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A study of the anxiety, depression and coping skills of Filipino immigrants in Southern California

Rex Fycueco Sia

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A STUDY OF THE ANXIETY, DEPRESSION AND COPING SKILLS OF FILIPINO IMMIGRANTS IN SOUTHERN CALIFORNIA

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Rex Fycueco Sia
June 2001
A STUDY OF THE ANXIETY, DEPRESSION AND COPING SKILLS OF FILIPINO IMMIGRANTS IN SOUTHERN CALIFORNIA

A Project
Presented to the Faculty of California State University, San Bernardino

by Rex Fycueco Sia
June 2001

Approved by:
Dr. Teresa Morris, Faculty Supervisor
Social Work

Dr. Rosemary McCaslin
M.S.W. Research Coordinator
ABSTRACT

The purpose of this research study was to measure and examine the current mental health status of Filipino immigrants who are living in Southern California. Emphasis was placed on the measurement of the current levels of anxiety and depression of Filipino immigrants. This study also examined the different stressors encountered by Filipino immigrants and assessed their coping skills in dealing with these problems.

Survey responses were gathered from a sample of 81 respondents. Each of the respondents was given a set of survey questionnaire and three rating scale instruments (BAI, CES-D & CSI), which measured their level of anxiety, depression and coping skills respectively. Results show that a great number of Filipino immigrants in the study sample have only experienced a minimal-to-mild level of anxiety and a low-to-mild level of depression. The same sample of Filipino immigrants also registered an average-to-high level of problem solving and seeking social support, and a low-to-average level of avoidance as coping skills in dealing with problems or stress.
This research study has relevant implications to social work practice because it gave a better understanding of the current mental health status of Filipino immigrants in the United States. These findings contribute to the development of a knowledge base on the mental health status of Filipino Americans and affect the planning, utilization and delivery of effective treatment programs and social services in order to better serve this growing immigrant population.
ACKNOWLEDGMENTS

First and foremost, I would like to give thanks to God the Almighty, for giving me the wisdom and strength to succeed in the MSW program. Secondly, my sincere and heartfelt gratitude and appreciation go to the following people who made this research study possible:

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- Dr. James H. Amirkhan of California State University, Long Beach, for allowing me to use his Coping Strategy Indicator.
- Owners of Filipino specialty restaurants in Moreno Valley, Loma Linda and Fontana for allowing me to conduct the survey on their premises.
- Officers of Filipino religious, community and school-based organizations who made its members available for the survey.
- And lastly, to my loving wife Caroline May, for her patience, understanding and support.
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CHAPTER ONE
INTRODUCTION

Problem Statement

According to the 1990 Population Survey by the U.S. Census Bureau, Filipinos constitute the largest Asian or Pacific Islander immigrant group in California with a population of over 731,000. In the March 1997 Population Survey by the U.S. Census Bureau, Filipinos were the second largest foreign-born immigrants, next to the Mexicans, in the United States with a population of over 1.13 million.

Despite the above-mentioned statistics, Filipino Americans are remarkably understudied both in U.S. government-sponsored and academic research. There are limited research studies available concerning the effects of acculturation and assimilation on the mental health status of Filipino immigrants in the United States. Findings from research studies by Nicassio and Atkinson & Giro (cited in Luquis, 1995) have concluded that there is a strong relationship between acculturation, psychosocial adjustment and mental health status of Asians in the United States.
According to Kitano, Okamura & Agbayani, Wagner and Yu (cited in Agbayani-Siewert, 1994), empirical research on Filipino American mental health and psychological well-being lags behind research on other Asian American groups. Some speculate that Filipinos are neglected in research because they blend in so easily into the American culture, particularly those who arrived after 1965, due to their largely urban, professional and middle class backgrounds and lifestyles (Espiritu and Wolf, 1999).

Among the few research studies conducted, there have been conflicting results. Some findings have shown that Filipino Americans are one of the most successful, acculturated and assimilated ethnic group (Marczynski, 1998; Angeles, 1991 and Agbayani-Siewert, 1993). However, some findings indicate low self-esteem and high depression rates among Filipino immigrants (Espiritu & Wolf, 1999; Wolf, 1997; Tiger, 1979; Ascano, 1979; Lopez, 1990 and Gendrano, 1999).

The purpose of this research study was to find out which of these findings holds true. In this research study, the results of the acculturation and assimilation of Filipino immigrants from previous studies were examined.
and summarized. A survey was conducted from a sample of Filipino immigrants living in Southern California. The level of their anxiety, depression and coping skills were measured and presented in this study. The implications of these findings to social work practice were also presented.

According to Tsunoda, et al., (cited in Luquis, 1995), health risks among minority immigrant groups could be influenced by their level of acculturation and assimilation into the majority culture. Several behavioral health studies have associated acculturation with mental health risks among minority groups in the United States. According to Luquis (1995), findings from these studies have concluded that there is a strong relationship between acculturation and the mental health status of Asians in the United States.

In attempting to understand Filipino Americans, the literature suggests that there are varying degrees of attained acculturation and assimilation. Some individuals may have arrived fresh from the Philippines while others may be of the first or second generation or even more "ilapil, Jr., 1995). A clinical social worker or
therapist might be more effective if he or she was aware of the level of acculturation and mental health in each individual.

Problem Focus

A few of the available research studies done on Filipino immigrants looked into their personal and emotional state, their problems, experiences and issues. Filipino Americans tend to be understudied and overlooked in research because of their ability to integrate so easily into the American culture (Espiritu & Wolf, 1999).

In this study, the emotional state, social problems and personal experiences of a sample of Filipino immigrants were examined. The research study has measured the current level of anxiety and depression of the sample of Filipino immigrants. This study also identified different stressors that were encountered by these immigrants and the coping mechanisms used in dealing with these problems.

The specific research questions that guided this investigation were the following:

1. What is the current level of anxiety and depression of Filipino immigrants in the United States?
2. What coping mechanisms do Filipino immigrants utilize in dealing with problems associated with settling in the U.S.A.?

This research study has relevant implications for social work practice because it gives us a better understanding of the acculturation and assimilation of Filipino immigrants in U.S. society. Social work practitioners need to understand and consider the relationship between the Filipino immigrant’s mental health status and their level of acculturation in order to better serve this population. In learning about the Filipino immigrant’s current level of anxiety, depression and coping skills, social work practitioners would be guided in creating effective treatment and healthcare programs for this population. The findings in this research study will create an awareness of the different problems experienced by Filipino immigrants and the coping skills that they utilize in dealing with these problems. Social workers intervening with Filipino immigrants need to understand how they face crisis and how they manage their losses and their ambivalence (Hulewatt, 1996).
CHAPTER TWO
LITERATURE REVIEW

In presenting the available literature that was gathered, this study started with a brief discussion of the history of the Filipino American's migration to the United States. The process of acculturation and assimilation was also defined and discussed for clarification. Results from the different studies previously done on Filipino immigrants were examined, categorized and was presented according to the type of study that was done. Research studies on other immigrant groups were also included in order to compare them with the type of studies done with Filipino immigrants. A comparison between the studies conducted on Filipinos and other immigrant groups was presented in order to show the gap in literature and in research studies.

History of Migration

Filipinos have lived in the United States for nearly 200 years as a result of the Manila Galleon Trade (1593-1815), wherein Filipino seamen sailed across the Pacific, from Manila to Mexico. Evidence exists that Filipino
seamen settled in Louisiana in the 1830s and 1840s (Mangiafico, 1988, p.31). In spite of this, Filipino immigration to the United States is generally divided into three major phases. The first phase was between 1900-1945, when the U.S. Congress passed the “Pensionado Act”, which provided support to send young Filipinos to the United States for education on American life. The second phase was between 1946-1964, when the bulk of Filipino immigrants were men recruited as laborers to fill growing cheap labor demands in the United States. The third phase was from 1965 up to the present, when the liberalization of immigration laws in 1965 led to a dramatic increase in Filipino immigration (Agbayani-Siewert and Revilla, 1995). According to the Population Survey (1997) of the U.S. Census Bureau, Filipino Americans are the second-largest foreign-born immigrant group in the United States numbering over 1.13 million, and the largest Asian group in California numbering over 731,000 (U.S. Census Bureau, 1990).

Acculturation and Assimilation

A review of the pertinent literature indicates contrasting findings regarding the acculturation and
assimilation of Filipino immigrants. Acculturation and assimilation are two processes that all immigrants, regardless of status and origin, will undergo. Acculturation is defined as the phenomena, which result when individuals or groups with different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups (Berry, 1980). According to Alle-Corliss and Alle-Corliss (1999), acculturation applies to how well cultural assimilation has taken place or how well immigrants have been able to incorporate the new culture versus retaining the culture of their country.

