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Suicide Ideation and Depressive Symptomatology Among Filipino/a American College Students: An Examination of Spiritual and Cultural Factors

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FILIPINO/A AMERICAN COLLEGE STUDENTS: AN EXAMINATION OF

SPIRITUAL AND CULTURAL FACTORS

by

Christopher A. Schroth

B.A., University of California Irvine, 2007

A Research Paper

Submitted in Partial Fulfillment of the Requirements

for the Master of Science Degree

Department of Psychology

Southern Illinois University Carbondale

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CHAPTER 1

INTRODUCTION

The proportion of Asian Pacific Islanders (APIs) in the US population is growing at a consistent rate with the API population estimated to increase from 4.4% of the U.S. total population in 2000, to 7.5% in 2025 and grow to 10.3% by 2050 (U.S. Census Bureau, 2001). This growth rate makes APIs proportionately the fastest growing ethnic minority group in the United States (Day, 1996; Sue, 1994; Kim, Yang, Atkinson, Wolfe & Hong, 2003). APIs represent over 34 different ethnicities with over 300 different languages and dialects; each of these groups has its own unique culture, traditions and experiences (U.S. Census Bureau, 2000). Within this diverse population, Filipino/a Americans are the second largest API subgroup in the United States at 2.4 million people (David & Okazaki, 2006b; Barnes & Bennett, 2002). In fact, some demographers predict that Filipino/a Americans will become the largest API subgroup in the future (Sue, 1994; U.S. Commission on Civil Rights, 1992).

Despite the rapid growth of the Filipino/a American population, this group is often overlooked in psychological studies regarding the API population (David & Okazaki, 2006a). By and large, much of the published research in psychological journals focuses on Chinese American and Japanese American samples. The paucity of literature addressing the Filipino/a American population and their psychological needs is troubling, considering their relative size and their unique history (Abe-Kim, Gong & Takeuchi, 2004; Chen, 2005; Zhang, Snowden & Sue, 1998; Chow, Jaffee & Snowden 2003). Indeed, by many accounts, Filipino/a Americans have long been considered among the least understood and studied ethnic minority groups in the United States (Tuason, Taylor,

Rollings, Harris, & Martin, 2007; Cimmarusti, 1996; dela Cruz & Agbanyani-Siewert, 2003; Kitano, 1980; Sue & Morishima, 1982; Wagner, 1973; Yu, 1980).

The lack of studies geared toward the Filipino/a American population is symptomatic of a broader problem concerning research on the API population as a whole. Until recently, studies of the API population often misrepresented APIs as a homogenous group, failing to recognize the unique cultures within the API population. Pertaining to Filipino/a Americans, the representation of the API population as a homogenous group ignores the Philippines' history of colonization and extensive contact with western countries. This long history of Spanish domination and a period of U. S. colonization is reflected in three major differences between Asian culture and Philippine culture: a strong link to Catholicism, proficiency in English and a gender-neutral society, whereby anyone who helps the family is deferred to (Abe-Kim et al, 2004, Nadal, 2004). Thus, though API subgroups adhere to common cultural values, research must not fail to attend to apparent differences that stem from the unique ethno-cultural factors and immigration experiences of each subgroup.

APIs and mental health: Filipino/a American perspective

As a whole, literature has shown and continues to show that APIs underutilize mental health services and prematurely terminate treatment at a much higher rate than non-minority and minority groups when they do utilize mental health services (Leong & Lau, 2001; Chen, Sullivan, Lu, & Sibusawa, 2003; Matsuoka, Breaux, & Ryujin, 1997). APIs tend to utilize all other sources available (e.g. primary care doctors, family, friends) before they consider seeking counseling, often waiting until their conditions are severe and painful (Chen, 2005; Chow, Jaffee & Snowden 2003). Traditional interpretations of

this phenomena reflect upon financial (i.e. lack of health insurance) and cultural barriers (i.e. language) (Chen, 2003; Leong & Lau, 2001).

When API subgroups are taken into consideration, Filipino/a Americans are less open to utilizing mental health services than other API subgroups. In a study by Ying & Hu (1994), an analysis of mental health service utilization among APIs (Chinese, Japanese, Filipino, Southeast Asian) revealed that Filipino/a Americans are underrepresented in outpatient mental health treatment. Underutilization of mental health services relative to other API subgroups can be attributed to the degree Filipino/a Americans adhere to traditional API values of harmony, conformity to expectations, emotional self control, collective identity and high regard for the esteem in which one's family is held--all counter the expectations of full self disclosure in the counseling setting (Kim, Atkinson, & Yang, 1999). However, Filipino/a Americans differ from other API subgroups in how they conceptualize and express shame (saving 'face'), collectivism, family harmony and other traditional API values (Gong, Gage & Tacata, 2003; Nadal, 2004). Concepts such as *kapwa* (unity of the self and others; shared identity)*, pakisama* (social acceptance/getting along with the group)*, hiya* (shame) and *utang sa loob* (debt of gratitude) carry with it a sense of Americanized individualism, differentiating these Filipino/a American concepts from traditional API concepts of face and collectivism (Nadal, 2004; Abe-Kim et al, 2004). Taking into account how the Americanization (westernization) of traditional API values distinguishes Filipino/a Americans from other API subgroups, further examination of mental health issues in regard to the Filipino/a American population is clearly needed.

Filipino/a Americans in the university setting: Considerations for mental health

In light of Filipino/a Americans' underutilization of mental health services, research suggests that the university environment is a source of stress for API and other ethnic minority college students (Kodama, McEwen, Liang & Lee, 2002; Gloria & Ho, 2003; Cress & Ikeda, 2003). The transition to college can strain familial relations and magnify existing stressors, presenting a struggle between interdependence and independence for API students upon leaving the family and entering the university (Kodama et al, 2002; Constantine & Flores, 2006). This notion of familial strain is supported by clinical findings that show Filipino/as with depression were often separated geographically or alienated from their family, with Filipino/as believing that the separation from one's family led to illness (Tompar-Tiu & Sustento-Seneriches, 1995; Edman & Johnson, 1999; Anderson, 1983). In addition, API college students often suffer the psychological burden of discrimination, reporting more personal experiences with racism than any other group (Cress & Ikeda, 2003; Uba, 1994). In fact, Filipino/a American students report the highest levels of college stress of all API ethnic subgroups (Gloria & Ho, 2003). With psychological well-being playing a key role in successful adaptation to college, Filipino/a Americans appear to struggle adjusting to the university environment, reflected in lower graduation rates compared to other API subgroups (Rumbaut, 2005; Nadal, 2004; US Census, 1994).

Suicidal behaviors

Suicidal behavior as a general construct usually includes suicidal thoughts/ideations, threats of suicide, non-fatal suicide attempts and completed suicide

attempts. An examination of suicide rates reveals part of picture. Rates of completed suicide in the United States are estimated to be 11 per 100,000 people (Spicer & Miller, 2000). Despite the apparent low base rate, suicide remains to be a major public health concern, representing one of the 10 primary causes of death in the United States (Holden & DeLisle, 2005; Anderson, Kochanek, & Murphy, 1997). In fact, suicide is the 8th leading cause of death for males, outnumbering female suicide deaths 4 to 1. Suicide is the third leading cause of death for adolescents and young adults, ages 15-24 years old (Goldston, Molock, Whitbeck, Murakami, Zayas & Hall, 2008). In fact, among 15- to 24-year olds, suicide accounts for a greater number of deaths that the next seven leading causes of death combined (Centers for Disease Control and Prevention, 2006). Clearly, suicide is major public health issue in United States.

