community, the information gap must be acknowledged and addressed. A central concept to investigate among the Filipino American community is enculturation, the cultural values and norms held within the dominant culture, and if enculturation influences attitudes toward seeking mental health services.

For this study, quantitative measures of three independent variables (enculturation, depression, and anxiety) and two dependent variables (IASMHS scores and WSC scores) were measured using a structured online survey distributed to participants. The participants recruited for the study were acquired through Filipino Associations throughout the Pacific Northwest. Participants were over the age of 18 and joined the study voluntarily. Additionally, questionnaires were considered to have been completed fully and each item truthfully answered, and each participant could fully speak, write, and read English. Due to the nonexperimental nature of this correlational study, a hierarchical regression analysis predictive model was used to determine the relationship between the independent and dependent variables. The results cannot be generalized for populations beyond the Filipino American community and the study results contribute to the information base about Filipino Americans. In Chapter 2, I review existing literature in the research of the Filipino American community and different psychometric measures used in assessing influences on seeking mental health counseling.

## Chapter 2: Literature Review

### **Introduction**

The Filipino American demographic represents the second largest Asian American population behind Chinese Americans (Centers for Disease Control and Prevention, 2008). Filipino Americans seek mental health services much less frequently than other Asian American populations (Gong, Gage, & Tacata, 2003; Tanaka-Konayagi, 2001; Tewari, 2009; Ying & Hu, 1994). Due to a lack of significant psychological research into this ethnic group, insight into the needs of Filipino Americans and the influence of factors such as depression and anxiety have not been empirically investigated. Additionally, since studies of this group have only occurred in the last century, differences in psychometric measures and ethnic influences have reported conflicting results. As such, research concerning help-seeking behaviors has been split into two distinct categories, which has led to some complexity for future investigations (Kim & Omizo, 2003; Liao, Rounds, & Klein, 2005).

### **Literature Search Strategy**

In this chapter, I review literature related to Filipino Americans, depression and anxiety among Asians, and enculturation. For this review, I obtained peer-reviewed articles from online databases, such as EBSCO, PsycINFO, Academic Search Primer, ProQuest, and other relevant online sources containing information pertinent to the search terms. Specifically, the keyword search terms I used for this review were *enculturation*, *Filipino Americans*, *Asian Americans*, *help-seeking behaviors*, *depression*, and *anxiety*. The first section of this chapter will include current research regarding Filipino

Americans, and the second will contain a review of current research on help-seeking behaviors in Asian cultures as well as an introduction to Cramer's help-seeking model. In the third section, I review enculturation and current progress in the field, and in the fourth section, I discuss the influence of anxiety and depression on Asian Americans.

### **Theoretical Foundation**

Modern versions of help-seeking models have been adapted for use by Asian Americans recently (Tuliao et al., 2016; Liao et al., 2005). To help bridge the gap between different population samples at college campuses, the Cramer (1999) model for help-seeking behaviors has been used to help identify issues commonly associated with U.S. college students. The model itself was an attempt to help link the differences between the Kelly and Achter (1995) and Cepeda-Benito and Short (1998) help-seeking models, which I explore in this section.

### **Cramer's Help-Seeking Model**

Cramer's (1999) model focuses on individuals who pursued professional counseling services that exhibited four fundamental vital features: (a) self-concealment, (b) social support, (c) problem severity, and (d) attitudes toward counseling. Although different levels of each category are presented among a given population, the model suggests that individuals are more likely to seek professional help when problematic factors are high and their attitudes toward seeking help are positive (Tuliao et al., 2016). This suggests motivation to seek professional help with such a state of personal distress has reached a significant level that pushes the individual to address their mental health issues. Interestingly, the model also shows that problem severity is most likely higher

among those with low social support and elevated levels of self-concealment. Thus, individuals in situations where they cannot express themselves with others could be experiencing fear of shame or losing social status.

The model also suggests that higher forms of self-concealment are also associated with negative attitudes toward counseling and low social support. For the individual, this creates additional barriers for seeking mental health treatment. Prior help-seeking model researchers, such as Kelly and Achter's (1995) model, found that attitudes toward seeking counseling variables and self-concealment were the only significant variables toward help-seeking on college campuses. However, Cepeda-Benito and Short (1998) found that substantial predictors can be determined by level of distress, attitude toward seeking help, and social support. The variable interaction between self-concealment and social support was also a predictor in the study, suggesting other unknown variables need be explored (Cepeda-Benito & Short, 1998).

The Cramer model assisted in identifying and understanding distinct factors in recent studies examining the relationship of help-seeking behaviors among Asian American college populations (Liao et al., 2005) and Philippines-based university students (Tuliao et al., 2016). Both studies indicated that acculturation factored heavily in participants' need for help-seeking behaviors. According to Liao et al. (2005), acculturation showed not to directly affect willingness to seeking counseling, but level of acculturation influences individual attitudes toward seeking counseling, leading to an increased need to seek mental health services.

### **Help-Seeking Behaviors in Filipino American Culture**

Researchers have found that mental health services use may vary among different Asian American groups, as attitudes and personal biases have progressed to help understand this diverse population (Barnes & Bennett, 2002; Kim & Omizo, 2003). According to Gong et al. (2003), 75% of Filipino Americans have never used any mental health services; the remaining population has sought help from close friends, spiritual guidance, and supernatural means. Abe-Kim, Gong, and Takeuchi (2004) indicated that Filipino Americans with higher religious values would seek help from clergy rather than from mental health professionals. However, higher levels of spirituality were associated with a lower need to seek mental health counseling (Gong et al., 2003).

Cultural mistrust, as indicated by Terrell and Terrell (1981), has led to general uncertainty among African Americans toward Caucasian Americans in areas of politics, law, education, employment, and health care. Modern experiences involving the oppression of Filipino Americans by Caucasian Americans have created a similar uncertainty (Terrell & Terrell, 1981). Despite the sovereignty given to the Philippines in 1946 by the United States, U.S. culture and military life continued to influence Filipino lives until 1992 (Migration Policy Institute, 2006).

The use of English as the primary language over the native dialect, Tagalog, within its laws, education, and government serves as a constant reminder of cultural oppression, and this form of colonialization valued U.S. culture over Filipino heritage (David & Okazaki, 2006). Although Filipino Americans have greater access to mental health services because of their higher socioeconomic status and familiarity with the



English language and U.S. culture, these services are generally underutilized (David, 2010; Gong et al., 2003; Tanaka-Konayagi, 2001; Ying & Hu, 1994). As such, barriers to Filipino Americans seeking medical and mental health services may be related to their underlying distrust. However, Gong et al. (2003) found that bilingual Filipino Americans are more apt to seek psychological help due to familiarity with U.S. culture.

### **Measures of Help-Seeking Behaviors**

Studies related to helping-seeking behaviors have expanded to different Asian American groups (Atkinson & Gim, 1989; Atkinson et al., 1995; Gim Chung et al., 1990; Tata & Leong, 1994). However, different constructs for understanding the Asian American population—such as attitudes toward seeking psychological help (Atkinson et al., 1995; Tata & Leong, 1994) and willingness to seek counseling (Atkinson et al., 1995; Gim Chung et al., 1990; Liao et al., 2005)—vary. The most commonly used instrument to measure these types of attitudes and willingness, developed by Fischer and Turner (1970), is the attitude toward seeking professional psychological help (ATSPPH) survey, which uses a Likert-type scale that assesses (a) need for psychological aid, (b) shame tolerance, (c) openness to others, and (d) trust toward mental health therapists.

ATSPPH was later adapted by Mackenzie et al (2004) into IASMHS. The researchers developed this 24-item instrument to measure the mental health help-seeking attitudes of its participants, focusing on three categories: (a) psychological openness, (b) help-seeking propensity, and (c) indifference to stigma. The use of the measures relating to attitudes towards seeking help identifies the perception of mental health professionals

and streamlines a global construct for understanding help-seeking behaviors (Kim & Omizo, 2003).

The WSC test, a psychological instrument commonly used in assessing Asian Americans (Atkinson et al., 1995; Gim Chung et al., 1990, Kim & Omizo, 2003), has researchers ask participants to endorse items that reflect their willingness to see a mental health professional. Contrary to prior constructs that focus on attitudes toward seeking help, questions in the WSC test focus on the individual's intent to seek and consult a mental health professional (Mackenzie et al., 2004). Compared to European Americans, Asian Americans are more likely to seek professional help when experiencing issues involving academics (Atkinson, Morten, & Sue, 1998; Liao et al., 2005). However, the use of such instruments has solely targeted on-campus college student populations with little research applied to other relevant populations (Gim Chung et al., 1990; Kim & Omizo, 2003; Sheu & Sedlacek, 2004).

Tools used by researchers on studies of anxiety and depression among Asian Americans and factors that affect help-seeking behaviors have been modified over multiple studies (del Prado & Church, 2010; Tuliao, 2014). Significant aspects of Asian cultures that permeate decision-making behaviors and attitudes as well as the similarities in all Asian American cultures that exist have been identified by researchers using these tools (Park; 2011; Ro, 2012; Tummala-Narra, Alegria, & Chen, 2012). Additionally, these tools use the work of previously existing measurement tools, such as the Likert scale, to streamline understanding of certain behaviors. However, these tools are generalized towards Asian Americans, overall, and do not account for specific

eccentricities, values, and norms unique to specific Asian American subgroups (del Prado & Church).

### **Current Studies on Filipino Americans**

Literature on Filipino Americans is limited at best (Lee, Choi, & Matejkowski, 2013). According to researchers, Filipino Americans are under-researched as they are often combined with other Asian American minorities (Kim & Park, 2015). This is problematic as Filipinos represent the third largest U.S. immigrant group next to Mexicans and Chinese. Additionally, Filipino Americans are the second largest Asian American group in the United States (Hoeffel et al., 2012; Sanchez & Gaw, 2007). Though current literature indicates increasing levels of depressive symptoms and suicidal ideation among Filipino Americans, a lack of psychological research remains on Filipino Americans along with underutilization of professional counseling services (Agbayani-Siewart & Enrile, 2003; David, 2008, 2013; NIMH, 2013; Tuazon, 2013; Willgerodt & Thompson, 2006).

### **Cultural and Language Barriers**

Research on the use of mental health services by Asian Americans can be difficult, as many refused to seek assistance due to firm adherence to cultural values and beliefs (Tuliao et al., 2016). Researchers have stated that Asian Americans use professional counseling and mental health services at one-third the rate of what is expected of a population of their size (Abe-Kim et al., 2004; Tewari, 2009; Yang & WonPat-Borja, 2007). Other researchers who have explored Filipino American mental

health highlight other serious issues; specifically, high rates of depression (David, 2008; Kuo, 1984; NIMH, 2013).

