

A Colonial Mentality Model of Depression for Filipino Americans

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Many cultural and ethnic minorities have extensive experiences of being oppressed, which they may eventually internalize. However, psychology has yet to actively incorporate various forms of internalized oppression (e.g., colonial mentality [CM]) into the etiological conceptualizations of psychopathology. Using a sample of 248 Filipino Americans, the author tested a more complete and sociopolitically informed cultural model of depression symptoms. Results with structural equation modeling showed that a conceptual model that includes CM better explained depression symptoms among Filipino Americans than the model without CM and revealed that CM had a significant direct effect on Filipino Americans' experiences of depression symptoms. It is argued, through this illustrative case of depression symptoms among Filipino Americans, that incorporating the psychological effects of oppressive historical and contemporary conditions into our conceptualizations of ethnic minority mental health may lead to a more culturally accurate etiological understanding of psychopathology among historically oppressed groups.

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

The Surgeon General's report, *Mental Health: Culture, Race, and Ethnicity* (U.S. Department of Health & Human Services, 2001), highlighted the finding that minorities experience mental disorders at a rate that is similar to or higher than the majority White population. Among other concerns, high rates of depression (Hispanic Americans, Native Americans, and Asian Americans) and anxiety (Asian Americans, Hispanic Americans, and African Americans) among various minority groups were reported. Consequently, the report calls for incorporating historical, political, and cultural factors in the conceptualization and implementation of mental health activities (e.g., research, services) targeting minorities. In this study, I tested a sociopolitically informed structural model of depression on a Filipino American sample as an illustrative case, with the intention of demonstrating the benefits of incorporating the effects of oppressive historical and contemporary sociopolitical conditions into our mental health conceptualizations for cultural, racial, and ethnic minorities. First, I describe the Filipino American population and review how cultural factors may influence affective distress. Next, I discuss colonialism and how internalized colonialism may influence mental health. Finally, I propose and test a sociopolitically informed model that is hypothesized to be a more culturally accurate descriptor of Filipino Americans' experiences of depression.

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The Filipino American Population

Filipinos are the second largest Asian ethnic group in the United States today (2.4 million total; Barnes & Bennett, 2002) and were one of the first Asian ethnic groups on U.S. soil, with records of shipwrecked Filipinos landing in California as early as the mid-1500s (Gomez Borah, 1995). The Philippines was a U.S. territory between 1898 and 1946, making Filipinos the only Asian Americans to have a history of being colonized by the United States. Findings from the small body of Filipino American-focused research suggest that they are facing several alarming issues. For instance, Filipino American adolescents have one of the highest rates of suicide ideation in the United States (President's Advisory Commission on Asian Americans & Pacific Islanders, 2001). The Centers for Disease Control and Prevention reported that 45.6% of Filipina American adolescents have thought about suicide—the highest rate among all ethnic groups (as cited by Agbayani-Siewart & Enrile, 2003). Using clinician ratings, Kim and Chun (1993) also found a depression rate of 13.6% among Filipina 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 (10%–20%). More recently, using the CES–D on a sample of 603 Filipino Americans from all over the United States, David and Okazaki (2006b) found a similarly high depression rate (30.0%) for this group.

The present study is focused on Filipino Americans because, despite their large numbers, their unique history with and within the United States, and the alarming mental health statistics reported for this group, psychological research on Filipinos is relatively sparse (David & Okazaki, 2006a). Their long colonial history also allows for the investigation of how oppressive historical and contemporary sociopolitical conditions influence their mental health. Finally, because there is already an active scholarly and

community discourse about colonialism and modern-day Filipinos, psychology has the opportunity to contribute toward a better understanding of the psychological consequences of colonialism (David & Okazaki, 2006a).

Current Cultural Conceptualization of Affective Distress

Researchers have found that acculturative stress and how acculturating individuals respond to such stress is related to their mental health (for a review, see Balls Organista, Organista, & Kurasaki, 2003). Berry (2003) argued that persons may acculturate in four different ways: assimilation (high adherence to dominant culture and low adherence to heritage culture), integration (high adherence to both cultures), separation (low adherence to dominant culture and high adherence to heritage culture), and marginalization (low adherence to both cultures). Although there is no current consensus as to which strategy is the most beneficial (Rudmin, 2003), high levels of enculturation (i.e., the extent to which one adheres to one's heritage culture), either alone (i.e., Berry's separation) or in combination with high dominant culture adherence (i.e., Berry's integration), often contribute to better well-being and mental health (e.g., Balls Organista et al., 2003; Sands & Berry, 1993; Tsai, Chentsova-Dutton, & Wong, 2002; Ying, 1995). Enculturation is theorized to lead toward the development of a positive ethnic identity, which is associated with self-esteem and psychological well-being (e.g., Gong, Takeuchi, Agbayani-Siewart, & Tacata, 2003; Phinney, 1992; Phinney, Chavira, & Williamson,

1992). A positive ethnic identity, in turn, is believed to contribute toward a positive collective self. Although most of our current understanding of the self is focused on the personal aspect or personal self-esteem (i.e., how positively one evaluates one's personal characteristics), scholars argue that developing a positive collective self or collective self-esteem (i.e., how positively one evaluates the social groups to which one belongs) is also vital for mental health (Crocker & Luhtanen, 1990; Crocker, Luhtanen, Blaine, & Broadnax, 1994; Tajfel & Turner, 1986). The current cultural conceptualization of depression is presented as the solid variables and paths shown in Figure 1.

The literature on ethnic minority mental health suggests that constructs that are especially salient to minorities (e.g., acculturation, collective self-esteem) are potential contributors to their mental health. Furthermore, by considering cultural factors, our understanding of minority mental health has been improved. However, especially for Filipino Americans and other groups with extensive experiences of oppression, a mental health model that takes into consideration the effects of oppressive historical and contemporary sociopolitical conditions may lead to a more accurate etiological understanding of their mental health. Indeed, ethnic identity, self-esteem, and acculturation strategies do not exist in a vacuum and are all influenced by larger sociopolitical factors (e.g., Berry, 2003; Phinney, 2003; Yeh & Huang, 1996). Below, I briefly discuss sociopolitical factors that may play a major role in Filipino Americans' mental health.