According to Berry (1980), there are four modes of acculturation or varieties of adaptation. They are assimilation, integration, rejection and deculturation. The integration mode basically involves the maintenance of the cultural identity of the immigrant while moving towards becoming an integral part of the larger society. Rejection entails a total withdrawal of the immigrant from the larger society. In deculturation, the individual is out of cultural and psychological contact with either the
traditional old culture or the new culture. The individual is somehow indifferent to both cultures.

In the assimilation mode, the individual or group relinquishes their old cultural identity and moves into the new larger society. The immigrant is able to absorb and blend into the new culture or way of life. As described by Cohen (1956), assimilation is the process through which the immigrant loses the modes of behavior previously acquired in another society and gradually takes on the ways of the new society. When the individual no longer thinks of himself as distinctly different, and in turn, not treated in a special category apart from the ordinary members of society, then he is fully assimilated.

Acculturation of Filipino Immigrants

Most of the available literature depicts the Filipino immigrant as one of the most highly assimilated and acculturated among immigrant groups in the United States. This assumption is based on the way the Filipinos have adapted and assimilated in the areas of education, socioeconomic status, and English language skill (Agbayani-Siewert and Revilla, 1995).
Marczynski (1998) found that Filipino immigrants were generally well acculturated. The sample in her study consist of 34 men and 50 women, Tagalog speaking, adult Filipino immigrants from various areas of the United States. Most of her sample preferred the integration mode of acculturation, which would include a preference for retaining Filipino cultural ties.

A study by Angeles (1991) agrees with Marczynski's findings that Filipino immigrants generally have few difficulties with acculturation. The respondents in this study consist of adult male and female Filipino immigrants who have been residing in Los Angeles for the last 1 to 22 years. All of the respondents attended schools in the Philippines that are similarly oriented to those in the United States. However, Angeles found that the respondents in this study perceived Filipino parents to be losing their traditional parental authority because they are having difficulty regulating and controlling their children, thus resulting to some generational conflicts.

Assimilation of Filipino Immigrants

In a study by Tiger (1979), 1,870 questionnaires were mailed to Filipino immigrants in Los Angeles, of which,
395 questionnaires were returned. Tiger's study was designed to test for immersion in the Filipino communities as well as assimilation in the American society. Results have shown that the level of cultural assimilation was high, but the level of interpersonal assimilation was low. It was also found that a significant portion of the sample believed that they were being discriminated against, especially in the job market.

Emotional Stress

A study conducted by Agbayani-Siewert (1993) surveyed 216 Filipino Americans, 18 years and older, living in Los Angeles, with the use of a probability sampling method. This study describes emotional stress and its relationship to social role strain. It also assesses the effects of mediating and coping variables between emotional stress and social role strain. Agbayani-Siewert’s findings have pointed out that Filipino immigrants do not experience high levels of stress and role strain and if they do, they use a variety of coping styles, which are not tied to any one particular response.
Adjustment Issues

Ascano (1979) interviewed 10 professional Filipino immigrants who were between the ages of 21 and 31 years and who resided in San Diego County for at least 4 years. He found that all of the respondents experienced culture shock and intense awareness of ethnic identity, but recovered eventually and accepted their new identity. The subjects attribute their recovery to their psychological and emotional preparation before coming to the United States and to their verbal fluency in the English language. They also cited the presence of an established family support system, which minimized the duration of their culture shock.

Two research studies on second-generation Filipino immigrants have shown that the respondents were having adjustment and psychological problems. One such study conducted by Espiritu and Wolf (1999) in San Diego, examines the adaptive trajectories of the children of Filipino immigrants by focusing on their patterns of academic achievement and ambition, ethnic identity shifts and psychological well-being. The socioeconomic data indicate that Filipino immigrants and their children are
relatively successful, acculturated and assimilated. On the other hand, the data on ethnic self-identities and emotional well-being suggest that a significant proportion of young Filipinos reject the American assimilative identity. They also registered relatively low self-esteem and higher depression than other immigrant groups. This is unexpected since their families have seeming ease and success in their assimilation into the American society.

Another study by Wolf (1997), examined the issues and problems confronting second-generation Filipino immigrants in California. The findings in her study have shown that second-generation Filipino immigrants have experienced transnational struggles and depression as a result of gaps in family ideology and practices.

Similarly, the older generation of Filipinos should be taken into consideration. Their coming to America has led to the gentrification of the Filipino immigrant population. This elderly generation of Filipino immigrants was mostly retired, living comfortably and enjoying the dignified role as a revered elder statesman in the Philippines. Most of them could not accept the sudden shift in role, reduced influence and loss of
dignity. This group of Filipino immigrants not only experienced some culture shock in the community but also felt degraded and disrespected with the way they are being treated by their grandchildren (Gendrano, 1999).

Anxiety Issues

Lopez (1990) studied 78 nurses working in U.S. hospitals in the Northeast. These nurses had a median age of 26.6 years, all had Bachelor of Science in nursing degrees and had work experience in the Philippines. Using both qualitative and quantitative methods including in-depth interviews, it was found that these Filipino nurses experienced anxieties and problems while working in these U.S. hospitals. Problems included deficiency in technical skills needed in a technologically advanced health care system, difficulties in communication, supervision of nurse’s aides and passing the licensure examination. These nurses also experienced conflicts between being assertive or submissive regarding assignments and workloads. All these nurses turned to social support groups, religion and diversionary activities to help them cope with their problems.
As has been mentioned, studies on Filipino immigrants have been minimal. Filipino immigrants were shown to be minimally affected by the change in their culture since previous research was mostly based on socio-economic issues such as wages, level of education, socio-economic status and labor force participation. Only a few of the previous studies looked at the more personal issues and the dynamics and interactions that typify the daily lives, quandaries, and struggles of immigrants and their children.

Other Immigrant Groups

As we have discussed earlier, studies done by Kitano, Okamura & Agbayani, Wagner and Yu (cited in Agbayani-Siewert, 1994) found that empirical research on Filipino American mental health and psychological well-being lags behind research on other Asian American groups. In order to compare research conducted on Filipinos with that of other immigrant groups, available research studies done with Koreans, Chinese and Mexican immigrants have been gathered. Unlike Filipinos, most of these immigrant groups have not only been studied regarding their acculturation, assimilation, but also regarding their mental health and
psychological well-being. Here are some examples of what has been found.

Korean American Immigrants

Won and Kwang (1990) conducted a study on 334 Korean Male immigrants in Chicago aged 20 years and older and found that the mental health of early stage immigrants (1-2 years after immigration) was highly vulnerable. They also found that the degree of their mental well being generally increased with the length of their residency. In this study, the CES-D scale and 3 other scales (Health Opinion Survey, Memorial University of Newfoundland Scale of Happiness and the Cantril Self-anchoring Striving Scale) were used.

Chinese American Immigrants

In another study, Schwartz (1998) conducted a study on 125 Chinese immigrants, consisting of 49 males and 76 females, with ages ranging from 25 to 40, residing in New York and found that they too have experienced depression and somatic complaints. Her study showed that educational degree, post arrival experience, religiosity, age during migration and duration of residency in the U.S. are
predictor variables that would determine the degree of depression and somatic symptoms.

Mexican American Immigrants

In a study conducted by Vega (1998), U.S. born Mexican-Americans scored a much higher rate of major depression, substance abuse and other mental disorders compared with both recent and long-standing Mexican-American immigrants. Vega’s team interviewed 3,012 adults of Mexican origin, ages 18 to 59, and living in Fresno County, California. Of that number, 1,810 people identified themselves as immigrants. Nearly one-half of the U.S. born Mexican-Americans had suffered from at least one of 12 psychiatric disorders at some time in their lives. Vega also found the rate of mental illness increased consistently after immigration to the U.S. According to Vega, lost connections to family, church and other social groups and low income and educational levels all share the blame.

Comparison of Filipinos and Other Immigrant Groups

Previous studies on Filipino immigrants have been minimal and remains largely focused on socio-economic and
demographic issues. Based on the above-mentioned research studies, Filipino immigrants are perceived to be well acculturated and assimilated based on the way the Filipinos have adapted and assimilated in the areas of education, socioeconomic status, and English language skill (Agbayani-Siewert & Revilla, 1995). Only a few of the previous studies looked at the more personal issues and the dynamics and interactions that typify the daily lives, quandaries, and struggles of Filipino immigrants and their children.

On the other hand, the research studies done with Korean, Chinese and Mexican Americans were focused on their mental health status. Studies with these immigrant groups have moved beyond historical and illustrative descriptions to empirical studies and the development of conceptually valid instruments and theories (Agbayani-Siewert, 1994). Research on Filipino Americans has not maintained the same pace and remains largely focused on socio-economic and historical accounts. As what the literature has shown, there is a big gap between the research studies conducted with Filipino immigrants as
compared to research studies done with other immigrant groups.