Asian Americans also may not use professional mental health services due to language barriers. Some bilingual Asian Americans have limited English competency and are unable to communicate complicated feelings or thoughts (Sue & Sue, 1990). Complications arise as emotions are better communicated in the individual's primary language in comparison to their second language (Alpert & Marcos, 1976). This results in misinterpretation and misdiagnosis, potentially hindering help-seeking behaviors and affecting the confidence to properly communicate their internal processes for an accurate depiction of their current symptoms. Researchers also found that clients attend more counseling sessions, have better rapport, and feel their sessions are more effective when therapists and clients speak the same language (Flaskerud & Liu, 1990; Leong, 1986). Compared to other Asian American groups, Filipinos have a stronger familiarity with the English language and U.S. culture (Agbayani-Siewert & Revilla, 1995). As a result, Filipino Americans experience better cohesion and a supportive, adhesive environment for the understanding of U.S. or western forms of therapeutic practices. Mistranslation of such terms or concepts is also less frequent as English is taught in Filipino educational systems.

### **Mental Health Issues**

Literature on the mental health of the various Filipino American subcommunities is limited. Few researchers have analyzed developmental ethnic influences toward mental health issues, such as depression and anxiety, among Filipino Americans (del Prado &

Church, 2010). However, similarities were found in the mental health issues of Caucasian American and Filipino American populations, such as causes of schizophrenia and major depression (Edman & Johnson, 1999). Emotions, stress, family issues, drug use, and alcohol abuse are the most active contributors to these mental illnesses in both groups (Edman & Johnson, 1999). This cross-cultural similarity in mental health issues may bridge some gaps in Filipino American literature as it shares its influences from U.S. colonization (David, 2008).

Filipino Americans also face issues with compulsive gambling, imprisonment, HIV contraction, teenage pregnancy, and dissatisfaction with life (Cabezas, 1982; Nadal, 2004; Quiton, 2006; Rumbaut & Ewing, 2007; Weitz, Harper, & Mohllajee, 2001). Researchers have suggested that Filipino Americans also experience high rates of eating disorders and schizophrenia (Barreto & Segal, 2005; Clement, 2015; NIMH, 2011; Robinson, Chang, Haydel, & Killen, 2001; Sanchez & Gaw, 2007; Yates, Edman, & Aruguete, 2004). However, higher income (APA Task Force on Socioeconomic Status, 2006), possessing health insurance (Abe-Kim, Takeuchi, & Huang, 2002), and assimilation into American culture (Abe-Kim et al., 2004; Liao, Rounds, & Klein, 2005; Shea & Yeh, 2008) are predictive of higher levels of seeking professional counseling services. This suggests that given the opportunity to seek mental health services, certain forms of social or economic requirements are needed. However, the motivation for such actions is still lacking.

## **Spiritual Beliefs**

Filipino Americans rated the use of spiritual/supernatural, personal, and social treatments as equally valid as mental health counseling (Yeh, & Kwong, 2009). Filipino Americans' aversion to seeking mental health treatment may also be related to the belief that supernatural and spiritual roots cause mental illness and only specific spiritual treatments must be used to treat it (Yeh, Inman, Kim, & Okubo, 2006). Due to deep-rooted Catholic beliefs, Filipino Americans are more likely to seek church leaders instead of mental health professionals for counseling services (Abe-Kim et al., 2004). This suggests that familiarity with individuals who have similar religious background may be a possible factor in seeking professional help as long it is in line with current religious or spiritual practices.

Due to the respective Spanish and American occupations of the Philippines, 83% of the Filipino population practices Catholicism (Sustento-Seneriches, 1997). Filipinos also devote themselves to the Catholic religion to a high degree, a term defined by Oman and Thoreson (2002) as religiosity. Religiosity is measured by the level of regularity of engagement of religious beliefs and practices, whether at public services or in private. In contrast, many Filipinos do not feel similar levels of spirituality, or the feeling of strength, comfort, peace, or harmony from religious practice (Fetzer Institute, 1991).

The distinction between the two terms is essential as Filipino Americans report high levels of religiosity and not spirituality (Miller & Thoresen, 2003). Highly spiritual individuals reported lower levels of emotional distress whereas highly religious individuals reported higher levels of psychological distress similar to those seeking help

from mental health professionals (Abe-Kim et al., 2004). However, Abe-kim, Gong, & Takeuchi found that higher levels of religiosity did not correlate with less help-seeking from professional counseling services. Individuals with higher levels of religiosity sought help from priests and religious officials due to accessibility and not dissatisfaction with professional counselors. The familiarity with priests and ministers prompted help-seeking from religious officials.

Higher levels of spirituality in the same study instead correlated with a reduced likelihood of help-seeking from professional counseling services but not a higher probability of seeking help from religious officials. Filipino Americans participants sought help at similar rates from religious officials (2.5% of the Filipino American population) and professional counselors (2.9% of the Filipino American population).

Researchers have found that age and generational status of Filipino Americans are also factors in willingness to seek counseling services. In a study by Javier, Supan, Lansang, Beyer, Kubicek, & Palinkas (2014) on mental health prevention behaviors among Filipino American youth, mental health providers noted that Filipino American youth were not encouraged to talk about feelings by their first-generation parents and community. The parenting style of the participants in the study was centered on those of traditional Asian values with the focus of good grades and receiving rewards for achievements (Javier, Supan, Lansang, Beyer, Kubicek, & Palinkas, 2014).

Many Filipino American children in the study described being afraid to communicate their problems with their parents out of fear of the parents' reaction. Teenage children of first-generation Filipinos stated how they would instead not return to

their home due to the stress created by the parents (Javier et al., 2018). Parents would often yell at their children, refuse to spend time with them, spank them “like a child,” and would not have their concerns heard, creating an environment that lacked any nurturing or support. As a result, many Filipino American adolescents join gangs to find the family bond that is non-existent in their homes. Lack of supervision allows adolescents the freedom to express themselves in unhealthy ways and experiment with anything deemed unacceptable in the house.

### **Parenting Styles and Physical Abuse**

Parenting styles of first-generation Filipinos were found to severely affect a child’s willingness to have open communication (Javier et al., 2018). Filipino parents often employ verbal and physical abuse without an awareness of the effects on the child. Typical methods of verbal abuse involved attacks on the child’s self-esteem. Parents would often attack the aspects of traditional Asian values that were deemed important, such as grades and family reputation. With divorced parents, mothers often compare the children to their father, whom they deemed inferior (Coffey et al, 2015).

Physical abuse is often employed in Filipino American homes due to the widespread use of physical violence in the Philippines as a form of discipline. Most first-generation parents are unaware of the laws prohibiting physical abuse of children in America and believe that the abuse will better the child. When informed of the effects of the physical and verbal abuse, parents in the study were unaware of the consequences of their actions (Javier et al., 2014). Parents in the study were also informed of the effects of their physical abuse on a child’s self-esteem and the resulting fear of expression.



## **Cultural Factors**

Other cultural barriers for treatment include loss of face, or the perceived threat or loss of social integrity in interpersonal and psychosocial dynamics (Leong et al., 2011; Tuliao, 2014). Loss of face adds an additional element unique to this population, resulting in a negative association with attitudes toward counseling. Additionally, this indicates that Filipino Americans have mental health needs that require attention (Leong et al., 2011; Tuliao, 2014).

Gong et al. (2003) stressed the importance of understanding the context and culture of Filipino Americans and loss of face. The researchers analyzed four main concepts in Filipino American culture: (a) “Hiya,” the set of values underscoring the need to save face and the shame of losing face; (b) “Amor propio,” the value and importance of self-image or prestige required to be accepted in the group; (c) “Pakakisama,” the expectation of giving completely to all members of the group for acceptance and belonging; and (d) “Utang na loob,” meaning a debt of gratitude to others. These four concepts are the fabric of Filipino group culture, representing the core values of unity and avoidance of conflict within the group to save face.

Filipino Americans are very family-oriented and develop robust support systems within the family. Researchers from the Filipino American Community Epidemiological Study (FACES) as well as Gong et al. (2003) found that 75% of a sample of Filipino Americans have never used any professional counseling service with 17% receiving help from non-professionals such as friends, fortune tellers, etc. This aversion to seeking

mental health treatment signifies a need for further research to understand Filipino American culture.

Cultural factors affecting Filipino Americans and attitudes towards counseling are similar to those in other Asian American cultures. Researchers prior to the David (2010) study focused on aspects affecting the mental well-being of Asians and Asian Americans in the better-known Asian cultures (Chinese, Japanese, Korean). The similarities between these cultures and Filipino American culture provide useful insight. However, generalizing these factors across all subsets of Asian American cultures does not fully encapsulate Filipino American culture or the psychological effects upon Filipino Americans by its own culture. Specific aspects unique to Filipino history and Filipino American culture have only been addressed with recent research and are not fully understood. It is the intent of this study to provide missing information on those factors that affect Filipino Americans, their mental health, and their willingness to seek professional mental health counseling.

### **Enculturation and Acculturation Among Filipino Americans**

Researchers on acculturation (Abe & Zane, 1990; Buki, Ma, Strom, & Strom, 2003; Gonzales, Ramos-Sanchez, Tran, & Roeder, 2006; Myers & Rodriguez, 2003; Takeuchi et al., 1998; Yeh, 2003) have highlighted the effects on Asian Americans and the subsequent challenges for therapy. As defined by Gonzales et al. (2006), acculturation is the degree to which an individual from another cultural setting adapts and changes to the new dominant culture. If an individual has a higher level of acculturation, the

individual has a greater chance of successfully assimilating into a new culture (Buki et al., 2003). David (2010) found that second or later generations of Filipino Americans had fewer concerns with loss of face and lowered obedience to Asian cultural values than first generation Filipino Americans. These second-generation Filipino Americans also viewed seeking professional psychological services more positively than first generation Filipino Americans. David (2010) suggests that higher levels of acculturation and familiarity with American culture correlates with fewer barriers and positive attitudes toward seeking professional counseling services. Additionally, David found that higher socioeconomic standing provides fewer obstacles in seeking mental health services as higher income and cultural mistrust was negatively correlated.