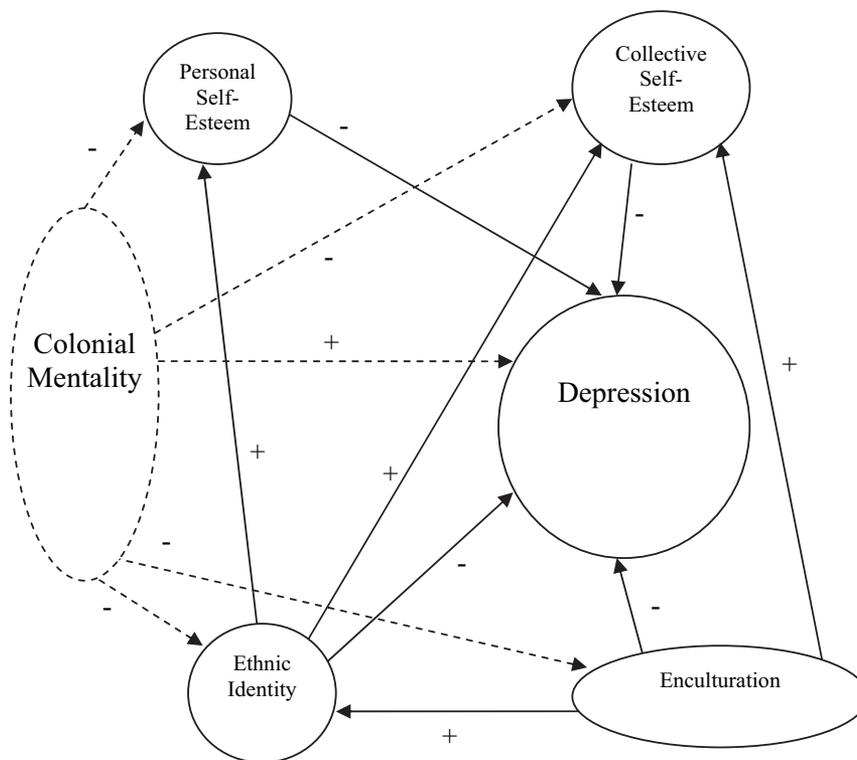


Figure 1. The hypothesized colonial mentality model of depression. Variables and paths represented by solid lines compose the current cultural conceptualization of depression. Variables and paths represented by dashed lines compose the hypothesized effects of internalized colonialism on depression. Positive and negative symbols represent the hypothesized directions of the relationships between variables.

Internalized Colonialism: A Consequence of Classical and Internal Colonialism

The first phase of classical colonialism (Fanon, 1965) is the forced entry of a foreign group into a new territory with the intention of exploiting the territory's resources and its inhabitants. The second phase is characterized by the colonizer imposing its culture on the colonized, disintegrating the indigenous culture of the colonized, and recreating the culture of the colonized as defined by the colonizer. Such a cultural transformation of the colonized people's indigenous culture is intended to differentiate between the colonizer's "superior" or more civilized ways of life and the colonized people's "inferior" or savage ways. Once the colonial society has clearly contrasted the colonizer and the colonized *other*, the third phase begins as the colonized are portrayed as wild, savage, and uncivilized peoples whom the colonizer have to nobly tame, monitor, and civilize. The implementation of the first three phases eventually leads to the fourth phase—the establishment of a society in which the political, social, and economic institutions are designed to maintain the superiority of the colonizer and simultaneously subjugate the colonized.

One psychological effect of colonialism is internalized oppression, or more specifically, *internalized colonialism*. Memmi (1965) stressed that the creation of a colonizer-defined identity for the colonized eventually leads the colonized to believe such an inferiorizing identity. Because of the inferior connotations attached to their ethnic and cultural identities, Freire (1970) added that the colonized might develop a desire to rid oneself of such inferiorities and to emulate the colonizer. Thus, the colonized may begin to act like the colonizer because the colonizers' ways are seen as superior and to shed oneself of anything from one's heritage because such a heritage is seen as inferior. Finally, the colonized may feel a sense of gratitude and indebtedness (i.e., colonial debt) toward the colonizer for civilizing and enlightening the colonized (Rimonte, 1997). In the United States, the contemporary forms of oppression experienced by minority groups may be seen as one of *internal colonialism*. Although there is no recent forceful entry by a foreign group, internal colonialism is comparable with classical colonialism in that the established society is characterized by group inequalities, cultural imposition of the dominant group, cultural disintegration of the oppressed groups' culture, and cultural recreation of the oppressed groups as defined by the dominant group. Briefly, internalized colonialism due to internal colonialism is also characterized by ethnic self-hatred and futile desires to emulate the dominant group.

Colonial Mentality Among Filipino Americans

A condition of internalized colonialism popularly referred to as *colonial mentality* (CM) has been argued to be common among Filipinos (David & Okazaki, 2006a), for whom CM is "characterized by a perception of ethnic or cultural inferiority" and "involves . . . uncritical rejection of anything Filipino and . . . uncritical preference for anything American" (David & Okazaki, 2006b, p. 241). CM is theorized to have stemmed from classical colonialism and reinforced through generations by internal colonialism (i.e., contemporary oppression). CM is theorized to negatively affect enculturation, ethnic identity, and collective self-esteem. Such disconnect with, and negative attitudes toward, one's heritage may

adversely affect one's mental health. David and Okazaki (2006b) found empirical support for such speculations, as they observed CM to be negatively related with enculturation, personal self-esteem, and collective self-esteem and positively related with depression symptoms.

To this end, the present study had multiple purposes. First, I tried to replicate previous findings that CM is related to personal self-esteem, collective self-esteem, enculturation, and depression symptoms. Another goal was to investigate CM's theorized but empirically unexplored relationships with ethnic identity. Finally, because personal self-esteem, collective self-esteem, enculturation, and ethnic identity are believed to be related to depression, and if CM is consistently found to be related to such constructs, it is possible that a conceptual model that includes CM may be a better etiological description of depression symptoms among Filipino Americans. The hypothesized sociopolitically informed conceptual model of depression, as represented by the entirety of Figure 1, was tested using structural equation modeling (SEM).

Method

Participants

Using the Internet for study recruitment and administration, 266 Filipino Americans logged on and began completing the survey. Two hundred forty-eight individuals (121 females, 127 males; 139 were second generation or later) completed the entire survey. The average age of those who completed the survey was 28.4 years ($SD = 9.9$; range = 18–66), comparable with the average age of 31.3 years for Filipino Americans in the 2000 U.S. Census Report (Barnes & Bennett, 2002). West Coast participants composed 65% of the sample, which is similar to the 2000 Census report that West Coast Filipinos composed approximately 55% of the Filipino American population. Forty-one percent had college degrees, comparable with the 2000 Census's report of 43%. According to the 2000 Census, the median personal income of Filipino Americans was \$23,000; in the current sample, 57.1% had incomes above \$25,000.