In general, the empirical mental health data that exist on Filipino Americans emerged from comparative studies focusing on another Asian subgroup or from studies that have combined Filipinos with other Asian subgroups by reason of an assumption that the groups were similar (Agbayani-Siewert, 1994). According to Agbayani-Siewert (1994), this assumption has never been empirically tested which hinders the development of a knowledge base on Filipino Americans and has an impact on the planning, utilization and delivery of social services.

Purpose and Rationale for the Study

In view of the gap in the literature and limitations of past studies, this research intends to pursue the emotional and mental health aspect of the Filipino immigrant’s acculturation and assimilation into the U.S. society. This research intends to examine the effect of acculturation and assimilation on the mental health of Filipino immigrants in the United States. Research studies by Nicassio and Atkinson & Giro (cited in Luquis, 1995) on the relationships between acculturation, psychosocial
adjustment and mental health was conducted among Asian populations. Findings from these studies have concluded that there is a strong relationship between acculturation and the mental health status of Asians in the United States (Luquis, 1995).

This research intends to measure and examine the different levels of anxiety and depression among the sample of Filipino immigrants. The respondent’s score on both the Beck’s Anxiety Inventory (BAI) and the Center for Epidemiological Studies Depression (CES-D) scales will be correlated with the different sociodemographic variables in order to determine factors that may have caused their feelings of anxiety and depression.

The coping skills of Filipino immigrants will also be measured through the use of the Coping Strategy Indicator (CSI), a self-report rating scale designed to assess the three basic modes of coping such as problem solving, seeking social support and avoiding the problem. The respondent’s scores on the three modes of coping will also be correlated with the different sociodemographic variables in order to establish the coping mechanisms.
utilized by Filipino immigrants in dealing with their problems.

Theoretical Bases and Organization

Previous research studies conducted with Filipino immigrants were mostly constructed based on the theories of acculturation and assimilation. Only a few of those research studies were based on the adjustment, anxiety and stress issues of Filipino immigrants. The underlying theoretical perspective that guided the present research study was based on the theories on mental health. This research study has explored the psychological and emotional state of the respondents by measuring their current level of anxiety, depression and coping skills. The aim of the study was to guide social work practitioners in creating culturally effective therapeutic and treatment programs for the Filipino community.
CHAPTER THREE

METHODOLOGY

Research Design

The purpose of this research study was to measure and examine the current mental health status of Filipino immigrants living in Southern California. This study measured the level of anxiety and depression of the respondents in support of the assumption that a well acculturated and assimilated individual would have registered a low level of anxiety and depression and vice versa. This study also examined the different stressors encountered by Filipino immigrants and what coping skills they used in dealing with these problems.

The research study utilized the quantitative approach and a positivist research paradigm. A survey research design was used employing a non-probability convenience sample. Data was gathered by means of convenience and snowball sampling.

The formulated research questions that specifically guided this investigation were as follows:
1. What is the current level of anxiety and depression of Filipino immigrants in the United States?
2. What coping mechanisms do Filipino immigrants utilize in dealing with problems associated with settling in the U.S.A.?

Study Sample

Sample selection was obtained from religious, community and school-based organizations, Filipino specialty restaurants and a small group of family and friends through the use of non-probability convenience and snowball sampling. The sample for this study consisted of 81 male and female Filipino immigrants, 18 years and older, who came to the United States and have settled in Southern California.

As shown in Table 1, the 81 Filipino immigrant respondents were composed of 35 (43%) males and 46 (57%) females. A higher percentage of female respondents were noted. The respondent’s age range is from 18 to 69 years, with the median age being 40 years. Sixty-four percent of the Filipino sample was married and 36% was either single, divorced or widowed. Ninety percent of the respondents have attained a college degree. More than half (53%) of the respondents work as professionals, while 28% are in trade and 19% are in the “others” category. The median
household income level of the respondents was in the range of $35,000 to $44,999.00. Fifty-nine percent are already U.S. citizens, 26% are legal residents and 15% fall under the "others" category. Seventy-two percent of the respondents were Catholics and 28% were Christians. All of the respondents speak English. Seventy-two percent speak both English and Tagalog at home, while 17% speak only Tagalog and 11% speak only English.
Table 1. Demographic Characteristics of the Study Sample

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
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<tr>
<td>Male</td>
<td>35</td>
<td>43.2</td>
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<tr>
<td>Female</td>
<td>46</td>
<td>56.8</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 35</td>
<td>33</td>
<td>40.7</td>
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<tr>
<td>36 to 55</td>
<td>42</td>
<td>51.9</td>
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<tr>
<td>56 and over</td>
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<td>7.4</td>
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<tr>
<td>Marital status</td>
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<tr>
<td>Single</td>
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<tr>
<td>Married</td>
<td>52</td>
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<td>Educational attainment</td>
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<td>Yearly household income</td>
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<td>Above $60,000</td>
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<td>Religion</td>
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<td>Present status in the U.S.A.</td>
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<tr>
<td>Citizen</td>
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<td>Legal Resident</td>
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<td>Others</td>
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<td>Language spoken at Home</td>
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<td>Tagalog or native Dialect</td>
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<td>17.3</td>
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<td>English</td>
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<td>11.1</td>
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<td>Both</td>
<td>58</td>
<td>71.6</td>
</tr>
</tbody>
</table>

25
Research Instruments

The level of anxiety, depression and coping skills of the Filipino immigrants was measured utilizing the following instruments:

1. The Center for Epidemiological Studies Depression (CES-D) Scale (Locke, BA & Putman, P., 1971) is a short 20-item self-report scale designed to measure current levels of depressive symptomatology in the general population. Its reliability scores for household surveys 1, 2, and 3 and psychiatric patients are .85, .85, .84, and .90 (coefficient alpha) respectively. The CES-D scale is currently available in the public domain. (See appendix A).

2. The Beck Anxiety Inventory² (BAI; Beck, Epstein, Brown & Steer, 1988) is a 21-item, 4-point self-report scale that is designed to measure the severity of anxiety in adults and adolescents. Each item is descriptive of subjective, somatic or panic related symptoms of anxiety. According to their diagnostically mixed sample of 160 outpatients, Beck, Epstein et al. (1988) reported that the BAI had high internal consistency reliability (Cronbach coefficient alpha = .92) and
Fydrich et al. (1990) found a slightly higher level of internal consistency (coefficient alpha = .94) in 40 patients diagnosed as having DSM-III-R anxiety disorders. (See appendix B).

3. The Coping Strategy Indicator (CSI) scale (Amirkhan, J. H., 1993) is a 33-item, 3-point self-report rating scale designed to assess three basic modes of coping, i.e. problem solving, seeking social support and avoiding the event. The CSI has a good external reliability with a mean test-retest correlation of .82. It is internally consistent with alpha coefficient averaging .89. Tests have indicated that the CSI has construct validity with evidence for the criterion-related validity. Permission to use the CSI in this research study has been obtained from the author but with the condition that the CSI instrument would not be published in its entirety. (See appendix C). An original copy of the instrument is on file with the researcher.

Aside from the above-mentioned instruments, a 16-item questionnaire was also included in order to get socio-demographic information and data on immigration.
experiences from the Filipino respondents. (See appendix D). The questionnaire items include the respondent’s gender, age, marital status, educational attainment, occupation, household annual income, status in the U.S.A., date of arrival in the U.S.A., religion, language spoken at home, support systems, reason for immigrating, what they like and dislike about this country, what difficulties did they have in settling in the United States, and what is their source of assistance in solving those problems. Except for the question on age and occupation, all other questions were close-ended, wherein the respondents chose from a list of specified choices by checking off their desired response. The above-mentioned questionnaire, together with the informed consent and debriefing statement, was also translated into Tagalog in order to accommodate those respondents who would prefer to do the survey in this language. (See appendix E, F, G, H & I respectively).

Data Collection Procedure

Data collection was conducted through the following activities:
1. Non-probability sampling was conducted on Filipino customers of two local Filipino specialty restaurants. After gaining permission from the storeowners, the research survey was conducted for one whole day in each location to hand out and retrieve completed surveys. Each respondent was given a brief explanation of what the survey was about and was also given a choice on whether they wanted to do the survey in English or in Tagalog. They were then asked to read, mark and date an informed consent form before starting the survey. Respondents who opted to complete the survey on a later date was asked to submit it to the storeowner on a later date for collection.

2. A combination of non-probability and snowball sampling was conducted through the help of Filipino members of a number of religious, community and school-based organizations. Several copies of surveys (both in English and Tagalog) were also given out to designated persons, who are either officers or members of Filipino community, religious and school-based organizations located in Southern California, for distribution and collection among its Filipino members. Instructions
were given to the designated persons on how to properly administer the distribution and collection of the surveys, carefully taking into consideration the respondent's right to confidentiality. The respondents from the above-mentioned organizations were given extra copies of surveys so their family members can also participate in the survey.