Atkinson and Gim (1989) and Tata and Leong (1994) found that highly acculturated Asian Americans have more positive attitudes toward seeking professional counseling services than less acculturated Asian Americans. However, Gim Chung et al. (1990) found that more acculturated Asian Americans will be much less willing to seek professional help for specific problems than less acculturated Asian Americans. This contradiction prompted Gim Chung et al. (1990) to propose that less acculturated Asian Americans tend to seek professional help due to cultural values demanding a deferral to individuals with positions of authority.

In contrast, individuals with lower levels of acculturation have greater difficulties adjusting to new cultural norms. Although an individual may have a high degree of acculturation, enculturation can be described by the level at which an individual observes and practices indigenous cultural values within the dominant ethnic culture (del Prado &

Church, 2010). Though the term was first established by Herskovits (1949), the definition has been altered somewhat to distinguish itself from the original use (del Prado & Church, 2010; Kim & Abreu, 2001; Miller, 2007). Modern researchers have observed that the cultural values of Asian Americans include the retainment of factors such as (a) collectivism, (b) adherence to cultural norms, (c) humility, (d) emotional self-control and self-discipline, (e) achievement orientation and status, (f) filial piety, and (g) honoring the will of authority figures (Kim, Atkinson, & Yang, 1999; Kim, Ng, & Ahn, 2005). These factors suggest an exciting aspect of this term as it introduces elements to be studied due to cultural influence and interactions. Kim and Park (2015) found that individuals with higher levels of enculturation rate therapy sessions as more positive than Asian Americans with higher levels of acculturation. This may be due to highly enculturated Asian Americans valuing harmony during therapy, resulting in therapists validating and affirming the client's thoughts, feelings, and behaviors (Kim & Park, 2015).

Few researchers have specifically studied the interaction of acculturation and enculturation among Filipino Americans (del Prado & Church, 2010; Gonzalez et al., 2006; Chung, Travis, Kilpatrick, Elliot, Lui, Khandwala, Dancel, Vollandt, & Schuster, 2007). Self-report measures used on Filipino Americans are typically adopted from Hispanic acculturation scales (Cruz, Padilla, & Agustin, 2000), specific instruments in the process of being studied (Advincula & Ricco, 1998), or are generally applied with other established Asian value and Asian American scales (Gonzalez et al., 2006). However, del Prado and Church (2010) produced a new culturally specific instrument, the Enculturation Scale for Filipino Americans (ESFA), a comprehensive instrument

integrating both acculturation and enculturation items while examining interactions with subjective well-being among its participants.

Many researchers studying acculturation in Filipino Americans found significant relationships with stress, depression, substance abuse, academics, and health (Ayres, Mahat, & Atkins, 2013; Fortune, 2013; Mui & Kang, 2006; Willgerodt & Thompson, 2006; Tummala-Narra et al., 2012; Gonzalaes, Ramos-Sanchez, Tran, & Roeder, 2006). In contrast, studies focused entirely on enculturation with Filipino Americans as population samples are often underrepresented (David, 2008). Few researchers have used enculturation within their studies as opposed to acculturation (David, 2008; Chung et al. 2007; Heras & Revilla, 1994; Vindua, 2011; Yamada, 2011).

### **Influence of Depression and Anxiety on Filipino Americans**

According to current literature, Asian Americans are considered the fastest growing population within the United States (Pew Research Center, 2012). Many subgroups of the Asian American population struggle with various mental health issues and concerns (Lee et al., 2013). Immigrants from Asians countries are typically considered healthier than native-born United States citizens of Asian descent (Breslau, Aguilar-Gaxiola, Borges, Kendler, Su, and Kessler, 2007), but are at higher risk of mental health issues due to the stresses of living within a new country (Alegreia et al., 2007).

**Substance use and other risk behaviors.** Filipino Americans consume higher amounts of alcohol, drug, and tobacco than other Asian American groups (Nadal, 2004). Filipino American immigrants that consume drugs reported that drug use was associated

with feelings of isolation and depression (Nemoto, Aoki, Huang, Morris, Nguyen, & Wong, 1999). Researchers studying young Asian and gay or bisexual Pacific Islander men also stated that more than half of the Filipino American male participants in the study consumed ecstasy, crack, hallucinogens, and other types of drugs (Choi, Han, Hudes, & Kegeles, 2002). According to the 1992-1994 National Health Survey, 26.5% of Filipino American male participants reported currently using tobacco with another 23.2% said being former tobacco consumers (Nadal, 2004). Filipino Americans also have a higher prevalence of compulsive gambling compared to the general population (Quiton, 2006).

**Immigration.** Lee et al. (2013) found that immigration at a specific age was a significant risk factor for Filipino and Chinese immigrants. They also found that major depression is more likely for individuals who immigrated in youth, rather than in adulthood, which may be linked to acculturation. Gonzalez et al (2006) echoed these results, finding that acculturation was a predictive factor in Filipino male participants experiencing higher rates of depression. This depression may correlate with separation from essential protective elements, such as family and community, leading to higher levels of anxiety (Gonzalez et al., 2006). Another element of depression related to self-image, when using the perception of health, bilingualism, and social support as predictors (Hwang, Myers, & Takeuchi, 2000). Hwang & Myers (2007) linked to a lack of cultural and family support, with acculturation not being a significant predictor of depression. In the same study, they found as immigrants become increasingly acculturated, they

distance themselves from culture-based services available upon arrival to the United States (Hwang & Myers, 2007).

Filipino adolescents born within the United States experienced higher rates of suicidal ideations and attempts than other racial and ethnic groups (Kim & Chun, 1993). These adolescents are more prone to anxiety and depression if the family is of a lower socioeconomic and educational status (Tuason, Ancheta, & Battie, 2014). Male Filipino adolescents were increasingly affected when the father of the household is not able to provide for the family, due to divorce, low income, or other factors. This may influence the self-image of male Filipino adolescents and views of masculinity. Frago and Kashubeck (2000) found that the adherence to masculinity in male Mexican Americans may be based on characteristics and values specific to their culture. In turn, this affects the mental health of male Mexican Americans. However, a study by Kim, O'Neil, and Owen (1996) is the only major examination of the link between masculinity and mental health in male Asian Americans. No such studies exist for Filipino American men.

**Gender roles.** Rigid gender roles affect younger men of many ethnicities and background negatively. Similar dynamics occur with male Filipino Americans. Since Filipino Americans represent the second largest Asian American group (U.S. Census Bureau, 2012), the understanding of mental health issues concerning masculinity must be addressed along with other factors.

Chua and Fujino (1999) suggested that Asian Americans have been racially stereotyped as effeminate and non-masculine in United States culture. This perception of Asian American men has influenced the definition of being a male Filipino in the United

States. If the definition of masculinity is dictated by the dominant cultural norms and values of a group, understanding male Filipino Americans experiences and values may provide essential tools for improving mental health services and help-seeking behavior (Gonzales et al., 2006).

**Cultural integration and history.** The Filipino culture has more experience and integration into U.S. cultural values than any other Asian American group (David, 2010). The history of the oppression of Filipinos by the United States can be traced back to the colonial occupation of the Philippines. Institutions such as a nationwide public educational system were established with U.S. educators and leaders in the Philippines (David, 2010). The system educated Filipinos in the U.S. way of life, prioritizing U.S. ideals, values, and culture as part of the U.S.' effort to "educate ... uplift ... civilize and Christianize" the Filipinos (David, 2010). This system also taught Filipinos English to replace Tagalog, their native language.

Filipino oppression by the U.S. in their homeland continued throughout the occupation. Though given independence in 1946, American influence remains in the Philippines. U.S. military bases were maintained in the Philippines until 1992, with U.S. soldiers in the Philippines training Filipino soldiers in U.S. tactics and philosophies, using English as the primary language in all aspects of training (David, 2010). The lingering effects of the suppression of the Filipino language and culture during the occupation can still be seen today.

In the U.S., the oppressive experiences of Filipinos can be traced back to the early 1900s. Although Filipinos were considered U.S. Nationals at the time, the rights of



Filipinos were not protected by U.S. laws as they were not legally considered U.S. citizens (Alvarez, Juang, & Liang, 2006). Unaware of their status in the United States, large numbers of Filipinos migrated to the western side of the United States, particularly to California, Hawaii, Washington, and Alaska. Upon arrival, Filipino immigrants also sought work, immediately (Alvarez et al., 2006).

Currently, Filipinos and Filipino Americans continue to experience severe and unwarranted events of subjugation from U.S. institutions. Almost all Filipino Americans report experiencing some form of racist event in their lives on a daily basis (Alvarez et al., 2006). However, many Filipino Americans experiencing these kinds of events do not utilize mental health services for their distress. Abe-Kim, Okazaki, and Goto (2001) and Kim and Omizo (2003) found that factors such as a lack of proficiency with the English language along with the adherence of traditional Asian cultural values (loss of face, shame, avoidance of disgracing family reputation) predict a lower likelihood of seeking and utilizing mental health services.

Understandably, Filipino Americans have possibly developed a high level of cultural mistrust of the United States and U.S. institutions due to their experiences and those of their ancestors (David, 2010). Cultural mistrust, historically, predicts negative attitudes toward seeking professional counseling services among other historically oppressed groups such as African Americans. Cultural mistrust may also be responsible for the lack of utilization of professional psychological services by Filipino Americans (David, 2010).

The mainland Philippines has embraced and adopted many aspects of U.S. culture and lifestyle well after the end of the U.S. occupation as it had after the Spanish rule (Sanchez & Gaw, 2007). Filipino immigrants to the United States brought many of these values and norms and taught them in addition to Filipino values in their families and communities (David, 2008). The lingering effects of the forced integration of U.S. culture in the Philippines are not entirely understood within current research literature (Aruguete, Yates, Edman, & Sanders, 2007; Tuliao, 2014). However, current researchers note the struggle many Filipino Americans experience with a lack of trust in U.S. institutions and the hesitance to utilize mental health services, particularly with first-generation Filipino Americans (David, 2010; Yakunina & Weigold, 2001). As the U.S. occupation is an essential part of Filipino history and culture, the aim of this study was to further analyze facets of the historical impact on other generations of Filipino Americans beyond the first generation.

### **Summary**

In this review of the presented literature, it was found that research regarding Filipino Americans is quite limited. Filipino Americans are a growing population that is not well represented within Asian American literature in the field. The retention of cultural beliefs within the Filipino community may hinder help-seeking behaviors (del Prado & Church, 2010). The adoption of Cramer's (1999) help-seeking model may be beneficial to the study of other Asian American populations in which other measurable variables can be explored. Research regarding depression, anxiety, and enculturation within Asian Americans are well studied, but specific factors regarding the help-seeking

behaviors (attitudes and willingness) of Filipino Americans with enculturation-specific instruments and the interaction of anxiety and depression affecting motivation for seeking help is not.

