The Colonial Context of Filipino American Immigrants’ Psychological Experiences

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Because of the long colonial history of Filipinos and the highly Americanized climate of post-colonial Philippines, many scholars from various disciplines have speculated that colonialism and its legacies may play major roles in Filipino emigration to the United States. However, there are no known empirical studies in psychology that specifically investigate whether colonialism and its effects have influenced the psychological experiences of Filipino American immigrants prior to their arrival in the United States. Further, there is no existing empirical study that specifically investigates the extent to which colonialism and its legacies continue to influence Filipino American immigrants’ mental health. Thus, using interviews (N = 6) and surveys (N = 219) with Filipino American immigrants, two studies found that colonialism and its consequences are important factors to consider when conceptualizing the psychological experiences of Filipino American immigrants. Specifically, the findings suggest that (a) Filipino American immigrants experienced ethnic and cultural denigration in the Philippines prior to their U.S. arrival, (b) ethnic and cultural denigration in the Philippines and in the United States may lead to the development of colonial mentality (CM), and (c) that CM may have negative mental health consequences among Filipino American immigrants. The two studies’ findings suggest that the Filipino American immigration experience cannot be completely captured by the voluntary immigrant narrative, as they provide empirical support to the notion that the Filipino American immigration experience needs to be understood in the context of colonialism and its most insidious psychological legacy—CM.

Keywords: Filipino Americans, immigrants, colonial mentality, internalized oppression, mental health

Filipinos have one of the longest histories of immigration to the United States, dating back to 1587 when Filipino slaves aboard Spanish galleon ships landed in what is now known as Morro Bay, California—making Filipinos the first Asians on U.S. soil (Cordova, 1983). The first Asian settlement in the United States was also established by Filipino immigrants—escapees from Spanish galleon ships—in New Orleans, Louisiana, in 1763 (Espina, 1988). These early settlements were very small, however, and thus they do not account for the large numbers of Filipinos in the country today. Indeed, the 2010 Census reported that there are currently 3.4 million Filipinos in the United States, 1.7 million of whom are foreign born, making them the third largest Asian immigrant group next to Mexicans and Chinese (Hoeffel, Rastogi, Kim, & Shahid, 2012).

The more recent (beginning circa early 1900s) influx of Filipino immigrants into the United States can be traced back to when the Philippines became an American territory in 1898. Because they were regarded as U.S. nationals during this time, Filipinos were able to easily enter the United States, and they primarily resided and worked in the western states of Hawaii, California, Oregon, Washington, and Alaska (Cordova, 1983). A group of Filipino students, called pensionados, were also sent by the United States to study in American universities during the early 1900s, with the intention that these scholars would take what they learned from American institutions and apply them in governing and leading the Philippines when they returned home (Espiritu, 2003). The American colonial period was also when American teachers and school administrators were sent to the Philippines to inculcate Filipinos with ideas of American superiority, civilization, and worldviews that contributed to the large-scale migration of Filipinos to the United States in the early 1900s (e.g., Espiritu, 2003; Ignacio, de la Cruz, Emmanuel, & Toribio, 2004; Strobel, 2001). Indeed, according to noted sociologist Antonio Pido (1997),

Availability of educational opportunities in addition to information and propaganda about America as the land of milk and honey . . . resulted in higher or different expectations for a coming generation of Filipinos. Many no longer wanted to make a living from the land as their parents did. . . . In addition to having a different occupational outlook, this generation of Filipinos also had different lifestyle expectations. They were becoming oriented as consumers toward Amer-
Decades after American colonial rule formally ended in 1946, the legacies of American colonialism are still strongly felt in modern-day Philippines. For example, English continues to be the primary language used for school instruction, formal government businesses, and other important communications (e.g., courts, business, science). It has been speculated that such practices send the message that English is the language of the educated and the civilized, and thus better than indigenous Filipino languages (e.g., David, 2011; Strobel, 2001). The maintenance of American military bases in the Philippines until 1992 and the continued presence of American soldiers in the Philippines to train Filipino soldiers has also been argued to be sending the message that Filipinos cannot adequately protect their country and thus are still dependent on the United States for protection (e.g., David, 2011; Ignacio et al., 2004). The continued regard for lighter-skinned people as more attractive is also argued to send the message that natural Filipino physical characteristics are not as desirable as European physical traits (e.g., David & Okazaki, 2006a; Root, 1997; Strobel, 2001). Indeed, the abundance of skin-whitening creams, skin-bleaching products, and skin-lightening clinics throughout the Philippines (e.g., Bergano & Bergano-Kinney, 1997; David, 2011; Strobel, 2001) is evidence that the masses may have fully accepted this Western-centric standard for what is beautiful and desirable. The continued discrimination against, and low regard for, non-Christian, non-English-proficient, and non-Westernized Filipinos is also argued to send the message that the more Western or American you look, think, and behave, the better off and more accepted you will be (e.g., David, 2011). These inferiorizing messages that are still being propagated and that are still highly ubiquitous in contemporary Philippines have their roots in colonial times. Thus, the large annual numbers of Filipinos coming into the United States is not surprising, because many Filipinos may already have a grandiose perception of America—a perception that has been shaped by centuries of colonialism and a highly Americanized postcolonial climate. As political scientist Rodriguez (1997) stated,

Colonialism (and its legacies) has fostered a perception that . . . the standard of living . . . in the U.S. is the mark of a highly sophisticated society (and culture) . . . Adults dream of going to the U.S. as if longing to be reunited with a long-lost parent. . . . Children dream of becoming Americans in the hope that they will finally be able to live in Disney’s Kingdom. . . . For many Filipinos, coming to America means the fulfillment of a lifelong dream. (pp. 317–318)

This brief account of Filipino history reveals that Filipinos’ earliest ventures into what is now known as the United States was due to (Spanish) colonialism. The history also suggests that the more recent large-scale migration of Filipinos to the United States may be influenced by American colonialism and its legacies (i.e., highly Americanized postcolonial Philippines). Such a colonial history is the main reason that ethnic studies scholar Yen Le Espiritu (2003) argued that the Filipino American experience cannot be understood in the typical “voluntary immigrant” narrative, because ever since the first Filipino in the United States (aboard Spanish ships), to the early 1900s (U.S. colonialism), until now (colonial mentality [CM]), Filipino immigration has been influenced by colonialism and its legacies. Thus, the voluntary immigrant narrative, wherein individuals choose to leave their home countries for better opportunities in America, and wherein “their presence in the U.S. (is not) forced upon them by the U.S. government or by white Americans” (Ogbu & Simons, 1998, p. 164), may not be completely accurate for the Filipino experience, because their “mentality” may have already been shaped by centuries of colonialism in a way that reflects a rejection of anything Filipino and preference for anything American. Furthermore, the typical immigration paradigm in psychology—wherein acculturation and the stress associated with it (acculturative stress such as racism) are assumed to begin when immigrants move to the United States—may be incomplete, especially for Filipinos with their extensive colonial history, because the process of acculturation may have already begun for Filipino immigrants in their home country.