3. Family members and relatives were asked for referrals by providing a list of their Filipino co-workers and friends. Respondents on this list were then contacted and offered the survey by phone and those that were willing to participate were met in their homes or offices for them to do the survey. Extra copies of surveys were also given to respondents who were willing to get their other family members and relatives involved in the survey. The researcher then set collection of the forms on a later time and date that was convenient for the designated data collector.

Strengths and Weaknesses

The strength of this study is in the specific design and goodness of fit of the research instruments for this particular study. Appropriate cultural sensitivity was
applied in the design of the survey questionnaire. The research questionnaire, informed consent, and debriefing statement were translated into Tagalog in order to accommodate the respondents who preferred to answer the survey using their native language. The research survey was initially pre-tested among a group of 12 Filipino immigrants for clarity and comprehension. This group was solicited for feedback to identify and correct any bias and/or confusing terminology in the questionnaire before its use. Selection bias was also reduced to a minimum since all available Filipino immigrants were offered the survey. Weaknesses would include the limited time frame and sample size for this study. Another limitation that was noted in this study was the lack of reliability and validity measures of the questionnaire.

Protection of Human Subjects

The human subjects who volunteered and participated in this research study were asked to answer survey instruments which do not have any data or marks that could be associated with their identity. These respondents were not asked to give out their names or sign any papers that will breach their right to confidentiality. An informed
consent and debriefing statement informing them of the confidentiality of their identity and responses were attached to each and every survey.
CHAPTER FOUR

RESULTS

Central to this research study were questions concerning the current mental health status of Filipino immigrants in Southern California. The levels of anxiety, depression and coping skills of Filipino immigrants were measured through the use of the BAI, CES-D and CSI scales, respectively. This study examined the relationship between the Filipino immigrant’s demographic characteristics and the level of their anxiety, depression and coping skills. The demographic characteristics of the study sample were utilized as the independent variables and the level of their anxiety, depression and coping skills as the dependent variables. The processing of data and tabulation of the raw scores of each respondent for the CES-D, BAI and CSI scales were done using the SPSS 10.0 version.

Social Characteristics of the Study Sample

A majority of the respondents (98%) have relatives in the U.S.A. Fifty-six percent of the respondents migrated to the U.S.A. to join family members and 35% because of better employment opportunities. Fifty-three percent of
the sample liked the availability of economic opportunity, while 65% disliked racial discrimination in the U.S.A. Locating employment (31%) and obtaining transportation (22%) were two of the major difficulties encountered by the respondents in settling in the U.S.A. Sixty-five percent of the respondents claim family members as their main source of assistance in solving their problems.

Mean Rank Scores of Independent Variables

As seen in table 2, the mean rank scores of the independent variables were analyzed and categorized in relation to the dependent variables. The independent variables were gender, age, marital status, occupation, yearly household income, legal status in the U.S.A., number of years in the U.S.A. and religion. The dependent variables were the levels of anxiety, depression, CSI-problem solving, CSI-seeking social support and CSI-avoidance. The independent variables were also broken down further into categories for clarity and comprehension.
Table 2. Mean Rank Scores of Independent Variables

<table>
<thead>
<tr>
<th></th>
<th>Anxiety Level</th>
<th>CES-D Level</th>
<th>CSI-PS</th>
<th>CSI-SSS</th>
<th>CSI-A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>40.50</td>
<td>39.14</td>
<td>37.40</td>
<td>32.30</td>
<td>37.06</td>
</tr>
<tr>
<td>Female</td>
<td>41.38</td>
<td>42.41</td>
<td>43.74</td>
<td>47.62</td>
<td>44.00</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 35</td>
<td>38.86</td>
<td>43.45</td>
<td>40.26</td>
<td>47.98</td>
<td>41.18</td>
</tr>
<tr>
<td>36 to 55</td>
<td>40.69</td>
<td>37.86</td>
<td>39.80</td>
<td>36.29</td>
<td>41.43</td>
</tr>
<tr>
<td>56 &amp; above</td>
<td>57.00</td>
<td>49.50</td>
<td>53.50</td>
<td>35.58</td>
<td>37.00</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>41.48</td>
<td>46.10</td>
<td>40.59</td>
<td>44.29</td>
<td>44.57</td>
</tr>
<tr>
<td>Married</td>
<td>40.73</td>
<td>38.15</td>
<td>41.23</td>
<td>39.16</td>
<td>39.01</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>38.90</td>
<td>38.33</td>
<td>42.99</td>
<td>37.06</td>
<td>36.26</td>
</tr>
<tr>
<td>Trade</td>
<td>43.57</td>
<td>41.20</td>
<td>38.35</td>
<td>45.41</td>
<td>45.89</td>
</tr>
<tr>
<td>Others</td>
<td>43.10</td>
<td>48.37</td>
<td>39.37</td>
<td>45.53</td>
<td>47.10</td>
</tr>
<tr>
<td><strong>Household Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $15,000</td>
<td>50.32</td>
<td>52.05</td>
<td>45.55</td>
<td>53.18</td>
<td>47.00</td>
</tr>
<tr>
<td>$15,000 to $24,999</td>
<td>43.39</td>
<td>44.46</td>
<td>37.46</td>
<td>50.64</td>
<td>58.14</td>
</tr>
<tr>
<td>$25,000 to $34,999</td>
<td>38.40</td>
<td>34.90</td>
<td>41.05</td>
<td>37.25</td>
<td>40.10</td>
</tr>
<tr>
<td>$35,000 to $44,999</td>
<td>42.15</td>
<td>34.90</td>
<td>23.60</td>
<td>44.35</td>
<td>36.80</td>
</tr>
<tr>
<td>$45,000 to $60,000</td>
<td>32.46</td>
<td>39.07</td>
<td>50.86</td>
<td>38.75</td>
<td>34.36</td>
</tr>
<tr>
<td>More than $60,000</td>
<td>40.91</td>
<td>40.05</td>
<td>42.59</td>
<td>30.39</td>
<td>33.64</td>
</tr>
<tr>
<td><strong>Status in the U.S.A.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citizen</td>
<td>41.09</td>
<td>38.91</td>
<td>40.46</td>
<td>36.73</td>
<td>37.56</td>
</tr>
<tr>
<td>Legal Resident</td>
<td>37.71</td>
<td>40.40</td>
<td>39.83</td>
<td>41.19</td>
<td>40.43</td>
</tr>
<tr>
<td>Others</td>
<td>46.38</td>
<td>50.42</td>
<td>45.21</td>
<td>57.75</td>
<td>55.75</td>
</tr>
<tr>
<td><strong># years in the U.S.A.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 years and below</td>
<td>46.50</td>
<td>51.27</td>
<td>52.36</td>
<td>59.27</td>
<td>53.55</td>
</tr>
<tr>
<td>6 to 10 years</td>
<td>42.27</td>
<td>40.43</td>
<td>41.02</td>
<td>39.66</td>
<td>39.23</td>
</tr>
<tr>
<td>11 to 15 years</td>
<td>38.68</td>
<td>35.61</td>
<td>43.68</td>
<td>39.03</td>
<td>36.66</td>
</tr>
<tr>
<td>16 years and above</td>
<td>39.47</td>
<td>41.07</td>
<td>34.91</td>
<td>36.36</td>
<td>40.43</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>43.42</td>
<td>39.33</td>
<td>42.28</td>
<td>42.09</td>
<td>43.30</td>
</tr>
<tr>
<td>Christian</td>
<td>34.89</td>
<td>45.22</td>
<td>37.78</td>
<td>38.26</td>
<td>35.20</td>
</tr>
</tbody>
</table>
In table 3, total scores were analyzed and categorized according to the levels of the three (BAI, CES-D and CSI) scales. Results from the tabulation of the frequencies on the three (BAI, CES-D and CSI) scales show that 85% of the respondents have experienced a minimal-to-mild level of anxiety and 90% experienced a low-to-mild level of depression. According to the CSI scale, 93% of the respondents showed an average-to-high level of problem solving (CSI-PS) coping skill and 83% showed an average-to-high level of seeking social support (CSI-SSS) coping skill. Eighty-two percent of the respondents showed a low-to-average level of using avoidance (CSI-A) as a coping skill.
Table 3. Overall Levels of Scores of the Respondents