When considering the college population and the specific stressors that they experience, disturbing trends regarding suicidal behaviors become apparent. Suicide is a leading cause of death on college campuses throughout the United States; a fact that is only magnified by the nearly threefold increase in college student suicide rate in recent decades (Gutierrez, Osman, Kopper, Barrios & Bagge, 2000; Tatman, Greene, & Karr, 1993). Although research findings regarding suicide rates in college-age adults are inconsistent, with some studies finding lower suicide rates for college-age students than their non-student peers, there is a consensus that suicide among this age group remains a public health concern (Silverman, Meyer, Sloane, Raffel & Pratt, 1997; Mueller & Waas, 2002).

The difference in suicide rates between college-age students and non-students has been considered evidence that college life is a protective factor against suicidality or that

college students are generally better psychologically adjusted than their non-student peers (Heisel, Flett, & Hewitt, 2003). However, the unique pressures and stress that stem from the transition to college persist, as do the effects of such stress on psychological well-being. In fact, data from the National College Health Assessment survey showed that 76% of college students felt "overwhelmed" and that 22% sometimes felt so depressed that they could not function (Hass, Hendin, Mann, 2003; Shea, 2002). Data from the UCLA Higher Education Research Institute (2000) found that that a record number, 30.2% (39% women, 20% of men), of the 1999 freshmen cohort reported feeling "frequently overwhelmed," as compared to 16% of the 1985 cohort (Hass et al, 2003). These numbers reflect a startling trend of increasing stress levels on college campuses throughout the United States. Thus, understanding how college stress can overwhelm a student's coping skills and eventually lead to potential psychological distress remains of great importance and merits continued research regarding suicidal behaviors among college students (Brener, Hassan, & Barrios, 1999; Heisel et al, 2003).

Research on suicidal behaviors among API college students reveals unique trends that emphasize the need for multicultural research regarding suicidal behaviors. Suicide ranked as the second leading cause of death for APIs 15-24 years old, as compared to being the third leading cause of death for 15-24 year olds in the general population (SPAN USA, 2007; Goldston et al, 2008). There is also evidence that API college students are more likely to attempt suicide than their Caucasian counterparts (Kisch, Leino, & Silverman, 2005). Regarding Filipino/a Americans, there is an alarming pattern of suicide among second-generation Filipino/a Americans according to the President's Advisory Committee on Asian Americans and Pacific Islanders (2001). These findings

are magnified by the fact that ethnic minority clients are less likely to disclose their

suicide ideation, a group known as "hidden ideators" (Morrison & Downey (2000). Also,

given the reported suicide rates for APIs, it has been argued that the published prevalence

and incidence rates considerably underestimate the actual rates for APIs and ethnic

minorities in general (Leong, Leach, Yeh, Chou, 2007; Lau, Jernewall, Zane, & Myers,

2002; Chance, Kaslow, Summerville, & Wood, 1998). Considering these findings,

research regarding suicidal behaviors in the Filipino/a American college population is of

great importance.

CHAPTER 2

SIGNIFICANCE OF THE PROBLEM

The API population is the fastest growing college-bound racial group in the nation, yet API students generally have difficulty adjusting to the university environment, experiencing social alienation, dissatisfaction and discrimination (Teranishi, et al, 2004; Bennett & Okinaka, 1990; Gloria & Ho, 2003). In fact, within the API college population, Filipino/a American's report the highest levels of college stress (Gloria & Ho, 2003). Considering the growing Filipino/a American population, reported college stress and high rates of depression, it becomes apparent that a better understanding of the factors related to suicide ideation is urgently needed (Tompar-Tiu & Sustento-Seneriches, 1995; Nadal, 2004; Gloria & Ho, 2003; President's Advisory Committee on Asian Americans and Pacific Islanders, 2001). Understanding depression and suicide ideation among Filipino/a American college students is of considerable importance given their rates of psychological maladjustment, the stress that is inherent for APIs transitioning into college life (i.e. family expectations and alienation), the unique culture and immigration history of Filipino/a Americans and the relative lack of literature for this API subgroup.

CHAPTER 3

LITERATURE REVIEW

Upon reviewing the literature, certain factors appear to influence suicide ideation. These include demographic variables such as socioeconomic status (SES), gender and religious affiliation (Nguyen & Peterson, 1993; Okazaki, 1997; Ednam, Danko, Andrade, McArdle, Foster, & Glipa, 1999). In addition, spirituality, religiosity, acculturation, ethnic identity and internalization of the model minority stereotype appear to influence depression and/or suicide ideation (Hovey, Kim, & Seligman, 2006; Lam, 2005; Ying & Han, 2007; Chang, 1996).

Suicide Ideation

Intuitively, suicide ideation is likely to precede suicide attempts and/or completion. In fact, within the suicidology literature, it is widely accepted that suicide ideation is an important risk factor related to future self-harmful behavior, including suicide attempts and completion (Gutierrez et al, 2000; Maris, 1992). However, when examining the literature, it is evident that there is a complex relationship between suicide ideation and suicide attempt and/or suicide completion. While suicide ideation has been shown to be related to the making of suicide attempts, it is not related to the lethality of a suicide attempt or to the completion of the suicide attempt (Bravik & Berglund, 2000; Rudd, Joiner, & Rajab, 1996; Roy-Byrne, Post, Hambrick, Leverich, & Rosoff, 1988; Beck, Steer, Kovacs, & Garrison, 1985). The relationship between suicide ideation and suicide is largely affected by the way suicide ideation is conceptualized. Regardless, it is apparent that there is a relationship between suicide ideation and other suicidal behaviors.

Adding to the complexity of assessing the relationship between suicide ideation and suicide attempts is the vague definitions of what constitutes suicide ideation existing in the suicidology literature. Definitions of suicide ideation vary across studies. Definitions usually cover a broad range of ideas, spanning from mild cognitions about death to serious and specific plans about taking one's life (Pinto, Whisman & McCoy, 1997). These broad and vague definitions serve to hinder research and understanding of the construct of suicide ideation.

However, a good working definition of suicide ideation provided by O'Carroll and his colleagues is more widely accepted within the literature and posits that 'suicidal ideation' refers to 'any self-reported thoughts of engaging in suicide-related behavior (O'Carroll, Berman, Maris, Moscicki, Tanney & Silverman, 1996).' This definition of suicide ideation stipulates that general and vague thoughts of death or wanting to die without specific thought of killing oneself are not considered to be suicide ideation. The definition of suicide ideation provided by O'Carroll et al. (1996) is the one that has become widely accepted in the suicidology literature and will be the one used in this paper.

