Walden University

COLLEGE OF SOCIAL AND BEHAVIORAL SCIENCES

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Peter C. Kutschera

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ABSTRACT

Stigma, Psychosocial Risk, and Core Mental Health Symptomatology Among
Amerasians in the Philippines: A Multiple-Case Study

by

P. C. "Pete" Kutschera

M.S.W., School of Social Welfare, University at Albany, SUNY, 2003
B.A., State University of New York, New Paltz, University of Wisconsin-Madison, 1976

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Human Services
Clinical Social Work

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ABSTRACT

The purpose of the study was to explore the impact of stigmatization and discrimination-related psychosocial risk and stress and their relationship to the mental health status of a marginalized group of Filipino Amerasians in Luzon. A sample of 16 mixed-parentage adolescent and young adult Anglo and African Amerasians, who had been abandoned by U.S. servicemen fathers when the Department of Defense (DOD) withdrew its military bases from the Philippines in 1992, helped to answer research questions about how their situations affected their mental health. The conceptual framework was Fanon's theory of colonial psychological oppression in a multiple-case study research design. The data-gathering instruments included a semistructured, researcher-designed interview guide to generate personal narratives and the Depression Anxiety Stress Scales to measure depression, anxiety, and stress. Qualitative cross-case analysis identified multiple psychosocial risk factors, including alcohol and drug abuse, poverty, and homelessness. Many factors were stigma related, including exposure to biracial tension and violence, name-calling, abandonment despair, identity confusion, and derivative family strain. Over half the sample (62.5%) scored severe levels of anxiety, depression, and stress. Social change implications include the need for more emphasis by the DOD on preventing negative consequences for local inhabitants and their children conceived with U.S. servicemen during extended deployments. We need more research and more effective policies, global partners, and interventions to protect the public health, mental health, and social welfare of mixed-American offspring born during such deployments.

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DEDICATION

To my mother, Helen Rose Schmalbach Kutschera, of the town of Callicoon, New York, born August 5, 1919. When I was a child, my mother told me about how much she and Poppa, my father, loved *In Dubious Battle* (1936), John Steinbeck's powerful, soul-stirring portrayal of struggling California farm workers in the Great Depression. They reveled in that epic so much they had to take turns reading the volume, hot paging it back and forth from each other's hands until they were done.

John Steinbeck's sympathies were clearly with the striking fruit crop pickers, and from that time on, I believe I learned, or at least became aware, of the value and necessity of social conscience. My mother taught me the inestimable treasure of reading books and "the mail," the joy and challenge of intellectual pursuit, the wisdom of eternal learning.

She was one of the founders and a president of the Parent Teachers Association at the rural Jeffersonville Central School, an inspiring building of the Williamsburg colonial architectural school constructed under FDR's Works Progress Administration (WPA). Headed by Harry Hopkins, a social worker, the New Deal's WPA provided 8 million jobs for chronically jobless Americans between 1935 and 1943, the year she gave me life. It was not surprising, therefore, that my mother cast her ballot for the Roosevelt-Wallace ticket in 1940 when she first became eligible to vote in a presidential election.

My mother's social and political impulses at the time were not unlike most of rest of the Schmalbach and Kutschera family of that era, immigrants of the old Austro-Hungarian Empire who settled in New York and America with millions of other Eastern Europeans at the turn of 19th century. Indeed, my father, Theodore (Ted) Kutschera, was

named in 1913 by my grandmother out of respect and admiration for President Theodore Roosevelt, the year after he had run unsuccessfully for president on the Progressive Bull Moose ticket. The Progressives were a third party of the populist genre who arduously opposed predatory and unregulated capitalism, as well as the growing financial fissure between the wealthy and the middle and poor classes, and who foresaw an America that would assure human rights and a place and recognition for immigrants of all creeds.

A pioneer parent and homemaker in our time, and an inspiration for succeeding generations of our family, including my beloved children, brothers, nieces, nephews, cousins, and in-laws, Grandma Helen Kutschera and her iconic human kindness are historically etched as an enduring source of affirmation, energy, and motivation. With profound love and gratitude, thank you always, my dear, sweet Momma.

ACKNOWLEDGMENTS

Finally, I offer my humble thanks and gratitude to my family, who often endured my absences and lack of personal attention during this odyssey, including my dear sons, Philip and Kenneth Roy; brothers, Ted C. and Thomas Kutschera; and my mother, Helen S. Kutschera, to whom this research is dedicated.