Measures

The Colonial Mentality Scale (CMS). The CMS is a self-report measure that assesses feelings, attitudes, and behaviors that are manifestations of CM (David & Okazaki, 2006b). This 36-item scale is divided into five subscales: Internalized Cultural/Ethnic Inferiority (e.g., "There are situations where I feel inferior because of my ethnic background"), Cultural Shame and Embarrassment (e.g., "There are situations where I feel ashamed of my ethnic background"), Physical Characteristics (e.g., "I would like to have a skin tone that is lighter than the skin tone I have"), Within-Group Discrimination (e.g., "I make fun of, tease, or bad mouth Filipinos who speak English with strong accents"), and Colonial Debt (e.g., "Filipinos should be thankful to Spain and the United States for transforming the Filipino ways of life into a White/European American way of life"). Internalized cultural/ethnic inferiority and cultural shame and embarrassment are conceptualized as covert manifestations of CM, whereas physical characteristics and within-group discrimination are conceptualized as overt manifestations of CM. 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 0.77 (Internalized Cultural/Ethnic Inferiority), 0.84 (Cultural Shame and Embarrassment), 0.88 (Physical Characteristics), 0.88 (Within-Group Discrimination), and 0.85 (Colonial Debt).

Vancouver Index of Acculturation (VIA). The VIA is a 20-item bidimensional measure of individuals' identification to the mainstream and heritage cultures (Ryder, Alden, & Paulhus, 2000). Participants rate their level of agreement to each item on a 9-point scale ranging from 1 (*disagree*) to 9 (*agree*). Alphas between 0.91 and 0.92 for the Heritage subscale and between 0.89 and 0.85 for the Mainstream subscale were reported in the initial validation. For the present sample, alphas of 0.90 were obtained for both subscales.

Collective Self-Esteem Scale (CSES). The CSES has four subscales—Private, Public, Importance to Identity, and Membership—consisting of four items each. Participants rated their level of agreement for each item using a 7-point scale. The CSES subscales have shown good reliability and validity (Crocker et al., 1994). The present sample had alphas of 0.72 (Private), 0.79 (Public), 0.80 (Importance to Identity), and 0.74 (Membership).

Rosenberg Self-Esteem Scale (RSES). The 10-item RSES (Rosenberg, 1965) was used to measure personal self-esteem. Higher scores indicate more positive evaluations of one's personal characteristics. The RSES has produced test-retest reliability coefficients ranging from .81 to .88, Cronbach's alphas between 0.77 and 0.88, and excellent construct validity (Blascovich & Tomaka, 1993). For this sample, an alpha of 0.93 was obtained.

The Multidimensional Ethnic Identity Measure (MEIM). The MEIM (Phinney, 1992) was used to explore the relationship between CM and ethnic identity. The MEIM is a popular 12-item measure of ethnic identity development that has shown good reliability and validity (Roberts et al., 1999). Higher scores on the MEIM indicate higher levels of ethnic identity development. An alpha of 0.92 was obtained from the present sample.

Center for Epidemiological Studies—Depression Scale (CES-D). The 20-item CES-D (Radloff, 1977) measures depression by asking about the frequency of experienced symptoms during the past week. A CES-D score of ≥ 16 suggests clinical depression. Radloff (1977) reported good reliability and concurrent validity. For this sample, an alpha of 0.90 was obtained.

The Mood and Anxiety Symptoms Questionnaire (MASQ). The MASQ's 90 items ask participants to rate on a 5-point scale how much they have experienced various symptoms during the previous week. In the present study, only the depression subscales (i.e., General Distress: Depression [GDD] and Anhedonic Depression [AD]) were used. High scores on each subscale indicate higher levels of distress. Watson et al. (1995) found that a sample of nondepressed men had a mean of 22.1 ($SD = 8.1$) on the GDD subscale and a mean of 52.0 ($SD = 12.5$) on the AD subscale; nondepressed women had a mean of 25.0 ($SD = 9.4$) on the GDD subscale and a mean of 55.2 ($SD = 15.2$) on the AD subscale. Good reliability and validity has been reported for the MASQ (Clark & Watson, 1991; Watson et al., 1995). From the present sample, alphas of 0.93 (GDD subscale) and 0.93 (AD subscale) were obtained.

Procedure

Data were collected via the Internet to obtain a sufficiently large sample of Filipino Americans. The study was advertised through local Filipino student and community organizations, and snowball sampling (i.e., eligible persons recruit other persons for participation) was encouraged. Interested persons were screened for two criteria: (a) an age of at least 18 years and (b) self-identification as Filipino. Qualified persons received the Web page address and password to access the survey. Once logged 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. Eligible persons were taken to the consent page, where they had to click on the "I Agree" button to take the survey. Participants were not compensated in any way for their participation.

SEM Analyses

SEM tests hypothesized relationships between variables at the construct level rather than at the observed level by extracting the shared variance among measured indicator variables and using it to create the latent construct. Thus, the created latent construct is less influenced by measurement error. SEM measures the discrepancy between the estimated population covariance matrix and the sample covariance matrix, and it provides indexes as to how similar these two matrices are. Because the commonly reported absolute fit index for determining model fit, a nonsignificant χ^2 , may be affected by large samples, large model sizes, and non-normal data, an alternative fit index was used in its place—the χ^2/df ratio. Furthermore, using absolute fit indexes alone to determine model fit was insufficient, and researchers have suggested the use of other types of fit indexes including relative fit indexes, parsimonious fit indexes, noncentrality-based indexes, and indexes that are independent of sample size (e.g., Tanaka, 1993). Thus, the comparative fit index (CFI; a noncentrality-based index), non-normed fit index (NNFI; penalizes for more parameterized models), incremental fit index (IFI; a relative fit index), and root-mean-square error of approximation (RMSEA; a noncentrality-based fit index) were also used in the present study. Lower values for the χ^2/df ratio and the RMSEA, and higher values for the CFI, NNFI, and IFI, indicate better fit. Although there are conventional values that are recommended for each fit index to indicate good fit, Bollen (1989) argued that these cutoffs are arbitrary. Fit indexes are relative to progress in the field and the evaluation of a model's fit should be based not just on how fit indexes meet the recommended cutoffs but also on the specified model's relative ability to describe phenomenon in comparison with alternative models.

Results

Descriptive Statistics

The means and standard deviations of all variables are presented in Table 1. A series of independent-sample *t* tests revealed that male and female respondents did not significantly differ on any of the measures after alpha adjustment ($0.05/16 = .003$). Another series of *t* tests was also conducted to check whether first- and later-generation participants significantly differed on any of the variables; no statistically significant differences were observed. A series of chi-square tests of distribution revealed that average yearly income had no significant relationships with any of the measures.