With this study, the author aimed to fill a gap in the literature by examining specific factors that influence help-seeking behaviors in Filipino Americans to pursue mental health services. Providing significant findings in this area will grant a deeper understanding of the influence of enculturation, depression, and anxiety on seeking mental help for Filipino Americans. The following chapter will include the proposed research methodology that will help to measure the above factors for Filipino Americans seeking mental health services.

## Chapter 3: Research Method

### **Introduction**

The purpose of this study was to contribute to the growing literature on Filipino Americans and to examine how enculturation, anxiety, and depression affect help-seeking behaviors. The results of this study will provide additional information on the underreported population of Filipino Americans and provide an understanding of the role of enculturation in clinical settings (Okazaki et al., 2010). While some researchers have examined enculturation (del Prado & Church, 2010) and help-seeking behaviors (David, 2010), not enough attention has been attributed to the relationship of anxiety and depression with these variables. In this research study, I sought to provide a better understanding how these variables affect Filipino Americans behaviors regarding seeking mental health counseling (Alvarez & Juang, 2010; David, 2010; David & Okazaki, 2010).

In this chapter, I review the research questions and provide a more detailed discussion of the quantitative research design and approach, including information regarding the suggested population sampling process and rationale for sample size. This chapter includes instrumentation details of the study and the validity and reliability of such instruments. Further sections of this chapter include the development of the research questions and a discussion of ethical issues considered. A summary of the chapters' main points will be included in the conclusion.

### **Research Design and Approach**

The quantitative approach was used to identify relationships between help-seeking behaviors, enculturation, depression, and anxiety among Filipino Americans. The

quantitative approach has been used extensively among the Asian American and Filipino American population. The quantitative approach provides a deeper understanding of analysis and provides a measurable and empirical data set through which trends in behaviors can be identified and examined. Additionally, a quantitative approach assists in determining which predictors will prove useful in determining those trends via hierarchal linear regression and other methods. Using a hierarchal linear regression model will help determine which factors account for changes in the levels of the four variables described in the Cramer model (Tuliao et al., 2016). Help-seeking behavior can be separated into two areas: attitudes toward counseling and willingness to explore mental health services (Kim & Omizo, 2003; Liao et al., 2005; Tuliao et al., 2016). The hierarchal regression model will provide a deeper analysis by constructing a consecutive linear regression model and adding extra predictors to determine if other models work better than previous models. As such, for this study, I followed a similar online sampling method as described by del Prado and Church (2010). Three independent variables were used in this study: (a) enculturation, (b) depression, and (c) anxiety. Dependent variables were IASMHS scores and WSC scores.

### **Methodology**

In the following paragraphs, I describe the research methodology in greater detail, including the definition of the target population, procedures for participants, data collection strategies, and instruments.

### **Population/Sampling/Recruitment/ Participation**

For the strategy of this study, a convenience sampling method was used to attain Filipino American participants. The researcher followed an online sampling method similar to that used by del Prado and Church (2010), with the main difference being participants being located in the Pacific Northwest region of the United States. Most of the participants were contacted and recruited through flyers and e-mails throughout local Filipino associations, academic clubs, universities, and professional groups in the Pacific Northwest. A snowball sampling process was used by encouraging word-of-mouth communication about the survey within the community. This helped generate the number of participants needed. The questionnaires and informed consent were conducted through an online survey service (SurveyMonkey.com) and included online versions of BDI-II, BAI, ATSPPH-SF, WSC, and ESFA-S.

### **Sample Size and Power Analysis**

According to Field (2009), determining the proper sample size of a study depends on the interest of the study. There were five variables in this study: (a) enculturation, (b) anxiety, (c) depression, (d) willingness to seek counseling, (e) and attitudes toward counseling. If the interest lies in testing the overall fit of the linear regression model, the minimum sample size is 90, determined by the formula  $n = 50 + 8k$  (where  $k$  represents the number of predictor variables) or  $50 + 8(5) = 90$ . If testing the contribution of individual variables, then the sample size is 109, determined by the formula  $104 + k$ , or  $104 + 5 = 109$  (Field, 2009).

In this study, the five predictor variables and the interests of the study lie on both the linear regression model and the effect of each of the variables. Therefore, the largest estimated sample size was used, which is 109. However, I sought 120 participants to safeguard against potential data quality issues. The alpha was set at .05 and power at .80, which are acceptable levels, according to Field (2013). Additionally, the expected R for random data was calculated by  $k / (N-1)$ . With the given information, the estimated R was 0.42, which is the minimum effect size to be considered a practically significant effect for data based on Cohen's criteria in the social sciences (Field, 2009).

### **Instrumentation**

To gather the necessary quantitative data, I used the following instruments to measure the variables.

**Sociodemographic survey.** The sociodemographic survey I used for this study assessed the following items: (a) age, (b) gender, (c) marital status, (d) religion, (e) ethnicity, (f) immigration and generation status, (g) English language proficiency, and (h) education. The survey asked participants to identify themselves in specific categories for each question. The specific subgroups within each category are reported in Appendix B.

**Enculturation scale for Filipino Americans–Short form (ESFA-S).** The ESFA-S is a short form instrument that measures enculturation in Filipino Americans in three general dimensions: (a) connection with homeland, (b) interpersonal norms, and (c) conservatism. Total scores can range from 1 (low enculturation to Filipino culture) to 6 (high enculturation to Filipino culture). The scores on each dimension are found by summing each subscale item and dividing by the total number of subscale items. The

enculturation measurement scale often includes articles about all three aspects. Each of the 30 questions is in the form of a six-item Likert-response scale, which is randomly presented, including nine items that are reversed scored. Responses range from strongly agree (scored as 6) to strongly disagree (scored as 1). The sum scores for every three dimensions are divided by the total number of subscale items. For this study, the total score was used for analysis.

**Scale construction.** The review of the literature on Filipino culture, informants, and interviews with Filipino academic experts provided the items used in this scale. There were initially 883 items written for this research, but after extensive review for redundancy and clarity of each question, it was reduced to 393 items. The items were administered to a sample of 281 Filipino Americans. This was followed up with a second sample of 269 Filipino Americans. Factor analysis of the 393 items used in Sample 1 was reduced to 90 items, then further to 73 items that were used in the original ESFA. The short form version of the ESFA was reduced to 30 items, which showed high correlation ( $r$  range = .91 to .97) to the original ESFA subscales (del Prado & Church, 2010).

**Internal consistency.** Internal consistency reliability for the ESFA-S, 30-item measure for the total score and subscales for Sample 1 showed scores of .86 for total score, .88 for connection with homeland, .79 for interpersonal norms, and .79 for conservatism. Sample 2 had similar alpha reliabilities with total score as .86, connection with homeland as .89, interpersonal norms as .79, and conservatism as .79. As such, the ESFA-S demonstrated acceptable internal consistency ( $\alpha = .79$ ) and good internal reliability.



**Construct validity.** Like a scale that measures a specific Asian American population, the ESFA-S Interpersonal Norms dimension resulted in a moderate positive correlation ( $r = .49, p < .01$ ) with well-established Asian American scales such as the Asian Values Scale-Revised (AVS-R) (del Prado & Church; Kim & Hong, 2004). Other scales, such as the Asian American Multidimensional Acculturation Scale (AAMAS; Gim Chung, Kim, & Abreu, 2004) calculated moderate correlation with the Culture of Origin subscale (AAMAS-AA) with the ESFA ( $r = .54, p < .01$ ), Connection with Homeland ( $r = .77, p < .01$ ), and Conservatism ( $r = .49, p < .01$ ).

Attitudes toward Seeking Mental Health Services (ATSPPH – SF). The Attitudes Toward Seeking Professional Psychological Help – Short Form (ATSPPH-SF) will be used to assess the volunteer's attitude toward seeking immediate aid (Fischer & Farina, 1995). This scale was developed initially by Fischer and Turner's (1970) that included 29-items. The items on the level are in the form of a four-item Likert scale response style, ranging from 1 (disagree) to 4 (agree). Scoring of the scale was calculated through the average of the sum scores to determine perceived attitude. The ATSPPH-SF currently consists of 10-items, suggesting that higher scores are indicative of positive attitudes toward seeking professional help, supported by the factor analysis of the original items from the above study. The ATSPPH-SF presents good reliability with a coefficient alpha of .84, test-retest reliability of .80 after a 1-month period, and convergent validity of .87.

**Willingness to seek counseling scale (WSC).** This instrument (Gim Chung et al., 1990) was used in this study to measure the participant's willingness to see a counselor for based on the 23-items presented. The WSC was initially based on the Cash, Begely,

McCown, and Weise (1975) attitudinal measure, the Personal Problems Inventory, a 15-item scale that asked college students based on personal experiences with anxiety, shyness, depression; and career choice. It was formally revised by Ponce and Atkinson (1989), and then later adapted to be used on Asian American college students by Gim Chung et al. (1990). The WSC was modified to include four additional problems that are experienced by Asian Americans, including racial/ethnic discrimination and ethnic identity confusion. The scoring is based on the average score derived from the four-point Likert scale response, ranging from 1 (not willing) to 4 (willing). Much like the ATSPPH-SF, higher scores indicate real willingness to seek counseling.

Due to the limited information on the WSC, an analysis of the reliability and validity was conducted by Kim and Omizo (2003). The authors indicated a coefficient alpha of .92 on all 24-items within the WSC. A separate analysis was conducted on three subscales which provided internal reliability scores of .91 for WSC-Personal Problems, .86 for WSC-Academic/Career Problems, and .73 on the WSC-Health Problems. In the same study, a range of .31 to .54 was indicated between the ATSPPH and WSC subscale scores which supports the WSC concurrent validity.

Beck Depression Inventory, 2nd Edition (BDI-II). The BDI-II is a self-report measure that has 12-questions that range from 4-7 points per response (Beck, Steer, Ball, & Ranieri, 1996). The screener asks the participant about their individual experience regarding any feelings of depression over the prior two weeks. The self-report test intended to assess symptoms of major depression in the clinical population of adults. The total sum score of the BDI-II is used as the general assessment of major depression

symptoms. Cutoff scores for the different levels of major depression range from minimal (0-13), mild (14-19), moderate (20-28), and severe (29-63). Special attention must be taken into consideration regarding suicidal thoughts or wishes in question number nine. The screener is meant to be self or orally administered with an expected completed time of 10-15 minutes.