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CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

Social stigmatization and discrimination based upon behavior, physical appearance, medical and mental health, social status, origin of birth, and other conditions affect an array of individuals, groups, and population cohorts in regard to mental health symptomatology. These groups include inhabitants with multiple racial identities (Shih & Sanchez, 2005); Vietnamese Amerasians (Bemak & Chung, 1997; McKelvey, Mao, & Webb, 1992; McKelvey, Webb, & Mao, 1993; African Americans (Lightsey & Barnes, 2007); Mexican migrant farm workers and Mexican American and Chicano urban and rural dwellers (J. D. Hovey & Magana, 2002; Vega et al., 1998); and Filipino Amerasians (Gage, 2007; Gastardo-Conaco & Sobritchea, 1999), who were the focus of this research.

Stigmatization and discrimination are broad-based social phenomena with definitional negative effects on the victims (Falk, 2001; Major & O'Brien, 2005) Krieger (1999), who reviewed the impact of discrimination and racism-based stigmatized behavior on diverse ethnic and minority populations, observed that conditions reflecting human inequity are hurtful to the persona. Krieger analyzed the literature on the subject and concluded that stigma-driven racism and discrimination have a significant impact on mental and physical health.

Such a framework permeates the daily lives of many of the estimated 50,000 Anglo and African Filipino Amerasians. This population comprise the progeny of U.S. servicemen fathers who abandoned or estranged them when military bases in central and

northern Luzon closed in 1992 (Levi, 1993). These remaining Amerasians comprise a

living laboratory of an economically stunted and socially isolated population (Gage,

2007; Levi, 1993). According to multiple anecdotal accounts and news reports, as well as

very limited empirical research, their days and nights are filled with profound poverty,

exclusion, marginalization, despair and various forms of physical and mental stress or

disorder (Bongiovanni, 2001; Cattani, 1997; Gage, 2007; Sturdevant & Stoltzfus, 1992).

Filipino Amerasians, particularly Africans, experience severe social, psychological, or

cultural stigmatization and subsequent discrimination and socioeconomic (SES)

disadvantage (Bongiovanni, 2001; Gastardo-Conaco & Sobritchea, 1999; Levi, 1993).

Falk (2001) described the basis for the "existential" (p. 11) stigmatization

experienced by Filipino Amerasians and enclaves of other Amerasians on the Western

Pacific Rim. Existential stigmatization includes physical marks or the presence of

identifiable racial features. These attributes might include shape of the nose and forehead,

texture or color of hair, and skin color or tone, all of which evoke particularly severe

behavioral reactions against Africans (Gastardo-Conaco & Sobritchea, 1999). In addition,

existential circumstance is the condition of being the offspring at birth of the dual and

shamed relationship of prostitute mothers and the military servicemen fathers who

forsook them in a foreign land (Bongioanni, 2001; Gage, 2007; Levi, 1993; Sturdevant &

Stoltzfus, 1992).

Within the Filipino Amerasian diaspora, as in similarly isolated populations,

stigmatization is chiefly a contextual or a situational threat in which a group or an

individual's shame or disgrace is salient. The setting in which it occurs affects how one is

perceived and judged (Crocker, Major, & Steele, 1998). The social environment influences the nature and severity of the stigma, as well as its relationship to the central factors in mental health symptomatology, namely, depression, anxiety, and psychosocial stress, the focus of this research.

Background of the Problem

Stigmatization, discrimination, and high poverty conditions among Filipino Amerasians are psychosocial conditions rooted in the contextual setting of military prostitution, a by-product and fixture of the U.S.-Philippine colonial and postcolonial relationship from 1898 to 1992 (Butler, 2000; Levi, 1993; Sturdevant & Stoltzfus, 1992). These antecedent elements also include authoritarianism, militarism, mercantilism, oppressive trade practices, and racial and gender paternalism (Bonner, 1987; Enloe, 1989, 1991; Karnow, 1989; Pomeroy, 1992).

Militarized prostitution around military bases in the Philippines led directly to settlements of Amerasians over the years in Luzon, which is north of the capital city of Manila, and places as distant as Cebu, Leyte, and Mindanao. Butler (2000) contended that the condition became one of the most graphic symbols of U.S. domination, noting that "oppressive factors…drive many women into prostitution, especially militarized prostitution" (p. 230). Among these factors are severe poverty, social marginalization, sexism, and misogamy (Sloss & Harper, 2004).