Table 1
Means and Standard Deviations of Measured Variables

Measure	M (and SD)
Covert Manifestations of Colonial Mentality	
Internalized Cultural and Ethnic Inferiority	1.98 (0.89)
Cultural Shame and Embarrassment	1.40 (0.68)
Overt Manifestations of Colonial Mentality	
Physical Characteristics	2.14 (1.01)
Within-Group Discrimination	2.08 (0.84)
Colonial Debt	2.47 (1.02)
Vancouver Index of Acculturation	
Mainstream	6.80 (1.18)
Heritage	7.09 (1.23)
Collective Self-Esteem Scale	
Membership	5.70 (1.08)
Private	6.27 (0.95)
Public	5.21 (1.23)
Identity	5.51 (1.40)
Other measures	
Multidimensional Ethnic Identity Measure	3.14 (0.55)
Rosenberg Self-Esteem Scale	17.72 (6.39)
Center of Epidemiological Studies—Depression Scale	15.90 (8.94)
Mood and Anxiety Symptoms Questionnaire	
General Distress: Depression	22.90 (8.86)
Anhedonic Depression	49.70 (14.66)

Depression Symptoms Among Filipino Americans

Regarding the depression measures, 29.8% of the sample (21.3% of males; 38.8% of females) had CES-D scores of ≥ 16 ,

suggesting that these individuals may be experiencing clinically significant depression symptoms. On the MASQ, 14.6% of the men and 10.4% of the women in the sample had GDD scores that were at least one standard deviation above the normative means reported by Watson et al. (1995). On the AD subscale of the MASQ, 22.2% of the men and 10.3% of the women had scores that were at least one standard deviation above the aforementioned normative means.

Correlational Analyses

All the CMS-RSES correlations were negative and statistically significant, except for RSES's correlation with Colonial Debt (see Table 2). Except for the correlation between Colonial Debt and public self-esteem, all CMS-CSES correlations were negative. These results suggest that CM may lead to negative evaluations of one's personal and collective selves. In terms of acculturation, all the CMS-VIA mainstream correlations were positive and significant except for the correlations of Cultural Shame and Embarrassment and of Internalized Cultural/Ethnic Inferiority with mainstream acculturation. All CMS-VIA Heritage correlations were negative, suggesting that the more overt CM manifestations (e.g., Colonial Debt) may lead to assimilation and that all CM manifestations may lead to lower levels of enculturation.

CM's theorized relationships with ethnic identity and depression symptoms were also investigated. As shown in Table 2, all CMS-MEIM correlations were negative and statistically significant, which is consistent with theory and suggests that CM may lead to lower levels of ethnic identity development. All the correlations between the

Table 2
Intercorrelations Among Measured Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
CMCM																
1. IntInferior	—	.65**	.53**	.50**	.38**	-.25**	-.01	-.29**	-.53**	-.36**	-.14*	-.31**	-.34**	.47**	.57**	.40
2. Cultural Shame		—	.58**	.48**	.43**	-.44**	-.02	-.39**	-.59**	-.30**	-.30**	-.46**	-.25**	.41**	.38**	.29
OMCM																
3. WGDiscrim			—	.69**	.63**	-.29**	.24**	-.32**	-.50**	-.20**	-.31**	-.46**	-.23**	.35**	.38**	.36
4. PhysChar				—	.49**	-.21**	.16*	-.27**	-.45**	-.15*	-.15*	-.32**	-.26**	.26**	.32**	.24
5. CD					—	-.21**	.21**	-.19**	-.30**	.05	-.17*	-.29**	-.06	.16*	.22**	.27
VIA																
6. Heritage						—	.39**	.55**	.56**	.24**	.47**	.67**	.20**	-.29**	-.16**	-.23
7. Mainstream							—	.06	.09	.13*	-.07	-.04	-.03	-.06	.13	.04
CSES																
8. Membership								—	.59**	.30**	.46**	.69**	.25**	-.26**	-.14	-.22
9. Private									—	.33**	.45**	.58**	.20**	-.34**	-.39**	-.31
10. Public										—	.15*	.17*	.25**	-.45**	-.33**	-.36
11. Identity											—	.62**	.09	-.07	-.13	-.22
Other measures																
12. MEIM												—	.29**	-.27**	-.20*	-.24
13. RSES													—	-.41**	-.40**	-.29
14. CES-D														—	.59**	.57
15. MASQ-GDD															—	.63
16. MASQ-AD																—

Note. CMCM = Covert Manifestations of Colonial Mentality; CulturalShame = Cultural Shame and Embarrassment Measure; IntInferior = Internalized Cultural/Ethnic Inferiority Measure; OMCM = Overt Manifestations of Colonial Mentality; WGDiscrim = Within-Group Discrimination Measure; PhysChar = Physical Characteristics Measure; CD = Colonial Debt Measure; VIA = Vancouver Index of Acculturation; CSES = Collective Self-Esteem Scale; MEIM = Multidimensional Ethnic Identity Measure; RSES = Rosenberg Self-Esteem Scale; CES-D = Center of Epidemiological Studies—Depression Scale; MASQ-GDD = Mood and Anxiety Symptoms Questionnaire—General Distress: Depression Scale; MASQ-AD = Mood and Anxiety Symptoms Questionnaire—Anhedonic Depression Scale.

* $p < .05$. ** $p < .01$.

CMS subscales and measures of depression symptoms (CES-D, GDD, and AD) were positive and statistically significant. Such consistently positive and significant relationships between CM and depression suggest that CM may be an important factor to consider in terms of Filipino Americans' experiences of depression.

CM Model of Depression for Filipino Americans

For further examination of CM's influence on Filipino Americans' depression symptoms, a structural model of depression without CM was compared with a structural model that did include CM. With the VIA Heritage score used to represent enculturation; the MEIM score to represent ethnic identity; the RSES score to represent personal self-esteem; the CSES scores as indicators of the latent variable of collective self-esteem; and the GDD, AD, and CES-D scores as indicators of the latent variable of depression, a cultural model of depression without CM was analyzed through SEM using AMOS 5.0 (Arbuckle, 2003). As shown in Table 3, the no-CM model explained 32.3% of the variance in depression and produced good fit indexes in that its IFI, CFI, RMSEA, and χ^2/df ratio satisfied their recommended cutoffs (IFI and CFI $\geq .90$; RMSEA $\leq .08$; χ^2/df ratio ≤ 3). Furthermore, personal ($\beta = -0.42, p < .001$) and collective ($\beta = -0.26, p < .05$) self-esteem had significant direct paths to depression, suggesting that Filipino Americans' evaluations of their heritage group's characteristics is as important to their depression symptoms as their evaluations of their personal characteristics. These results are consistent with theory and previous findings suggesting that cultural variables such as collective self-esteem are important factors in ethnic minority mental health. A closer look at the path coefficients revealed that enculturation and ethnic identity did not have direct effects on depression. Thus, the no-CM model was modified by deleting the direct paths of enculturation and ethnic identity to depression. The fit indexes of the reduced no-CM model were not significantly different from the original model, χ^2 difference (2, $N = 203$) = 0.11. The CFI, IFI, RMSEA, and χ^2/df ratio of the reduced model met recommended cutoffs, and its R^2 remained at 32.5%. The path coefficients for the reduced no-CM model are presented in parentheses in Figure 2, showing that collective and personal self-esteem continued to have statistically significant direct paths to depression.