Suicide rates in the general population notwithstanding; it appears that suicide ideation is prevalent in the college population (Choi, Rogers & Werth, 2007). Among adults, traditional college aged 18-24 year olds have the highest incidence of reported suicide ideation (Crosby, Cheltenham & Saks, 1999). Among 18-24 year olds currently enrolled in college, multiple studies have found that approximately 9.5% of college students report having experienced thoughts of suicide or have seriously considered attempting suicide, with approximately 1.5% of those surveyed reporting that they have

made a suicide attempt while attending college (Choi et al, 2007; Furr, Westefeld, McConnell & Jenkins, 2001; Kisch et al, 2005; CDC, 1995). As disturbing as these statistics are, studies have reported much higher rates of suicide ideation among college students. Multiple studies report much higher rates of suicide ideation, with college students reporting some degree of suicide ideation, ranging from 32% to 70% in one study and while another study reporting that 50% of the students sampled experienced some degree of suicide ideation (Gutierrez et al, 2000; Rich & Bonner, 1987; Bonner & Rich, 1988).

In regard to API college students, results from the 2000 National College Health Assessment Survey indicated that APIs were 1.6 times more likely to have seriously considered attempting suicide than their Caucasian counterparts (Kisch et al, 2005). Considering the fact that stress levels on college campuses continue to rise to record levels and the reports that Filipino/a American college students experience additional stress that stem from various cultural factors, suicide ideation must be addressed for this at risk population.

Depression

Besides what is considered a common sense connection that links depression to suicidal behaviors, the relationship between depression and suicidal behaviors has been thoroughly established. Throughout the literature, depression has been found to be the most frequent precursor to suicide, with depression serving as a better predictor of suicidality than hopelessness among adolescents and young adults (Schotte & Clum, 1982; Westefeld & Furr, 1987; Cole, 1989; Rudd, 1990; Heisel et al, 2003; Konick & Gutierrez, 2005). Depression has also been commonly identified as the most significant

clinical risk factor for suicidal behavior, serving as a more significant risk factor for suicidal behavior than recent life stress, family dysfunction, low self-esteem, social support and pessimism (Wild, Flisher & Lombard, 2004). Thus, depression needs to be accounted for in any examination of suicide ideation since it is the most frequent and the most significant risk factor for suicidal behavior.

The strong link between depression and suicidal behavior highlights the alarming rates of depression among Filipino/a Americans. Research has shown that Filipino/a American adults have higher rates of depression than what is often reported for the general U.S. population (David, 2008). In particular, research done by Tompar-Tiu and Sustento-Seneriches (1995) and David and Okazaki (2006) using the Studies Center of Epidemiological Studies—Depression scale (CES-D; Radloff, 1997) reported rates of depression for Filipino/a Americans at 27.3% and 30% respectively, as compared to the rate of 10-20% that is often reported for the general U.S. population. These high rates of depression among Filipino Americans have been linked to factors related to acculturation, the loss of social support resources (i.e. strong family relationships) and disruptions in family dynamics.

When considering the general college student population, the stress created by the college environment is a factor that contributes to psychological distress and depression. For example, as indicated in the survey done by the UCLA Higher Education Research Institute (2000), college stress reached record levels in 1999, with 30.2% of students reporting that they felt "overwhelmed" as compared to 16% of students feeling "overwhelmed" in 1985. This finding is magnified by the fact that Asian American college students are more likely to have psychological concerns that can benefit from

treatment than Caucasian students (Gregerson, Nebeker, Seely, & Lambert, 2004). In

addition, it has been reported that Filipino/a American college students suffer often

reporting high levels of college stress, which stem from discrimination and alienation on

campus (Gloria & Ho, 2003). Thus, reports that indicate higher rates of depression

among Filipino/a Americans are understandable. It is clear that understanding suicide

ideation among Filipino/a American college students requires a thorough examination of

depressive symptomatology and other related factors.

Religiosity and Spirituality

Religion is a complex construct, often separated into the categories of religious

affiliation, religiosity and spirituality.   Though there is overlap in the way these aspects

of religion are conceptualized; there also exist marked differences (Hyman & Handal,

2006; Abe-Kim et al, 2004). Religiosity mainly refers to engaging in prescribed and

institutionalized practices and behaviors (i.e. prayer) while spirituality refers to beliefs

and practices that transcend institutionalized religion (i.e. seeking the ultimate personal

truth) (Abe-Kim et al, 2004). Though there is still debate as to how religiosity and

spirituality are related to each other and how they each contribute to the religion

construct, it is generally agreed that religious and spiritual beliefs both influence human

functioning and well-being (Hyman & Handal, 2006; Saucier & Skrzypinska, 2006).

The high rate of Catholicism in the Filipino/a American population is one of the

key distinctions between Filipino/a Americans and other APIs, differentiating them from

other API groups that have stronger influences from Buddhism and Confucian

philosophy (Kim et al, 2003; Nadal, 2004). The Filipino/a American population is

largely Roman Catholic, with about 80% of Filipino/a Americans being Roman Catholic,

not including the 10% who are non-Catholic Christian (Sustento-Seneriches, 1997;

Nadal, 2004; Agbanyani-Siewert & Revilla, 1995). Understandably, Catholicism plays a

large role in the lives of Filipino/a Americans, serving as a major source of social support

and supplying effective coping strategies, such as meditation and prayer (Oman &

Thoresen, 2002; Abe-Kim et al, 2004). For example, religious leaders (priests) often take

the role of counselor, serving as a coping mechanism for clergy members who are

experiencing difficulties. Clearly, in researching suicide ideation and depressive

symptomatology among Filipino/a American undergraduates, it is vital to determine the

influence of religion and spirituality (Abe-Kim et al, 2004; Colucci & Martin 2008).

Distinctions are also made between one's religious orientation: extrinsic and

intrinsic (Allport & Ross, 1967). Extrinsically oriented people use their religion for

social gain while intrinsically oriented people live their religion. Intrinsic orientation is

not religious involvement in a traditional sense; it is a personal commitment to God and

belief system (Ghorpade, Lackritz & Singh, 2006). In a study on intrinsic religious

orientation among African Americans, Asian Americans, Filipinos, and Latinos,

Ghorpade, Lackritz and Singh (2006) found that Filipino/a American undergraduates

scored significantly higher than other Asian Americans on a revised version of the

Intrinsic Religious Orientation (IRO) scale. Furthermore, for the sample as a whole, a

negative correlation between IRO and psychological acculturation was found; along with

a positive correlation between IRO and alienation. These findings suggest that

intrinsically religious Filipino/a American undergraduates are less likely to be

acculturated. This corroborates previous findings regarding acculturation level as an

important influence on help-seeking behavior, since Filipino/a Americans who are less

acculturated and, thus, more religious, are more likely to seek a religious solution to their

problems in lieu of seeing a psychologist (Gong et al, 2003). Furthermore, this trend may

be indicative of the religion's protective property. Thus, the role of religious affiliation

and religiosity as a potential buffer from psychological stress and as an important coping

mechanism is an essential component for research regarding Filipino/a American mental

health.

With the many ways religion can be conceptualized, it is understandable that the

relationship between religion and suicide ideation is more complex than it was originally

believed to be. According to Durkheim's (1897/1966) theory of religious integration,

numerous and stronger beliefs and practices are indicative of greater religious integration,

which leads to a lowered risk for suicide. From Durkheim's point of view, lower rates of

suicide among Catholics are explained by higher levels of religious integration and

regulation as compared to Protestants since Catholics are subject to more religious

dogmas and practices than Protestants (Colucci & Martin, 2008; Stack & Lester, 1991).