To this end, this article empirically examines the extent to which Filipinos’ immigration and psychological experiences are influenced by colonialism, its legacies, and contemporary experiences of acculturative stress. More specifically, this article will present two studies that investigated how CM (a colonial legacy) may shape Filipino immigrants’ perception of the Philippines and the United States prior to emigration, and how contemporary oppression (an acculturative stressor) in the United States may continue to reinforce inferiorizing views about the Filipino ethnicity and culture, both of which may influence Filipino immigrants’ mental health. Before presenting the studies, we first provide an overview of CM and how it may influence the psychological experiences and mental health of Filipino American immigrants.

**CM Among Filipino Americans**

What is perhaps the most insidious psychological legacy of colonialism is CM. CM among Filipino Americans has been defined as a specific form of internalized oppression that is “characterized by a perception of ethnic or cultural inferiority” that “involves an automatic and uncritical rejection of anything Filipino and an automatic and uncritical preference for anything American” (David & Okazaki, 2006a, p. 241). Internalized oppression is a salient experience among many members of various historically and contemporarily oppressed groups (e.g., African Americans, American Indians, Latinos/as, Jewish Holocaust survivors; David, 2009), and is a phenomenon that has been briefly defined as a form of self-hate “in which the oppressed individuals and groups come to believe that they are inferior to those in power” (David & Okazaki, 2006a, pp. 2–3). Although the term “internalized oppression” is what is often used in the scientific and scholarly literature, we will use the term “colonial mentality,” or CM, in this article because internalized oppression among this population is believed to have begun during colonial times, and it is the term often used in the Filipino and Filipino American community, and thus the term many Filipinos and Filipino Americans may be more familiar with (David & Okazaki, 2006a).

Among Filipinos and Filipino Americans, CM may be manifested by (a) feeling inferior for being Filipino, (b) feeling ashamed or embarrassed of the Filipino ethnicity and culture, (c) regarding Filipino physical traits as less attractive than European physical traits, (d) discriminating against non- or less-Westernized Filipinos, and (e) tolerance and acceptance of contemporary op-
pression (David & Okazaki, 2006b). In terms of its psychological impact, CM seems to be related to ethnic identity, personal and collective self-esteem, enculturation, and assimilation among Filipino Americans (David, 2008, 2010a; David & Okazaki, 2006b, 2010), suggesting that the psychological experiences of this ethnic group are influenced by colonialism and its legacies. However, although CM has been documented to influence the psychology of Filipino Americans in general, no known study has specifically focused on the possible psychological influences of CM among Filipino American immigrants.

It is important to note, at this point, that CM is conceptualized as an individual-differences variable whose existence and strength within Filipinos and Filipino Americans may greatly vary (David & Okazaki, 2006a, 2006b, 2010). Although many Filipinos and Filipino Americans are argued to have internalized the historical and contemporary oppression they have faced, not all Filipinos and Filipino Americans may hold CM. This may be especially true for many of the Muslim Filipinos in the southern Philippine island group of Mindanao, who have been resisting colonization and westernization ever since the beginning of Spanish occupation. The same can be said about the numerous existing indigenous tribes in modern day Philippines, such as the Igorot, Hugao, Negrito, Bagobo, Kalinga, and Tboli tribes, among many others, who continue to survive and thrive by living their lives in accordance to indigenous ways. Indeed, internalizing one's experiences of oppression is only one way in which one can respond to oppression.

However, although the existence and strength of CM may vary among Filipino Americans, many scholars (e.g., Bergano & Bergano-Kinney, 1997; David, 2011; David & Okazaki, 2010) have nonetheless estimated through varying methods (e.g., surveys, interviews, experiments) that CM is prevalent among members of this ethnic group—immigrant or not. Historian Fred Cordova (1983) argued that colonialism and the accompanying cultural disintegration have contributed to the ever-present Filipino ethnic/cultural identity crisis—confusion as to what constitutes an authentic Filipino culture and identity. Such an identity crisis is believed to lead Filipino Americans toward the conclusion that there is no authentic Filipino culture and identity that one can be proud of, and thus may lead to the perception of inferiority toward anything Filipino, or CM (David, 2011; David & Okazaki, 2006a).

Lott (1976), a sociologist, also discussed the common presence of CM among contemporary Filipinos in America, which she attributed to the continued oppression of this group within the United States and the likelihood that immigrant Filipinos may have brought such a condition with them from the highly Americanized postcolonial Philippines. However, despite these theoretical arguments from other disciplines, there is no empirical study in psychology to date, that investigates the extent to which Filipino American immigrants received inferiorizing messages about the Filipino ethnicity and culture in the Philippines, which makes it possible that they hold CM when they immigrate to the United States.

**Filipino American Mental Health**

Although Filipino American psychology research is relatively sparse, there is available literature suggesting that they are facing several alarming issues. For instance, the Centers for Disease Control and Prevention reported that 45.6% of Filipina American adolescents have suicidal ideation—the highest rate among all ethnic groups (Agbayani-Siewart & Enrile, 2003; Wolf, 1997). Using clinician ratings, Kim and Chun (1993) also found a depression rate of 13.6% among Filipino American youths, a rate higher than other Asian American female adolescents. Among Filipino American adults, a study using the Center of Epidemiological Studies–Depression Scale (CES-D; Radloff, 1977) found a higher rate of depression for this group than for White Americans (Kuo, 1984). A study by Tompar-Tiu and Sustento-Seneriches (1995) among Filipino American adults, also using the CES-D, revealed a depression rate (27.3%) that was higher than rates often reported for the general U.S. population. More recently, using the CES-D on separate national samples of Filipino Americans, similarly high depression rates (30.0%, David & Okazaki, 2006b; 29.8%, David, 2008) were also found for this group.

There are several factors that may play a role in Filipino American mental health. Among American ethnic minorities in general, the literature suggests that constructs that are salient to minorities (e.g., ethnic identity, collective self-esteem, acculturation) are related to their mental health. However, for Filipinos and other groups with histories of colonialism and oppression, a mental health model that includes the effects of historical and contemporary oppression may be a more complete conceptualization of their mental health. Indeed, ethnic identity, self-esteem, and acculturation are all influenced by larger sociopolitical factors (e.g., Berry, 2003; Phinney, 2003), and one such sociopolitical factor is colonialism or oppression. Thus, CM may influence mental-health-related cultural variables. Given that high rates of depression are among the most pressing mental health issues faced by Filipino Americans, David (2008) tested a model of depression symptoms that included CM versus a model that did not include CM using structural equation modeling, finding that the CM model better captured Filipino Americans’ experience of depression, that the CM model accounted for 62.4% of the variance in depression, and that CM had a direct effect on depression symptoms, even after controlling for the effects of ethnic identity, self-esteem, and acculturation on depression. Thus, CM—a legacy of colonialism—seems to be an important factor to consider in terms of Filipino American mental health.