As the years passed, oppressive circumstances facing Amerasians led to the development of a host of psychosocial personal risk and mental stress factors, including discrimination, prejudice, stereotyping, and the name-calling of children. Living on the

fringes of Philippine society, Amerasians became mired in poverty (Gage, 2007; Levi, 1993) in a developing country, already in general poverty arguably because of U.S. colonial and neocolonial exploitation (C. Johnson, 2004, 2007; Pomeroy, 1992).

Eighteen years after abandonment or estrangement by U.S. servicemen fathers following the closure of Subic Bay Naval Base and Cubi Point Naval Air Station, Olongapo; Clark Air Force Base, Angeles City; Camp O'Donnell and the Crow Valley Bombing and Gunnery Range, Tarlac; Camp John Hay, Baguio City; and a number of other installations, bases, air fields, and training areas, the Amerasian youth and young adults of Luzon remain a dissociated and isolated population. In one of the few contemporary Philippine-based psychosocial and socioeconomic studies on Amerasians, Gastardo-Conaco and Sobritchea (1999) noted that

> [Amerasians] have largely been neglected and ignored by both the U.S. and Philippine governments. The problem of Amerasian children in our country [is] compounded by poverty and the marginalization of certain sectors of society, particularly women and children. (p. vii)

Amerasians in Luzon are a fraction of a broader Pan Amerasian aggregate. Such populations exist in numerous locales throughout East Asia and Southeast Asia. In these locations, the U.S. Defense Department posted large assignments of uniformed military personnel, civilian employees, and military contractors during and following World War II. Significant enclaves include Okinawa, Japan, Okinawa, South Korea, Thailand, and the Socialist Republic of Vietnam (Gage, 2007; Levi, 1993; Montes, 1995). In Vietnam alone, an estimated 30,000 Amerasian infants and children were sired during the Vietnam War between 1964 and 1973 (Bass, 1996; O'Connor-Sutter, 1990).

Statement of the Problem

This study addressed the problems created when American servicemen fathered and then left behind many mixed nationality/racial offspring while serving in the Phillipines prior to 1993. In spite of the potential for serious mental health problems among these children and many anecdotal observations about the extent and nature of these problems, I found no published, systematic studies of how this situation may have affected the lives of young Filipino Amerasians whose fathers returned to the United States. Racial and ethnic stigmatization and discrimination among low-SES and poverty marginalized young adult and adolescent Filipino Amerasians in Luzon may be psychosocial risk and stress factors, and may be clinically related to the core elements of mental health symptomatology, including depression, anxiety, and stress.

Nature of the Study

Mental health studies among young adult and adolescent Vietnamese Amerasian refugees in the 1980s and 1990s indicated that similar life circumstances currently faced by Filipino Amerasians influence a host of psychosocial personal risk and mental stress factors leading to mental illness symptomatology or disorder. Accordingly, this exploratory, qualitative study employed a multiple-case methodology designed to examine (a) social stigmatization and ethnic discrimination; (b) their effect on the psychosocial aspects of daily life; and (c) their relationship to depression, anxiety, and stress within a marginalized population, namely, Filipino Amerasians in Angeles City, Luzon, the Philippines.

Research Questions

The central research questions guiding this study were as follows:

1. How did both Filipino Amerasian adults and adolescents describe their lives as they experience social stigmatization and ethnic discrimination?

2. Were there indicators that Filipino Amerasians generally experienced stigmatization and discrimination based upon their different racial and ethnic constitution, physical features, and conditions of birth as progeny of U.S. servicemen?

3. Were there indicators that African Amerasians experienced greater degrees of stigmatization, discrimination, and low-SES marginalization based upon the presenting conditions described above?

4. Did Amerasians view their circumstances of birth as a contributing factor to their psychosocial, socioeconomic, and general mental health well-being?

5. Was there a presence of stigmatization and discrimination-related psychosocial stress factors experienced by Filipino Amerasians and depression, anxiety, and stress (i.e., the core elements of psychopathological symptomatology)?

Two instruments were employed to gather data: (a) the standardized Depression Anxiety Stress Scales (DASS-21) to test for the presence of depression, anxiety, and stress, and (b) a semistructured, open-ended interview guide to generate personal narratives. With the in-depth interviews, I asked the participants to describe their experiences, perceptions, and feelings of devaluation, and to report anecdotal stress

incidents based upon their ethnicity and physical traits as well as related situations. These self-reports of individual psychosocial personal risk and mental stress factors included those considered by the participants related to oppressive stigmatization and racial and ethnic discrimination.