As a well-established psychometric instrument, the BDI-II reports good validity between two other known depression scales, the Revised Hamilton Psychiatric Rating Scale for Depression with .68, and the Beck Hopelessness Scale with .71 (Beck, Steer, & Brown, 1996; Beck, Epstein, Brown, & Steer, 1988). Test-retest reliability correlation of .74 was noted by Leigh and Anthony-Tolbert (2001) where participants were tested one week apart. However, Sprinkle, Lurie, Insko, Atkinson, Jones, Logan, and Bissada (2002) found a test-retest reliability of .96 in the college student population, supporting the consistency and reliability of this instrument. The validity and reliability of the self-report screener demonstrated appropriateness for this dissertation.

Beck Anxiety Inventory (BAI). The BAI is a self or orally administered test that contains 21-items based on a four-point Likert-type rating scale. The items on the screener describe the intensity of symptoms related to how anxiety is experienced within the past week for the individual. The screener is meant to be completed in approximately 10 minutes, with participants asked to rate between: “not bothered at all” (rated as 0) to “severely; bothered or I could barely stand it” (rated as 4) (Beck & Steer, 1993). The total scores can range from 0 to 63, with ratings for suggested level of anxiety, such as “minimal” (0-7), “mild” (8-15), “moderate” (16-25), and “severe” (26-63). Supported by

strong internal consistency coefficients of  $\alpha = .92$  (Beck et al., 1988) and  $\alpha = .94$  (Fydrich, Dowdall, & Chambless, 1992); the test-retest showed good reliability with  $.75$ , which made this an appropriate psychometric tool for this study.

### **Data Analysis Plan**

Data analyses were conducted with the use of the SPSS 24.0 software application program. The relationship between the independent variables (enculturation, anxiety, and depression) and the dependent variables (attitudes toward counseling and willingness to seek mental health services) were evaluated (Cramer, 1999; Kim & Omizo, 2003; Liao et al., 2005). The analysis of descriptive statistic of the demographic variables identified within Sociodemographic Survey was further evaluated to discern additional relationships with the dependent variables. This included the use of linear hierarchal regression analysis to identify any connections between the dependent variables. The research questions, null hypotheses, and alternative hypotheses below were designed to formulate the best relationship with the above dependent variables. It was suggested that two different multiple regression analyses were to be used in this study. The use of regression analysis was appropriate to predict any correlation between the above independent variables and dependent variables. Regression analysis provides a numerical, structured method in calculating any relationship between the variables and predictability of the interaction of the variables. This would, in turn, give a predictive model of attitudes toward seeking counseling among the desired population.

To control for confounding demographic variables, this study stratified participants by generation (1st generation, 1.5 generation, 2nd generation, etc.). The chi-

square estimator was used to calculate an adjusted result per strata, with attention towards a possible difference between the crude result and adjusted result (Pourhoseingholi, Baghestani, & Vahedi, 2012). If a difference existed, then confounding is possible and vice versa. Additionally, ANOVA was applied to the results of the study. The ANOVA method identified which factors affect the outcome variable (attitudes toward seeking mental health services). The statistical power will increase the study as the effect of the confounders can then be controlled.

### **Restatement of the Research Questions and Hypotheses**

RQ1. Do enculturation, anxiety, and depression predict attitudes toward seeking mental health services among the Filipino American population?

$H_01$  – Enculturation, depression, and anxiety scores are not predictive of attitudes toward seeking mental health services among Filipino Americans.

$H_a1$  – Enculturation, depression, and anxiety scores are predictive of attitudes toward seeking mental health services among Filipino Americans.

RQ2. Do enculturation, anxiety, and depression predict willingness to seek counseling among the Filipino American population?

$H_02$  – Enculturation, depression, and anxiety scores are not predictive of willingness to seek mental health services among Filipino Americans.

$H_a2$  – Enculturation, depression, and anxiety scores are predictive of willingness to seek counseling among Filipino Americans.

### **Threats to Validity**

The following section addressed the threats to validity that would have interfered with the results of the study. Identifying such threats helps to provide appropriate countermeasures to the efficacy of the study and strengthen the process of the research itself. In this section, threats to from internal and external validity were reviewed.

#### **Threats to External Validity**

While the projected scope of this dissertation focused on the Filipino American population, much of the data gathering methodology allowed only online participation and identification of being Filipino American. Many of the participants were contacted and recruited through emails and flyers located in participating Filipino Associations, universities, and professional groups throughout the Pacific Northwest. Therefore, some of the findings may have attracted attention or been passed on to individuals that do not live within the Pacific Northwest region of the United States or within the United States, in general.

Within the United States, specifically, the Pacific Northwest region and it is Filipino American residents are unique in a couple of critical ways. The region itself is mostly known and notorious for the consistent rainfall and overcast weather in the area. The consistent gray weather has been well documented to cause seasonal bouts of depression and anxiety in the region, with Seattle having a suicide rate higher than the national rate of the United States (<http://depts.washington.edu/hiprc/suicide/stats/>).

As for Filipino Americans, the main characteristic of this group in the Pacific Northwest is that an overwhelming majority of the community are either immediate

relatives of military service members or are military service members themselves.

Filipinos represent 5.7% of the United States Navy's personnel (Guyotte & Posadas, 2006). Most Filipino American service members had initially immigrated to America via enlisting with the United States military at the former Subic Bay US Naval Base during the occupation of the Philippines by the United States of America.

### **Threats to Internal Validity**

In consideration of potential threats that were considered with self-report measures, social desirability is an issue that could have impacted the results of this study. Participants may have answered in a way to invoke a projective positive demeanor in the personal questions being addressed. As with the Asian American belief of "saving face" (David, 2010), many of the participants may have been inclined to answer protectively. However, with the use of anonymous self-report surveys, the hope of this researcher was that this method will decrease social desirability bias and "saving face" responses (Ahern, 2005; David 2010).

Current national policy on immigration may have also impacted results of the study as the possibility of deportation for undocumented immigrants and vigorous deportation activity in the United States have increased dramatically (Abrego, Coleman, Martinez, Menjivar, & Slack, 2017). As a significant number of undocumented Filipino Americans exists, depression and anxiety levels of participants may have been reported at higher rates than participants frequently experience as they or family members experience uncertainty about their immediate futures. Much of the illegal immigrant population imprisoned for federal immigration crimes display significant levels of fear

and insecurity due to their incarceration alongside inmates of who have committed more serious offenses (Abrego et al., 2017).

A history of self-deportation tactics by previous administrations factors highly into the current increased levels of anxiety and depression among all illegal immigrants. On June 17, 1954, the Immigration and Naturalization Service (INS) planned and executed long-term publicity campaigns, named “Operation Wetback,” designed to scare Mexican illegal immigrants into returning to their home country (Goodman, 2017). The INS claimed significant success in their campaign, declaring that three times as many illegal immigrants returned to Mexico out of their own volition as had been detained and deported. President Donald Trump’s administration has cited Operation Wetback as a model for his immigration policies, and has started executing plans mimicking Operation Wetback’s tactics (Goodman, 2017). As a result, anxiety and outrage among the undocumented migrant population have begun to show itself.

Additionally, due to the nature of the study being internet based, there was consideration and concern regarding individual testing conditions, privacy, and completed data collection. With all data gathering methods funneled through Survey Monkey.com, it is highly likely that inaccurate responses may have influenced the participant’s results (del Prado and Church, 2010). To prevent this issue, the participants were asked to complete the survey in a private area to ensure the best environment to be truthful in their responses. With the researcher’s intent to look at the identified independent variables, the confounding variables listed within the sociodemographic survey were further processed by using regression analysis. It was the researcher’s hope



to find any additional information that could aid Filipino Americans in seeking mental health services.

### **Ethical Considerations**

With the approval of the IRB, I contacted the appropriate areas listed above that included professional agencies, universities, and local clubs. To help with the proper participant selection, all those interested in the surveys were required to be 18-year-old or older. This was suggested to help protect the more vulnerable population (younger than 18) from any form of harm and address those that are legally able to make decisions for themselves. If any of the questions within the survey lead them to think they were experiencing significant emotional or cognitive distress, participants were strongly encouraged to seek mental health services or discontinue the study. This was suggested by referencing sources from Psychology Today, which provided them 2-3 sources for local therapists within their respective regions. This included search engines for the Pacific Northwest Region, such as WA State Directory (<https://www.hca.wa.gov/assets/free-or-low-cost/directory-certified-behavioral-health-agencies.pdf>), OR State Directory (<https://www.oregon.gov/oha/HSD/AMH/Pages/Mental-Health.aspx>), and ID State Directory (<http://healthandwelfare.idaho.gov/Default.aspx?TabId=103>).

To protect the participant's rights, proper measures were taken to ensure that all ethical standards were followed for the safety of each. Having followed the Ethical Principles of Psychologists and Code of Conduct Standard Research Publication of the American Psychological Association (American Psychological Association, 2002), the

researcher strived for participant involvement within the study to be entirely voluntary. As noted in the email to each participant (Appendix A), the participants were asked to sign a consent form and were provided with contact information regarding their responses.

### **Treatment of Data**

All information regarding the participant's data will be destroyed after five years from the end of the study, following American Psychological Association guidelines. All information about the participants is confidential and stored within a flash drive and in a locked file cabinet on the researcher's premise. All data regarding the participants will be destroyed after seven years by data cleaning methods and breaking of the flash drive. All participants were sent an email version of their consent form that addressed the data cleaning procedure. All assumptions, analysis, and interpretation of the data were conducted with accuracy and honesty.

### **Summary**

To study the effects of the independent variables (enculturation, anxiety, and depression) and dependent variables (attitudes toward mental health, and willingness to seek mental health) on Filipino Americans living within the Pacific Northwest, this study used a quantitative approach that followed the strictest code as suggested by the American Psychological Association regarding research and ethical standards. Power analysis suggested that a total of 109 participants were needed for this study but 120 participants were acquired to protect against data collection issues. With the proposed data analysis for the research based a hierarchical multiple regression model, a separate

statistical analysis was used to identify any influence regarding the confounding variables within the sociodemographic survey.

In Chapter 4, findings from the hierarchical multiple regression analysis are discussed. The research questions and hypotheses about the study are also discussed. This includes extensive analysis of the descriptive statistics, graphs, tables, as well as the summary about the findings.

## Chapter 4: Results

### Introduction

The purpose of this quantitative research was to study the Pacific Northwest Filipino American population and understand the relationship between help-seeking behaviors, enculturation, depression, and anxiety. Two research questions were tested using a hierarchical linear regression model. In this chapter, I describe the participants who took part in this study and present the results of the analysis for the following questions:

RQ1: Do enculturation, anxiety, and depression predict attitudes toward seeking mental health services among Filipino Americans?