<table>
<thead>
<tr>
<th></th>
<th>BAI Levels</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimal (0-7)</td>
<td>Mild (8-15)</td>
<td>Moderate (16-25)</td>
<td>Severe (26-63)</td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>59</td>
<td>10</td>
<td>8</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td>72.8</td>
<td>12.3</td>
<td>9.9</td>
<td>4.9</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>CES-D Levels</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low (0-15)</td>
<td>Mild (16-30)</td>
<td>Moderate (31-45)</td>
<td>Severe (46-60)</td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>25</td>
<td>48</td>
<td>8</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td>30.9</td>
<td>59.3</td>
<td>9.9</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>CSI Levels</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Problem Solving</td>
<td>Very Low (0-15)</td>
<td>Low (16-20)</td>
<td>Average (21-30)</td>
<td>High (31-33)</td>
</tr>
<tr>
<td>Number</td>
<td>1</td>
<td>5</td>
<td>44</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td>1.2</td>
<td>6.2</td>
<td>54.3</td>
<td>38.3</td>
<td></td>
</tr>
</tbody>
</table>

|                   | Seeking Social Support | Very Low (0-12) | Low (13-17) | Average (18-27) | High (28-33)   |
| Number            | 2           | 12               | 53              | 14               |
| Percent           | 2.5         | 14.8             | 65.4            | 17.3             |

<table>
<thead>
<tr>
<th></th>
<th>Avoidance</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low (0-14)</td>
<td>Average (15-22)</td>
<td>High (23-26)</td>
<td>Very High (27-33)</td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>6</td>
<td>60</td>
<td>12</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td>7.4</td>
<td>74.1</td>
<td>14.8</td>
<td>3.7</td>
<td></td>
</tr>
</tbody>
</table>
Bivariate Analyses

Bivariate analyses were conducted between the independent and dependent variables. The independent variables were gender, age, marital status, occupation, yearly household income, status in the U.S.A., number of years in the U.S.A. and religion. The dependent variables were the levels of anxiety, depression, CSI-problem solving, CSI-seeking social support and CSI-avoidance. The Kruskal-Wallis test, a nonparametric statistical test, was utilized to examine the relationships between the nominal and ordinal variables.

As shown in Table 4, the result from the statistical analysis between gender and CSI-SSS showed a Chi-Square test of significance score of 11.844 at the .001 level. In reviewing Table 2, the significance revealed that the females have registered a mean rank score of 47.62, which means that more females than males have experienced an average-to-high level of using seeking social support as a coping skill. Gender and CSI-A have also shown a significant score of 2.934 at the .087 level. The females had a mean rank score of 44.00, which means that more
females than males have experienced a low-to-average level of using avoidance as a coping skill.

Table 4. Chi-Square Tests of Significance

<table>
<thead>
<tr>
<th>Category</th>
<th>Anxiety Level</th>
<th>CES-D Level</th>
<th>CSI-PS</th>
<th>CSI-SSS</th>
<th>CSI-A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>.046 (p&lt;.831)</td>
<td>.504 (p&lt;.478)</td>
<td>1.842 (p&lt;.175)</td>
<td>11.844 (p&lt;.001)</td>
<td>2.934 (p&lt;.087)</td>
</tr>
<tr>
<td>Age</td>
<td>5.036 (p&lt;.081)</td>
<td>2.484 (p&lt;.289)</td>
<td>2.344 (p&lt;.310)</td>
<td>6.905 (p&lt;.032)</td>
<td>0.321 (p&lt;.852)</td>
</tr>
<tr>
<td>Marital status</td>
<td>0.031 (p&lt;.860)</td>
<td>2.791 (p&lt;.095)</td>
<td>0.018 (p&lt;.894)</td>
<td>1.244 (p&lt;.265)</td>
<td>1.762 (p&lt;.184)</td>
</tr>
<tr>
<td>Occupation</td>
<td>1.207 (p&lt;.547)</td>
<td>2.663 (p&lt;.264)</td>
<td>0.857 (p&lt;.651)</td>
<td>3.617 (p&lt;.164)</td>
<td>6.358 (p&lt;.042)</td>
</tr>
<tr>
<td>Household income</td>
<td>6.320 (p&lt;.276)</td>
<td>5.518 (p&lt;.356)</td>
<td>11.174 (p&lt;.048)</td>
<td>14.565 (p&lt;.012)</td>
<td>19.923 (p&lt;.001)</td>
</tr>
<tr>
<td>Status in U.S.A.</td>
<td>1.698 (p&lt;.428)</td>
<td>3.041 (p&lt;.219)</td>
<td>0.588 (p&lt;.745)</td>
<td>10.774 (p&lt;.005)</td>
<td>9.753 (p&lt;.008)</td>
</tr>
<tr>
<td># yrs. in U.S.A.</td>
<td>1.593 (p&lt;.661)</td>
<td>4.082 (p&lt;.253)</td>
<td>6.068 (p&lt;.108)</td>
<td>11.186 (p&lt;.011)</td>
<td>6.640 (p&lt;.084)</td>
</tr>
<tr>
<td>Religion</td>
<td>3.546 (p&lt;.060)</td>
<td>1.355 (p&lt;.244)</td>
<td>0.767 (p&lt;.381)</td>
<td>0.612 (p&lt;.434)</td>
<td>3.314 (p&lt;.069)</td>
</tr>
</tbody>
</table>

Age in categories and anxiety had a Chi-Square score of 5.036 at the p.081 level. The significance revealed that respondents whose age ranges from 56 and above have
registered a mean rank score of 57.00 and experienced more often a minimal-to-mild level of anxiety. Age in categories and CSI-SSS also gained a significant score of 6.905 at the .032 level. The respondents whose age ranges from 18 to 35 registered a mean rank score of 47.98 experiencing more often an average-to-high level of using seeking social support as a coping skill.

Marital status and depression gained a significant score of 2.791 at the .095 level. The single respondents had a mean rank score of 46.10, which means that more single than married respondents experienced a low-to-mild level of depression. Occupation by categories and CSI-A showed a significant score of 6.358 at the .042 level. The respondents belonging to the "others" category have a mean rank score of 47.10 experiencing more often a low-to-average level of using avoidance as a coping skill.

Associations between yearly household income and CSI-PS, CSI-SSS and CSI-A have significant scores of 11.174, 14.565 and 19.923 at the .048, .012 and .001 levels respectively. Respondents whose yearly household incomes were $45,000 and above have registered a mean rank score 50.86 and experienced more often an average-to-high level
of using problem solving as a coping skill. Respondents whose yearly household incomes were less than $15,000 have a mean rank score of 53.18 and experienced an average-to-high level of using seeking social support as a coping skill. Respondents whose yearly household incomes were below $25,000 have a mean score of 58.14 and experienced a low-to-average level of using avoidance as a coping skill.

Present status in the U.S.A. and CSI-SSS and CSI-A showed significant scores of 10.774 and 9.753 at the .005 and .008 levels respectively. The respondents falling under the “others” category had mean rank scores of 57.75 and 55.75 and experienced more often an average-to-high level of using seeking social support and a low-to-average level of using avoidance as coping skills respectively.

Association between number of years in the U.S.A. and CSI-SSS and CSI-A had significant scores of 11.186 and 6.640 at the .011 and .084 levels respectively. The respondents whose length of stay in the U.S.A. were five years and below have registered mean rank scores of 59.27 and 53.55 and experienced more often an average-to-high level of using seeking social support and a low-to-average level of using avoidance as coping skills respectively.
Religion and anxiety showed a significant score of 3.546 at the .060 level. Catholics have registered a mean rank score of 43.42, which means that more Catholics than Christians have experienced a minimal-to-mild level of anxiety. Religion and CSI-A also showed a significant score of 3.314 at the .069 level. Catholics registered a mean rank score of 43.30, which means that more Catholics than Christians have experienced a low-to-average level of using avoidance as a coping skill.

Multivariate Analyses

Multivariate analyses of variance were conducted between the independent and dependent variables using the SPSS 10.0 version. The independent variables were gender, age, marital status, occupation and number of years in the U.S.A. The dependent variables were the levels of anxiety, depression, CSI-problem solving, CSI-seeking social support and CSI-avoidance. This research study examined the relationships among the above-mentioned variables simultaneously, which has resulted in the identification of significant relationships between the variables.
Table 5. Summary of Tests of Between-Subject Effects