This view ignores the details of such beliefs and practices, defining religiosity as the

number and strength of religious beliefs and practices, which in turn serves as a source of

social integration and protective factor (Stack & Lester, 1991). However, this view has

many critics, and researchers have emphasized that devotion to a few core beliefs is more

important than the sheer number of beliefs (Stack, 1992). In fact, devotion to core beliefs

regarding the afterlife as a reward for persevering through hardships (i.e. divorce,

unemployment etc) has been postulated to lower suicide risk far more than other religious

beliefs, such as the Immaculate Conception (Stack, 1983). Thus, a distinction is made

between devotion to core religious beliefs and practices (i.e. attendance), which is

conceptualized as "religious commitment" and the number of general beliefs and practices that is conceptualized as "religious integration."

When examining religion and suicidal behaviors, researchers usually conceptualize religion as either religious affiliation (i.e. practices) or as self-identifying oneself as belonging to a certain religious denomination. These methods are in contrast to the definition of intrinsic religiosity defined earlier in this section. However, these studies do provide an insight as to how religion, as a broad construct, relates to and affects suicidal behaviors. There is a general consensus that finds that religion has a profound effect on suicide ideation. A study examining two conceptualizations of religiosity, Durkheim's theory based on religious integration and another theory that is based on religious commitment, found very strong support for the effect of religious commitment on suicide ideation as compared to little support for the effect of religious integration on suicide ideation (Stack & Lester, 1991). Also, a more recent study found that depressed individuals in an inpatient setting who had a religious affiliation reported less suicide ideation at the time of evaluation, despite similar numbers of adverse life events, severity of depression and severity of hopelessness (Dervic, Oquendo, Grunebaum, Ellis, Burke & Mann, 2004). Thus, it is apparent that religion provides a positive buffer that counteracts suicide ideation in the face of depression, hopelessness and stressful life events (Dervic et al, 2004).

Despite the many definitions for what is considered religiosity, the literature has continually shown that religion in general serves as buffer against suicide ideation. This is particularly relevant to the examination of Filipino/a Americans, who in large part identify themselves as Catholic. In regard to the Filipino/a college population, it appears

that religiosity can serve as a buffer against the stressful life events associated with the transition to college, while also serving as an important source of social support in the form of on-campus religious clubs.

Model Minority Myth

APIs have long been labeled model minorities: a perception that categorizes APIs as uniformly enjoying educational and professional success while also having low incidence of mental health problems and crime (Wong, Lai & Nasagawa, 1998). It is assumed that the underutilization of mental health services along with low official rates of mental illness, divorce and delinquency is a function of the API population's ability to persevere and ultimately succeed through hardship (Sue, 1994). API family and cultural values are considered a source of motivation, instilling values of hard work and perseverance (Wong et al, 1998).

The label of model minority has proven to be a myth since it ignores variation between API groups. For instance, Filipino/a Americans have the lowest rate of admissions to the University of California system; evidence against uniform educational achievement posited by the model minority myth (Nadal, 2004, Sue & Okazaki, 1990). The model minority myth of low rates of mental health problems cite low levels of mental health service utilization as evidence for low occurrence, forgetting to consider other cultural factors, such as stigma, which preclude utilization in this population. Evidence contrary to this myth points to the presentation of more severe symptoms of mental disturbance upon intake as well as over utilization of primary care doctors for treating somatization, a culturally acceptable presentation of mental disturbance.

Expectations associated with the model minority myth can have a deleterious effect on Filipino/a undergraduates. Studies reveal that the model minority image negatively impacts psychological well-being in college students (Sue & Okazaki, 1990; Ahn Toupin & Son, 1991; Wong et al, 1998). Considering how important mental well-being is to academic success and college adjustment, the reality is that Filipino/a undergraduates are at greater risk for dropping out of college when compared to other API subgroups (Nadal, 2004). The high educational attainment associated with APIs because of the model minority myth leaves Filipino/a undergraduates vulnerable to discrimination when they are not able to fulfill the stereotype, lowering self-esteem and increasing pressure to perform well (Nadal, 2004).

Internalization of the model minority myth serves as a construct that is related to self-concept, academic stressors and acculturation for Filipino/a American undergraduates. Specifically, the model minority myth is tied to feelings of psychological stress that results from pressure to fulfill a certain stereotype. Filipino/a undergraduates are a unique population, one that is expected to have high achievement since they are considered part of the API model minority, a membership that has been tenuous. Thus, when considering suicide ideation among Filipino/a American undergraduates, internalization of the model minority myth must be considered especially when examining psychological well-being in relation to the model minority myth.

Acculturation

Acculturation is defined in the literature as the process by which the dominant culture is integrated to one's own identity, a form of adaptation (Berry, 1990; Berry, 1997). Concerning attitudes towards mental health, acculturation entails an evolving

synthesis of worldview beliefs drawn from both one's traditional culture and the values of the dominant culture about mental health problems (Mallinckrodt, Shigeoka, & Suzuki, 2005). According to Berry (2003), there are four modes of acculturation: assimilation, integration, separation, and marginalization. Assimilation entails accepting the dominant culture and giving up one's cultural identity. Integration, which is considered by Berry & Kim (1988) as the most desirable strategy in a multicultural society, entails accepting the dominant culture but also maintaining one's cultural identity. Separation entails holding onto one's cultural identity and rejecting the dominant culture. Marginalization refers to having no cultural and psychological contact with either one's traditional culture or the dominant society. For example, navigating between the expectations of the dominant culture (i.e. individualism) and the expectations of one's traditional culture (i.e. respect for elders) can strain familial bonds with elders that strongly identify with traditional cultural values. It is evident that the acculturation process, the meshing of the dominant and traditional culture, can be a stressful process.

Acculturation is measured in various ways, with a variety of different scales and indices that operationalize acculturation differently. Several studies identify acculturation through the measure of its behavioral aspects while failing to assess the values related to acculturation (Kim, Atkinson & Yang, 1999). Traditional scales, such as the Suinn-Lew Asian Self-Identity Scale, as well as more recent scales directed toward the Filipino/a population, such as A Short Acculturation Scale for Filipino Americans (ASASFA), measured food preference, language use and friendship patterns; which are predominately behavior focused items (Suinn, Richard-Figueroa, Lew & Vigil, 1987; dela Cruz, Padilla, & Agustin, 2000). Recognizing this difference is important because

studies make the assumption that changes in cultural behaviours are identical to changes in cultural values when they in fact are different (Kim & Omizo, 2003). In fact, changes in behaviors can be modified while one's cultural values may remain static. Thus, if a true understanding of acculturation and its effects on psychological constructs is to be achieved, this basic concept must be reflected in the way it is defined by the researcher.

The Filipino/a American population adhere to a set of conceptually modified traditional API cultural values. Traditional API cultural values of emotional self-control, honor and interpersonal harmony are heavily influenced by Buddhism and Confucian philosophy (Kim et al, 2003). Due to a long history of colonization at the hands of Spain and the U.S., the influence of Buddhist and Confucian philosophy on Filipino/a cultural values was tempered with western individualism (Kim et al, 2003; Nadal, 2004). Thus, patterns of acculturation in the Filipino/a American population differs from other API subgroups, shown in weaker identification with traditional API values in addition to a comfort with the English language (Kim et al, 2001).

