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INTERGENERATIONAL AND CULTURAL PARENT-CHILD PROTECTIVE FACTORS AGAINST DEPRESSIVE SYMPTOMS IN FILIPINO-AMERICAN ADOLESCENTS

By Ainsley Torres

The developmental years of adolescence are key to shaping an individual's identity as they explore their place in the context of different communities they are a part of. Immigrant children may have a unique development of culture and identity because the environments between home and school may differ. Mental health is influenced by the interplay of their relational environment and individual development. The stigma surrounding mental health within the Filipino-American community can contribute to this environment. This can be challenging to balance within the Filipino-American community due to stigma surrounding mental health. Given the colonial mindset from historical contexts, strong filial ties, and mental health disparities within Filipino-American communities, in addition to the lack of disaggregated research done, it is beneficial to further delve into factors that can affect their mental health. Using data from the Children of Immigrants Longitudinal Study, this paper uses a cultural microsystems model and a colonial mentality model to examine questions about depression. This paper explores what intergenerational factors within parent-child relationships serve as protective factors against depressive symptoms in Filipino-American adolescents and how cultural identities and values interact with these symptoms. Analysis of the data using chi square tests and bivariate correlation regression analyses found the following protective factors against depressive symptom incidence: parental pride for country of birth; viewing the American way of life as strengthening the family; a cohesive family unit; less intergenerational conflict; and parental active listening. These results suggest that cultural and ethnic identity can be protective, if they are not causes of intergenerational conflict. This research supports the need for culturally sensitive mental health interventions as cultural and ethnic identity can have beneficial, grounding qualities that can meet patients where they are.

I. Introduction

A. Filipino diaspora and historical review

The Filipino diaspora is unique in the sense that it encompasses a multitude of experiences and identities from its historical occupations to immigration rates out of the country. Having been a United States territory from 1898 to 1946, the Philippines has historically been used as a base for the U.S. military and a source of healthcare workers.

The influence of this colonization can be seen to this day with English being one of the primary languages used in more affluent sectors such as business, education, law, and medicine.[1] During this period, the American government built nursing schools in the Philippines and advertised a romanticized life in America, creating a labor force of nurses who want to immigrate to the U.S. for a better life. This heavy U.S. influence played a role in the perception that Filipinos have of America and American culture in relation to their own. Next to Mexico, Filipinos have the largest global diaspora of migrant labor, with more than a million leaving each year to work abroad and around ten million already working abroad across the globe.[2] Many Filipinos will immigrate to the U.S. for jobs or work overseas and, because of their collective nature, will send the money that they make from these jobs to support their families back home in the Philippines.

Looking deeper at how U.S. colonization manifested in the Philippines reveals the psychological, intergenerational impacts of the occupation. The Spanish—who occupied the Philippines before the U.S. and played a part in Catholicism being a major religion there today—viewed Indigenous Filipinos as "uncivilized savages." This, added to the U.S.'s implementation of English-based and U.S.-centered curriculum taught by American teachers in Philippine schools means that centuries of colonial influences have infiltrated Filipino culture and mindsets.[3] With their historical influence in the Philippines, the U.S. created hierarchies within the dynamics of Philippine society in which aspects of more Westernized culture were favored over their own because it was seen as more acceptable. One of the consequences of this is the question of what constitutes authentic Filipino culture.

Colonial mentality is a psychological legacy of colonialism in Filipino-American communities. It is defined as a type of internalized oppression expressed by perceiving one's ethnic culture to be inferior in comparison to Westernized culture. In Filipino-Americans, this can manifest as "uncritical rejection of anything Filipino and . . . uncritical preference for anything American."[4] The development of colonial mentality can be caused by ethnic and cultural denigration, both in the Philippines and the U.S., due to the romanticization of the U.S. in the Philippines and subsequent rejection of Filipino culture in favor of it. Thus, when analyzing Filipino-American immigrants' psychological experiences and mental health, it is key to consider colonial mentality.[5] It is also important to note that colonial mentality is not the only contributing factor to mental health and psychological well-being and does not affect every immigrant Filipino-American family equally or consistently. Even so, in clinical settings, providers should view colonial mentality as an etiological variable to break down any cultural mistrust, in order to address disparities in seeking professional help.[6] This paper aims to investigate the generational relationship behind this history of colonialism and its derived effects on the mental health of Filipino-American adolescents.

B. Mental health & Filipino-Americans

Despite being the second largest and fastest-growing Asian immigrant group in the U.S., there is a lack of research on the psychological well-being and health of Filipino-Americans, especially in youth, and the culturally-specific issues that can arise.[7,8,9] Compared to White Americans, Filipino Americans are more likely to suffer from anxiety

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1 David, E. J. R., and Sumie Okazaki. "Colonial Mentality: A Review and Recommendation for Filipino American Psychology." *Cultural Diversity and Ethnic Minority Psychology* 12, no. 1 (2006a): 1.

2 San Juan Jr., Epifanio. "Overseas Filipino workers: The Making of an Asian-Pacific Diaspora." *The Global South* 3, no. 2 (2009): 99–129.

3 David, and Okazaki. "Colonial Mentality: A Review and Recommendation for Filipino American Psychology."

4 David, Eric John Ramos, and Sumie Okazaki. "The Colonial Mentality Scale (CMS) for Filipino Americans: Scale construction and psychological implications." *Journal of Counseling Psychology* 53, no. 2 (2006b): 241.

5 David, Eric John Ramos, and Kevin L. Nadal. "The Colonial Context of Filipino American Immigrants' Psychological Experiences." *Cultural Diversity and Ethnic Minority Psychology* 19, no. 3 (2013): 298.

6 David and Nadal. "The Colonial Context of Filipino American Immigrants' Psychological Experiences."

7 David and Okazaki. "Colonial Mentality: A Review and Recommendation for Filipino American Psychology."

8 Sanchez, Francis, and Albert Gaw. "Mental Health Care of Filipino Americans." *Psychiatric Services* 58, no. 6 (2007): 810–815.