Following this logic for Filipino American immigrants, it is possible that CM is also an important contributing factor to their mental health in addition to other constructs known to predict immigrants’ mental health, such as socioeconomic status (e.g., Cuellar & Roberts, 1997; Guerrero, Hishinuma, Andrade, Nishimura, & Cunanan, 2006; Mossakowski, 2007) and acculturative stress (e.g., racial discrimination; e.g., Espiritu & Wolf, 2001; Finch, Kolody, & Vega, 2000; Gee, Delva, & Takeuchi, 2007; Gee, Spencer, Chen, & Takeuchi, 2007; Gee, Spencer, Chen, & Takeuchi, 2007; Gee, Spencer, Chen, & Takeuchi, 2007; Mossakowski, 2003; Takeuchi, Chun, Gong, & Shen, 2002; Shen & Takeuchi, 2001). However, no study has specifically focused on how CM may influence Filipino American immigrants’ mental health, and thus there is currently no empirical support to the notion that Filipino American immigrants’ psychological experiences need to be understood in the context of colonialism and its legacies.
Overview of Research and Associated Hypotheses

In general, it was hypothesized that results from a mixed-method approach would support the notion that the Filipino immigrant experience cannot be completely understood outside the context of colonialism and its legacies. Given the abundance of scholarly speculations that Filipino American immigrants’ experiences of ethnic and cultural denigration began in the Philippines before immigration (e.g., David, 2011; Lott, 1976; Pido, 1997), the current article attempts to provide some initial empirical support for such suppositions (Study 1). Further, the current article also attempts to empirically explore whether CM is a significant factor to consider when conceptualizing the mental health of Filipino American immigrants (Study 2), with the specific hypotheses that many Filipino American immigrants will express CM manifestations, and that CM will predict variance in depression symptoms above and beyond the contributions of previously studied variables known to predict depression, such as status variables (i.e., educational attainment and income) and acculturative stress (i.e., experiences of racism).

Study 1: Exploratory Pilot Study

As a pilot study, we aimed to gather initial empirical evidence supporting the speculations that Filipino American immigrants experienced ethnic and cultural denigration while they were still in the Philippines, and if these experiences possibly influenced their mental health. We first used a qualitative approach in order to capture Filipino American immigrants’ lived experiences and personal perceptions of CM. Using an existing data set, which focused on Filipino American ethnic identity development, a qualitative secondary analysis (QSA) was done to investigate Filipino American immigrants’ experiences with CM. Authors cite QSA as a standard and useful method because it allows researchers to investigate different variables from previous data (Gladstone, Volpe, & Boydell, 2007), as long as researchers are conscious of its limitations (e.g., avoiding the “reuse” of data; Heaton, 2008). We hypothesized that CM would be a salient theme in Filipino American immigrants’ perceptions of ethnic identity, even though the aim of the study from which the data set was derived did not focus explicitly on the concept of CM. The following exploratory research questions were employed:

1. What messages have Filipino American immigrants learned about CM?
2. How does CM affect Filipino American immigrants’ lives?

Method

Qualitative research team. The team was comprised of six individuals (four females) who are all Filipino Americans (two first-generation). The second author, who has 12 years of qualitative research experience, was the principal investigator of the qualitative research team. The other team members include one undergraduate student and four individuals with bachelor’s degrees in various fields.

Before creating research materials and collecting and analyzing data, the principal investigator trained the other members on qualitative methods, including consensual qualitative research (Hill et al., 2005) and directed content analysis (Hsieh & Shannon, 2005). Next, the research team discussed their assumptions about Filipino Americans experiences, including topics such as CM, ethnic identity, and phenotype. Openly identifying personal biases is a standard practice in qualitative research, as it allows both the researchers and potential readers to evaluate the extent to which researcher biases influence study design and interpretation of results (Hill et al., 2005). Team members described their own experiences as Filipino Americans and collectively agreed to minimize biases; they also openly discussed being mindful of power dynamics that may influence the data analysis.

Procedures and participants. Participants were recruited in various ways. E-mail calls for participation were sent to various Filipino American organizations (e.g., Filipino American professional, cultural, and political groups) and flyers were posted on social networking sites. A snowball sampling method was also employed; researchers encouraged participants to advertise the study to their friends and relatives. Five members of the research team conducted one-on-one interviews with the participants. All interviews were audiotaped and transcribed verbatim by the interviewer.

Although the larger data set of interviews with Filipino Americans included 19 participants, there were only six participants who identified as first generation. Thus, only these six interviews were analyzed for the purpose of the current study. Of these six, there were two women and four men, and the average age was 29.67 years ($SD = 6.05$). Two participants immigrated as adults and four immigrated as older children or adolescents. Three participants identified as middle class, two as lower middle class, and one as upper middle class. The generalizability of our small sample size and our dependence on retrospective accounts are discussed in the Limitations section.

Measures. Based on a model of ethnic identity development for Filipino Americans (Nadal, 2004, 2011), the research team created a semistructured interview guide to examine, which included the following elements: how Filipino Americans identified racially or ethnically; how individuals perceived or interacted with other Filipino Americans; how individuals perceived or interacted with other racial groups; and how participants were treated by others as a result of their ethnicity or phenotype. This interview guide included questions like, “When asked about your race or ethnicity, how would you describe yourself?”; “How do you feel about Filipino immigrants?”; and “How do you feel about American-born Filipinos?” Facilitators used this document as a guide, utilizing different follow-up questions to clarify or elicit further responses from participants.

Qualitative data analysis. Each transcript was analyzed using the guidelines of consensual qualitative research (Hill et al., 2005). Each of the five research team members read all transcripts, and the group conferred on an initial list of domains that described the patterns in the data. These domains included “Influences of Colonial Mentality,” “Influences of Immigration Status,” and others. Next, in order to minimize bias, each analyst read each transcript independently, coding each statement into one of the six domains and the respective subdomains. The group came together again to (a) collectively decide upon fitting themes under each domain, and (b) jointly determine appropriate quotes for each of these themes. When there were discrepancies, the team discussed
the statement(s) in question and reached consensus about the most appropriate code. As previously agreed upon, team members discussed how group dynamics might potentially influence analysis and consensus. To further minimize bias, an external auditor was then utilized to review the group’s work; this auditor, who has conducted extensive work with Filipino Americans, was able to provide a fresh perspective and minimize bias, as he worked independently from the group and could avoid group dynamics and group conformity. The auditor approved the team’s work with minimal revisions, and the team reconvened to choose the most suitable or thoughtful quotations that fit each theme.