The reduced cultural model of depression was further modified by incorporating the latent construct of CM. Using the CMS subscale scores as indicators of the latent variable of CM, a sociopolitically informed cultural model of depression was ana-

lyzed. The CM model was significantly different from the reduced no-CM model, χ^2 difference (44, $N = 203$) = 104.94, $p < .001$. Similar to the no-CM model, the CM model's CFI, IFI, RMSEA value, and χ^2/df ratio satisfied their recommended cutoffs (see Table 3). Furthermore, considering that the NNFI penalizes for more complex models, the finding that the addition of CM into the model did not reduce its NNFI value further supports the CM model's good fit to the data. Finally, the CM model explained 62.4% of the variance in depression and shows that CM had a significant direct effect ($\beta = 0.63, p < .001$) on depression (see Figure 2). These results suggest that not only does a CM-informed conceptualization improve our ability to describe symptoms of depression (e.g., higher R^2 values), but it also improves our ability to identify factors (i.e., CM's significant direct effects) that may significantly contribute to depression as experienced by Filipino Americans.

Discussion

Colonial Mentality and Depression Among Filipino Americans

One goal of the present study was to replicate previously observed relationships between CM and acculturation, personal self-esteem, collective self-esteem, and depression and to investigate CM's speculated but empirically unexplored link with another potentially related cultural variable (i.e., ethnic identity). In this regard, CM was found to be associated with lower levels of enculturation, negative evaluations of one's personal and ethnic group characteristics, negative sense of belonging in and attitude toward one's ethnic group, and more depression symptoms. CM's significant correlations with these mental health (i.e., depression measures) and mental health-related cultural variables (e.g., collective self-esteem) suggest that CM is an important construct to consider in conceptualizing Filipino American mental health.

To further investigate the significance of CM in Filipino American mental health, I tested two competing models of depression—a model that incorporated CM and a model that did not. The no-CM model of depression was not a bad account of Filipino Americans' experiences, as it produced good fit to the data. Furthermore, results from the no-CM model provided evidence for the important roles of cultural variables such as collective self-esteem in ethnic minority mental health, as collective self-esteem had a significant direct effect on depression. However, the model that included the effects of historical and contemporary oppression

Table 3
Goodness-of-Fit Indicators for the Competing Structural Models for Depression

Model	χ^2	<i>df</i>	χ^2/df	CFI	NNFI	IFI	RMSEA	R^2
Cultural model of depression without colonial mentality	84.56	30	2.82	.91	.85	.91	.08	.323
Reduced cultural model of depression without colonial mentality	84.67	32	2.65	.91	.85	.92	.08	.325
Cultural model of depression with colonial mentality	189.61	76	2.49	.90	.85	.91	.07	.624

Note. Confidence intervals for the root-mean-square error of approximation (RMSEA) values were as follows: Cultural model of depression without colonial mentality = .062, .105; reduced cultural model of depression without colonial mentality = .060, .103; and cultural model of depression with colonial mentality = .064, .091. CFI = comparative fit index; NNFI = non-normed fit index; IFI = incremental fit index.

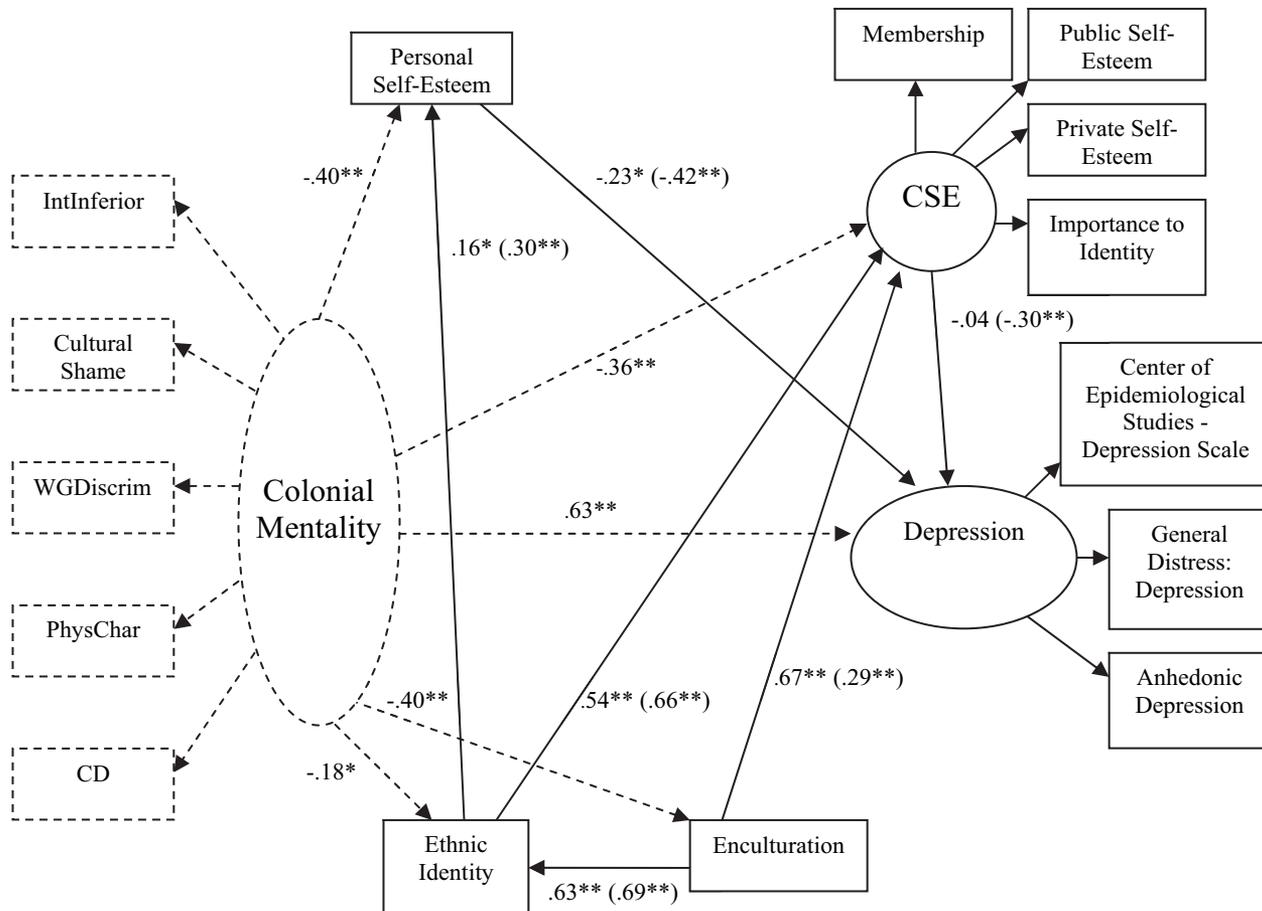


Figure 2. The colonial mentality model of depression. Circles represent latent variables and rectangles represent observed variables. Figures represented by solid lines compose the current cultural conceptualization of depression. Figures represented by dashed lines compose the added latent construct of CM. CulturalShame = Cultural Shame and Embarrassment; IntInferior = Internalized Cultural/Ethnic Inferiority; PhysChar = Physical Characteristics; WGDiscrim = Within-Group Discrimination; CD = Colonial Debt; CSE = Collective Self-Esteem; All measurement factor loadings were positive and statistically significant. In parentheses are the path coefficients obtained from the reduced no-CM model of depression. For the standardized path coefficients: * $p < .05$; ** $p < .001$.