9 Willgerodt, Mayumi Anne, and Elaine Adams Thompson. "Ethnic and Generational Influences on Emotional Distress and Risk Behaviors among Chinese and Filipino American Adolescents." *Research in Nursing & Health* 29, no. 4 (2006): 311–324.

or depression.[10] Studies have found that being an adolescent immigrant or the child of an immigrant as well as stress from acculturation were associated with more depressive symptoms.[11,12,13,14] In Filipino-American and other immigrant communities, discrimination due to racism and its associated stress is related to poorer mental health and depressive symptoms, while status variables, such as income and educational level, are associated with better mental health outcomes, such as countering depressive symptoms.[15,16] Studies have also found that status variables, such as income and educational level, strong peer relationships, family support, and ethnic identity were protective factors in reducing depressive symptoms.[17,18,19] For example, a positive social network can encourage Filipino youth to seek help for their mental health by increasing the chance of them reaching out to formal support services.[20] However, it is important to look at intergenerational relationships as parent-child conflict is a risk factor for developing depression symptoms.[21,22] In ethnic minority groups, cultural variables such as acculturation and collective self-esteem are critical considerations for mental health.[23] On top of general risk factors for depression, the intersection of the immigrant and ethnic identities demonstrates a need to study disparities within the Filipino-American community. Cultural protective factors when it comes to mental health outcomes in this community also need to be further studied.

Mental health is heavily stigmatized within the Filipino community. When faced with mental health issues, Filipinos often turn to interpersonal treatments, such as religion or family, rather than seeking professional help. One study analyzing the effectiveness of a parenting program on Filipino-American youth behavioral outcomes found that barriers of Filipino-American parents include discomfort in sharing their problems as well as a fear of judgment and stigmatization from others. However, increasing parent enrollment in these programs would decrease the incidence of mental health disorders among Filipino-American adolescents.[24] This sense of shame from external judgment is known as *hiya* within the Filipino-American community, which can cause an avoidance of seeking professional services out of fear of being judged and shamed by family members or friends.

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10 Martinez, Andrea B., Melissa Co, Jennifer Lau, and June SL Brown. "Filipino Help-Seeking for Mental Health Problems and Associated Barriers and Facilitators: A Systematic Review." *Social Psychiatry and Psychiatric Epidemiology* 55 (2020): 1397–1413.

11 Willgerodt and Thompson. "Ethnic and Generational Influences on Emotional Distress and Risk Behaviors among Chinese and Filipino American Adolescents."

12 Cho, Yong-Beom, and Nick Haslam. "Suicidal Ideation and Distress among Immigrant Adolescents: The Role of Acculturation, Life Stress, and Social Support." *Journal of Youth and Adolescence* 39 (2010): 370–379.

13 Sangalang, Cindy C., Justin Jager, and Tracy W. Harachi. "Effects of Maternal Traumatic Distress on Family Functioning and Child Mental Health: An Examination of Southeast Asian Refugee Families in the US." *Social Science & Medicine* 184 (2017): 178–186.

14 Wong, Sandra L. "Depression Level in Inner-City Asian American Adolescents: The Contributions of Cultural Orientation and Interpersonal Relationships." *Journal of Human Behavior in the Social Environment* 3, no. 3–4 (2000): 49–64.

15 David and Nadal. "The Colonial Context of Filipino American Immigrants' Psychological Experiences."

16 Choi, Yoonsun, Michael Park, Samuel Noh, Jeanette Park Lee, and David Takeuchi. "Asian American Mental Health: Longitudinal Trend and Explanatory Factors among Young Filipino- and Korean Americans." *SSM-Population Health* 10 (2020): 100542.

17 David and Nadal. "The Colonial Context of Filipino American Immigrants' Psychological Experiences."

18 Choi et al. "Asian American Mental Health: Longitudinal Trend and Explanatory Factors among Young Filipino- and Korean Americans."

19 Guerrero, Anthony PS, Earl S. Hishinuma, Naleen N. Andrade, Stephanie T. Nishimura, and Vanessa L. Cunanan. "Correlations among Socioeconomic and Family Factors and Academic, Behavioral, and Emotional Difficulties in Filipino Adolescents in Hawai'i." *International Journal of Social Psychiatry* 52, no. 4 (2006): 343–359.

20 Kim, Sophia Bohun, and Yeonjung Jane Lee. "Factors Associated with Mental Health Help-Seeking among Asian Americans: A Systematic Review." *Journal of Racial and Ethnic Health Disparities* 9, no. 4 (2022): 1276–1297.

21 Choi et al. "Asian American Mental Health: Longitudinal Trend and Explanatory Factors among Young Filipino- and Korean Americans."

22 Ying, Yu-Wen, and Meekyung Han. "The Effect of Intergenerational Conflict and School-Based Racial Discrimination on Depression and Academic Achievement in Filipino American Adolescents." *Journal of Immigrant & Refugee Studies* 4, no. 4 (2007): 19–35.

23 David, Eric John Ramos. "A Colonial Mentality Model of Depression for Filipino Americans." *Cultural Diversity and Ethnic Minority Psychology* 14, no. 2 (2008): 118.

24 Flores, Nicole. "Prevention of Filipino Youth Behavioral Health Disparities: Identifying Barriers and Facilitators to Participating in 'Incredible Years,' an Evidence-Based Parenting Intervention, Los Angeles, California, 2012." *Preventing Chronic Disease* 12 (2015).

A UC Davis report based in Solano County in the San Francisco Bay Area asked Filipino-American community members about their experiences with mental health services showed that along with shame being a barrier, they were also concerned about an unhealthy power dynamic with clinicians, a lack of knowledge of their cultural and immigration experience, and confidentiality.[25] The biggest obstacle reported was that physical health is often prioritized more than mental health because of the belief that the former is treatable while the latter is not.[26] In comparison, religion and talking to family are generally less daunting and are more accessible solutions.

While stigma may be associated with mental health, that does not mean that Filipinos and Filipino-Americans do not need or want mental health services. Through a series of qualitative interviews with people of Filipino ancestry, one study found that while Filipinos have high utilization of and positive sentiments about mental health services, the cultural norm of "saving face" is the most significant barrier identified.[27] Research and reports have called for active outreach efforts and mental health services specifically tailored to Filipinos and Filipino-Americans due to the initial barrier of shame surrounding reaching out for help.[28,29] Depending on the generation and environment that an individual grew up in, their view on mental health may vary, as newer generations are generally more accepting of mental health services. Mental health is a topic that is heavily debated within the Filipino-American community, which is why it should be studied further to amplify their voices, identify disparities, and promote ways to address what can be a taboo issue.