RQ2: Do enculturation, anxiety, and depression predict willingness to seek counseling among Filipino Americans?

The null hypothesis for RQ1 stated that enculturation, depression, and anxiety scores are not predictive of attitudes toward seeking mental health services among Filipino Americans. The alternate hypothesis for RQ1 stated that enculturation, depression, and anxiety scores are predictive of attitudes toward seeking mental health services among Filipino Americans. For RQ2, the null hypothesis stated that enculturation, depression, and anxiety scores are not predictive of willingness to seek mental health services among Filipino Americans. The alternate hypothesis for RQ2 stated that enculturation, depression, and anxiety scores are predictive of willingness to seek counseling among Filipino Americans. In this chapter, I present the results of the data collected and analyzed in this research. I also provide a structured explanation of the data collection process and results, including detailed analysis on descriptive statistics,

statistical findings, statistical assumptions, and discrepancies in data collection. In addition, tables and a summary of the findings are included.

### **Data Collection**

Collection of data commenced upon approval from the Walden University Institutional Review Board (IRB) (approval number 05-10-19-0245096). Over a 6-month period beginning in June 2019, I sent e-mails to various Filipino chamber of commerce organizations in multiple cities in the Pacific Northwest and posted social media advertisements to recruit participants for the study. Due to a low participation rate, a \$2.00 compensation was offered through Prolific; 173 participants responded to the survey link provided in the e-mails and social media posts, with 134 (76%) participants fully completing the survey. This was more than the previously calculated minimum required participants for this multiple regression study with three independent variables.

Of these participants, 84 (62.43%) identified as female, 48 (35.26%) identified as male, 1 (0.58%) identified as cisgender, and 1 (0.58%) identified as transgender. With respect to age, 81% of participants were between the ages of 18 and 41 and the remaining 19% were above the age of 41. Based on Migration Policy Institute (2018) demographic data, this sample is generally representative of the Filipino American population in the Pacific Northwest.

Table 1

*Demographic Characteristics of Study Sample*

Characteristic	N = 134	Percentage (%)
<b>Age bracket</b>		
18–23	15	11.2
24–29	23	17.2
30–35	34	25.4
36–41	37	27.6
42–47	10	7.5
48–53	12	9
54–59	1	0.75
60–65	1	0.75
66–71	1	0.75
<b>Gender</b>		
Male	48	35.8
Female	84	62.7
Cisgender	1	0.57
Transgender	1	0.57
<b>Sexual identity</b>		
Heterosexual	117	86.8
Homosexual	7	4.6
Bisexual	9	6.3
Other	1	2.3
<b>Marital status</b>		
Single	55	41.95
Married	64	48.85
Divorced	5	4.02
Widowed	6	0.57
Separated	2	2.3
Other	2	2.3
<b>Education</b>		
GED	23	17.82
HS diploma	13	10.34
AS/AA degree	1	1.15
BS/BA degree	56	41.95
MS/MA degree	31	23.56
Doctorate	7	0.57
<b>Religion</b>		
Agnostic	6	4.6
Atheist	12	8.48
Buddhism	25	19.39
Catholicism	85	63.64
Christianity	5	3.64
Inter-religious	4	3.03
Other	3	1.82
<b>Disability</b>		
Yes	12	8.62
No	121	90.23
Prefer not to answer	1	1.15
<b>Generation</b>		
1st generation	12	8.48
1.5 generation	25	19.39
2nd generation	85	63.64
3rd generation	5	3.64
Other 1*	4	3.03
Other 2**	3	1.82

*Note.* \* = Born in United States or Philippines and lived in the United States. \*\* = Born in United States or Philippines, and lived in the Philippines.

### **Data Analysis**

SPSS was used for statistical analysis of the data. I performed checks for outliers and double entries in the survey and none were found in the data. Before performing regression analysis on the data, some exploratory data analysis was performed to search for potential relationships between demographic variables (gender, sexual preference, marital status, religious preference, generational status, and level of education) and the independent variables (anxiety, depression, and enculturation). Certain aspects of Filipino American culture are linked to specific behaviors in Filipino Americans.

Table 2

*Mean Scores for Independent Variable Surveys by Gender and Age (N = 134)*

Demographic characteristic	Independent variable	Mean score
Male	Enculturation	3.18
	Anxiety	1.30
	Depression	1.58
Female	Enculturation	3.12
	Anxiety	1.46
	Depression	1.71
<b>Age bracket</b>		
18–23	Enculturation	3.38
	Anxiety	1.70
	Depression	1.84
24–29	Enculturation	3.03
	Anxiety	1.43
	Depression	1.70
30–35	Enculturation	2.99
	Anxiety	1.37
	Depression	1.62
36–41	Enculturation	2.97
	Anxiety	1.34
	Depression	1.69
42–47	Enculturation	3.20
	Anxiety	1.45
	Depression	1.66
48–53	Enculturation	2.78
	Anxiety	1.11
	Depression	1.25
54–59	Enculturation	3.94
	Anxiety	1.71
	Depression	2.05
60–65	Enculturation	3.48
	Anxiety	1.70
	Depression	1.86
66–71	Enculturation	3.19
	Anxiety	1.57
	Depression	1.38
<b>Generation</b>		
1st generation	Enculturation	3.52
	Anxiety	1.29
	Depression	1.51
1.5 generation	Enculturation	3.15
	Anxiety	1.34
	Depression	1.64
2nd generation	Enculturation	2.95
	Anxiety	1.44
	Depression	1.78
3rd generation	Enculturation	2.75
	Anxiety	1.47
	Depression	1.71
Other 1*	Enculturation	3.13
	Anxiety	1.24
	Depression	2.10
Other 2**	Enculturation	3.38
	Anxiety	1.32
	Depression	1.65

*Note.* \* = Born in United States or Philippines and lived in the United States. \*\* = Born in United States or Philippines, and lived in the Philippines.



Chi-square tests of association indicated a strong association between generational status and enculturation scores ( $\chi^2 = 33.372$ ,  $p\text{-value} = .029$ ). This result may indicate that earlier generations work harder to preserve their homeland's norms and values in a new area. Additional chi-square tests also indicated an association between enculturation and marital status ( $\chi^2 = 26.493$ ,  $p\text{-value} = .042$ ), which may indicate a desire for social acceptance among couples, whether married or not. Further implications for these results will be discussed in Chapter 5.

Table 3

*Chi-Square Tests of Association Between Demographic Characteristics of Study Sample and Independent Variables (N = 134)*

Independent variable	Demographic characteristic	$\chi^2$ -Statistic	P-value
Enculturation	Gender	30.000	.363
	Sexual preference	74.400	.764
	Marital status	26.493	.042*
	Religion	113.929	.431
	Generation	33.372	.029*
	Education	170.357	.435
Anxiety	Gender	21.000	.226
	Sexual preference	42.000	.163
	Marital status	50.045	.512
	Religion	80.325	.097*
	Generation	51.265	.463
	Education	78.750	.670
Depression	Gender	21.000	.517
	Sexual preference	42.000	.302
	Marital status	63.000	.272
	Religion	72.450	.594
	Generation	63.000	.272
	Education	91.000	.597

Upon completing the exploratory data analysis, I performed a multiple regression analysis along with ANOVA for the independent variables to test for significance.

Because the alternative hypotheses specifically stated that all independent variables are predictive of ATSMHS or WSC scores, no stepwise selection method was used for this analysis.

## Hypothesis 1

The first objective of this study was to assess the validity of the hypothesis stating that enculturation, anxiety, and depression were predictive of attitudes toward seeking mental health services among Filipino Americans in the Pacific Northwest. The results of a multiple regression analysis of the data indicated that none of these variables was predictive of attitudes toward seeking mental health services at the .05 level. Each of the variables in the regression analysis reported p-values of .266 for the anxiety coefficient, .172 for depression coefficient, and .172 for the enculturation coefficient; each at the .05 level. 95% confidence intervals for the coefficients of each of the variables (anxiety: -1.940, 5.832; depression: -1.269, 5.646; enculturation: -.339, 1.508) included a zero value in their respective boundaries. Results from an ANOVA test provided an F-statistic of 1.106 and p-value of .417 for the entire model, indicating that mean scores of attitudes toward mental health counseling do not differ when considering each of the independent variables separately. An adjusted R-squared value of .034 indicated that only 3.4% of the variance in the data can be explained by the three independent variables. These results signify that anxiety, depression, and enculturation were not predictive of attitudes toward mental health services in Filipino Americans in the Pacific Northwest.

Table 4

### *Regression Analysis Results for Hypothesis 1 Model (N = 134)*

Variable	Beta value	Standard error	t-value	P-value
(Intercept)	-5.465	4.829	-1.132	0.301
Enculturation	0.585	0.378	1.548	0.172
Anxiety	1.946	1.588	1.225	0.266
Depression	2.189	1.413	1.549	0.172

Table 5

*ANOVA Analysis Results for Hypothesis 1 Model (N = 134)*

	Sum of squares	Degrees of freedom	F-Statistic	P-value
Regression	1.339	3	1.106	0.417
Residual	2.422	6		
Total	3.761	9		

Table 6

*Coefficient Correlation Analysis Results for Hypothesis 1 Model (N = 134)*

Variable	Depression	Enculturation	Anxiety
Depression	1.000	0.463	0.488
Enculturation	0.463	1.000	0.781
Anxiety	0.488	0.781	1.000

**Hypothesis 2**

The second objective of this study was to assess the validity of the hypothesis stating that enculturation, anxiety, and depression were predictive of willingness to seek counseling scores in Filipino Americans in the Pacific Northwest. The results of a multiple regression analysis of the data indicated that none of these variables were predictive of willingness to seek counseling scores at the .05 level. P-values for each variable in the regression analysis were .435 for the anxiety coefficient, .328 for depression coefficient, and .421 for the enculturation coefficient, each at the .05 level. 95% confidence intervals for the coefficients of each of the variables (Anxiety: (-1.977, 0.890); Depression: (-1.037, 0.367); Enculturation: (-0.478, 0.209) also included a zero value in their respective boundaries. Results from an ANOVA test provided an F-statistic of 0.446 and p-value of .724 for the entire model, indicating that mean scores of willingness to seek counseling do not differ when considering respective independent variables. Regression analysis calculated an adjusted R-squared value of -0.091, which

can be interpreted as an insignificance of explanatory variables. These results signify that anxiety, depression, and enculturation were not predictive of willingness to seek counseling scores in Filipino Americans in the Pacific Northwest.