**Results**

It is noteworthy that although the larger study from which this data set was derived did not specifically ask participants about CM, a strong theme about CM and its influences on Filipino American ethnic identity emerged, suggesting that CM is a salient construct among Filipino American immigrants. This Influence of Colonial Mentality domain will be the only domain presented here because this article has a specific focus on Filipino American immigrants’ experiences with CM. Other domains from the larger data set will be described in future articles.

Under the Influence of Colonial Mentality domain, several themes were found: (a) influence of CM on skin color and body image; (b) influence of CM on language; (c) influence of CM on assimilation; and (d) influence of CM on mental health and self-esteem. Below, we discuss each theme in detail, with some representative passages from the interviews. Any identifying information was deleted and pseudonyms are used in the following quotes.

**Theme 1: Influence of CM on skin color and body image.**

Many participants described the influence that CM has had on their own perceptions of their skin color and body image. Some described how they learned many denigrating messages from their families and other community members, particularly regarding how being Filipino (or brown) is inferior to being White. Jonathan, a 35-year-old male, shared, “I hear something like . . . ‘Oh, you have to meet a puti [White person], so you can further the race . . . no, improve the race.’ I’ve been told that. I was told when I was (younger), a lot, by family members.”

Some participants also shared how being perceived as mixed race or mestizo (a tagalog word for a light-skinned or mixed-race person) was much more desirable than being darker skinned. Lawrence, a 26-year-old male shared,

Well, when meeting other people I guess, I tend to say I’m mixed because it’s kind of a [giggles] a desirable trait. And I look mixed so people believe it. Yeah, definitely when I meet people I say that I’m mixed a lot because they say, ‘Oh! He’s exotic, he’s mixed.’

The sentiment of wanting to be perceived as mixed-race or mestizo has been described in previous literature; in fact, it is common for many Filipino Americans to describe themselves as Spanish, Hawaiian, or Chinese before claiming their true Filipino identities (Nadal, 2011).

**Theme 2: Influence of CM on language.**

It also appears that CM may manifest through the promotion of the English language in Philippine schools. Mark, who attended elementary school in the Philippines, shared,

My school was a little bit . . . hypocritical, our school. Because we were being taught to be Filipino, but at the same time we were required to speak English at the same time. Because if we spoke Filipino we were actually fined.

At the same time, Jonathan described how his family taught him that learning English was more important than retaining his native language. He shares,

I lost my language, Tagalog. I knew it as a boy, and then within a year it was gone. My mom thought I should practice my English, so she spoke to me in English at home. And after a year it was gone. And then I played sports, played music, whatever, I was relatively social. For me to fit in, or feel like I fit in, I needed to sort of wipe away any kind of ethnic mark that I had, or any background I may have had in the past.

Although many individuals from various American immigrant groups may try to assimilate by not teaching their children their native languages, it is evident that even Filipinos in the Philippines may devalue the use of indigenous languages in their homeland. Thus, when Filipino immigrants migrate to the United States, they may have already regarded English as a superior language.

**Theme 3: Influence of CM on assimilation.**

Many participants described how they have learned to become as Americanized as possible in order to be accepted and succeed, even in the Philippines. In fact, several participants described how they noticed that American culture is promoted heavily in the Philippines. For instance, Maritess, a 28-year-old Filipina American immigrant, described how it is hard for her to stay in touch with the Filipino culture as she revealed, “When I get the chance, I watch TFC [The Filipino Channel], but I could only get so much because now I see that Philippines is getting more and more Americanized in a way. [It’s] kinda sad.” Similarly, Jackie, a 27-year-old, first-generation immigrant stated, “In the Philippines, I watched American shows in English.”

A few participants described how they are frustrated that Filipino immigrants tend to let go of their cultural heritage upon arriving in the United States. Earl, a 39-year-old immigrant male, stated,

I am mad about first-generation Filipinos who raise their children without incorporating the Filipino-ness . . . They should incorporate a lot of being Filipino when they’re raising children; the culture, the food, language, and all the other things. Because I’ve found that second-generation Filipinos gravitate more toward the dominant culture—their lifestyle, their behavior . . . I don’t agree with Filipinos when they say that they’ve forgotten their culture. Because once you’ve been in that culture, you can never, ever forget that culture. So I don’t agree when people say, “it’s been too long,” no. That’s not true at all.

Based on these three perspectives, it seems that some Filipino American immigrants (like people in Earl’s family and social circles) are willing to assimilate. However, based on Maritess’s and Jackie’s perspectives, this trend may be due to the fact that the media and culture in the Philippines already glorifies American culture and ways of life.

**Theme 4: Influence of CM on identity and well-being.**

Finally, participants described how CM may have affected their own well-being, or their perceptions of others’ ethnic identity as it may relate to well-being. Jonathan described how being exposed to
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American or Americanized media in the Philippines has influenced how he perceived himself. He shared, “I just remember as a kid, I would look at the TV, and I saw Western TV shows, and I said, ‘I look like that.’ I remember thinking that. I remember identifying with that, with like a Caucasian kid.” He later went on to describe how many Filipinos may have difficulty identifying with their ethnic identity because of the strong influence of CM in the Philippine media.

On the other hand, Marites stated how she felt about many Filipino American immigrants in her life who deny their identity:

> So it’s kinda sad and frustrating. I’ve known … some Filipino friends, they forget where they’re from and they try to be someone, something they’re not. It’s really … it’s heartbreaking and it’s frustrating because like, how can you not be proud of who you are?

Jonathan shared similar sentiments about other Filipinos:

> [Many] Filipino Americans … they’ll openly make fun of themselves, or make fun of Filipinos, or other Asians even, to a group of White folks. People who aren’t like them, White or not. For that reason, maybe they want to please them—I don’t really know honestly the direct reasons, but it just pains me to see that.

Both of these participants are able to recognize how Filipinos may self-denigrate in order to fit into the dominant, American culture, a common occurrence that has been described in previous literature (see David & Okazaki, 2006a). Although these quotes do not directly and explicitly identify the possible mental health effects of CM, it appears that both participants recognize that denigrating one’s own culture may have a negative impact on one’s self-esteem, one’s identity as a Filipino, and, potentially, one’s mental health. When one does not think highly of themselves or their cultural background, it is possible that one has learned to see oneself as inferior or inadequate.