C. Intergenerational connections

When looking at disparities within any community, it is key to have an understanding of the culture. The combination of the unique history and diaspora of Filipino-Americans, the stigma surrounding mental health in Filipino culture, and the heavy emphasis on family dynamics highlight the importance of understanding a culture to address intergenerational familial issues.[30] The role of culture in parent-child relationships can be complex as it depends on the values of the larger society; however, some differences were still found between cultures.[31] Many Filipino-American children are first- or second-generation and Lebiger-Vogel describes a potential protective factor of social integration in promoting the healthy development of children with an immigrant background.[32] Other research supports this idea of social supportive factors by demonstrating how parental home-educational and social involvement improved the intergenerational relationship with their children.[33] However, time and financial stability can potentially act as barriers for parents to have that level of involvement. This can be seen in another study, where mothers were supported through an intervention to, in turn, promote protective factors and

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25 UC Davis Center for Reducing Health Disparities. 2018. "Filipino-American Voices: Community Narratives about Mental Health in Solano County." https://health.ucdavis.edu/media-resources/crhd/documents/pdfs/narrative-filam-english.pdf.

26 UC Davis Center for Reducing Health Disparities. "Filipino-American Voices: Community Narratives about Mental Health in Solano County."

27 Camorongan, Melissa Dimalanta. "Factors Affecting Help-Seeking Behaviors for Mental Health Services among Filipino Americans." (2007). Master's Thesis, Smith College, Northampton, MA. Accessed October 8, 2023. https://scholarworks.smith.edu/theses/432.

28 UC Davis Center for Reducing Health Disparities. "Filipino-American Voices: Community Narratives about Mental Health in Solano County."

29 Camorongan. "Factors Affecting Help-Seeking Behaviors for Mental Health Services among Filipino Americans."

30 Tolentino, Jean-Arellia, Jacqueline Jimenez, Adeleine Conanan, and Cory Reano. "The Filipinx American Ecological Processes Model: Centralizing Filipinx Values with an Ecological Systems Approach." *Asian American Journal of Psychology* 13, no. 1 (2022): 62.

31 Fuligni, Andrew J. "Authority, Autonomy, and Parent-Adolescent Conflict and Cohesion: A Study of Adolescents from Mexican, Chinese, Filipino, and European Backgrounds." *Developmental Psychology* 34, no. 4 (1998): 782.

32 Lebiger-Vogel, Judith, Constanze Rickmeyer, Marianne Leuzinger-Bohleber, and Patrick Meurs. "Fostering Emotional Availability in Mother-Child-Dyads with an Immigrant Background: A Randomized-Controlled-Trial on the Effects of the Early Prevention Program First Steps." *Frontiers in Psychology* 13 (2022): 790244.

33 Ying, Yu-Wen, and Meekyung Han. "Parental Acculturation, Parental Involvement, Intergenerational Relationship and Adolescent Outcomes in Immigrant Filipino American Families." *Journal of Immigrant & Refugee Studies* 6, no. 1 (2008): 112–131.

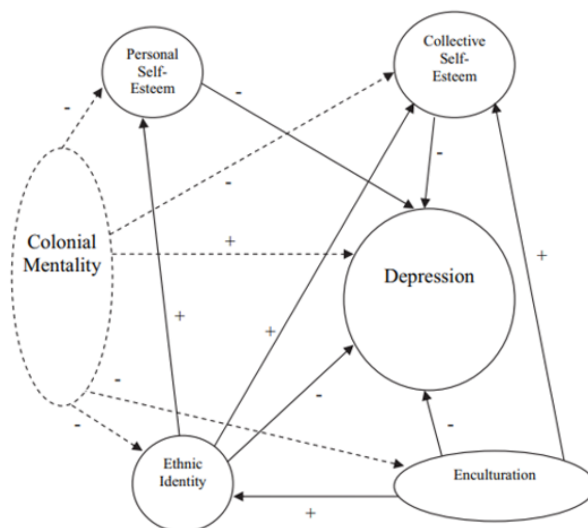

Figure 1: Colonial mentality model of depression (David, 2008)

the healthy development of their children.[34] A family unit consists of generations of support, but Filipino families, along with many other Asian families, can often weigh the family unit with more value than the individual. Due to the collectivist nature of their family, when someone seeks mental health services, it can have the potential effect of reflecting shame on the whole family, playing into the internalized barriers to mental health.

D. Theoretical frameworks

E.J. R. David introduced the colonial mentality model of depression in order to include colonial mentality as a potential contributing factor in the development of depression in Filipino-Americans (Figure 1).[35] The dashed lines represent his hypothesis on how colonial mentality affects factors such as personal self-esteem, collective self-esteem, ethnic identity, and enculturation which can all foster the development of depression. During adolescence, one's identity and self-esteem are being developed, tested, and changed according to the individual. Therefore, a developmental lens is also needed to look at this issue in the context of adolescence.

Urie Bronfenbrenner's bioecological theory of human development visualizes a child's development within a series of interconnected microsystems, mesosystems, exosystems, and macrosystems (Figure 2). In his model, places like the school and home are critical microsystems in the development of a child's emotional well-being.[36] The traditions a parent practices and the cultural environment that a child grows up in play a role in their development of identity and self. However, another framework built from Bronfenbrenner's envisioned culture as something in the microsystem rather than the macrosystem. Nilda Vélez-Agosto's revised theory emphasizes how culture is not a separate macro entity; rather, it is embedded in every structural and daily aspect of our lives.[37] Rather than being distinctly separated and limited by connections with the exosystem (Figure 2), Vélez-Agosto depicts culture more as a central pathway that is developed throughout every aspect of one's life (Figure 3). Culture is defined as an active entity, a system that is constantly changing, that is produced by activity on an individual level rather than an overarching separate concept.[38] It is a part of our daily routines and activities, our

34 Rosenblum, Katherine L., Maria Muzik, Diana M. Morelen, Emily A. Alfafara, Nicole M. Miller, Rachel M. Waddell, Melisa M. Schuster, and Julie Ribaudo. "A Community-Based Randomized Controlled Trial of Mom Power Parenting Intervention for Mothers with Interpersonal Trauma Histories and Their Young Children." *Archives of Women's Mental Health* 20 (2017): 673–686.
35 David. "A Colonial Mentality Model of Depression for Filipino Americans."
36 Bronfenbrenner, Urie. "Toward an Experimental Ecology of Human Development." *American Psychologist* 32, no. 7 (1977): 513.
37 Vélez-Agosto, Nicole M., José G. Soto-Crespo, Mónica Vizcarrondo-Oppenheimer, Stephanie Vega-Molina, and Cynthia García Coll. "Bronfenbrenner's Bioecological Theory Revision: Moving Culture from the Macro into the Micro." *Perspectives on Psychological Science* 12, no. 5 (2017): 900–910.
38 Vélez-Agosto et al. "Bronfenbrenner's Bioecological Theory Revision: Moving Culture from the Macro into the Micro."