<table>
<thead>
<tr>
<th></th>
<th>Anxiety Level</th>
<th>CED-D Level</th>
<th>CSI-PS</th>
<th>CSI-SSS</th>
<th>CSI-A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>3.837</td>
<td>0.358</td>
<td>1.181</td>
<td>3.511</td>
<td>0.232</td>
</tr>
<tr>
<td>df=2</td>
<td>(p&lt;.032)</td>
<td>(p&lt;.702)</td>
<td>(p&lt;.320)</td>
<td>(p&lt;.042)</td>
<td>(p&lt;.794)</td>
</tr>
<tr>
<td><strong># yrs. in U.S.A.</strong></td>
<td>0.214</td>
<td>1.197</td>
<td>1.582</td>
<td>3.940</td>
<td>3.784</td>
</tr>
<tr>
<td>df=3</td>
<td>(p&lt;.886)</td>
<td>(p&lt;.327)</td>
<td>(p&lt;.213)</td>
<td>(p&lt;.017)</td>
<td>(p&lt;.020)</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td>3.310</td>
<td>2.511</td>
<td>0.000</td>
<td>0.177</td>
<td>6.503</td>
</tr>
<tr>
<td>df=1</td>
<td>(p&lt;.078)</td>
<td>(p&lt;.123)</td>
<td>(p&lt;.990)</td>
<td>(p&lt;.677)</td>
<td>(p&lt;.016)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>3.562</td>
<td>0.107</td>
<td>2.476</td>
<td>2.410</td>
<td>2.690</td>
</tr>
<tr>
<td>df=1</td>
<td>(p&lt;.068)</td>
<td>(p&lt;.746)</td>
<td>(p&lt;.125)</td>
<td>(p&lt;.130)</td>
<td>(p&lt;.111)</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td>0.496</td>
<td>0.053</td>
<td>2.129</td>
<td>0.995</td>
<td>1.416</td>
</tr>
<tr>
<td>df=2</td>
<td>(p&lt;.613)</td>
<td>(p&lt;.949)</td>
<td>(p&lt;.135)</td>
<td>(p&lt;.381)</td>
<td>(p&lt;.257)</td>
</tr>
</tbody>
</table>

As shown above in Table 5, tests of between-subjects effects indicated significance between gender and anxiety with a score of 3.562 at the .068 level. Again, in reviewing Table 2, the significance revealed that females have registered a mean rank score of 41.38, which means that more females than males have experienced a minimal-to-mild level of anxiety. Age in categories and anxiety and CSI-SSS have shown significant scores of 3.837 and 3.511 at the .032 and .042 levels respectively.
Respondents whose age range were 56 and above, with a mean rank of 57.00, have more often experienced a minimal-to-mild level of anxiety. Respondents whose age ranges from 18 to 35, with a mean rank of 47.98, have more often experienced an average-to-high level of using seeking social support as a coping skill. Marital status and anxiety and CSI-A have shown significant scores of 3.310 and 6.503 at the .078 and .016 levels respectively. Single respondents, with mean rank scores of 41.48 and 44.57, have more often experienced a minimal-to-mild level of anxiety and a low-to-average level of using avoidance as a coping skill respectively. The relationship between number of years in the U.S.A. and CSI-SSS and CSI-A was significant with scores of 3.940 and 3.784 at the .017 and .020 levels respectively. Respondents who had been in the U.S.A. for five years and below, with mean rank scores of 59.27 and 53.55, have more often experienced an average-to-high level of using seeking social support and a low-to-average level of using avoidance as their coping skills respectively.
Summary of Results

Results show that a great majority of Filipino immigrants in the study sample registered a low-to-mild level of anxiety and depression. The same respondents have registered an average-to-high level of usage of problem solving and seeking social support and a low-to-average usage of avoidance as their coping skills in dealing with problems or stress.

The respondents in the study sample who experienced a low-to-mild level of anxiety were composed more of females, single, Catholics and those whose ages were 56 years and above. Those who registered a low-to-mild level of depression were mostly single Filipino immigrants. Respondents whose yearly household income were $45,000 and above, have mostly utilized problem solving as their coping skill. Those who were female, between 18 to 35 years of age, earning less than $15,000 per year, legal status in the U.S.A. were in the "others" category and their length of stay in the U.S.A. were five years and below have mostly used seeking social support as their coping skill. Filipino immigrants who used a low-average level of avoidance as a coping skill consisted mostly of
females, single, Catholics, whose occupation were in the "others" category, earning below $25,000, legal status in the U.S.A. were in the "others" category and the length of stay in the U.S.A. were just five years and below.
CHAPTER FIVE

DISCUSSION

This research study focused on the mental health status and coping skills of Filipino immigrants living in Southern California. Emphasis was placed on the measurement of the current levels of anxiety and depression of Filipino immigrants, as well as on the type and levels of coping skills that they utilize in dealing with problems or stress.

Anxiety and Depression

Overall findings from this research revealed that a great majority of Filipino immigrants in this study sample have experienced only a low-to-mild level of anxiety and depression. This could be attributed to the fact that there are many similarities between the Philippines and the U.S.A. It is worthwhile to note that the United States was once one of the colonizers of the Philippines, and thus, many social systems were patterned after the American way of life. In particular, the political and educational systems were very much patterned after the United States. The English language is currently the
medium of instruction being used in both private and public schools. Other factors that might have contributed to the low-to-mild level of anxiety and depression of Filipino immigrants in this study sample are their high levels of educational attainment, good occupation, average-to-high level of yearly household income, legal status in the U.S.A. and their language proficiency of both English and Tagalog.

However, there are some significant factors that should be taken into consideration. Slightly more female Filipino immigrants experienced a minimal-to-mild level of anxiety. Some probable reasons could be that in spite the fact that most of the Filipino females have a fulltime career outside of their home, they still continue to play the role of the nurturer in the family. They still take on the responsibility of providing care and emotional support to each of the family members.

More Filipino immigrants in the study sample who were single have registered a low-to-mild level of anxiety and depression probably because of the unavailability or lack of a partner or a support system. This was probably aggravated further by the fact that here in the United
States, they were compelled to do household chores on their own. They could not maintain the lifestyle that they have in the Philippines wherein probably most of them live with their parents and have household helpers who cook, do the laundry and clean the house for them. Another probable cause of their anxiety was the gap in cultural ideology and practices. Unlike their Caucasian counterparts, Filipinos tend to continue living with their parents for as long as they want. This situation may pose an awkward situation on their part considering that their Caucasian peers are all living on their own.

Filipino immigrants whose ages were 56 years and above have experienced more often a low-to-mild level of anxiety. This concur with the findings of Gendrano (1999) that the elderly generation of Filipino immigrants experienced some anxiety and adjustment problems due to the shift in role, reduction of influence and loss of dignity. Some of the elder Filipino immigrants were probably compelled to take on jobs in order to help support themselves rather than be supported by their children. Some of them might have been forced into
retirement and reduced to being caretakers of their grandchildren.

A surprising outcome of the study was that more Filipino immigrant Catholics than Christians have experienced a low-to-mild level of anxiety. A possible explanation for this significance might be that Filipino Catholics may be more rigid and traditional in their religious beliefs. Another possible explanation could be that unlike Filipino Catholics, Christians tend to have more outreach and fellowship programs that encourage members to help and support each other.

Coping Skills

Generally speaking, Filipino immigrants tend to use a variety of coping skills or mechanisms in dealing with their problems or stress. Results from this research study suggest that a great majority of Filipino immigrants have scored an average-to-high level of using both problem solving and seeking social support as their coping skills in dealing with problems or stress. A majority of the respondents also scored a low-to-average level of using avoidance as a coping skill.
However, the Filipino immigrant’s use of a type of coping mechanism tend to be affected by several factors such as gender, age, marital status, occupation, household income, legal status in the U.S.A., number of years in the U.S.A. and religion. Results have shown that more females than males in the study sample tend to seek social support or use avoidance more in coping with their problems. A probable explanation for this significance was that some females tend to socialize more and discuss their problems with partners or other people. Another factor that affected the Filipino immigrant’s choice of coping skill was age. Those respondents between 18 and 35 years of age tend to use social support more as a coping skill. This concurs with the belief that the younger generation tends to be more influenced by their peers than any other age group.

Those respondents whose occupation fell under the “others” category tend to use avoidance more often as a coping skill. Similarly, those Filipino immigrants whose yearly household incomes were $24,999 and below tend to use avoidance and seek social support more often while those with a yearly household incomes of $45,000 and above
tend to use problem solving as their coping skill. Those Filipino immigrants who work as professionals or those who hold trade positions probably have a higher education and those who earn more tend to use problem solving more as their coping skill. On the other hand, those that do not have a higher education, do not hold a good job and earn less money tend to use social support and avoidance more as their coping skills.

Relatively, those Filipino immigrants who had been in the United States for only five years and below and those whose legal status were in the "others" category tend to seek social support and use avoidance more often as their coping mechanisms. This was probably due to the fact that they were not familiar or experienced yet when it comes to living in the United States. They probably needed the support and advice of friends and relatives who have been here longer. Another probable explanation was that Filipino immigrants try to use avoidance as a coping skill because of their illegal status here in the United States.

Another surprising outcome from this research was the significance between religion and avoidance. It was found out that more Catholics tend to avoid dealing with their
problems than to face and solve them. This might be due to the belief of some Catholics that "what was happening was God's will and God would always provide and take care of them".