**Study 2: CM and Mental Health Among Filipino American Immigrants**

Based on the qualitative results from Study 1, it seems possible that Filipino American immigrants received inferiorizing messages about the Filipino ethnicity and culture while they were still in the Philippines, consistent with scholarly speculations (e.g., David, 2011), and suggesting that Filipino American immigrants experienced ethnic and cultural denigration long before their arrival in the United States, which may influence their mental health. The Study 1 findings, therefore, provide initial support to the notion that Filipino American immigrants’ psychological experiences cannot be understood outside the context of colonialism and its legacies. However, given the small sample size of Study 1, it is not clear how common it is for Filipino American immigrants to be exposed to CM in the Philippines, nor is it clear if such an exposure is related to the development of CM. Furthermore, it is not clear from Study 1 how CM is reinforced once Filipinos begin their lives in the United States, and to what extent CM plays a role in the mental health of Filipino American immigrants. Thus, we conducted another study to explore (a) the prevalence of such a CM exposure in the Philippines, (b) if such exposure is related to CM, (c) if Filipino American immigrants continue to be affected by CM after arriving in the United States, and (d) if CM is a significant factor to consider when conceptualizing the mental health of Filipino American immigrants.

**Method**

**Procedures and participants.** A larger study on “Filipino American Psychology” was advertised through Filipino student and community organizations, and we encouraged snowballing. We screened interested persons for two criteria: They needed (a) to be at least18 years old, (b) to self-identify as Filipino, and (c) to self-report proficiency in the English language. Sixty-six percent of Asian and Pacific Islanders live in a home with computers and Internet access, the highest among all racial groups (Newburger, 2001). Because of such statistics and the difficulty of collecting national data from Filipino Americans, we made the survey available online. Qualified persons received the Web address and password to access the survey. Upon logging in, they were screened again by the survey, which was designed so that persons who did not satisfy the criteria were not able to continue. Those who were eligible were taken to the consent page, where they had to click on the “I Agree” button before completing the survey. Recent investigations of Web-based studies have shown that this method generates samples and results that are of comparable quality to those obtained by traditional methods (Gosling, Vazire, Srivastava, & John, 2004; Kraut et al., 2004). In addition, Web-based methods have been successfully used in previous studies with Filipino American samples (e.g., David, 2008, 2010a; David & Okazaki, 2006b).

From the larger data set of 605 Filipino American participants, we extracted 219 participants (133 females) who indicated that they were born in the Philippines (first generation) for our current sample. The average age of the immigrant sample was 33.74 years ($SD = 13.20$; range = 18 to 54), and their average age at immigration was 13.31 years ($SD = 10.57$; range of 6 to 46). West Coast participants composed 46.8% of the sample, 27.8% were from the East Coast, and the rest were from the Midwest. Fifty-seven percent were single, 36.8% were married, and the rest were divorced, separated, widowed, or “other.” The sample was highly educated, as 74.8% reported having a college degree or higher. This is consistent with what is known about Filipino American immigrants and is often attributed to the 1965 Immigration Act that preferred educated professionals (Pido, 1997). Inconsistent with their level of education, however, is that only 47.2% of the sample had annual incomes above $40,000. This sample characteristic is consistent with previous reports that Filipino Americans have the lowest socioeconomic return (income), based on educational level across all racial groups (e.g., Okamura & Agbayani, 1997).

**Measures.**

**Exposure vignettes.** To measure the extent to which participants were exposed to CM while they were still in the Philippines, five narratives based on previous reports of CM manifestations (e.g., Revilla, 1997; Strobel, 2001), similar to those presented in Study 1, were included in Study 2. For example, one vignette described how a Filipino was discriminated against and was perceived to be less intelligent because he was not able to speak English well and without an accent, whereas another vignette described a Filipina’s experiences of being pressured to have lighter skin, marry a White man, and have White children. Similar

[57x80]by CM after arriving in the United States, and (d) if CM is a

[57x91]CM, (c) if Filipino American immigrants continue to be affected

[57x102]exposure in the Philippines, (b) if such exposure is related to

[57x113]conducted another study to explore (a) the prevalence of such a

[57x124]in the mental health of Filipino American immigrants. Thus, we

[57x136]not clear from Study 1 how CM is reinforced once Filipinos begin

[57x147]in their lives in the United States, and to what extent CM plays a role

[57x158]exposed to CM in the Philippines, nor is it clear if such an

[57x169]clear how common it is for Filipino American immigrants to be

[57x180]cannot be understood outside the context of colonialism and its

[57x191]indigination, long before their arrival in the United States, which may influence their mental health. The Study 1 findings, therefore, provide initial support to the notion that Filipino American immigrants’ psychological experiences cannot be understood outside the context of colonialism and its legacies. However, given the small sample size of Study 1, it is not clear how common it is for Filipino American immigrants to be exposed to CM in the Philippines, nor is it clear if such an exposure is related to the development of CM. Furthermore, it is not clear from Study 1 how CM is reinforced once Filipinos begin their lives in the United States, and to what extent CM plays a role in the mental health of Filipino American immigrants. Thus, we conducted another study to explore (a) the prevalence of such a CM exposure in the Philippines, (b) if such exposure is related to CM, (c) if Filipino American immigrants continue to be affected by CM after arriving in the United States, and (d) if CM is a significant factor to consider when conceptualizing the mental health of Filipino American immigrants.

**Method**

**Procedures and participants.** A larger study on “Filipino American Psychology” was advertised through Filipino student and community organizations, and we encouraged snowballing. We screened interested persons for two criteria: They needed (a) to be at least18 years old, (b) to self-identify as Filipino, and (c) to self-report proficiency in the English language. Sixty-six percent of Asian and Pacific Islanders live in a home with computers and Internet access, the highest among all racial groups (Newburger, 2001). Because of such statistics and the difficulty of collecting national data from Filipino Americans, we made the survey available online. Qualified persons received the Web address and password to access the survey. Upon logging in, they were screened again by the survey, which was designed so that persons who did not satisfy the criteria were not able to continue. Those who were eligible were taken to the consent page, where they had to click on the “I Agree” button before completing the survey. Recent investigations of Web-based studies have shown that this method generates samples and results that are of comparable quality to those obtained by traditional methods (Gosling, Vazire, Srivastava, & John, 2004; Kraut et al., 2004). In addition, Web-based methods have been successfully used in previous studies with Filipino American samples (e.g., David, 2008, 2010a; David & Okazaki, 2006b).

From the larger data set of 605 Filipino American participants, we extracted 219 participants (133 females) who indicated that they were born in the Philippines (first generation) for our current sample. The average age of the immigrant sample was 33.74 years ($SD = 13.20$; range = 18 to 54), and their average age at immigration was 13.31 years ($SD = 10.57$; range of 6 to 46). West Coast participants composed 46.8% of the sample, 27.8% were from the East Coast, and the rest were from the Midwest. Fifty-seven percent were single, 36.8% were married, and the rest were divorced, separated, widowed, or “other.” The sample was highly educated, as 74.8% reported having a college degree or higher. This is consistent with what is known about Filipino American immigrants and is often attributed to the 1965 Immigration Act that preferred educated professionals (Pido, 1997). Inconsistent with their level of education, however, is that only 47.2% of the sample had annual incomes above $40,000. This sample characteristic is consistent with previous reports that Filipino Americans have the lowest socioeconomic return (income), based on educational level across all racial groups (e.g., Okamura & Agbayani, 1997).