Considering the unique cultural circumstances of Filipino/a American undergraduates, a values-based definition of acculturation is employed in this study. A behavior-based definition of acculturation focuses on the issues such as language and food preference, issues that may not be as pertinent to Filipino/a American undergraduates. With a unique history of contact with the United States, a traditional behavior-based conceptualization of acculturation may not be appropriate for Filipino/a American undergraduates. For example, since English is the *lingua franca* in the Philippines and is widely used in Filipino/a American families, acculturation conceptualized as comfort with the English language is not an appropriate measure of

acculturation for Filipino/a Americans. Thus, a conceptualization of acculturation that is based on understanding cultural values is considered to allow for a more appropriate approach to examining acculturation among Filipino/a American college students.

Ethnic Identity

Identity development is an important part of human development, the central task of adolescence in Erikson's (1968) eight stages of psychosocial development. During this identity development stage, individuals manage the identities that compose the self-identity as a whole. Individuals have varying and multiple identities (i.e. gender, occupational), with each having its own saliency and importance in creating one's overall sense of self. However, until recently, ethnic identity within racial groups has largely been ignored, though for ethnic minorities, ethnic identity is an important component of the self (Mossakowski, 2003; Phinney & Alipuria, 1990). Ethnic identity is a complex multidimensional construct that includes a sense of membership and pride, a commitment to one's racial/ethnic heritage, and maintaining a strong sense of belonging to the ethnic community (Phinney, 1991).

Mossakowski (2003) has offered two hypotheses regarding ethnic identity and mental health: (1) a strong sense of ethnic identity is beneficial and serves as a buffer against stressors (2) ethnic identity intensifies stress since it emphasizes differences from the dominant culture, escalating the stress of minority status. When researched as a coping resource, in which a salient ethnic identity buffers the stress of discrimination by preventing negative stereotypes from infecting one's self-concept, mixed results have been found (Mossakowski, 2003; Noh, Beiser, Kaspar, Hou, & Rummens, 1999). Noh et al (1999) found that an interaction between ethnic identity and perceived discrimination

significantly exacerbates the link between depression and discrimination; they found no evidence in support of the hypothesis that ethnic identity serves as a buffer. However, research by Mossakowski (2003) found that a strong sense of ethnic identity can serve as protector against stressors in the Filipino/a American population, particularly buffering the stress of perceived discrimination. In this same study, it was revealed that ethnic identity had a strong association with fewer depressive symptoms.

Entering the university often provides access to networks (i.e. clubs and organizations) that present the opportunity to build relationships and practice ethnic traditions that validate and foster ethnic pride. For Filipino/a Americans, the issue of a positive ethnic identity is cumbersome in light of issues regarding colonial mentality and the model minority myth. There is negativity (i.e. inferiority to the Spanish and the U.S.) and pressures (i.e. perform well in school) that accompany Filipino/a American ethnic identity. Nevertheless, the possibility that a salient ethnic identity can serve as a buffer to mental health issues by providing a coping mechanism must be examined in order to thoroughly explore suicide ideation in the Filipino/a American undergraduate population.

CHAPTER 4

CONCLUSION

In light of the difficulties APIs experience in adapting to the college environment, an understanding of what factors influence suicide ideation and depressive symptomatology in the Filipino/a American student population is pertinent. An examination of the Filipino/a American undergraduate population is especially pertinent, considering how their relatively 'westernized' culture and unique immigration history differentiates them from other API subgroups (Abe-Kim et al, 2004; Nadal, 2004). Upon reviewing the literature regarding the API population, with emphasis on Filipino/a Americans, certain factors appear to be associated with suicide ideation. These factors include demographic variables such as socioeconomic status, gender, generational status and religious affiliation (Leong & Lau, 2001; Ang, Lim, Tan & Yau, 2004; Sheu & Sedlacek, 2004; Fraga, Atkinson, & Wampold, 2004; Maramba & Hall, 2002; Gamst, Dana, Der-Karabetian & Kramer, 2001; Abe et al, 2004). In addition to these demographic variables, depressive symptomatology, acculturation, religiosity, spirituality, internalization of the model minority stereotype and ethnic identity in the Filipino-American student population appear to be associated with suicide ideation (Kim, Atkinson & Yang, 1999; Abe et al, 2004; Gloria & Ho, 2003; David & Okazaki, 2006a; Mossakowski, 2003).

With all the factors related to either suicide ideation and/or depression, future studies need to clarify the interrationships between these factors. Future studies should examine how these variables influence the relationship between depression and suicide

ideation. Also, studies that examine these factors within different Asian ethnic groups can shed light on how the processes may influence suicide ideation and depression differently for different Asian ethnic groups.

REFERENCES

Abe-Kim, J., Gong, F., & Takeuchi, D. (2004). Religiosity, spirituality, and help-seeking
among Filipino Americans: Religious clergy or mental health professionals?
Journal of Community Psychology, 32, 675-689.

Agbanyani-Siewert, P., & Revilla, L. (1995). Filipino Americans. In P. G. Min (Ed.),
Asian Americans: Contemporary trends and issues (pp. 134-168). Thousand
Oaks, CA: Sage.

Allport, G. W., & Ross, M. (1967). Personal religious orientation and prejudice. *Journal
of Personality and Social Psychology, 5*, 432-443.

Anderson, J. N. (1983). Health and illness in Pilipino immigrants. *The Western Journal
of Medicine, 139*, 811-819. Anderson, R. N., Kochanek, K. D., & Murphy, S. L.
(1997). Report of final mortality statistic, 1995. *Monthly Vital Statistics Report,
45, 1-80*.

Beck, A. T., Steer, R. A., Kovacs, M., & Garrison, B. (1985). Hopelessness and eventual
suicide: A 10-year prospective study of patients hospitalized with suicidal
ideation. *American Journal of Psychiatry, 142, 559-563.*

Bennett, C., & Okinaka, A. M. (1990). Factors related to persistence among Asian,
Black, Hispanic and White undergraduates at a predominately White university:
Comparison between first and fourth year cohorts. *The Urban Review, 22*, 33-60.

Berry, J. W. (1980). Acculturation as varieties of adaptation. In A. Padilla (Ed.),
Acculturation: theory, models, and findings (pp. 9–25). Boulder, CO: Westview.

Berry, J. W. (1990). Psychology of acculturation. In J. Berman (Ed.). *Cross-cultural*

perspectives: Nebraska Symposium on Motivation (pp. 201-234). Lincoln: University of Nebraska Press.

Berry, J. W. (1997). Immigration, acculturation and adaptation. *Applied Psychology: An International Review, 46*(1), 5-34.

Berry, J. W. (2003). Conceptual approaches to acculturation. In K. M. Chun, P. B. Organista, & G. Marin (Eds.), *Acculturation: advances in theory, measurement, and applied research* (pp. 17-37). Washington, DC: American Psychological Association.

Berry, J. W., & Kim, U. (1998). Acculturation and mental health. In P. Dasen, J. W. Berry, & N. Sartorius (Eds.), *Health and cross-cultural psychology* (pp. 207–236). Newbury Park, CA: Sage.