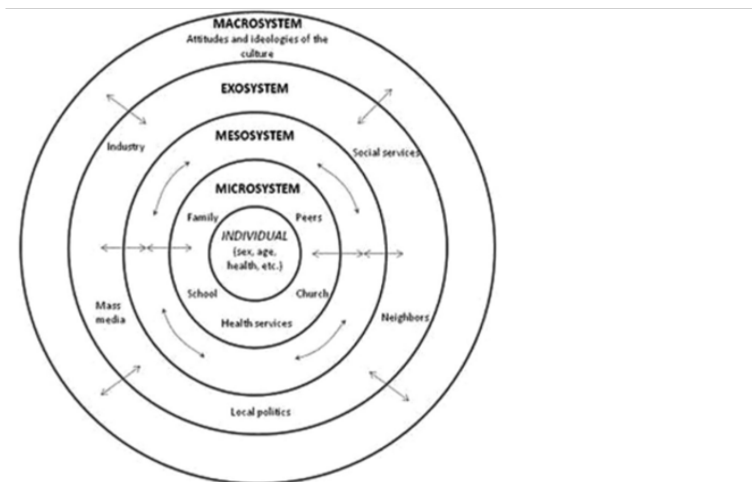

Figure 2: Ecological theory of human development (Bronfenbrenner, 1977)

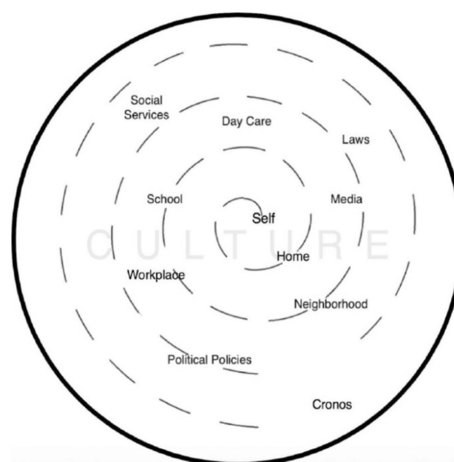

Figure 3: Cultural microsystems model (Velez-Agosto et al., 2017)

cognitive processes, and influences communities at home, school, work, neighborhoods, and more. Thus, the culture for each individual can vary greatly, with ethnic culture being a significant part of this development.

E. Adolescent development and immigration

Adolescence is a changing period in one's life during which one may be seeking out acceptance from their peers; this can involve mental, social, physical, and emotional changes. The development of an identity and social presence within their environments during this time, such as families, peers, and school, can interact with an individual's identity as an immigrant. The development of a sense of identity and a desire for acceptance does not begin in adolescence. The socioemotional milestone of developing an understanding of one's place in the world and wanting to be accepted by friends can begin at around six to eight years.[39] From Veléz-Agosto's model, culture is constant throughout one's life and oftentimes one's first exposure to culture is through one's parents; a second exposure to culture is through school. If there is conflict between the culture in two major spheres (home and school), this can cause confusion in one's identity.

During adolescence, individuals are testing their autonomy and independence, while also exploring their connectedness with others, building on their independence separate from their family.[40] Familial pressure to either

39 Centers for Disease Control and Prevention. "Middle Childhood (6–8 Years Old)." (2021a). Accessed February 22, 2021. https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/middle.html.

40 Centers for Disease Control and Prevention. "Teenagers (15–17 Years Old)." (2021b). Accessed February 22, 2021. https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/adolescence2.html.

maintain their ethnic cultural identity or assimilate to American culture has the potential to add to the tension between striving for acceptance and coping with socializing agents during this adjustment period, which can vary depending on ethnic background.[41] Culture is central to the development and perception of one's identity. Referencing Veléz-Agosto's cultural microsystems model, this has the potential for inner conflict, for children of immigrants, when the culture at school or other spaces may be different than the culture at home.

F. Filling a research gap

Some studies have investigated the cultural considerations and risk factors associated with depression in Filipino and other minority communities and others have created a culturally informed framework to view depression in Filipino and Filipino-American communities.[42,43,44,45,46] However, there is a lack of understanding of the intergenerational protective factors that support Filipino-American adolescents and decrease the risk of the development of depression symptoms, which is what this paper addresses. Some researchers claim that there is little to no research exploring the relationship between colonial mentality and related characteristics to mental health outcomes, as well as psychological research on Filipinos in general.[47] Thus, this paper aims to explore the question: What factors within intergenerational parent-child relationships act as protective factors against depressive symptoms in Filipino-American adolescents? The main hypothesis in this paper is that the active involvement and consistent presence of parents as well as an alignment in ethnic and cultural values between parent and child will act as protective factors against these symptoms. Because culture and development occur outside of the parent-child dyad, potential additional protective factors may also exist within the home with siblings or other relatives or at school with peers. By using a developmental lens to study depression symptoms specifically and to focus on protective factors rather than risk factors, this paper provides a strengths-based perspective on Filipino-American families as a unit to analyze depression and development in Filipino-American adolescents.

II. Methods

A. CILS dataset

This paper examined data from the Children of Immigrants Longitudinal Study (CILS) public database, an observational, longitudinal study from Johns Hopkins University, Michigan State University, Florida International University, and San Diego State University. The study was conducted with participants who are second-generation children from metropolitan areas in Fort Lauderdale, Florida, and San Diego, California.[48] For this study, a child was considered second-generation if they migrated to the U.S. at an early age or were born in the U.S. and had at least one foreign-born parent. The CILS consisted of three waves: the first survey in 1992 when participants were in 8th and 9th grades (early adolescence); a follow-up survey in 1995 that surveyed both the participants and their parents (late adolescence); and a third survey when participants entered early adulthood, which was at an average age of 24. This paper will focus on responses from Wave I, Wave II, and the parent survey. From this dataset, participants were selected based on answering the survey question "How do you identify, that is what do

41 Harris, Kathleen Mullan. "The Health Status and Risk Behaviors of Adolescents in Immigrant Families." *Children of Immigrants: Health, Adjustment, and Public Assistance* (1999): 286–347.