**Measures.**

**Exposure vignettes.** To measure the extent to which participants were exposed to CM while they were still in the Philippines, five narratives based on previous reports of CM manifestations (e.g., Revilla, 1997; Strobel, 2001), similar to those presented in Study 1, were included in Study 2. For example, one vignette described how a Filipino was discriminated against and was perceived to be less intelligent because he was not able to speak English well and without an accent, whereas another vignette described a Filipina’s experiences of being pressured to have lighter skin, marry a White man, and have White children. Similar
to previous studies (David & Okazaki, 2006b), we reasoned that exposure to others’ displays of CM is one way in which individuals can become socialized to also hold CM. Thus, we asked participants to indicate whether they had observed other Filipinos in the Philippines (relatives, friends, and general community) experience, express, or display similar sentiments. We summed responses (1 = no, 2 = yes) to each vignette to assess familial (relatives), peer (friends), and general community exposure to CM. Thus, each type of exposure index could range from 5 (no exposure) to 10 (high exposure), with a score of 6 or higher indicating at least some exposure.

Schedule of Racist Events (SRE; Landrine & Klonoff, 1996). The SRE is an 18-item measure of the frequency of African Americans’ experiences with racism and their stress appraisals for such experiences. Participants answer each item three times, regarding recent experiences, lifetime experiences, and stress appraisals. For the current sample, we replaced the word “Black” with Filipino and replaced derogatory terms against African Americans (e.g., “coon”) with derogatory terms against Filipinos (e.g., “fresh off the boat, or FOB”). Landrine and Klonoff reported alphas of .95 (recent), .95 (lifetime), and .94 (appraisals) for the initial validation. The SRE has been used successfully with a Filipino American sample, as alphas of .90, .92, and .94 for recent, lifetime, and appraisal subscales, respectively, were obtained (David & Okazaki, 2006b). Given that the current study is focused on experiences of racism after the participants arrived in the United States, only the recent racism subscale—which asks about experiences in the past year—and the stress appraisals for such experiences were used. The current sample produced alphas of .89 and .93 for the recent and appraisal subscales, respectively.

Colonial Mentality Scale (CMS; David & Okazaki, 2006b). The CMS is a self-report measure of the frequency, attitudes, and behaviors that are manifestations of CM. This 36-item scale is divided into five subscales: Internalized Cultural/Ethnic Inferiority (IntInferior; e.g., “There are situations where I feel inferior because of my ethnic background”), Cultural Shame and Embarrassment (CulturalShame; e.g., “There are situations where I feel ashamed of my ethnic background”), Physical Characteristics (PhysChar; e.g., “I would like to have a skin tone that is lighter than the skin tone I have”), Within-Group Discrimination (WGDiscrim; e.g., “I make fun of, tease, or bad mouth Filipinos who”), and Colonial Debt (ColDebt; e.g., “Filipinos should be thankful to Spain and the U.S. for transforming the Filipino ways of life into a White/European American way of life”). Participants rate their level of agreement for each statement on a 6-point scale. Higher scores on the subscales indicate higher levels of the particular CM manifestation. The initial validation of the CMS showed good reliability and validity (David & Okazaki, 2006b). The present sample had alphas of 0.80 (IntInferior), 0.73 (CulturalShame), 0.89 (PhysChar), 0.87 (WGDiscrim), and 0.84 (ColDebt).

Center of Epidemiological Studies – Depression Scale (CES-D; Radloff, 1977). Because previous studies suggest that depression is one of the more alarming issues faced by Filipino Americans, the current study focused on depression symptoms as an indicator of mental health. We used the 20-item CES-D, which asks about the frequency of experienced symptoms during the past week. A CES-D score of ≥16 suggests clinical depression. The CES-D has been used successfully with various Filipino American samples (David, 2008; David & Okazaki, 2006b; Edman et al., 1998; Edman, Yates, Aruguete, & Draeger, 2008; Tompar-Tiu & Sustento-Seneriches, 1995). The current sample produced an alpha of 0.88.

Results

Descriptive statistics. The means and standard deviations of all variables are presented in Table 1. A series of independent samples t tests revealed that male and female respondents did not significantly differ on any of the measures, suggesting that sex did not play a role in any of the measured variables. As for the exposure vignettes, 96.3% of the sample had a score of ≥6 on either the familial, peer, and community socialization scales; 85.5% of the sample reported that their relatives in the Philippines expressed CM; 88.6% reported that their friends and the Filipinos expressed CM, and 90% reported that their general community in the Philippines expressed CM. These findings suggest that CM is highly ubiquitous in the Philippines, and support the notion that the denigration of the Filipino ethnicity and culture (a type of acculturative stress) is commonly experienced by Filipino American immigrants long before their arrival to the United States. Regarding the prevalence of CM, 32.0% of the sample had at least one CMS subscale score that is ≥3.5, suggesting that these individuals are likely to hold CM (according to criteria used by David & Okazaki, 2006b). As for the depression measure, 31.5% of the sample (55.1% of which are females) had CES-D scores of ≥16, suggesting that these individuals may be experiencing clinically significant depression symptoms. These findings are consistent with depression rates found by earlier studies of Filipino American samples (David, 2008; David & Okazaki, 2006b; Tompar-Tiu & Sustento-Seneriches, 1995).

Correlational analyses. A series of bivariate correlations were conducted to explore the relationships between the measured variables (see Table 1). The significant correlations between familial, peer, and community socialization indexes with internalization of ethnic and cultural inferiority (IntInferior), which is theoretically the initial manifestation of CM (David & Okazaki, 2006a, 2006b; Fanon, 1965; Freire, 1970; Memmi, 1965), suggest that exposure to others with CM while Filipino American immigrants were still in the Philippines may lead to the development of CM. In addition, as observed in previous studies (David & Okazaki, 2006b), experiences of racism in the past year, and the stress associated with those experiences, are positively correlated with IntInferior, suggesting that CM may be further reinforced, if not initiated, among Filipino American immigrants by their contemporaneous experiences of oppression within the United States. The significant negative correlations between ColDebt and the socialization variables, as well as between ColDebt and racism-related stress appraisals, are consistent with theory (David & Okazaki, 2006a, 2006b), because individuals with ColDebt may be more likely to not identify instances of ethnic and cultural denigration or are more likely to minimize their impact.