Table 7

*Regression Analysis Results for Hypothesis 2 Model (N=134)*

Variable	Beta value	Standard error	t-value	P-value
(Intercept)	4.402	1.643	2.680	0.016
Enculturation	-0.134	0.163	-0.825	0.421
Anxiety	-0.543	0.679	-0.800	0.435
Depression	-0.335	0.333	-1.007	0.328

Table 8

*ANOVA Analysis Results for Hypothesis 2 Model (N=134)*

	Sum of squares	Degrees of freedom	F-statistic	P-value
Regression	0.267	3	0.446	0.724
Residual	3.389	17		
Total	3.655	20		

Table 9

*Coefficient Correlation Analysis Results for Hypothesis 2 Model (N=134)*

Variable	Depression	Enculturation	Anxiety
Depression	1.000	0.331	0.324
Enculturation	0.331	1.000	0.663
Anxiety	0.324	0.663	1.000

Diagnostic checks were also performed for each of the models to ensure that all assumptions of linear regression were met. This important aspect of linear regression validates the results of the model, regardless of results with respect to the hypotheses. Q-Q plots for the data in each model followed a linear trend, indicating multivariate normality. The observations of the data in each model also resulted in a linear trend, satisfying the linear relationship assumption. Residual plots for the residuals in each

model displayed a general cloud of data, indicating homoscedasticity of data. Finally, checks for multicollinearity for each model were assessed. Tolerances of .370, .745, and .381 and VIF values of 2.704, 1.343, and 2.622 for anxiety, depression, and enculturation, respectively, in the first model indicated issues with collinearity were non-existent. Tolerances of .549, .871, and .646 and VIF values of 1.822, 1.148, and 1.832 for anxiety, depression, and enculturation, respectively, in the second model also indicated issues with collinearity were non-existent.

### **Summary**

Based on these results, the hypotheses that anxiety, depression, and enculturation were predictive of both ATSMHS and WSC scores was not supported. Models for both hypotheses indicated very little explanation of the observations of each variable, signifying that further exploration into what influences these scores is necessary in future studies. Chapter 5 will interpret the results of the study as well as the implications of the results. Additionally, the following chapter will also investigate potential avenues for successive studies to pursue when further researching similar issues with Filipino Americans in the Pacific Northwest outside the scope of this study.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this study was to determine if anxiety, depression, and enculturation influence general attitudes toward mental health counseling and willingness to seek mental health counseling among Filipino Americans in the Pacific Northwest region of the United States. Additionally, I sought to find if these specific factors are affected by generational differences among Filipino Americans. According to the results of the study, none of the factors were found to be significant in predicting attitudes toward mental health counseling scores or willingness to seek counseling scores in Filipino Americans of the Pacific Northwest.

In this chapter, I address the key findings and compare the results of the study to previous studies. Additionally, this chapter will include implications of the results for the Filipino American community at the individual, family, and societal levels as well as for mental health practitioners and researchers. Finally, all conclusions and limitations of the study will be discussed.

### **Summary and Interpretation of Findings**

Filipino Americans who have resided or are residing in the Pacific Northwest for a significant portion of their lives were asked to assess their general well-being in terms of anxiety and depression, as well as their level of enculturation into the dominant culture around them. This assessment was performed together with an assessment on their willingness to seek professional help for a variety of mental health issues. The expectation of the study was that higher reported levels of anxiety, depression, and

especially enculturation would result in a higher willingness to seek counseling and higher willingness to seek counseling. Though this study did not identify any new specific attributes influencing attitudes toward mental health counseling among the Filipino American community, the results are still considerable. This study will help guide the search into what influences attitudes toward mental health counseling in Filipino Americans.

### **Enculturation**

Enculturation is often the largest hurdle in assimilation into a new culture. Individuals' determination to adhere to their own culture's norms may inhibit their ability to change their viewpoints and adhere to new norms. The results of this study found that enculturation scores are not predictive of ATSMHS or WSC scores among Filipino Americans. Scores in this specific survey indicated that many of the participants retained the traditional Filipino norm of obeying and respecting the whims of authority figures and showed a trend away from the norm of allowing the group to influence the decisions of the individual.

### **Depression**

Immigrants from Asian countries are considered more at risk of mental health issues due to the stress of acclimating to a new country's norms and values (Alegreia et al., 2007). Furthermore, immigration in the teenage years was found to be a risk factor for Filipino and Chinese immigrants (Lee et al., 2013). These issues often lead to an increase in the likelihood of depression and a lack of acculturation. This specific finding was supported in this study as depression and enculturation showed a moderate positive

correlation (.463,  $p$ -value = 0.029) with one another. However, the analysis performed in this study did not find that depression was predictive of ATSMHS or WSC scores. This could potentially be due to the traditional norm in the Filipino culture of “saving face.” A loss of face for a family may occur if knowledge about an individual seeking mental health were to surface.

### **Anxiety**

The link between anxiety and depression in Filipino Americans was explored in this study. Filipino adolescents in the United States are more prone to anxiety and depression, especially in lower-income families (Tuason et al., 2014). In immigrant families, these issues can be magnified, as mentioned by Lee et al. (2013). Analysis in this study found a correlation of .488 ( $p$ -value = 0.037) between these two factors, indicating a moderate positive relationship. The results of this study show that anxiety was not a predictor of ATSMHS or WSC scores. Because depression was not found predictive of ATSMHS or WSC scores, it would be logical to conclude that anxiety also did not due to their strong correlation.

### **Limitations of the Study**

The study was limited to participants residing or who had resided in the Pacific Northwest region of the United States. These participants identified as Filipino American and could read, speak, and understand English. All participants had to have access to the Internet, in some capacity, to be able to take the surveys. One major limitation of this study was the method of data collection. The nature of the study was Internet-based, with participants receiving a specific URL to take the surveys. Concerns regarding the survey



reaching individuals who did not live in the Pacific Northwest were noted but were alleviated by requiring that all participants be Filipino Americans who previously resided in the Pacific Northwest. Of further concern was that some of the desired population would not have Internet access to participate in the study. Not every Filipino American in the Pacific Northwest has internet access or knowledge of how to use the internet, so this could limit some of the ability to generalize the results to the target population.

Another limitation of the study was the self-reporting measures. Though the study is anonymous and confidential, some of the questions are personal. Some participants may answer in a positive manner to “save face” and project a positive demeanor to protect the appearance of the group. This phenomenon of saving face and protecting social desirability, as noted by David (2010), can negatively impact the validity of the study. One final limitation to this study was the study design. I assessed relationships of three factors (enculturation, anxiety, and depression) and their influence on dependent variables (ATSMHS and WSC scores). Causation was not assessed due to the measurement of influence on the dependent variables and would have resulted in inaccurate conclusions.

### **Recommendations for Practice**

Relationships between certain demographic factors and answers to questions in this study may have positive implications for mental health practice. Unexpected relationships, such as the relationships between marriage status and enculturation or sexual preference and religious preference, provide new information for mental health professionals to consider when treating Filipino American patients. This is particularly

important for treating patients who radically deviate from the norms and values of traditional Filipino American families, especially in the realm of religion. Religion is an important part of Filipino culture; 86% of the Filipino population follows the tenets of Roman Catholicism. Mental health practitioners should utilize this information to identify specific deviations from Filipino norms known to cause excessive stress in Filipino Americans. Practitioners could have a list of certain topics to explore with patients to determine the gravity of their situation.

Expected relationships also provide some new perspectives into the Filipino American experience. Religion is an integral part of Filipino culture. This study did not find religion and anxiety to be associated at the 0.05 level but did have a p-value of 0.097. This result indicates that some association does exist between these two variables and should be investigated further. As saving face is especially important in Filipino American culture, pressure from social circles to appear religiously devout may be a source of anxiety in Filipino Americans. For mental health practitioners, identifying and understanding core tenets and spiritual practices of Filipino Americans may create an inviting environment to discuss client issues.

Additionally, replication of this study with other Filipino American populations outside of the Pacific Northwest to assess similarity in results would benefit the Filipino American community. Obtaining a much larger sample size would further aid in generalizing results to the Filipino American community of the United States. Furthermore, changing the method of data collection from strictly internet-based to including more direct collection methods such as in-person surveys, snail mail, etc.

would further aid the ability to generalize the results. Therefore, this ability to improve the generalization of the results would create a template for mental health practitioners to follow when treating Filipino American clients.

### **Implications for Future Research**

Prior psychological research into Filipino Americans is limited, at best, with most studies on Filipino Americans having been performed within the last century.

Furthermore, differences in psychometric measures have caused problems with standardizing results. As a result, finding effective methods to treat Filipino Americans has been incredibly difficult. However, Cramer (1999) and del Prado & Church (2010) have provided reliable instruments to measure levels of self-concealment, social support, problem severity, and attitudes toward counseling, as well as the impact of enculturation, interpersonal norms, connection with homeland, and conservatism within the Filipino American community. These instruments have been invaluable to this research study, providing a basis for standardizing results. Continued use of these instruments in future studies will create a simpler, streamlined method of analysis. This, in effect, removes obstacles that were present in previous studies.

The results of this study do not indicate that anxiety, depression, and enculturation is related to ATSMHS and WSC scores. The results of this study also support the documented resistance by the Filipino American culture to seek counseling to save face. This single obstacle continues to be the most difficult to overcome not only for Filipino Americans who may need or desire to seek counseling, but also for mental health practitioners who desire to help this population but may not know how.

Additionally, several demographic factors were found to be associated with one another, such as generational status and enculturation scores. Specific associations such as those between marital status and enculturation, generational status and enculturation, as well as religion and anxiety noted in the results indicated that further research should be performed into each specific aspect to understand their effect on the mental health of Filipino Americans. Interestingly, marriage is an important aspect of Filipino American culture and is one large motivator in the aspect of saving face. Many Filipino Americans partake in traditional catholic wedding ceremonies as well as try to uphold Filipino values with their children to appear as the perfect family.

In future research, these factors should not be discarded when searching for what factors influence ATSMHS and WSC scores. The results of the study provide good direction of where to continue the search into what factors influence Filipino Americans and their desire, or lack thereof, to seek mental health services. It is possible that these factors may be tied with other factors that have not been considered by previous studies, leading to the desired goal. The marriage aspect of Filipino American culture would be a highly recommended area to perform further research as it may lead to answers not previously considered in prior research.