(i.e., CM) produced better fit to the data (e.g., lower RMSEA value & χ^2/df ratio) and improved the model's ability to etiologically explain depression (higher R^2). Moreover, in addition to CM's indirect effects (i.e., through collective self-esteem) on depression, CM was found to directly affect depression as well, further demonstrating the importance of CM. These results provide empirical evidence supporting the speculated contribution of CM on Filipino Americans' experiences of depression (David & Okazaki, 2006a; Tompar-Tiu & Sustento-Seneriches, 1995) and suggest that researchers and clinicians working with Filipino Americans should include CM in thinking about their participants' or client's psychological experiences.

It is important to note that cultural variables such as enculturation and ethnic identity were found to not directly affect depression. A post hoc test of the no-CM model without collective self-esteem and personal self-esteem revealed that enculturation and ethnic identity continued to not have significant

direct effects on depression. Such findings suggest that, at least for Filipino Americans, the theorized influences of enculturation and ethnic identity on depression is not direct and not mediated by personal or collective self-esteem. Rather, although significant and theoretically consistent zero-order correlations were observed between enculturation and depression, as well as between ethnic identity and depression (see Table 2), the influences of enculturation and ethnic identity on depression is indirect as mediated by other variables (e.g., social support, religiosity) that were not included in the tested model. It is also noteworthy that the significant relationship between collective self-esteem and depression was not observed in the CM model. This finding suggests that, for Filipino Americans, CM accounts for most of the variance in depression that are associated with the major cultural variable of collective self-esteem. It is possible that there are other cultural and noncultural variables (e.g., personality traits) that may be significant predictors of

depression but were not incorporated in the model, which means that there are alternative models that may better describe depression as experienced by Filipino Americans. Future research may explore other plausible models of depression as experienced by this ethnic group. However, it is clear from the present findings that among some of the major cultural variables psychology has paid attention to thus far (i.e., enculturation, ethnic identity, and collective self-esteem), many of the depression symptoms that Filipino Americans experience are accounted for by CM. Thus, the findings suggest that cultural conceptualizations of depression among Filipino Americans should include the CM construct, for it seems to be one of the most important contributing factors.

A comment should be made regarding the observed depression rates. The present sample's rate (29.8%) of what is considered as clinical depression according to the CES-D (i.e., a score of ≥ 16) is consistent with findings by David and Okazaki (2006b) and by Tompar-Tiu and Sustento-Seneriches (1995). Also, the present finding that more Filipino American females (38.8%) than males (21.3%) had CES-D scores of ≥ 16 is consistent with previous findings that Filipina Americans have higher depression rates than their male counterparts (e.g., Kim & Chun, 1993). However, the observed MASQ scores from the present sample suggest that a higher proportion of Filipino American males than females may have depression, especially anhedonia. Such conflicting results between the CES-D and the MASQ may be due to measurement error (e.g., the two scales may be measuring different constructs) or other variables (e.g., males may be more likely to report physical symptoms that contribute to their higher anhedonia scores). Future studies may explore these possibilities. It should also be noted that the depression rates from this study should be interpreted with caution because the measures used are not diagnostic instruments. Future studies using diagnostic interviews on a representative sample of Filipino Americans may yield more accurate prevalence estimates of depression among this group. Nevertheless, the present results suggest that a high proportion of Filipino Americans report depression symptoms and that CM is an important potential contributor to such symptoms. Therefore, researchers and service providers working with Filipino Americans should become familiar with this group's colonial history, their postcolonial experiences, the CM construct, and the ways in which CM may contribute to their well-being. It should be emphasized, however, that CM is an individual-differences variable, and not every Filipino American has CM, experiences poor ethnic self-regard, or considers CM as contributing to depression symptoms.

Implications for Conceptualizing Ethnic Minority Mental Health

Following the U.S. Surgeon General's report that various racial groups experience high levels of affective distress, it is suspected that the proposed sociopolitically informed model may also lead to a more complete etiological understanding of psychopathology among other oppressed groups. For African Americans, Harrell (1999) argued that internal colonialism in the United States may lead African Americans to develop self-hatred and to behave in self-destructive ways. Tatum (1994) also proposed that internal colonialism is another explanation for crime within this group.

Landrine and Klonoff (1996) have also demonstrated that racial oppression is negatively related to African Americans' mental health. Among Native Americans, classical and internal colonialism as exemplified by the boarding school era, attempted genocide, and geographic displacement have led many Native Americans to lose their cultural identity. Internalized oppression is also argued to contribute to suicide, substance abuse, and domestic violence within this group (Brave Heart, 1998; Duran & Duran, 1995; McBride, 2002). Hall (1994) argued that internal colonialism may have led many Hispanic Americans to believe that light skin is desirable, which results into a perceived necessity to become as White as possible for social mobility. This desire to shed one's natural physical traits is argued to lead many Hispanic Americans to use "beauty" creams and bleach to whiten their skin. Indeed, according to Hall, many Hispanic Americans "internalize all aspects of the mainstream culture . . . at the expense of their culture" (p. 310). Empirically, Codina and Montalvo (1994) found that darker skin and loss of Spanish culture was associated with higher levels of depression.

A specific Hispanic ethnic group that has received some research attention in terms of internalized colonialism is the Puerto Rican population. Similar to Filipinos, Puerto Ricans were also colonized by Spain and the United States. The psychological effects of colonialism on Puerto Ricans are remarkably similar to David and Okazaki's (2006a) description of the psychological effects of Spanish and American colonialism on Filipinos. For instance, Varas-Diaz and Serrano-Garcia (2003) found that it is common for Puerto Ricans to feel ashamed of their ethnic and cultural identity, feel inferior about being Puerto Rican, and have a lack of national pride. They also found that negative emotions such as shame, anger, desperation, and disillusion were associated with what the researchers called "the Puerto Rican experience" (p. 112).

The present findings suggest that a sociopolitically informed conceptual model of depression for Filipino Americans allows for a more accurate etiological description of such psychopathology. Furthermore, internalized oppression seems to be one of the most important contributing factors to depression symptoms among Filipino Americans, a group that experienced centuries of oppression. Therefore, it is likely that the incorporation of internalized oppression into the mental health conceptualizations for other cultural, racial, and ethnic minority groups with similar extensive experiences of oppression may also lead to a more culturally and contextually accurate etiological understanding of their psychopathology. Future studies may explore more complex and sociopolitically contextualized conceptualizations of mental health variables among these other historically and contemporarily oppressed groups.