Also consistent with previous research on immigrants and the general population (e.g., Gee, Spencer, Chen, Yip, et al., 2007; Hovey et al., 2002; Mossakowski, 2003), higher educational level and higher income were found to be related to fewer depression symptoms among the Filipino American immigrant sample. In addition, more experiences with racism and higher stress apprais-
Table 1: Means, Standard Deviations, and Correlation Matrix of Predictor and Dependent Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>1</th>
<th>2</th>
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<th>13</th>
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<tbody>
<tr>
<td>1. Education</td>
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<td>2. Income</td>
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<tr>
<td>3. CMS-Internalized Ethnic and Cultural Inferiority</td>
<td>2.03</td>
<td>0.50</td>
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<td>4. CMS-Cultural Shame or Embarrassment</td>
<td>1.69</td>
<td>0.34</td>
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<td>5. CMS-Colonial Debt</td>
<td>2.41</td>
<td>0.92</td>
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<td>6. CMS-Discernment</td>
<td>28.84</td>
<td>19.78</td>
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<tr>
<td>7. CMS-Self-Perception</td>
<td>29.10</td>
<td>15.87</td>
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<tr>
<td>8. Recent Racism</td>
<td>12.01</td>
<td>9.64</td>
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<tr>
<td>9. Stress Appraisal</td>
<td>7.91</td>
<td>5.49</td>
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<tr>
<td>10. Depression Symptoms</td>
<td>7.04</td>
<td>5.39</td>
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<tr>
<td>11. Physical Characteristics</td>
<td>8.05</td>
<td>3.63</td>
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<td>12. Family Exposure</td>
<td>7.19</td>
<td>2.03</td>
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<td>13. Peer Exposure</td>
<td>7.71</td>
<td>1.49</td>
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<tr>
<td>14. Community Exposure</td>
<td>8.04</td>
<td>1.56</td>
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</table>

Note: CMS = Colonial Mentality Scale; CMSDB = Cultural Shame and Embarrassment; CMSI = Internalized Ethnic and Cultural Inferiority; PhysChar = Physical Characteristics; WGDiscR = Within-Group Discrimination.

Hierarchical regression analyses. Given that factors previously known to influence depression among immigrants (i.e., education, income, experiences of racism, stress appraisals of racist experiences), and that the CMS subscales all significantly correlated with the CES-D scores, it is not clear if CM is correlated with depression symptoms above and beyond the other variables. To address this question, a hierarchical multiple regression was conducted for the CES-D scores. The status variables of educational level and income were entered on the first step, experiences of racism and the stress appraisals for such experiences were entered on the second step, and the CMS scores were entered on the last step. The results of the final step of the regression are presented in Table 2. The results show that status variables, experiences of racism, and racism-related stress are significantly related to depression symptoms, consistent with previous findings with various immigrant samples. The significant $R^2$ statistic for CM on the last step, however, suggests that this construct captures variance (7.6%) in depression symptoms that are not accounted for by income, educational level, experiences of racism, and racism-related stress appraisals.

General Discussion

The results of the two studies combine to suggest that Filipino American immigrants’ psychological experiences are influenced by colonialism and its legacies while they were still in the Philippines and after they arrive in the United States. Using qualitative data, Study 1 findings provide initial empirical support to the notion that ethnic and cultural denigration—a form of acculturative stress—are experienced by Filipino American immigrants in the Philippines before they emigrated. Study 1 also revealed that it is possible for such experiences to lead to the development of CM among Filipinos in the Philippines, that Filipino American immigrants may bring such a condition with them when they move to the United States, and that CM may influence the psychological experiences and mental health of Filipino American immigrants. Using quantitative data from a national sample of Filipino American immigrants, Study 2 findings support the notion that the denigration of the Filipino ethnicity and culture in the Philippines is common. Messages about Filipino ethnic and cultural inferiority were received from family members, peers, and the general community, resulting in almost everyone in the sample being socialized with, or at least exposed to, CM. Study 2 also provides evidence that such an exposure can lead to the internalization of ethnic and cultural inferiority, which is the initial stage and manifestation of CM or internalized oppression as observed from various groups (David & Okazaki, 2006b; Fanon, 1965; Freire, 1970; Memmi, 1965). Further, Study 2 results also provide evidence that CM among Filipino American immigrants may be reinforced (or initiated) by experiences of racism after arriving in the United States. These findings support the notion that Filipino American immigrants experienced acculturative stress—and thus began their process of acculturation—while they were still in the Philippines, long before they immigrated to the United States.
Therefore, the typical immigration paradigm—wherein the process of acculturation is assumed to begin when immigrants arrive in the United States—does not completely capture the Filipino American immigration experience.

Study 2 results also confirmed the possibility that CM may play a role in Filipino American immigrants’ mental health. Consistent with previous findings regarding immigrants’ mental health (e.g., Gee, Spencer, Chen, & Takeuchi, 2007; Gee, Spencer, Chen, Yip, et al., 2007; Hovey et al., 2002; Mossakowski, 2003), status variables such as income and educational level are related to fewer symptoms of depression, suggesting that such status variables are related to better mental health among Filipino American immigrants. Also consistent with previous research is the finding that experiences of racism and the stress associated with such experiences—a form of acculturative stress—are related to more depression symptoms and poorer mental health among Filipino American immigrants. Unique to the current study, however, is the finding that CM—a consequential legacy of colonialism and contemporary oppression—is an important psychological construct to consider when conceptualizing and investigating the psychological experiences and mental health of Filipino American immigrants. Although research on various immigrant populations has progressed significantly, the presented findings suggest that paying attention to colonialism and its legacies is necessary in order to more completely understand Filipino American immigrants’ psychological experiences and mental health. Relatedly, Filipinos are not the only immigrants with a history of colonialism. Indeed, some scholars have also begun to contextualize the Latino (Urbina & Smith, 2007), African (Adedayanju & Oriola, 2011), and other Asian (Bhatia, 2007) immigration experiences in terms of colonialism. Thus, the presented findings may also be helpful in broadening our conceptualization of the immigration experiences of other historically colonized groups, and how their colonial contexts influence their psychological experiences and mental health.