Bonner, R. L. & Rich, A. R. (1988). Negative life stress, social problem-solving self-appraisal, and hopelessness: Implications for suicide research. *Cognitive Therapy and Research, 12*, 549-556.

Bradvik, L. & Berglund, M. (2000). Suicidal ideation in severe depression. *Eur Arch Psychiatry Clinical Neuroscience, 250, 139-143.*

Brener, N. D., Hassan, S. S., & Barrios, L. C. (1999). Suicide ideation among college students in the United States. *Journal of Consulting and Clinical Psychology*, 67, 1004-1008.

Centers for Disease Control and Prevention (CDC). (2006). Welcome to WISQARS (Web-based Injury Statistics Query and Reporting System. Centers of Disease Control and Preventions, National Center for Injury and Prevention Control website: http://www.cdc.gov/ncipc/wisquars.

Centers for Disease Control and Prevention (CDC). (1995). *Youth risk behavior surveillance: National college health risk behavior survey.* Atlanta, GA: National Center fro Chronic Disease and Health Promotion.

Chang, E. C. (1996). Cultural differences in optimism, pessimism and coping: Predictors of subsequent adjustment in Asian American and Caucasian American college students. *Journal of Counseling Psychology, 43*, 113-123.

Chen, J. L. (1995). The internalization of the model minority stereotype as a predictor of depression among Chinese Americans. Unpublished doctoral dissertation, California School of Professional Psychology, Los Angeles.

Chen, H. J. (2005). Mental illness and principal physical diagnoses among Asian American and pacific islander users of emergency services. *Issues in Mental Health Nursing*, 26(10), 1061-1079.

Chen, S., Sullivan, N. Y., Lu, Y. E., & Shibusawa, T. (2003). Asian Americans and mental health services: A study of utilization patterns in the 1990s. *Journal of Ethnic & Cultural Diversity in Social Work, 12*, 19-42.

Cimmarusti, R. A. (1996). Exploring aspects of Filipino-American families. *Journal of Marital and Family Therapy, 22*, 205-224.

Choi, Jayoung L., Rogers, James R., Werth, James L., Jr. Suicide Risk Assessment With Asian American College Students: A Culturally Informed Perspective. The Counseling Psychologist 2007 0: 0011000006292256

Chow, J., Jaffee, K., & Snowden, L. (2003). Racial/ethnic disparities in the use of mental health services in poverty areas. *American Journal of Public Health*, 93(5), 792-797.

Cole, D. A. (1989). Psychopathology of adolescent suicide: Hopelessness, coping

    beliefs, and depression. *Journal of Abnormal Psychology, 98*, 248-255.

Colucci, E. & Graham, M. (2008). Religion and spirituality along the suicidal path.

    Suicide and Life-threatening Behavior, 38, 229-244.

Constantine, M. G. & Flores, L. Y. (2006). Psychological distress, perceived family

    conflict and career development in college students of color. *Journal of Career*

    Assessment, 14, 354-369.

Cress, C. M., & Ikeda, E. K. (2003). Distress under duress: The relationship between

    campus climate and depression in Asian American college students. *NASPA*

    Journal, 40, 74-97.

Crosby, A. E., Cheltenham, M. P., & Saks, J. J. (1999). Incidence of suicidal ideation

    and behavior in the United States, 1994. *Suicide and Life-threatening Behavior,*

    29, 131-139.

David, E. J. R. (2008). A colonial mentality model of depression for Filipino Americans.

    Cultural Diversity and Ethnic Minority Psychology, 14, 118-127.

David, E. J. R., & Okazaki, S. (2006a). Colonial mentality: A review and

    recommendation for Filipino American psychology. *Cultural Diversity and*

    Ethnic Minority Psychology, 12, 1-16.

David, E. J. R., & Okazaki, S. (2006b). The Colonial Mentality Scale (CMS) for Filipino

    Americans: Scale construction and psychological implications. *Journal of*

    Counseling Psychology, 53, 241-252.

Day, J. C. (1996). Population projections of the United States by age, sex, race, and

Hispanic origin: 1995 to 2050, U.S. Bureau of the Census. Government Printing Office, Washington, DC, 1996.

dela Cruz, F. A., Agbanyani-Siewert, P. (2003). Filipinos. In E. Lai & D. Arguelles (Eds.), *The new face of Asia Pacific America: Numbers, diversity, and change in the 21ˢᵗ century* (pp. 45-50). Los Angeles: Asian Week, UCLA Asian American Studies Center, and the Coalition for Asian Pacific American Community Development.

dela Cruz, F. A., Padilla, G. V., & Agustin, E. O. (2000). Adapting a measure of acculturation for cross-cultural research. *Journal of Transcultural Nursing, 11*, 191-198.

Dervic, K., Oquendo, M. A., Grunebaum, M. F., Ellis, S., Burke, A. K., & Mann, J. J. (2004). Religious affiliation and suicide attempt. *American Journal of Psychiatry, 161*, 2303-2308.

Durkheim, E. (1966). *Suicide*. New York: Free Press. (Originally published 1897)

Edman, J. L. & Johnson, R. C. (1999). Filipino American and Caucasian American beliefs about the causes and treatment of mental problems. *Cultural Diversity and Ethnic Minority Psychology, 5*, 380-386.

Edman, J. L., Danko, G. P., Andrade, N., McArdle, J. J., Foster, J., & Glipa, J. (1999). Factor structure of the CES-D (Center for epidemiologic studies depression scale) among Filipino-American adolescents. *Soc Psychiatry Epidemiology, 34*, 211-215.

Erickson, E. H. (1968). *Identity: Youth and crisis.* New York: Norton.

Furr, S. R., Westefeld, J. S., McConnell, G. N., & Jenkins, J. M. (2001). Suicide and

depression among college students: A decade later. *Professional Psychology: Research and Practice*, 32(1), 97-100.

Genia, V. (1993). A psychometric evaluation of the Allport-Ross I/E scales in a religiously heterogeneous sample. *Journal for the Scientific Study of Religion, 32,* 284-290.

Ghorpade, J., Lackritz, J. R., & Singh, G. (2006). Intrinsic religious orientation among minorities in the United States: A research note. *The International Journal for the Psychology of Religion, 16*, 51-62.

Gloria, A. M., & Ho, T. A. (2003). Environmental, social and psychological experiences of Asian American undergraduates: Examining issues of academic persistence. *Journal of Counseling & Development, 81,* 93-105.

Goldston, D. B., Molock, S. D., Whitbeck, L. B., Murakami, J. L., Zayas, L. H., & Hall, G. C. H. (2008). Cultural considerations in adolescent suicide prevention and psychological treatment. *American Psychologist, 63, 14-31.*

Gong, F., Gage, S. L., & Tacata, L. A. (2003). Help-seeking behavior among Filipino Americans: A cultural analysis of face and language. *Journal of Community Psychology, 31*, 469-488.

Gregerson, A. T., Nebeker, R. S., Seely, K. L., & Lambert, M. J. (2004). Social validation of the Outcome Questionnaire-45: An assessment of Asian and Pacific Islander college students. *Journal of Multicultural Counseling and Development, 32,* 194-205.

Gutierrez, P. M., Osman, A., Kopper, B. A., Barrios, F. X. & Bagge, C. L. (2000).