Implications for Ethnic Minority Mental Health Services

The U.S. Surgeon General's Report (U.S. Department of Health and Human Services, 2001) emphasized that similar prevalence rates of mental health problems between minorities and Whites, combined with lower rates of service utilization among minorities, suggest that a high proportion of minorities have unmet mental health needs. Studies of Filipino Americans have found that they are not comfortable seeking mental health services, even compared with other Asian American groups (Ying & Hu, 1994). More recently, Gong, Gage, and Tacata (2003) found that 75% have not used any type of mental health care. Given that previous studies

have found alarmingly high rates of depression among Filipino Americans (e.g., David & Okazaki, 2006b; Tompar-Tiu & Sustento-Seneriches, 1995), that the present study found similarly high rates of depression for this group, and that the evidence on help-seeking suggests that Filipinos are not likely to seek or utilize mental health services, many Filipino Americans probably have mental health needs that are not appropriately addressed.

Along with stigma, poor service quality and cultural mistrust also contribute to the disinterest of Filipino Americans and other minorities in seeking mental health services. To improve services and eradicate mistrust, culturally sensitive practices have gained wide popularity in research and service settings. It is recommended that, as one way to be culturally competent, service providers incorporate sociopolitical factors such as internalized oppression in conceptualizing Filipino American and other minority clients' mental health. Not only does a historically and culturally informed conceptualization lead to an improved understanding of the experiences of Filipino Americans and other minorities, but it may also improve rapport, reduce cultural mistrust, and lead to the development of effective interventions. A sociopolitically informed conceptualization of Filipino Americans' and other minorities' psychological experiences may contribute toward improving the cultural sensitivity and effectiveness of mental health services for minorities, which in turn, may contribute toward reducing the disparity in service utilization.

Limitations

The present study's results should be interpreted with caution because of several limitations. First, the snowball sampling technique and the self-selected nature of the sample (i.e., individuals willing to participate in a study about Filipino American psychology) limit the generalizability of the results. Future studies using a random and more representative sample of Filipino Americans may obtain more accurate findings regarding the prevalence of depression and the relationships between the variables. Second, Web-based studies have been argued to be vulnerable to several sampling and methodological biases (see Kraut et al., 2004, for a review). However, recent large-scale evaluations found that Web-based results are usually generalizable, are not affected by non-motivated or ill-intentioned participants, are consistent with findings from studies using traditional methods, and are not adversely affected by uncontrolled administration settings (Gosling, Vazire, Srivastava, & John, 2004). Nevertheless, future studies that are not Web based may test the replicability of the present results. Another limitation is that all variables were assessed by self-report. Although SEM minimizes measurement error in its analyses, utilizing a combination of various assessment methods (e.g., interviews, informants) may yield more accurate estimates of the constructs and their interrelationships (please see Okazaki, 2002, for a review of "beyond questionnaires" methods). Last, the cross-sectional design raises questions about the directions of causality between constructs. Although theory provides rationale for the proposed directionality of the model, future studies with more sophisticated methods (e.g., longitudinal designs) are needed to determine causality.

Conclusions

Despite the aforementioned limitations, the present study contributes significantly to our understanding of how internalized oppression, both historical and contemporary, may influence the etiology and operation of psychopathology among individuals who are members of historically and contemporarily oppressed groups. Using the experiences of Filipino Americans as an illustrative case, the present study provides evidence for the potential research and clinical benefits of incorporating the effects of oppressive historical and contemporary sociopolitical conditions in the way we conceptualize the etiology and operation of psychopathology among cultural, racial, and ethnic minorities. It is hoped that such findings will spark future mental health activities (e.g., research, services) that take into account sociopolitical contexts and its effects in their planning, implementation, and interpretation phases. Finally, it is hoped that the present study's findings will contribute toward regarding CM and other forms of internalized oppression as important factors in ethnic, cultural, and racial minority mental health.

References

- Agbayani-Siewart, P., & Enrile, A. V. (2003). Filipino American children and adolescents. In J. T. Gibbs (Ed.), *Children of color: Psychological interventions with culturally diverse youth* (pp. 229–264). San Francisco: Wiley.
- Arbuckle, J. L. (2003). *Amos Graphics Version 5.0*. Chicago: SmallWaters.
- Balls Organista, P., Organista, K. C., & Kurasaki, K. (2003). The relationship between acculturation and ethnic minority mental health. In K. M. Chun, P. Balls Organista, & G. Marin (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 139–162). Washington, DC: American Psychological Association.
- Barnes, J. S., & Bennett, C. E. (2002). *The Asian population: 2000*. Washington, DC: U.S. Bureau of the Census. Retrieved January 3, 2005, from <http://www.census.gov/prod/2002pubs/c2kbr01-16.pdf>
- Berry, J. W. (2003). Conceptual approaches to acculturation. In K. M. Chun, P. Balls Organista, & G. Marin (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 17–38). Washington, DC: American Psychological Association.
- Blascovich, J., & Tomaka, J. (1993). Measures of self-esteem. In J. P. Robinson, P. R. Shaver, & L. S. Wrightsman (Eds.), *Measures of personality and social psychological attitudes* (3rd ed., pp. 115–160). Ann Arbor, MI: Institute of Social Research.
- Bollen, K. A. (1989). *Structural equations with latent variables*. New York: Wiley.
- Brave Heart, M. Y. H. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota. *Smith College Studies in Social Work*, 68, 287–305.
- Clark, L. A., & Watson, D. (1991). Tripartite model of anxiety and depression: Psychometric evidence and taxonomic implications. *Journal of Abnormal Psychology*, 100, 316–336.
- Codina, G. E., & Montalvo, F. F. (1994). Chicano phenotype and depression. *Hispanic Journal of Behavioral Sciences*, 16, 296–306.
- Crocker, J., & Luhtanen, R. (1990). Collective self-esteem and in-group bias. *Journal of Personality and Social Psychology*, 58, 60–67.
- Crocker, J., Luhtanen, R., Blaine, B., & Broadnax, S. (1994). Collective self-esteem and psychological well-being among White, Black, and Asian college students. *Personality and Social Psychology Bulletin*, 20, 503–513.
- David, E. J. R., & Okazaki, S. (2006a). Colonial mentality: A review and recommendation for Filipino American psychology. *Cultural Diversity & Ethnic Minority Psychology*, 12, 1–16.