**Implications for Clinical Practice**

Clinicians or service providers should conceptualize CM as an individual-differences variable and not assume that all Filipino Americans—immigrant or not—have internalized the oppression they have experienced or regard oppression as a primary stressor in their lives, or that CM is the factor that is heavily contributing to their disorders. As previous research has found (David, 2010a; David & Okazaki, 2010), many Filipino Americans may not even be aware of, or may not even acknowledge that, historical colonialism, contemporary oppression, and/or CM is part of their psychological distress. It is important to remember that not all psychological distress has its basis in oppression. Nevertheless, clinicians who keep an eye for CM as potentially contributing to their Filipino American clients’ concerns may demonstrate to their clients that the therapist is genuinely attempting to understand clients’ historical and contemporary sociopolitical experiences. Thus, in addition to potentially identifying a major etiological variable for their clients’ distress, paying attention to CM may also improve rapport between client and therapist. Such an improved rapport, which may begin to eradicate cultural mistrust on the part of the Filipino American client (David, 2010b), may lead to improved intervention strategies and better therapeutic outcomes. Finally, eradication of cultural mistrust and improved therapeutic outcomes, in turn, may lead toward reducing the disparities in help seeking and psychological distress among Filipino Americans (Gong, Gage, & Tacata, 2003).

In addition to incorporating CM in our conceptualizations of Filipino American mental health and psychological experiences, researchers and service providers should collaborate in designing, implementing, and evaluating intervention programs that are specifically intended to decolonize Filipino American mentalities and address CM (e.g., Halagao, 2004; Strobel, 2001). Having a culturally and sociopolitically sensitive conceptualization of Filipino Americans’ psychological experiences and developing culture-specific interventions may contribute toward addressing the underutilization of mental health services by Filipino Americans. Indeed, studies have found that members of this group—especially those who are immigrants—are less comfortable seeking mental health services, even compared with other Asian Americans (Gong et al., 2003; Ying & Hu, 1994). Along with stigma, poor service quality and lack of culturally appropriate services may also contribute to Filipino Americans’ disinterest in seeking mental health services (David, 2010b).

For various minority groups, several efforts have since been implemented to improve services. In the process, culturally sensitive practices for various minority groups have gained wide popularity in research and service settings. However, there is yet to be a clinical service or intervention developed specifically to meet the cultural and sociopolitical complexities of Filipino Americans. As one way of being culturally competent and effective, it is recommended that researchers and service providers develop interventions that specifically target CM. CM-specific interventions may lead not only to an improved understanding of Filipino Americans’ experiences but also to improved rapport, reduced cultural mistrust between service providers and clients, and better therapeutic out-

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Table 2
Hierarchical Regression of Status, Experiences of Racism, Race-Related Stress Appraisals, and Colonial Mentality on Depression Symptoms

<table>
<thead>
<tr>
<th>Predictor variables</th>
<th>β</th>
<th>R²</th>
<th>Adjusted R²</th>
<th>R²</th>
<th>ΔF</th>
<th>ΔP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
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<tr>
<td>Income and educational level</td>
<td>.284</td>
<td>.081</td>
<td>.072</td>
<td>.081</td>
<td>9.463</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Step 2 (SRE scores)</td>
<td></td>
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<tr>
<td>Experiences of racism and stress appraisals</td>
<td>.388</td>
<td>.150</td>
<td>.134</td>
<td>.070</td>
<td>8.713</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Step 3 (CMS scores)</td>
<td></td>
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<tr>
<td>Colonial mentality</td>
<td>.475</td>
<td>.226</td>
<td>.193</td>
<td>.076</td>
<td>4.066</td>
<td>.002</td>
</tr>
</tbody>
</table>

Note. CMS = Colonial Mentality Scale; SRE = Schedule of Racist Events.
comes. Such a culture-specific intervention may contribute toward improving the effectiveness of mental health services for Filipino Americans, which, in turn, may contribute toward reducing the disparity in service utilization.

Limitations

There are several limitations to the two studies presented; thus, the results should be interpreted with caution. First, although qualitative secondary analysis (QSA) has been widely used as an acceptable form of qualitative research (Gladstone et al., 2007; Heaton, 2008), the original set of questions did not specifically inquire about CM. Accordingly, future qualitative research that focused explicitly on Filipino American immigrants’ perspectives of CM could result in more auspicious findings. In addition, because participants in both Studies 1 and 2 were recruited primarily through Filipino American cultural and political organizations, there is a potential that participants were more cognizant of Filipino American issues. The snowball sampling technique and the self-selected nature of the sample of both studies limit the generalizability of the results, and future studies using a random and more representative sample may obtain more accurate findings. Furthermore, although Studies 1 and 2 provide some empirical evidence that colonialism and its legacies influence Filipino American immigrants’ psychological experiences while still in the Philippines, a more direct and accurate measurement of CM and the other measured variables among Filipinos in the Philippines is needed, which will allow for an exploration of the extent to which CM contributes to a desire to emigrate to the United States. Relatedly, there is a need to develop a scale to capture CM among Filipinos in the Philippines—similar to the CMS for Filipino Americans—to allow for a more accurate investigation of how CM plays a role in their psychological experiences and mental health.

For Study 2, although recent research suggests that Web-based results are generalizable, are not affected by nonmotivated or ill-intentioned participants, are consistent with findings from studies using traditional methods, and are not adversely affected by uncontrolled administration settings (Gosling et al., 2004), future studies that are not conducted over the Internet may test the replicability of the presented results. The fact that English proficiency was required for the current study may have led to a sample that is not representative of the Filipino American immigrant population. Further, the fact that the study was conducted over the Internet may have limited the sample to some extent (e.g., more educated, higher SES). Thus, future studies with more samples that are more representative of the Filipino American immigrant population are needed, and perhaps these future projects can explore possible regional differences in regard to CM prevalence and psychological implications. Another limitation is that all variables were assessed by self-report, which are vulnerable to various response and memory biases. A combination of various assessment methods (e.g., informants or the Colonial Mentality Implicit Association Test; David & Okazaki, 2010) may yield more accurate estimates of the measured variables and their interrelationships. Lastly, the cross-sectional design raises questions about causality between constructs. Future studies with more sophisticated methods (e.g., longitudinal designs) are needed to determine causality.

Conclusions

Despite the limitations, the presented studies significantly contribute to our understanding of the Filipino American immigration experience. These studies are the first to specifically explore how colonialism and its legacies, both in the Philippines prior to emigration and in the United States after migration, influence the psychology and mental health of Filipino American immigrants. Filipinos’ long history of migrating into the United States, and their large numbers today, necessitates increased attention on better understanding their lived realities. When thinking about Filipinos’ immigration experiences, however, we cannot simply conceptualize it in the typical “voluntary immigrant” paradigm, primarily because of Filipinos’ long history of colonialism under Spain and the United States. Further, the legacies of colonialism continue to influence how Filipinos in the Philippines think, feel, and act toward themselves, other Filipinos, the Filipino culture, and the American culture. Even further, CM and contemporary experiences of oppression in the United States may also influence Filipino American immigrants’ regard of, and interactions with, other Filipinos, other minorities, and the dominant White group. Thus, the Filipino American immigration experience needs to be understood within the context of colonialism and its legacies, as well as their psychological and mental health consequences.

References