Suicide risk assessment in a college student population. *Journal of Counseling , 47, 403-413.*

Haas, A. P., Hendin, H., & Mann, J. J. (2003). Suicide in college students. *American Behavioral Scientist*, 46, 1224-1240.

Heisel, M. J., Flett, G. L., & Hewitt, P. L. (2003). Social hopelessness and college student suicide ideation. *Archives of Suicide Research*, 7, 221-235.

Holden, R. R., & DeLisle, M. M. (2005). Factor analysis of the Beck Scale for Suicide Ideation with female suicide attempters. *Assessment, 12(2), 231-238.*

Hovey, J. D., Kim, S. E., & Seligman, L. D. (2006). The influences of cultural values, ethnic identity and language use on the mental health of Korean American college students. *The Journal of Psychology, 140*, 449-511.

Hyman, C. & Handal, P. J. (2006). Definitions and evaluations of religion and spirituality items by religions professionals: A pilot study. *Journal of Religion and Health*, 45, 264-282.

Kim, B. S. K., Atkinson, D. R., & Yang, P. H. (1999). The Asian values scale: Development, factor analysis, validation, and reliability. *Journal of Counseling Psychology, 46*(3), 342-352.

Kim, B. S. K., Li, L. C., & Ng, G. F. (2005). The Asian American values scale – multidimensional: Development, reliability, and validity. *Cultural Diversity and Ethnic Minority Psychology, 11*, 187-201.

Kim, B. S. K., & Omizo, M. M. (2006). Behavioral acculturation and enculturation and psychological functioning among Asian American college students*. Cultural Diversity and Ethnic Minority Psychology, 12,* 245-258.

Kim, B. S. K., Yang, P. H., Atkinson, D. R., Wolfe, M. M., & Hong, S. (2003). Cultural value similarities and differences among Asian American ethnic groups. *Cultural Diversity and Ethnic Minority Psychology, 7,* 343-361.

Kisch, J., Leino, E. V., & Silverman, M. M. (2005). Aspects of suicidal behavior, depression, and treatment in college students: Results from the spring 2000 national college health assessment survey. *Suicide & Life-threatening Behavior, 35*, 3-13.

Kitano, H. (1980). *Race relations* (2nd Ed.). Englewood Cliffs, NJ: Prentice Hall.

Kodama, C. M., McEwen, M. K., Liang, C. T. H. & Lee, S. (2003). An Asian American Perspective on psychosocial student development theory. *New Directions for Student Services, 97,* 45-59.

Konick, L. C. & Gutierrez, P. M. (2005). Testing a model of suicide ideation in college students. *Suicide and Life-threatening Behavior*, 35(2), 181-192.

Kuo, W. H. (1984). Prevalence of depression among Asian-Americans. *Journal of Nervous and Mental Disease, 172*, 449-457.

Lam, B. T. (2005). Self-construal and depression among Vietnamese-American adolescents. *International Journal of Intercultural Relations, 29*, 239-250.

Lau, A. S., Jernewall, N. M., Zane, N., & Myers, H. F. (2002). Correlates of suicidal behaviors among Asian American outpatient youths. *Cultural Diversity and Ethnic Minority Psychology, 8*, 199-213.

Le, C.N.   2007. "Population Statistics & Demographics" *Asian-Nation: The Landscape of*

Asian America. <http://www.asian-nation.org/population.shtml> (March 25, 2007).

Leong, F. T. L., & Lau, A. S. L. (2001). Barriers to providing effective mental health services to Asian Americans. *Mental Health Services Research, 4*, 201-214.

Leong, F. T. L., Leach, M. M., Yeh, C. & Chou, E. (2007). Suicide among Asian Americans: What do we know? What do we need to know? *Death Studies, 31*, 417-434.

Mallinckrodt, B., Shigeoka, S., & Suzuki, L. A. (2005). Asian and Pacific Island American students' acculturation and etiology beliefs about typical counseling presenting problems. *Cultural Diversity and Ethnic Minority Psychology, 11*, 227-238.

Maris, R. W (1992). Overview of the study of suicide assessment and prediction. In R. W. Maris, A. L. Berman, J. T. Maltsberger R. I. Yufit (Eds.), *Assessment and prediction of suicide* (pp. 3–24). New York: Guilford Press.

Matsuoka, J. K., Breaux, C., & Ryujin, D. H. (1997). National utilization of mental health services by Asian Americans/Pacific Islanders. *Journal of Community Psychology, 25*, 141-145.

Morrison, L. L. & Downey, D. L. (2000). Racial differences in self-disclosure of suicide ideation and reasons for living: Implications for training. *Cultural Diversity and Ethnic Minority Psychology, 6*, 347-386.

Mossakowski, K. N. (2003). Coping with perceived discrimination: Does ethnic identity protect mental health? *Journal of Health and Social Behavior, 44*, 318-331.

Muehlenkamp, J. J., Gutierrez, P. M., Osman, A., & Barrios, F. X. (2005). Validation of

the Positive and Negative Suicide Ideation (PANSI) Inventory in a diverse sample of young adults. *Journal of Clinical Psychology,* 61(4), 431-445.

Mueller, M. A. & Wass, G. A. (2002). College students' perceptions of suicide: The role of empathy on attitudes, evaluation and responsiveness. *Death Studies*, 26, 325-341.

Nadal, K. L. (2004). Pilipino American identity development model. *Journal of Multicultural Counseling and Development, 32*, 45-62.

Nguyen, L., & Peterson, C. (1993). Depressive symptoms among Vietnamese-American college students. Journal of Social Psychology, 133, 65-71.

Noh, S., Beiser, M., Kaspar, V., Hou, F., & Rummens, J. (1999). Perceived racial discrimination, depression, and coping: A study of Southeast Asian refugees in Canada. *Journal of Health and Social Behavior, 40*, 193-207.

O'Carroll, P. W., Berman, A. L., Maris, R. W., Moscicki, E. K., Tanney, B. L., & Silverman, M. M. (1996). Beyond the Tower of Babel: A nomenclature for suicidology. *Suicide and Life-threatening Behavior, 26, 237-252.*

Okazaki, S. (1997). Sources of ethnic differences between Asian American and White American college students on measures of depression and social anxiety. *Journal of Abnormal Psychology, 106*, 52-60.

Oman, D. & Thoresen, C. E. (2002). Does religion cause health? Differing interpretations and diverse meanings. *Journal of Health Psychology, 7*, 365-380.

Osman, A., Gutierrez, P. M., Kopper, B. A., Barrios, F. X. & Chiros, C. E. (1998). The Positive and Negative Suicide Ideation Inventory: Development and validation. *Psychological Reports, 82, 783-793.*

Phinney, J. S., & Alipuria, L. L. (1990). Ethnic identity in college students from four

    ethnic groups. *Journal of Adolescence, 13*, 171-183.

Phinney, J. S. (1992). The multigroup ethnic identity measure: A new scale for use with

    diverse groups. *Journal of Adolescent Research, 7*, 156-176.

Pinto, A., Whisman, M. A. & McCoy, K. J. M. (1997). Suicidal ideation in adolescents:

    Psychometric properties of the suicidal ideation questionnaire in a clinical sample.

    Psychological Assessment, 9, 63-66.