42 Choi et al. "Asian American Mental Health: Longitudinal Trend and Explanatory Factors among Young Filipino- and Korean Americans."

43 David, Eric John Ramos. "A Colonial Mentality Model of Depression for Filipino Americans."

44 UC Davis Center for Reducing Health Disparities. "Filipino-American Voices: Community Narratives about Mental Health in Solano County."

45 Tolentino et al. "The Filipinx American Ecological Processes Model: Centralizing Filipinx Values with an Ecological Systems Approach."

46 Harris. "The Health Status and Risk Behaviors of Adolescents in Immigrant Families."

47 David and Okazaki. "Colonial Mentality: A Review and Recommendation for Filipino American Psychology."

48 Portes, Alejandro, and Rubén G. Rumbaut. 2001. *Legacies: The Story of the Immigrant Second Generation*. Berkeley Etc.: University Of California Press, Cop.

you call yourself?" with either "Filipino," "Filipina," or "Filipino-American" in the second wave. Most of the Filipino American sample was recruited from schools in the San Diego metropolitan area. This selection process reduced the sample from 5,262 respondents in total to 618 participants (n = 618) in the CILS that this paper will be analyzing.

This paper focuses on protective factors against depressive symptoms. Depressive symptoms, for this paper, are determined based on responses on the Center for Epidemiological Study Depression Scale (CES-D). Respondents were asked how often they felt the following statements during the past week: "I felt sad," "I could not get 'going'," "I did not feel like eating; my appetite was poor," and "I felt depressed." They rated the frequency of the previous statements in the past week on a Likert-type scale: "Rarely (less than once a week)," "Some of the time (1 to 2 days a week)," "Occasionally (3 or 4 days a week)," and "Most of the time (5 to 7 days a week)." Depressive symptoms based on CES-D scores are determined by the sum of the numerical values of the frequency responses, with a higher score indicating a greater risk of depression.[49] For example, with this dataset, "Rarely" is assigned as 1, "Some of the time" is 2, "Occasionally" is 3, and "Most of the time" is 4; thus the lowest score can be 4, and the highest can be 12. An additional column was added to the CILS data for the sum of these numbers to represent CES-D scores. This paper will explore the effect of intergenerational parent-child relationships on depressive symptoms by analyzing responses to questions respondents answered regarding how often the respondents get in trouble because their way of doing things is different from that of their parents, their perception of whether their parents like them, how often they argue with their parents because they do not share the same goals, and their perception of if their parents are interested in what they have to say. The involvement of parents during Wave I and depression symptoms from Wave II will also be analyzed.

To consider the impact of colonial mentality, responses to questions that measure the respondents' ethnic pride and preference between American and their ethnic culture will be included in the analysis. Parent responses to these same questions regarding ethnic identity will be compared to adolescents' Wave II depressive symptoms as well. Factors such as older siblings and friends will also be explored as potential protective factors.

B. Sample population demographics

The Filipino-American sample of the CILS data that this paper will be looking at has an approximately equal amount of female (49.68%) and male (50.32%) participants (Appendix: Table 1). The mean age of participants in Wave I was 14.11, with each continuing participant being three years older in Wave II. In Wave II, most participants were in the 11th and 12th grades (Appendix 1). Slightly more than half of the sample was born in the U.S. (55.99%), while a majority of the other portion was born in the Philippines (39.48%), with a few being born in another country entirely (4.53%). Most of the parents' highest education level was a bachelor's degree (45.28%) and some college (29.87%). Finally, most families' annual income was $35,000–$75,000 (61.74%), with 5.03% being $20,000 or below, 23.48% being between $20,000-$35,000, and 9.72% being $75,000 and up.

III. Results

To begin the analysis, this paper compares the rates of self-reported depressive symptoms in Filipino-American respondents with those of all CILS respondents. Figure 4 visualizes the distribution of the frequency of depressive symptoms in the filtered Filipino-American CILS data; there is a general decrease in count with the increase in frequency (Figure 4). The percentage rates of these responses show that there is a trend of "Occasionally" and "Most of the time" responses generally being more frequent in the Filipino respondents with higher percentages (Appendix: Table 2, Table 3). The mean of the CES-D sum for Filipino respondents is 6.89, while for the total respondents, it is 5.38. A chi-squared test was used to determine if there is a significant difference between Filipino and all respondents. There was a statistically significant difference between Filipino and all respondents in the sum of the depressive symptom scores (p = 0.034), with p-values specifically being significant for the statements

49 Radloff, Lenore Sawyer. "The CES-D scale: A Self-Report Depression Scale for Research in the General Population." *Applied Psychological Measurement* 1, no. 3 (1977): 385–401.

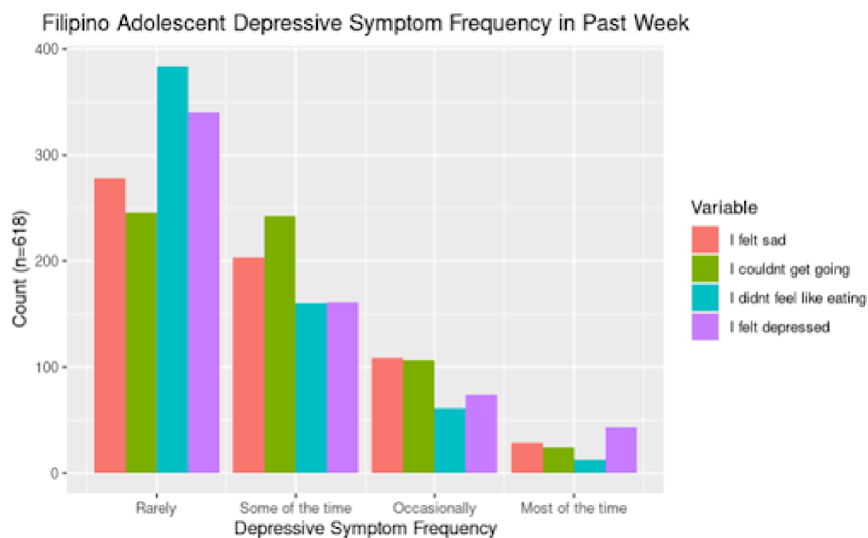

Figure 4: Frequency of self-reported Filipino adolescent depressive symptoms in the past week

"I felt sad" (p = 0.011) and "I could not get 'going'" (p = 0.001) (Appendix: Table 4). This is consistent with the literature that states that Filipino-American adolescents may generally have higher rates of depression compared to other groups.[50,51,52]

Additionally, consistent with previous research, there is a general trend of Filipino participants and their parents preferring the American way of doing things over their own culture more frequently; the rates for Filipino respondents are consistently higher for all "All of the time" and "Most of the time" rates and lower for "Never" rates, as compared to all participants (Appendix: Table 5). Table 5 also displays the results from chi square tests that reveal a significant difference between preference for the American of way doing things (p = 1.01E−15), their parents' preference for the American way of doing things (p = 2.84E−12), and how often the respondent got in trouble because their way of doing things differed from their parents (p = 0.0009) between Filipino and all respondents.