In summary, this sample of Filipino immigrants in Southern California were found to be experiencing only a minimal-to-mild level of anxiety and depression. Most of them migrated to the U.S.A. to join family members, but quite a number of them also came here for better economic opportunities. Like any other immigrant groups, they also experienced difficulties while trying to settle in. These difficulties include looking for employment and transportation. However, because of the great similarities between the Philippines and the American way of life, together with the help of their relatives and close family ties, these Filipino immigrants were able to acculturate and assimilate themselves very well into the American society. Most of them were also able to utilize an average-to-high level of problem solving and seeking social support as their coping skills in dealing with problems and stress.
Limitations of the Study

While the results of this study are encouraging and promising, there are several limitations that are inherent to this study. The sample size that was gathered was too small and was only limited to Filipino immigrants who are living in Southern California. These research participants were not a random sample and may not be a representative sample of the Filipino American population in the United States. One factor that was contributory to the small sample size was the limited time frame allotted for the completion of this research study. Another limitation was the lack of reliability and validity measures for the research survey questionnaire.

Suggestions for Further Research

Only a number of available research studies done on Filipino immigrants looked into their emotional state, mental health status and psychosocial adjustment issues. Empirical research on Filipino American mental health and psychological well-being lags behind research on other immigrant groups. In order to lessen this gap in the literature and compensate for the limitations of past studies, future research studies on Filipino Americans
should pick up where this research study has left off. Emphasis should be placed on the Filipino immigrant’s mental health status and psychosocial adjustment issues rather than the socio-economic issues and historical facts. Another area that future research could pursue and concentrate on is in the utilization of coping skills of Filipino immigrants. Further research studies with Filipino Americans should be done by using a wider scope of area of coverage, gathering a much larger sample size and utilizing a much longer time frame in the completion of the study. Hopefully, by doing so, an ideal representation of Filipino Americans in the United States and a much more comprehensive research findings can be made available to the field of social work.

Implications for Social Work Practice

This research study has relevant implications for social work practice because it gives us a much better understanding of the mental health status and the utilization of coping skills of Filipino immigrants in the American society. The findings from this research have created an awareness of the different levels of anxiety
...and depression experienced by Filipino immigrants and the type of coping skills that they may utilize in dealing with problems. These findings could contribute to the development of a relevant knowledge base on the mental health status of Filipino Americans and produce affect the planning, utilization and delivery of social services.

In attempting to understand Filipino immigrants, the literature suggests that there are varying degrees of attained acculturation. Some individuals may have arrived fresh from the Philippines while others may be of the first or second generation or even more. For example, a Filipino immigrant or a new U.S. citizen may prove more resistant to Western therapeutic practices and may hold fast to their native customs and traditions, while a first or second generation Filipino American may be much more amenable to American therapy. A clinical social worker or therapist might be more effective if he or she was aware of the Filipino immigrant's mental health status and use of coping skills, in relation to their current level of acculturation and assimilation. In learning about the Filipino immigrant's current level of anxiety, depression and use of coping skills, social work practitioners would...
be guided in creating effective therapeutic and treatment programs for this client population.

Presently, increasing client referrals and decreasing government and private funding are significantly impacting social work direct practice. Insurance companies such as HMO's and PPO's are limiting the mental health coverage of clients in terms of the number of visits and therapy sessions that they can have due to a mental illness. With the limited resources and time frames being imposed by the insurance companies, social work direct practitioners are being pressured into developing and implementing brief and effective treatment modalities for their clients. Given the above-mentioned limitations, the knowledge and awareness of the mental health status and use of coping skills of Filipino immigrants could assist the social work direct practitioners in their assessment, planning and delivery of effective treatment programs for their Filipino American clients.

The guidelines and findings in this research study are reflective of Filipino immigrants in the United States. Social work practitioners can avoid stereotyping Filipino Americans by acquiring an appropriate knowledge
base for this particular client population. Understanding of their Filipino client's mental health status and utilization of coping skills would help social work practitioners in planning and providing effective treatment programs in order to better serve this growing immigrant population.
APPENDIX A

CENTER FOR EPIDEMIOLOGICAL STUDIES

DEPRESSION (CES-D) SCALE
CENTER FOR EPIDEMIOLOGICAL STUDIES DEPRESSION (CES-D) SCALE

INSTRUCTIONS FOR QUESTIONS: Below is a list of the ways you might have felt. Please tell me how often you have felt this way during the past week.

0 = Rarely or None of the Time (Less than 1 day)
1 = Some or a Little of the Time (1-2 days)
2 = Occasionally or a Moderate Amount of Time (3-4 days)
3 = Most or All of the Time (5-7 days)

Circle the number for each statement which best describes how often you felt or behaved this way -DURING THE PAST WEEK.

1. I was bothered by things that usually don’t bother me
   0 1 2 3

2. I did not feel like eating; my appetite was poor
   0 1 2 3

3. I felt that I could not shake off the blues even with help from my family or friends
   0 1 2 3

4. I felt that I was just as good as other people
   0 1 2 3

5. I had trouble keeping my mind on what I was doing
   0 1 2 3

6. I felt depressed
   0 1 2 3

7. I felt that everything I did was an effort
   0 1 2 3

8. I felt hopeful about the future
   0 1 2 3

9. I thought my life had been a failure
   0 1 2 3

10. I felt fearful
    0 1 2 3

11. My sleep was restless
    0 1 2 3
12. I was happy
   0 1 2 3
13. I talked less than usual
   0 1 2 3
14. I felt lonely
   0 1 2 3
15. People were unfriendly
   0 1 2 3
16. I enjoyed life
   0 1 2 3
17. I had crying spells
   0 1 2 3
18. I felt sad
   0 1 2 3
19. I felt that people disliked me
   0 1 2 3
20. I could not get "going"
   0 1 2 3
APPENDIX B

BECK'S ANXIETY INVENTORY SCALE
Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY, by placing an X in the corresponding space in the column next to each symptom.

<table>
<thead>
<tr>
<th></th>
<th>HOT AT ALL</th>
<th>MILDLY</th>
<th>MODERATELY</th>
<th>SEVERELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Numbness or tingling.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Feeling hot.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Wobbliness in legs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Unable to relax.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Fear of the worst happening.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Dizzy or lightheaded.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Heart pounding or racing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Unsteady.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Feelings of choking.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Fear of losing control.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Difficulty breathing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Scared.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Indigestion or discomfort in abdomen.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Faint.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Face flushed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Sweating (not due to heat).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C

DR. JAMES H. AMIRKHAN'S

LETTER OF CONSENT
November 6, 2000

Dear Mr. Sia:

Thank you for interest in the Coping Strategy Indicator. I have enclosed a copy of the instrument, with its attached scoring scheme (page 4). You are welcome to use the CSI in your thesis research, and I would be very interested to see any results you obtain with it. I only ask (1) that you use the instrument for research purposes only, and (2) that you do not publish the instrument in its entirety (including sample items in your article is fine). I have had some problems with people using the CSI for profit without my knowledge or consent.

I am also enclosing a copy of the JSEP article, in which the bulk of the normative data for the CSI is presented, as well as a reprint which documents the validity of the instrument.

Best of luck with your thesis project!

Sincerely,

[Signature]

James H. Amirkhan, Ph.D.
Professor, Psychology
APPENDIX D

SURVEY QUESTIONNAIRE
QUESTIONNAIRE

Please put a check mark on the applicable box.

1. Gender
   Male
   Female

2. Age (Place number on the space below.)

3. Marital Status
   Single
   Married
   Divorced/Separated
   Widowed

4. Educational Attainment
   Elementary
   High School
   College
   Masters/Doctorate

5. Occupation (Please place your answer on the space below)

6. Household Income Per Year
   Less than $15,000
   $15,000 to $24,999
   $25,000 to $34,999
   $35,000 to $44,999
   $45,000 to $60,000
   Greater than $60,000

7. Present Status in the U.S.A.?
   Citizen
   Legal Resident (Green Card)
   Others

8. When did you arrive in the U.S.A.? (Please put the year on line below.)

9. What is your religion?
   Catholic
   Christian
   Muslim
   Others (Please specify)
10. What language do you speak at home?
   Tagalog or Native Dialect
   English
   Both

11. Do you have relatives here in the U.S.A.?
   Yes
   No

12. Why did you migrate to the U.S.A.?
   To join family members
   Better employment opportunities
   Better educational opportunities
   Political or religious freedom
   Others (Please specify)

13. What do you like most about the U.S.A.?
   Freedom/Democracy
   Economic opportunity
   Educational opportunity
   Government and people
   Others (Please specify)

14. What do you dislike most about the U.S.A.?
   Racial discrimination
   High rate of crime
   Cultural/Language difference
   Climate
   Others (Please specify)

15. What difficulty did you have in settling in the U.S.A.?
   Locating house or apartment
   Locating employment
   Transportation
   Learning English
   Others (Please specify)

16. What is your source of assistance in solving the above problems?
   Family members
   Relatives
   Friends
   Government
   Others (Please specify)
APPENDIX E