### **Implications for Positive Social Change**

The results of this study can lead to several positive social changes for the Filipino American community. Mental health practitioners already face highly a difficult challenge in treating Filipino Americans. This challenge is exacerbated by the social and cultural norms of this community preventing Filipino Americans from desiring to seek

counseling. Some of the unexpected associations between demographic variables discovered in this study create new avenues for mental health practitioners to convince Filipino Americans to consider or even seek counseling. For practitioners currently treating Filipino American clients, the results of this study can provide new perspectives to help understand clients on a deeper level. As a result, these effects would provide an improvement in treatment methods for the Filipino American community.

Furthermore, researchers of the Filipino American community would benefit by having new aspects of Filipino culture to study. The results of future research analyzing the associations found in this study would provide additional information in understanding Filipino culture and overcoming the barriers preventing Filipino Americans from seeking counseling. Finally, as Filipino Americans are still a heavily underrepresented group in psychological literature, replicating this study would add useful information for research and treatment for this specific ethnic group.

### **Conclusion**

The goal of this study is to expand the understanding of how certain factors affect the relationship between Filipino Americans and mental health counseling. Though the study resulted in the lack of evidence identifying enculturation, anxiety, and depression being predictors of attitudes towards mental health services and willingness to seek counseling, new information in the relationship between certain cultural characteristics and generational behaviors was found. This information gives a new perspective for conducting further studies to better understand and serve the Filipino American community. Further exploration on these factors when including anxiety, depression, and

enculturation may provide the answer to what influences these attitudes in Filipino Americans. By continuing these studies, new information may improve quality of life for both native and migrant Filipino Americans.

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## Appendix A: Demographic Questionnaire

## Demographic Questionnaire:

1. What is your age?  
\_\_\_\_\_
2. What is your preferred gender?  
 Male  
 Female  
 Cisgender  
 Transgender  
 Other (Please state): \_\_\_\_\_
3. What is your preferred sexual identity?  
 Heterosexual  
 Homosexual  
 Bisexual  
 Other (Please identify): \_\_\_\_\_
4. What is your marital status?  
 Single  
 Married  
 Divorced  
 Widowed  
 Separated  
 Other (Please identify): \_\_\_\_\_
5. What is your religious preference?  
 Agnostic  
 Atheist  
 Buddhism  
 Catholicism  
 Christianity  
 Hinduism  
 Inter-religious  
 Judaism  
 Other (Please Identify): \_\_\_\_\_
6. Where is your current residence (City and State)?  
\_\_\_\_\_
7. Where were you born (City and State or Province and Country)?  
\_\_\_\_\_

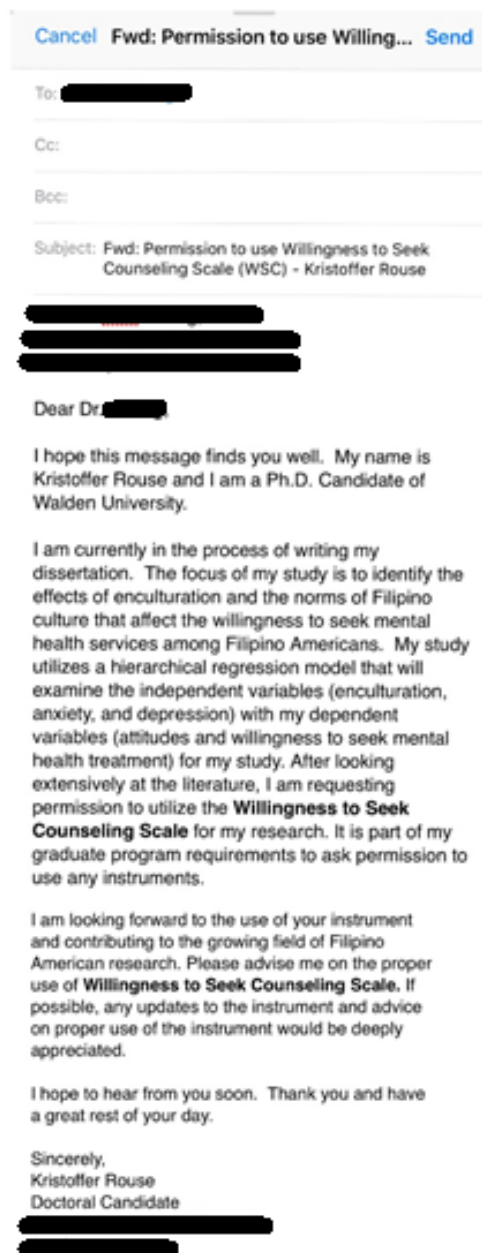
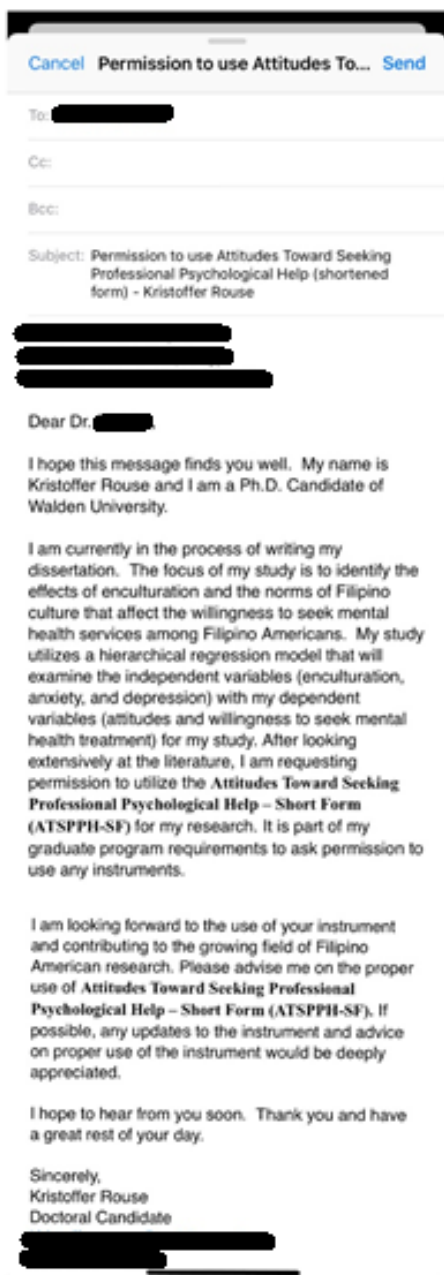
If born outside of the US, please answer questions 8 and 9. Otherwise, reply N/A for questions 8 and 9.

8. If not born in the US, how long have you resided in the United States?  
\_\_\_\_\_

9. If not born in the US, at what age did you immigrate to the United States?  
\_\_\_\_\_

10. Which description best describes you?
- First Generation – Born in Philippines, moved to US after teen years
  - 1.5 Generation – Born in Philippines, moved to US before or during teen years
  - Second Generation – Born in US with one or both parents born in Philippines
  - Third Generation – Born in US with both parents born in US
  - Other – born in US or Philippines and have lived in the US
  - Others – born in US or Philippines and have lived in the Philippines
11. What level of education have you achieved?
- GED
  - High School Diploma
  - Associate Degree
  - Bachelor Degree
  - Master's Degree
  - Doctorate
  - Other (Please identify): \_\_\_\_\_
12. Do you have a disability?
- Yes
  - No
  - Prefer not to answer
13. If you answered "Yes" to the previous question, which best describes your disability?
- Sensory Impairment
  - Mobility Impairment
  - Mental Health Disorder
  - Learning Disability
  - N/A
  - Prefer not to identify

## Appendix B: Permission to Use ATSPSSH and WSC





Appendix C: Permission to Use Materials Form – ESFA-S

From: Kristoffer Rouse >  
 To: [REDACTED]  
 Bcc: [REDACTED]

**Permission to use Enculturation Scale for Filipino Americans – Short Form (ESFA-S) - Kristoffer Rouse**  
 March 2, 2019 at 11:57

[REDACTED]  
 [REDACTED]  
 [REDACTED]

Dear Dr. [REDACTED]

I hope this message finds you well. My name is Kristoffer Rouse and I am a Ph.D. Candidate at Walden University.

I am currently in the process of writing my dissertation and have successfully defended my proposal. The focus of my study is to identify the effects of enculturation with psychological issues and how it affects the willingness to seek mental health services among Filipino Americans. My study utilizes a hierarchical regression model that will examine the independent variables (enculturation, anxiety, and depression) with my dependent variables (attitudes and willingness to

I am contacting you because my graduate program asks for the permission to use any instrument from the original authors. After looking extensively at the literature, I am requesting permission to utilize the Enculturation Scale for Filipino Americans – Short Form (ESFA-S) for my research. It's a wonderful instrument and I want to help contribute its impact to the growing Filipino-American population and how to help them.

I am looking forward to the use of your psychological instrument and expanding its use in the Pacific Northwest. If possible, please advise me on the proper use of Enculturation Scale for Filipino Americans – Short Form (ESFA-S). Any updates to the instrument and advice on proper use of the instrument would be deeply appreciated.

I hope to hear from you soon. Thank you and have a great rest of your day.

Sincerely,  
 Kristoffer Rouse  
 Ph.D. Doctoral Candidate  
 [REDACTED]

Kristoffer Rouse, MA, LMHC

[Icons: Print, Mail, Delete, Reply, Reply All]

From: [REDACTED]  
 Date: March 2, 2019 at 14:11:56 PST  
 To: Kristoffer Rouse >  
 Subject: Re: Permission to use Enculturation Scale for Filipino Americans – Short Form (ESFA-S) - Kristoffer Rouse

Sure, of course! Would be happy to send this over. Myself or my research assistant will email it to you.

Best regards,  
 Dr. [REDACTED]

On Sat, Mar 2, 2019 at 1:57 PM Kristoffer Rouse > wrote:  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

Dear Dr. [REDACTED]

I hope this message finds you well. My name is Kristoffer Rouse and I am a Ph.D. Candidate at Walden University.

I am currently in the process of writing my dissertation and have successfully defended my proposal. The focus of my study is to identify the effects of enculturation with psychological issues

On Mar 3, 2019, at 11:47, Sthefany Alviar > wrote:  
 [REDACTED]

Hi Kristoffer,  
 Sorry for the delay. Here are the ESFA forms you requested from Dr. [REDACTED]. Let us know if there's anything else you need!

Best,  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

**IMPORTANT NOTICE:** This transmission and any attachments is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential or exempt from disclosure under applicable federal or state laws. If the reader of this transmission is not the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this transmission in error, please notify me immediately by email or telephone.  
 [REDACTED]

<Scoring for ESFA-30\_and\_73 (final).pdf>  
 <ESFA Instrument 73-item version (final).pdf>