The next step of analysis was a series of bivariate correlation regression analyses in order to determine if there was a significant difference between the CES-D sum of the depressive symptom statements and intergenerational relationships and cultural identity variables. This paper used Spearman's rank correlation to analyze these relationships because the data is ordinal and a normal distribution is not assumed. First, variables relating to the concept of cultural inferiority, assimilation, and colonial mentality were assessed in relation to depressive symptoms (Appendix: Table 6). Significant associations with depressive symptoms were found in the factors of perception of if the American way of life weakens family (p = 0.004), and how proud the parent is of their country of birth (p = 0.010), with an almost significant positive correlation with the embarrassment of foreign-born parents (p = 0.065). Both significant variables had negative correlations. To further investigate, the relationship between a statistically significant positive correlation was found between how often the child prefers the American way of doing things and how often the parents prefer the American way of doing things (p = 2.2E−16).

After the first analysis, the relationship between variables affecting intergenerational parent-child relationships and depressive symptoms were analyzed. Significant associations with depressive symptoms were found for the frequency that children get in trouble with their parents for doing things differently (p = 5.59E−10), children's perception of how much their parents like them (p = 3.06E−07), how often parents and children argue about conflicting goals (p = 8.97E−11), the level of interest parents have in what their children say (p = 1.16E−08), families that like to spend time together (p = 0.001), closeness felt between family members (p = 1.03E−05),

50 Willgerodt and Thompson. "Ethnic and Generational Influences on Emotional Distress and Risk Behaviors among Chinese and Filipino American Adolescents."
51 Martinez et al. "Filipino Help-Seeking for Mental Health Problems and Associated Barriers and Facilitators: A Systematic Review."
52 David. "A Colonial Mentality Model of Depression for Filipino Americans."

and the child's perception of family togetherness being important (p = 0.001) (Appendix: Table 7). All of these statistically significant variables had negative correlations with depressive symptoms.

IV. Discussion

The intergenerational and cultural cultivation of the parent-child relationship, as well as the family, should be examined to understand the protective factors of depression in adolescents. First, with two of the ethnic identity and colonial mentality variables, the perception that the American life weakens the family, as well as the parents' pride for their country of birth both resulted in a significant negative correlation with CES-D scores of adolescent respondents. The categorical responses to the question regarding the American way of life weakening the family were assigned numerical values ranging from "agrees a lot" = 1 to "disagrees a lot" = 4. Parents' country pride was assigned numerical values ranging from "not at all" = 1 to "a lot" = 4. Meanwhile, the responses for depressive symptoms were assigned numerical variables ranging from "rarely" = 1 to "most of the time" = 4, meaning the higher the CES-D score, the more frequently the respondent is experiencing the symptoms. Thus, a negative correlation indicates that strongly disagreeing with the statement that the American way of life weakens the family is associated with lower CES-D scores, therefore decreasing frequencies of depressive symptoms. For how proud a parent is of their country of birth, a negative association implies that more parental pride for their birth country is associated with lower CES-D scores in their children, and vice versa for higher CES-D scores. Embarrassment of foreign-born parents showed a positive, but not statistically significant, correlation with CES-D scores, which would have indicated that less embarrassment, and potentially more understanding and acceptance of parental culture are associated with lower CES-D scores. Both parental pride for their country of birth and viewing the American way of life as strengthening the family are protective factors against depressive symptoms; they both emphasize a positive outlook on the child's view of their own ethnic identity, as both American and Filipino. These results demonstrate an acceptance of both identities within the household, which means there is less internalized conflict when it comes to one's identity.

Looking at the intergenerational factors from the parent-child relationship, the level of family cohesiveness was a significant factor in whether or not the child reported depressive symptoms. All three family factors were assigned numerical values ranging from responses of "Never" = 1 to "Always" = 5. Given the significant negative associations with each family variable, it can be concluded that family quality time, closeness, and togetherness are protective factors against the frequency of depressive symptoms.

Intergenerational conflict between parent and child was found to be a risk factor for depressive symptoms, while positive intergenerational relationships can be a potential protective factor. The variables of intergenerational conflict include how often the child gets in trouble with their parent for doing things differently ("All of the time" = 1 to "Never" = 4), the child's perception of whether their parents dislike them ("Very true" = 1 to "Not true at all" = 4), how often the parent and child argue about conflicting goals ("Very true" = 1 to "Not true at all" = 4), and the level of interest that parents have in what their child says ("Very true" = 1 to "Not true at all" = 4). Because a significant negative association was found with all four variables, this implies that lower CES-D scores were associated with the child not getting in trouble with parents for doing things differently as much, a positive perception of the relationship with their parents, less argument regarding conflicting goals, and a high interest that parents show in what their child says; these all indicate protective factors against the frequency of depressive symptoms in adolescent respondents.

It is surprising to note that the level of parent involvement in school during Wave I was not significantly associated with the development of depressive symptoms. However, this could be due to the level of involvement being limited to three parameters: belonging to a parent-teacher organization; attending meetings of a parent-teacher organization; and volunteering at school. Parent involvement can be defined by other factors external to this survey.

Vélez-Agosto's cultural microsystems model shows self at the very center of the model, with the home being next. Even with Bronfenbrenner's ecological theory, the family is the next innermost layer after the self. Home and family, however, as an individual interprets this, provide a foundational basis for an individual's values and culture. With the cultural microsystems model, that culture is an active, changing entity that exists in every

space one is in. From the results, having a supportive and cohesive home unit and acceptance of all aspects of one's cultural identity are associated with less frequent depressive symptoms. This allows one to move through the microsystems model with minimized conflict between values within spaces due to a solid foundation and the understanding that all cultures in each space will be the same.