Purpose of the Study

The specific purpose of this study was to identify stigma and discrimination-related psychological themes and psychosocial risk and stress factors related to indicators or the presence of depression, anxiety, and stress. The research also was an exploration of the extent and intensity of oppressive stigmatization and discrimination on a marginalized population of mixed-parentage, biracial origin, namely, Anglo and African Filipino Amerasians inhabiting Angeles City, Luzon, the Philippines. In this process, I explored the veracity of anecdotal reports that levels of stigmatization and mental health core symptomatology were greater among African Filipinos. The intent of the investigation was to close a significant deficit in empirical research dealing with (a) the nature of social stigma and discrimination-related psychosocial risk, and (b) its co-occurrence and relationship to core mental health symptomatology encountered by Filipino Amerasians specifically and Pan Amerasian and isolated biracial populations generally.

Theoretical and Conceptual Framework

The theoretical and conceptual framework was Fanon's (1963, 1965, 1967) theory of psychological oppression. The framework also drew secondarily from several allied psychosocial thought disciplines (i.e., social stigma, marginality and stress theory; Goffman, 1963; Pearlin, 1989; Stonequist, 1937). Fanon's (1963, 1967) theory of

colonial and neocolonial oppression provided the overarching apparatus for understanding the underlying and antecedent elements driving the social stigmatization and discrimination variables and their relationship to psychosocial stress, depression, and anxiety.

The unique sociological configuration of Filipino Amerasians as a diaspora provided a relevant context to the theoretical and conceptual frameworks chosen for the study. Diasporas are generally defined as the movement, migration, forced relocation, or scattering of a people or their descendants sometimes far from an established homeland (Palmer, 2000). While investigating the conditions of overseas Filipino workers, San Juan (2006) held that diasporic groups are determined "not only by a homeland but also by a desire for eventual return, and by a collective identity centered on myths and memories of the homeland" (p. 42). Regardless of their location or origin, Palmer further posited that diasporic communities in many instances "are not actual but imaginary and symbolic communities and political constructs. [They] share an emotional attachment to their ancestral land, are cognizant of their dispersal and, if conditions warrant, their oppression and alienation" (p. 28).

Given such criteria variance, Filipino Amerasians and Amerasians in general would qualify as a disaporic population on several levels: (a) They were fathered by military communities of U.S. servicemen stationed at permanent U.S. military bases; (b) they were forced to forfeit or suspend claim on their U.S. homeland when their fathers departed; (c) they are scattered at numerous locations in East and Southeast Asia as Pan Amerasian population cohorts (i.e., Guam, Japan, Okinawa, South Korea, Thailand,

Vietnam); (d) they maintain collective identities as Amerasians and cultural and social ties to the U.S. mainland; and (e) in significant numbers among the sample interviewed, they expressed the desire or sought, however tenuous, to immigrate and claim U.S. American family ties.

Thus, Filipino Amerasians' origination under oppressive forces and events, and their diasporic features, has necessitated an overarching theoretical explanation as well as a conceptual framework broad enough to incorporate related theories. Such a framework draws supportively from classical social stigma and discrimination theory (Allport, 1979; Goffman, 1963) and marginality theory (Park, 1928; Stonequist, 1937).

Various versions of stress theory have provided explanations of the psychosocial risk and stress factors influenced by stigmatization; discrimination; and the link to core mental health symptomatological elements, including depression and anxiety (Pearlin, 1989). "The at-risk status of Amerasians has been conceptualized, at least implicitly, in terms of the stress process model, which postulates a direct causal relationship between stress and the development of psychiatric disorders" (Beiser, as cited in McKelvey, Webb, & Strobel, 1996, p. 409).

Psychology of Oppression Theory

Psychological oppression theory offers an explication of (a) psychosocial oppression in a colonial and postcolonial setting; (b) the creation of stigmatization, racism, and SES marginalization and the concomitant conditions of low self-esteem and social isolation; (c) the negative formation of individual psychosocial risk and stress factors; and (d) the manifestation of mental illness symptomatology and disorder among

victims (Bulhan, 1985). Fanon, a psychiatrist from Martinique, West Indies; a social

scientist; and an Algerian War of Independence (1954-1962) revolutionary, formulated

this psychological model and related aspects of colonial oppression in three postcolonial

era classical books: *The Wretched of the Earth* (1963), A *Dying Colonialism* (1965); and

Black Skin, White Masks (1967).