President's Advisory Committee on Asian American and Pacific Islanders. (2001). *Asian*

    Americans and Pacific Islanders: A people looking forward. Retrieved June

    2008,http://permanentaccess.gpo.gov/lps17931/www.aapi.gov/executivesummary

    1.pdf

Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in

    the general population. *Applied Psychological Measurement, 1*, 385-401.

Reeves, T., & Bennett, C. (2004). We the people: Asians in the United States. Retrieved

    March 23, 2007 from http://www.census.gov/prod/2004/censr-17.

Rich, A. R., & Bonner, R. L. (1987). Concurrent validity of a stress-vulnerability model

    of suicidal ideation and behavior: A follow-up study. *Suicide and Life-*

    threatening Behavior, 17, 265-270.

Roy-Byrne, P. P., Post, R. M., Hambrick, D. D., Leverich G. S., & Rosoff, A. S. (1988).

    Suicide and course of illness in major depressive disorder. *Journal of Affective*

    Disorders, 15, 1-8.

Rudd, M. D. (1990). An integrative model of suicide ideation. *Suicide Ideation and Life-*

    threatening Behavior, 20, 16-30.

Rudd, M. D., Joiner, T., & Rajab, M. H. (1996). Relationships among suicide ideators, attempters and multiple attempters in a young-adult sample. *Journal of Abnormal Psychology, 105, 541-550.*

Rumbaut, R. G. (2005). Turning points in the transition to adulthood: Determinants of educational attainment, incarceration and early childbearing among children of immigrants. *Ethnic and Racial Studies, 28*(6), 1041-1086.

Saucier, G. & Skrzypinska, K. (2006). Spiritual but not religious? Evidence for two independent dispositions. *Journal of Personality, 74*, 1257-1292.

Schotte, D. E., & Clum, G. E. (1982). Suicide ideation in a college population: A test of a model. *Journal of Counseling and Clinical Psychology, 50*, 690-696.

Shea, R. H. (2002, February 18). On the edge of campus: The state of college students' mental health continues to decline, What's the solution? *U. S. News and World Report.*

Silverman, M. M., Meyer, P. M., Sloane, F., Raffel, M., & Pratt, D. M. (1997). The big ten student suicide study: A 10-year study of suicides on midwestern university campuses. *Suicide and Life-threatening Behavior*, 27, 285-303.

Spicer, R. S., & Miller, T. R. (2000). Suicide acts in 8 states: incidence and case fatality rates by demographics and method. *American Journal of Public Health, 90, 1885-1891*.

Stack, S. (1983). The effect of religious commitment on suicide: A cross-national analysis. *Journal of Health and Social Behavior, 24*, 362-374.

Stack, S. (1992). Religiosity, depression, and suicide. In J. Schumaker (Ed.), *Religion and mental health* (pp.87-97). New York: Oxford University Press.

Stack, S. & Lester, D. (1991). The effect of religion on suicide ideation. *Social Psychiatry and Psychiatric Epidemiology, 26*,168-170.

Sue, D. W. (1994). Asian-American mental health and help-seeking behavior: Comment on Solberg et al. (1994), Tata and Leong (1994), and Lin (1994). *Journal of Counseling Psychology, 41*(3), 292-295.

Sue, S., & Morishima, J. (1982). *The mental health of Asian Americans*. San Francisco: Jossey-Bass. Suicide Prevention Action Network USA and Suicide Prevention Resource Center: Suicide among Asian Americans/Pacific Islanders. Retrieved June 30, 2008, from www.sprc.org/library/asian.pi.facs.pdf.

Suinn, R. M., Richard-Figueroa, K., Lew, S., & Vigil, P. (1987). The Sunin-Lew self-identity acculturation scale: An initial report. *Educational and Psychological Measurement, 47*, 401-407.

Sustento-Seneriches, J. (1997). Filipino American families. In E. Lee (Ed.), Working with Asian Americans: A guide for clinicians (pp. 101-113). New York: The Guilford Press.

Tatman, S. M., Greene, A. L. & Karr, L. C. (1993). Use of the suicide probability scale with adolescents. *Suicide and Life-threatening Behavior*, 23, 188-203.

Teranishi, R. T., Ceja, M., Antonio, A. L., Allen, W. R., & McDonough, P. (2004). The college-choice process for Asian Pacific Americans: Ethnicity and socioeconomic class in context. *The Review of Higher Education, 27,* 527-551.

Tompar-Tiu, A. & Sustento-Seneriches, J. (1995). *Depression and other mental health issues: The Filipino American experience*. San Francisco: Jossey-Bass/Pfeiffer.

Tuason, M. T. G., Taylor, A. R., Rollings, L., Harris, T., & Martin, C. (2007). On both

sides of the hyphen: Exploring the Filipino-American identity. *Journal of Counseling Psychology, 54*, 362-372.

Wagner, N. (1973). Filipinos: A minority within a minority. In S. Sue & N. Wagner (Eds.), *Asian American psychological perspectives* (pp. 295-298). Palo Alto, CA: Science & Behavior Books.

Westefeld, J. S. & Furr, S. R. (1987). Suicide and depression among college students. *Professional Psychology: Research and Practice*, 18, 119-123.

Wheat, L. W. (1991). *Development of a scale for the measurement of human spirituality*. Unpublished doctoral dissertation, University of Maryland, College Park.

Wild, A. G., Flisher, A. J., & Lombard, C. (2004). Suicidal ideation and attempts in adolescents: Associations with depression and six domains of self-esteem. *Journal of Adolescence, 27*, 611-624.

Williams, C. L., & Berry, J. W. (1991). Primary prevention of acculturative stress among refugees. *American Psychologist*, 46, 632–641.

Uba, L. *Asian Americans: Personality Patterns, Identity, and Mental Health*. New York: Guilford, 1994.

UCLA Higher Education Research Institute. (2000). *The American freshmen: National norms for 1999*. Los Angeles: UCLA Graduate School of Information Studies.

U.S. Census Bureau (1994). *1990 census of population, general population characteristics, the United States* (CP-1-1). Washington, DC: U.S. Government Printing Office.

U.S. Census Bureau (2000). *Resident population estimates of the United States by sex, race and Hispanic origin*. Washington, DC: U.S. Government Printing Office.

U.S. Census Bureau (2001). Profile of general demographic characteristics: 2000.

   Internet release: <http://www.census.gov/prod/cen2000/dp1/2kh00.pdf>.

U.S. Commission on Civil Rights (1992). *Civil rights issues facing Asian Americans in*

   the 1990s. Washington, DC: Author.

Ying, Y., & Han, M. (2007). The longitudinal effect of intergenerational gap in

   acculturation on conflict and mental health in Southeast Asian American

   adolescents. *American Journal of Orthopsychiatry, 1,* 61-66.

Ying, Y.W., & Hu, L. T. (1994). Public outpatient mental health services: Use and

   outcome among Asian Americans. *American Journal of Orthopsychiatry, 64*,

   448-455.

Yu, E. (1980). Filipino migration and community organization in the United States.

   California Sociologist, 3, 76-109.

Zhang, A. Y., Snowden, L. R., & Sue, S. (1998). Differences between Asian and White

   Americans' help seeking and utilization patterns in the Los Angeles area. *Journal*

   of Community Psychology, 26(4), 317-326.

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