There is a bias towards American culture and "way of doing things" over their ethnic culture (Table 5). Combining this developmental framework with David's colonial mentality model of depression, because of the heavy impression one's family values can have at a young age, it makes sense that if respondents' parents preferred American culture, then respondents would grow up to prefer the same. This alignment in cultural preferences can lead to less intergenerational conflict and, as seen by the results, less frequent depressive symptoms because respondents have one less stressor. However, it is important to note that CES-D scores also decreased in association with the increased pride that parent has for their country of birth. These results may imply that cultural and ethnic identity can be a protective factor if it does not cause intergenerational conflict. These frameworks provide the opportunity to examine these results both from a cultural and developmental perspective.

These findings partially supported the hypothesis of parent active involvement and presence in addition to an alignment in ethnic and cultural values acting as protective factors. Variables that could also align with "consistent presence" such as either parent being home when the children come home from school were not found to have a significant relationship. Parent active involvement can encapsulate multiple variables that were tested; their positive involvement in the family dynamic and actively listening to their child acted as protective factors, but parent-school involvement was not shown to be significantly associated with the outcome. Additionally, an alignment in ethnic and cultural values between parent and child was found to be a protective factor within their intergenerational relationship. In general, the well-being and mental health of Filipino-American adolescents is understudied. There is also little research done on the role of ethnic identity on immigrant children's development and mental health.

A. Strengths

The CILS data is one of the few datasets that disaggregated its data into ethnic subgroups. This allows for the analysis of data from smaller subgroups that may not receive as much attention, creating a gap in research. In a study with Filipino-, Chinese-, and Euro-American youth, Filipino-American adolescents reported significantly more depression than the other two groups.[53] This shows that a monolithic view and analysis of Asian Americans can be detrimental by masking disparities of the many sub-groups within the larger term. The study also surveyed both adolescents and their parents, as well as followed adolescents throughout major milestones in their lives (early adolescence, late adolescence, early adulthood), which is crucial for intergenerational research. The CILS data covered a wide range of topics that can be studied—from depressive symptoms to education outcomes—and the different variables that can affect both. This allows multiple variables, and the relationships between them, to be analyzed regarding adolescent development. Immigrants are also a specialized population, and Filipino-Americans even more so. Factors like ethnic identity and its relation to the development of identity and one's culture during their developmental years are understudied; this paper serves as a foundation to delve further into this research. Honing on their experiences through CILS and this paper brings to light disparities that may usually be left in the shadows.

B. Limitations

While the intergenerational connection between a parent and child as well as their respective ethnic identities are critical factors in the development of depressive symptoms, they are not the only factors. This paper only analyzes aspects within these relationships, but other confounding risk factors such as school or perception of peers can have the potential to increase the risk of developing depressive symptoms in adolescents. For example,

53 Willgerodt and Thompson. "Ethnic and Generational Influences on Emotional Distress and Risk Behaviors among Chinese and Filipino American Adolescents."

a Spearman correlation test conducted between CES-D score and whether the respondent had been discriminated against returned a significant negative association (p=0.02), indicating that exposure to discrimination may be a risk factor to developing more frequent depressive symptoms. Additionally, this paper does not take into account every protective factor from the CILS study, and the CILS study does not account for every possible factor due to the restraints of the survey. Confounding protective factors that can help to mitigate depressive symptoms can include support outside of the household from friends, teachers, or other mentor figures.

There are several populations that are excluded from the CILS study and this paper. This paper does not take into account the experiences of individuals who come from more than one ethnic or racial background and individuals living in households where more than one culture is practiced. There also may be a risk of loss to follow-up due to the longitudinal nature of the study and contingent on both child and parent taking the time to both understand and answer the surveys. This follow-up is also contingent on the adolescent still attending school. Recruitment for CILS was done in schools, which excludes youth who may have dropped out, did not attend, or are homeschooled—all of which may have a potential impact on the depressive outcomes studied. Because respondents were recruited from schools from Fort Lauderdale and San Diego, with a majority of the Filipino respondents being from San Diego schools, this sample is not representative of the national population and thus cannot be generalized to everyone.

Internalized bias may have also existed within the participants themselves. There may have been self-report bias when respondents reported their depressive symptoms and more. As mentioned by the Davis report, Filipino community members have mentioned that confidentiality is a major concern when it comes to reporting any mental health issues.[54] Respondents may have been concerned about the confidentiality of their responses, especially with how their parents may perceive their answers. Lastly, it is important to note that the analyses in this paper do not establish causality between depressive symptoms and these variables, but rather an association. This can serve as a foundation for future research through a randomized controlled trial, potentially of a parenting or cultural intervention, that can establish causality.

C. Future directions

Previous studies showed hypothetical models, models applied to other communities, or only observations. A future direction of research can involve how we can utilize culturally sensitive models to effectively analyze plausible interventions and ways to specifically support Filipino-American families and heal intergenerational trauma. Many of the aforementioned studies recommended outreach and mental health services tailored to Filipino culture and context.[55,56,57] This can be done by involving members of the community and integrating their voices into policies and decision-making that may affect them. The integration of community voices is key to creating any community-driven solutions. The UC Davis report also asked community members what community-defined solutions to improve mental health they would recommend. Some suggestions included familiarity with language and cultural norms, self-disclosure from providers, story-telling aspects, respect of privacy, and empowerment strategies for improved communication with providers and staff, with many responses having a significant emphasis on building trust.[58] Because most research done on Filipino-American mental health is recent, more work needs to be done to study the effectiveness of such interventions that are specifically tailored to this population in addressing these disparities.

Another future direction could be expanding the sample population so that it is more diverse and the results are more generalizable. As mentioned previously, the sample used in this paper was mainly limited to

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54 UC Davis Center for Reducing Health Disparities. "Filipino-American Voices: Community Narratives about Mental Health in Solano County."

55 David and Nadal. "The Colonial Context of Filipino American Immigrants' Psychological Experiences."

56 Flores. "Prevention of Filipino Youth Behavioral Health Disparities: Identifying Barriers and Facilitators to Participating in 'Incredible Years,' an Evidence-Based Parenting Intervention, Los Angeles, California, 2012."

57 UC Davis Center for Reducing Health Disparities. "Filipino-American Voices: Community Narratives about Mental Health in Solano County."

58 UC Davis Center for Reducing Health Disparities. "Filipino-American Voices: Community Narratives about Mental Health in Solano County."