TAGALOG TRANSLATION OF SURVEY QUESTIONNAIRE
MGA KATANUNGAN

Pakilagyan ng marka o guhit (√) ang natatanging sagot

1. Kasarian
   Lalaki
   Babae

2. Edad (Pakisulat ang sagot sa linya)
   ________

3. Katayuan
   Binata/Dalaga
   May asawa
   Diborsyado(a) / Separado(a)
   Byudo/byuda

4. Antas ng pinag-aralan
   Elementarya
   High School
   Kolehiyo
   Pagkadalubhasa

5. Trabaho o pamumuhay (Pakisulat ang sagot)
   ________

6. Kinikita ng pamilya bawat taon
   $14,999 o pababa
   $15,000 to $24,999
   $25,000 to $34,999
   $35,000 to $44,999
   $45,000 to $60,000
   Higit pa sa $60,001

7. Kasalukuyang katayuan sa Amerika
   Mamamayan
   Residente (Mayroong “Green Card”)
   Iba

8. Anong taon kayo dumating sa Amerika? (Pakisulat ang sagot sa linya sa ibaba)
   ________

9. Ano ang inyong relihiyon?
   Katoliko
   Kristiano
   Muslim
   Iba, katulad ng ____________ (pakisulat)
10. Anong salita ang gamit ninyo sa bahay?
   Tagalog or Katutubong salita
   Ingles
   Pareho

11. Mayroon ba kayong kamag-anakan dito sa Amerika?
   Mayroon
   Wala

12. Bakit ninyo naisipang tumira sa Amerika?
   Para makasama ang pamilya
   Mas magandang hanapbuhay
   Mas mabuting oportunidad sa pag-aaral
   Kalayaang pampolitika at relihiyon
   Iba, katulad ng ______________________ (pakisulat)

13. Ano ang pinaka-gusto ninyo dito sa Amerika?
   Kalayaan at demokrasya
   oportunidad sa paghahanap-buhay
   oportunidad sa pag-aaral
   Gobyerno at mga tao
   Iba, katulad ng ______________________ (pakisulat)

14. Ano ang pinaka-ayaw ninyo dito sa Amerika?
   Diskriminasyon ng lahi
   Krimen
   Pagkakaiba ng salita or kultura
   Klima
   Iba, katulad ng ______________________ (pakisulat)

15. Anong kahirapan ang naranasan ninyo sa pagtira sa Amerika?
   Paghanap ng matirhan
   Paghanap ng trabaho
   Transportasyon
   Mag-ingles
   Iba, katulad ng ______________________ (pakisulat)

16. Sino ang inyong tinakbuhan noong kayo ay may problema?
   Pamilya
   Kamag-anak
   Kaibigan
   Gobyerno
   Iba, katulad ng ______________________ (pakisulat)
APPENDIX F

INFORMED CONSENT FORM
A Study of the Anxiety, Depression and Coping Skills of Filipino Immigrants in Southern California

INFORMED CONSENT

Dear Participant,

The study in which you are about to participate is designed to investigate the anxiety, depression and coping skills of Filipino immigrants in Southern California. This study is being conducted by Rex Sia, a Master of Social Work student at the California State University, San Bernardino, under the supervision of Dr. Teresa Morris, Director of the Department of Social Work. This study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino. The university requires that you give your consent before participating in this study.

In this study, you will be asked to respond to several questions. The task should not take more than 30 minutes to complete. All of your responses will be held in the strictest of confidence by the researcher. Your name will not be recorded or reported with your responses. All data will be reported in group-form only. You may receive the group results of this study upon completion in July 2001 by writing to Rex F. Sia with postal address at P.O. box 3323, Cherry Valley, CA, 92223.

Your participation in this study is totally voluntary. You are free to withdraw or discontinue at any time during this study without penalty. When you complete the task, you will receive a debriefing statement describing the study in more detail.

If you have any questions or concerns about the study, please feel free to contact Dr. Teresa Morris at (909) 880-5501.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place a check mark here ___________________________ Today's date: ___________________________
APPENDIX G

TAGALOG TRANSLATION OF INFORMED CONSENT FORM
Ang Pag-aaral ng Pagkanerbiyos, Pagkalungkot at Galing sa Pakikibagay at Paglutas ng Suliranin ng mga Migranteng Pilipino sa Timog California

Kaalamang Pahihtulot

Sa mga kalahok:


Sa pag-aaral na gagawin, kayo ay inaasahang sumagot sa ilang mga katanungan na hindi inaasahang tatagal at lalampas sa tatlumpong minuto. Ang inyong mga kasagutan ay ipapasailalim sa masusing pag-iingat ng may gawa. Ang inyong mga pangalan ay hindi ilalathala kasama ng inyong mga kasagutan. Ang mga resulta ay ilalathala sa buong pangkat lamang at hindi ng bawat isa. Maari kayong humingi ng pangkalahatan ulat mulay kay Ginoong Rex Sia sa pagtatapos ng pag-aaral sa Hulyo 2001. Maari siyang sulatan sa P.O. Box 3323, Cherry Valley, CA, 92223.

Ang inyong paggana ay kusang loob. Maari kayong umayaw at hindi na ipagpatuloy ang pagsani anumang anong oras na walang pagbabayad sa gagawin. Kapag natapos na ang gawain, kayo ay makakatanggap ng malinaw at hustong paliwanag na ukol sa nagawang pagaaral.

Kung kayo’y may katanungan o pasubali sa gagawing pagaaral, maaring makapagtastasan kay Dra. Teresa Morris sa (909) 880-5501.

Sa paglalagay ng marka sa kahon sa ibaba, ako ay sumasangayon at nabigyan paliwanag, na-iintindihan ang kalahatan at dahilan ng gagawing pag-aaral. Ako ay kusang loob na sumasali at nagpapahayag na ako ay nasa hustong gulang na 18 o mas mataas.

Ilagay ay guhit dito Petsa ngayon__________
APPENDIX H

DEBRIEFING STATEMENT
The study you have just completed was designed to investigate the anxiety, depression and coping skills of Filipino immigrants in Southern California. In this study, the researcher hopes to create awareness and a better understanding of the different problems being experienced by Filipino immigrants. We are particularly interested in measuring the levels of depression, anxiety and coping skills of Filipino immigrants as they begin to acculturate and assimilate themselves into the American society.

The findings in this research can be used by social work practitioners and healthcare professionals as a guide in creating effective treatment and healthcare programs for the Filipino American community. Future Filipino immigrants can also use this knowledge in identifying stressors and they can adapt some of the coping skills that are effective in dealing with these stressors.

Thank you very much for your participation and for not discussing the contents of the survey with other Filipinos who might also fill out the survey. If you have any questions about the study, please feel free to contact Dr. Teresa Morris at (909) 880-5501. If you would like to obtain a copy of the group results of this study, please contact Mr. Rex Sia at the end of July 2001 at P.O. Box 3323, Cherry Valley, CA 92223.
APPENDIX I

TAGALOG TRANSLATION OF DEBRIEFING STATEMENT
Ang Pag-aaral ng Pagkanerbiyos, Pagkalungkot at Galing sa Pakikibagay at Paglutas ng Suliranin ng mga Migranteng Pilipino sa Timog California

Kabuuang Pagpapaliwanag

Ang pag-aaral na inyong nilahukan na katatapos lamang ay ginawa upang masusing mapag-aronan ang pagkanerbiyos, pagkalungkot at galing sa pakikibagay at paglutas ng suliranin ng mga migranteng Pilipino na namumuhay sa Timog California. Inaasahan ng may gawa na ang gagawing pag-aaral ay magbibigay liwanag at kaunawaan sa mga iba’t ibang balakid na dinaranas ng mga migranteng Pilipino, lalong lalo na ang pag-sukat ng kanilang depresyon, takot, kaba at ang kanilang mga ginagamit ng galing para malutas ang kani-kanilang mga suliranin habang sila ay nakikipag-akultura at nakikipag-salimuha sa kanilang bagong kapaligiran.

Ang resulta ng pag-aaral na ito ay maaring gamitin ng iba’t ibang tao, lalung-lalo na ng mga nasa propesyong panlipunang pag-gawa at kalusugan, para nila matulungan ang mga migranteng Pilipino sa kani-kanilang mga suliranin. Ang mga migranteng Pilipino sa mga darating na panahon ay maari rin gamitin ang informasyon na maidudulot ng pag-aaral na ito upang makilala ang mga iba’t ibang balakid sa pakikipag-kultura at pakikipag-salamuha sa kanilang bagong kapaligiran.

FOOTNOTES

1As of the publication date of this research study, the 2000 Population Survey of the U.S. Census Bureau regarding the population count for Filipino Americans were not yet available.

2The Beck's Anxiety Indicator was made available to the researcher by the Department of Social Work of the California State University, San Bernardino. Its manual and original test instrument is on file with the department.
REFERENCES