- David, E. J. R., & Okazaki, S. (2006b). The Colonial Mentality Scale (CMS) for Filipino Americans: Scale construction and psychological implications. *Journal of Counseling Psychology, 53*, 241–252.
- Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. Albany, NY: SUNY Press.
- Fanon, F. (1965). *The wretched of the earth*. New York: Grove.
- Freire, P. (1970). *The pedagogy of the oppressed*. New York: Continuum.
- Gomez Borah, E. (1995). Filipinos in Unamuno's California expedition of 1587. *Amerasia Journal, 21*, 175–183.
- Gong, F., Gage, S. L., & Tacata, L. A. (2003). Helpseeking behavior among Filipino Americans: A cultural analysis of face and language. *Journal of Community Psychology, 31*, 469–488.
- Gong, F., Takeuchi, D. T., Agbayani-Siewart, P., & Tacata, L. (2003). Acculturation, psychological distress, and alcohol use: Investigating the effects of ethnic identity and religiosity. In K. M. Chun, P. Balls-Organista, & G. Marin (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 189–206). Washington, DC: American Psychological Association.
- Gosling, S. D., Vazire, S., Srivastava, S., & John, O. P. (2004). Should we trust Web-based studies? A comparative analysis of six preconceptions about internet questionnaires. *American Psychologist, 59*, 93–104.
- Hall, R. E. (1994). The "bleaching syndrome": Implications of light skin for Hispanic American assimilation. *Hispanic Journal of Behavioral Sciences, 16*, 307–314.
- Harrell, C. J. P. (1999). *Manichean psychology: Racism and the minds of people of African descent*. Washington, DC: Howard University Press.
- Kim, L. S., & Chun, C. A. (1993). Ethnic differences in psychiatric diagnosis among Asian American adolescents. *Journal of Nervous and Mental Disease, 181*, 612–617.
- Kraut, R., Olson, J., Banaji, M., Bruckman, A., Cohen, J., & Couper, M. (2004). Psychological research online: Report of Board of Scientific Affairs' Advisory Group on the Conduct of Research on the Internet. *American Psychologist, 59*, 105–117.
- Kuo, W. H. (1984). Prevalence of depression among Asian-Americans. *Journal of Nervous and Mental Disease, 172*, 449–457.
- Landrine, H., & Klonoff, E. A. (1996). The Schedule of Racist Events: A measure of racial discrimination and a study of its negative physical and mental health consequences. *Journal of Black Psychology, 22*, 144–168.
- McBride, B. A. (2002). Aspects of community healing: Experiences of the Sault Sainte Marie tribe of Chippewa Indians. *American Indian & Alaska Native Mental Health Research, 11*, 67–83.
- Memmi, A. (1965). *The colonizer and the colonized*. Boston: Beacon Press.
- Okazaki, S. (2002). Beyond questionnaires: Conceptual and methodological innovations in Asian American psychology. In G. C. N. Hall & S. Okazaki (Eds.), *Asian American psychology: The science of lives in context* (pp. 13–39). Washington, DC: American Psychological Association.
- Phinney, J. (1992). The Multigroup Ethnic Identity Measure: A new scale for use with adolescents and young adults from diverse groups. *Journal of Adolescent Research, 7*, 156–176.
- Phinney, J. (2003). Ethnic identity and acculturation. In K. M. Chun, P. Balls-Organista, & G. Marin (Eds.), *Acculturation: Advances in Theory, Measurement, and Applied Research* (pp. 63–82). Washington, DC: American Psychological Association.
- Phinney, J., Chavira, V., & Williamson, L. (1992). Acculturation attitudes and self-esteem among high school and college students. *Youth & Society, 23*, 299–312.
- President's Advisory Commission on Asian Americans and Pacific Islanders. (2001). *Interim report to the president*. Retrieved April 12, 2005, from <http://www.aapi.gov/Highlights.htm>
- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385–401.
- Rimonte, R. (1997). Colonialism's legacy: The inferiorizing of the Filipino. In M. Root (Ed.), *Filipino Americans: Transformation and identity* (pp. 39–61). Thousand Oaks, CA: Sage.
- Roberts, R., Phinney, J., Masse, L., Chen, Y., Roberts, C., & Romero, A. (1999). The structure of ethnic identity in young adolescents from diverse ethnocultural groups. *Journal of Early Adolescence, 19*, 301–322.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton Press.
- Rudmin, F. W. (2003). Critical history of the acculturation psychology of assimilation, separation, integration, and marginalization. *Review of General Psychology, 7*, 3–37.
- Ryder, A. G., Alden, L. E., & Paulhus, D. L. (2000). Is acculturation unidimensional or bidimensional? A head-to-head comparison in the prediction of personality, self-identity, and adjustment. *Journal of Personality and Social Psychology, 79*, 49–65.
- Sands, E. A., & Berry, J. W. (1993). Acculturation and mental health among Greek-Canadians in Toronto. *Canadian Journal of Community Mental Health, 12*, 117–124.
- Tajfel, H., & Turner, J. C. (1986). The social identity theory of intergroup behavior. In S. Worchel & W. Austin (Eds.), *Psychology of intergroup relations* (pp. 7–24). Chicago: Nelson-Hall.
- Tanaka, J. S. (1993). Multifaceted conceptions of fit in structural equation models. In K. A. Bollen & J. S. Long (Eds.), *Testing structural equation models* (pp. 10–40). London: Sage.
- Tatum, B. (1994). The colonial model as a theoretical explanation of crime and delinquency. In A. T. Sultan (Ed.), *African American perspectives on crime, causation, criminal justice administration, and crime prevention* (pp. 33–52). Woburn, MA: Butterworth-Heinemann.
- Tompar-Tiu, A., & Sustento-Seneriches, J. (1995). *Depression and other mental health issues: The Filipino American experience*. San Francisco: Jossey-Bass.
- Tsai, J. L., Chentsova-Dutton, Y., & Wong, Y. (2002). Why and how researchers should study ethnic identity, acculturation, and cultural orientation. In G. C. N. Hall & S. Okazaki (Eds.), *Asian American psychology: The science of lives in context* (pp. 41–66). Washington, DC: American Psychological Association.
- U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity. A supplement to mental health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- Varas-Diaz, N., & Serrano-Garcia, I. (2003). The challenge of a positive self-image in a colonial context: A psychology of liberation for the Puerto Rican experience. *American Journal of Community Psychology, 31*, 103–115.
- Watson, D., Weber, K., Assenheimer, J. S., Clark, L. A., Strauss, M. E., & McCormick, R. A. (1995). Testing a tripartite model: I. Evaluating the convergent and discriminant validity of anxiety and depression symptom scales. *Journal of Abnormal Psychology, 104*, 3–14.
- Yeh, C. J., & Huang, K. (1996). The collectivistic nature of ethnic identity development among Asian-American college students. *Adolescence, 31*, 645–661.
- Ying, Y.-W. (1995). Cultural orientation and psychological well-being in Chinese Americans. *American Journal of Community Psychology, 23*, 893–911.
- Ying, Y.-W., & Hu, L. (1994). Public outpatient mental health services: Use and outcome among Asian Americans. *American Journal of Orthopsychiatry, 64*, 448–455.