Filipino-Americans in San Diego, with some in Fort Lauderdale. Because the participation in CILS was limited to these locations, further research will need to be done elsewhere to generalize these results to the rest of the Filipino-American immigrant population. An additional way to diversify the study sample would be to expand the recruitment criteria to other generations of immigrant families. CILS only focused on second-generation children, but it would be fruitful for future research to explore the similarities and differences between first-, second-, and third-generation adolescents as they all may have unique experiences and outlooks. Casting a wider, randomized net for recruitment would enable any results from the analysis of the data to be more applicable to a wider population.

Furthermore, another potential path of research could explore whether there is a relationship between immigrant parents' depressive symptoms, their preference for either American or their ethnic culture, and their child's depressive symptoms. This can explore intergenerational trends of depression and factors of colonial mentality to solidify whether acculturation is a risk or protective factor. Lastly, there needs to be a disaggregation of data when it comes to health surveys and interviews in order to promote future research of not only Filipinos, but also other ethnic subgroups that can often be overshadowed by a larger monolithic category. Minority health research is key to highlighting hidden disparities and exploring potential sources in order to mitigate and prevent them.

V. Conclusion

Because there is limited disaggregated research, it is important to advocate for research focused on ethnic subgroups and other minoritized communities. Within these populations, if there is no research on health outcomes specific to them, there is no evidence of how to best support these communities. This paper seeks to advocate for culturally sensitive mental health interventions in the Filipino-American community. With developing interventions, it is important to note that someone's mental illness does not define their whole identity; people are much more than that. There is still more to be done and other protective factors that are yet to be determined and emphasized in future interventions. This paper serves as a foundation for future research to build off in order to bring these disparities to light and strive towards the goal of taking care of the communities around us.

VI. Appendix

Table 1. Filtered CILS Sample Participant Demographic Characteristics

Characteristic	Count (n = 618)	Percentage (%)
Wave II School Year		
9th Grade	3	0.48
10th Grade	4	0.65
11th Grade	267	43.20
12th Grade	341	55.18
College Freshman	2	0.32
Sex		
Male	307	49.68
Female	311	50.32
Country of Birth		
United States	346	55.99
Philippines	244	39.48
Other	28	4.53
Parent Education Level	n = 318	
Less Than High School	14	4.40

Characteristic	Count (n = 618)	Percentage (%)
High School	39	12.26
Some College	95	29.87
Associate Degree	18	5.66
Bachelor's Degree	144	45.28
Professional Degree (Master's, PhD, MD, JD, etc.)	8	2.51
Annual Family Income	n = 298	
\$0–\$9,999	4	1.34
\$10,000–\$19,999	11	3.69
\$20,000–\$24,999	17	5.70
\$25,000–\$34,999	53	17.78
\$35,000–\$49,999	92	30.87
\$50,000–\$74,999	92	30.87
\$75,000–\$99,999	24	8.05
\$100,000–\$199,999	5	1.67

Source: Children of Immigrants Longitudinal Study, 1992

Table 2. Depressive Symptom Responses from Filipino-American Respondents in CILS

	Rarely (less than once a week)	Some of the Time (1 or 2 days a week)	Occasionally (3 or 4 days a week)	Most of the Time (5 to 7 days a week)
I felt sad.	44.98%	32.85%	17.64%	4.53%
I could not get "going."	39.80%	39.16%	17.15%	3.88%
I did not feel like eating; my appetite was poor.	62.13%	25.89%	9.87%	2.10%
I felt depressed.	55.02%	26.05%	11.97%	6.96%

Source: Children of Immigrants Longitudinal Study, 1992

Table 3. Depressive Symptom Responses from All Respondents in CILS

	Rarely (less than once a week)	Some of the Time (1 or 2 days a week)	Occasionally (3 or 4 days a week)	Most of the Time (5 to 7 days a week)
I felt sad.	40.17%	26.39%	10.72%	3.74%
I could not get "going."	37.42%	29.23%	11.04%	3.13%
I did not feel like eating; my appetite was poor.	51.48%	19.38%	7.41%	2.62%
I felt depressed.	46.50%	20.77%	9.03%	4.56%

Source: Children of Immigrants Longitudinal Study, 1992

Table 4. Pearson Chi-Square Test Results Comparing Depressive Symptom Responses between Filipino and All Participants for Each Screening Statement in Wave II (df = 3)

	X^2	p-value
I felt sad.	11.18	0.011
I could not get "going."	15.42	0.001
I did not feel like eating; my appetite was poor.	3.03	0.386
I felt depressed.	2.96	0.397
Sum of Symptoms	27.71	0.034

Table 5. Rates of Responses to Preferences of American Way of Doing Things with Results from Chi-Square Test Results Comparing Filipino and All Participants in Wave II (df = 3)

	All of the Time (%)	Most of the Time (%)	Sometimes (%)	Never (%)	X^2	p-value
Respondent preference for American ways of doing things	Filipino: 6.4 All: 6.0	Filipino: 45.6 All: 33.6	Filipino: 46.6 All: 55.6	Filipino: 1.1 All: 4.7	72.9	1.01e-15
Parent preference for American ways of doing things	Filipino: 4.7 All: 3.5	Filipino: 25.9 All: 19.3	Filipino: 62.6 All: 62.9	Filipino: 6.6 All: 14.3	56.8	2.84e-12
How often respondent got in trouble because their way of doing things is different from parents	Filipino: 9.4 All: 6.9	Filipino: 19.7 All: 16.2	Filipino: 39.9 All: 41.7	Filipino: 30.9 All: 35.1	16.5	0.0009

Source: Children of Immigrants Longitudinal Study, 1992

Table 6. Results of Spearman's Rank Correlation Test to Assess the Relationship between Depressive Symptoms and Factors Relating to Ethnic Identity and Colonial Mentality

	Rho (ρ)	p-value	Correlation Type (for $p < 0.05$)
Embarrassed of foreign-born parents	0.074	0.065	-
Importance of ethnic self-identity	0.061	0.129	-
Perception of if the American way of life weakens family	-0.114	0.004	Negative
Perception of if there is no better country than the U.S.	0.038	0.349	-
Preference of American ways	0.004	0.926	-
Parents preference of American ways	0.051	0.202	-
How proud parent is of country of birth	-0.143	0.010	Negative
How important it is for parents' child to know about their country of birth	-0.063	0.2574	-
How often parent talks to child about their country of birth	-0.074	0.184	-
Whether parent wants to raise child according to American or ethnic customs	-0.069	0.215	-

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