Youssef and Fadl (1996) held that Fanon's 1960s era theory included a self-

imposed limitation in that the premise was sociopolitical in character because Fanon was

of the firm belief that most human problems needed to be understood first in their social

and cultural contexts. Fanon (as cited in Youssef & Fadl, 1996) averred that the defining

features of colonial or postcolonial oppression (e.g., military prostitution and the

formation of the stigmatized and marginalized Amerasians developed over time in the

Philippines) were "motivated by economic, psychological and social factors that affected

the physical and mental health of the oppressed. The oppressed became mad because

oppression pervades their social existence" (p. 528).

Fanon (as cited in Keller, 2001) also contended that the oppressive architecture of

colonialism, including racism, stigmatization, discrimination, SES peonage, and its

postcolonial era drift served as an incubator for psychopathology. The colonial culture

fostered "a breeding ground for mental disorders" (Fanon, 1963, pp. 182-183).

Such outcomes, fostered by psychosocial and sociopolitical violence, created a distorted

and dysfunctional subculture "that couches and cowers, a sector on its knees, a sector that

is prostrate. It's a sector of niggers, a sector of towel heads" (Fanon, 1963, pp. 4-5).

Cumulatively these conditions led to the chronic mental health syndrome of the colonized

personality, a "systemized negation of the other, a frenzied determination to deny the

other any…attribute of humanity, colonialism forces the colonized to constantly ask the

question: 'Who am I in reality?'" (Fanon, 1963, p. 182).

Fanon's (1963) observation closely resembled Park's (1928) depiction of the

hybrid and personalities found among poor and isolated immigrants living on the margins

of society (as cited in Del Pilar & Udasco, 2004). The phenomenon was further described

by Stonequist (1937), who commented, "The marginal situation provides excessive self-

consciousness and race-consciousness. The individual is conscious of his anomalous

position between the two cultures and his attention is repeatedly focused upon each group

attitude and his relationship to it" (p. 148).

Social stigmatization and its debilitating by-products of discrimination,

stereotyping, name-calling, and poverty are central tenets of psychological oppression

theory. Goffman (1963) posited that stigma comprises a discredited attribute. In Fanon's

(1963) view, the stigma associated with being a member of a suppressed class as an

Amerasian might be defined from colonial oppression that reduced the bearer from a

complete organism to an impure and diminished one. Crocker et al. (1998) cited Goffman

on the social psychology of stigma, maintaining that group and individual stigmatization

and discrimination, as well as negative mental and physical health outcomes, as

postulated by Fanon's psychological oppression, are explicitly linked.

Fanon (as cited in Bulhan, 1985) contended that modern psychoanalytic theory,

essentially Eurocentric in outlook, has been inadequate to explain or treat

psychopathology originating in a colonial or a postcolonial setting. Traditional

psychoanalytic theorems by Sigmund Freud and Carl Jung, Fanon averred, have been equally irrelevant. Youssef and Fadl (1996) maintained,"[Fanon] considered that a narrow medical model of mental illness was not enough to understand the North Africans, but that social, economic, cultural and psychological factors should also be taken into account" (p. 529). Significantly, Fanon and later neocolonial thinkers (e.g., Onwuanibe, 1983; Said, 1989) defended his philosophy and psychiatry as not exclusive to African colonial and postcolonial conflict. Rather, they contended that violence and oppression are always present in a broad variety of human, social, and cultural relationships.

Stress Theory

Stress theory developed as a significant theoretical framework in psychiatry and clinical social work with its clarification of the role of risk and stress trauma in mental health psychopathology and physical health problems (Thoits, as cited in Taylor & Turner, 2002). Stress is a reaction to an occurrence that requires a change in behavior in order to adapt (Anderson, 1998). Significantly for this study, Pearlin (as cited in Taylor & Turner, 2002) contended that stress exposure, including personal risk and mental stress-related factors emanating from daily living or from extraordinary occurrences, are part of this formulary. Stress and risk factor conceptualizations and constructions were central to the qualitative nature of this research. Numerous theorists, subsequent empirical studies and research reviews (e.g., Allport, 1979; Broudy et al., 2006; Gee, 2002; Goffman, 1963; Klonoff, Landrine, & Ullman, 1999; Krieger, 1999; Kurzban & Leary, 2001; Landrine & Klonoff, 1996) have linked stigmatization, racism, and discrimination as co-

occurring, related, or contributory negative factors affecting the mental health of minority and socially marginalized populations.

Link and Phalen (2001), commenting on the substance of psychosocial risks and stress, identified stigma and racial discrimination as "key determinant(s) of many of life chances…from psychological well-being, to employment, housing and life itself" (p. 378). Significant to this study and validating the stress theory conceptual framework, Felsman, Johnson, Leong, and Felsman (1989); Felsman, Leong, Johnson, and Felsman (1990); McKelvey et al. (1992); McKelvey, Mao, et al. (1993); McKelvey, Webb, et al. (1993); McKelvey et al. (1996); and McKelvey and Webb (1996a, 1996b, 1997) generally based their field studies upon probing the mental health symptomatology of Vietnamese Amerasians by the stress-process model.

Figure 1 is an adaptation of Fanon's (1963, 1965, 1967) psychological oppression theory to the contours of the research questions involving Anglo and African Filipino Amerasians. Note that antecedent variables are provided here for explanatory purposes and for background, but they were not a focus of measured in the study.

(Antecedent Variables) **(Unmeasured)

Colonial/Neo-Colonial Occupation
Military Prostitution
Formation of Mixed-Race Amerasian Population

(Independent Variables)

Social Stigmatization/Discrimination
(Racial and Ethnic)

(Units of Psychosocial Analysis)

Psycho-Social Risk/Stress Factors & Psychological Themes
(Including those related to & including
Stigma/Discrimination)

(Dependent Variables)

Depression/Anxiety/Stress
(Core Elements of Mental Health Symptomatology)

Figure 1. Adaptation of Fanon's psychology of oppression to the conceptual framework.

Definitions of Terms

*Anxiety***:** DASS raw score ranging from 7 for mild anxiety to a high of 42 for extremely severe anxiety (Lovibond & Lovibond, 1995).

Depression: gradients with a DASS score ranging from 9 for mild depression to a high rating of 42 for extremely severe depression (Lovibond & Lovibond, 1995).

Derivative Family: a dysfunctional family construct found among Amerasians and a local clinical term also used among social workers and mental health practitioners in Luzon. It describes the loose, transitory, and disorganized nature of at-risk and marginal Amerasian families usually with multiple, racially mixed Anglo, African, and Filipino parentage features and characterized by a marginalized, at-risk, and disorganized family life style and internal structure similar to so-called dysfunctional family units (Root, 1998).

Operational discrimination: manifestations and examples of discriminatory action affecting Amerasians, including negative behavior specifically elicited by oppressive stigma and racism. Examples of discrimination include denial of access to education and job opportunities, limited educational attainment, marginal SES, or high relative poverty or homelessness. Acts of personal discrimination against Amerasians that are family related include disparate or abusive treatment by a native stepparent, maternal abandonment, involuntary social isolation, or low social desirability (McKelvey, 1999; Yarborough, 2005).

Individual acts of discrimination in and of themselves also concurrently serve as psychosocial risk and stress factors. Discrimination-linked themes were identified and

qualitatively measured during the exploratory phase of research through the use of the semistructured interview instrument when the participants described the nature, intensity, length, and impact of their experiences elicited through self-report and anecdotal accounts (Felsman et al., 1990).

Operational mental health symptomatology: symptomatology manifested through the presentation of depression, anxiety and stress, core elements of psychopathology tested, measured, and assessed by the DASS-21measurement scale (Lovibond & Lovibond, 1995). The DASS-21, which employs self-report DASS subscales, is an assessment tool to identify the severity of the basic symptoms of depression, anxiety, and stress, occurring within 1 week of administration of the measurement scales.

Operational psychosocial risk factors and stress factors: personal risk and mental stress factors specifically linked to stigmatization and discrimination that were used for identification, categorization, and analysis. Personal risk factors in this study included poverty and low income, lack of access to health services, low educational opportunity or attainment, unemployment and homelessness. Mental stress factors included targeted name-calling, biracial stress and trauma, low self-esteem or feelings of inferiority, social isolation, or somatic complaints (McKelvey et al., 1992). Stigma and discrimination were linked to psychosocial risk factors and identified and measured during the exploratory interview phase of research through use of the semistructured interview instrument. Their effect was measured by the DASS-21 scales.

Operational stigmatization: manifestations and examples of stigmatization of Amerasians causing devaluation because of (a) circumstances of birth often as progeny of

Filipina mother prostitutes or sex industry workers impregnated by foreign U.S. servicemen, and (b) mixed or biracial social background or status with Anglo and African physical features and skin color variation perceived as placing that person or group as apart or different from the whole of society (Falk, 2001).

Stress: DASS score ranging from 14 for mild stress to a high of 42 for extremely severe stress (Lovibond & Lovibond, 1995).

Theoretical social stigmatization: an individual has a mark or distinction transmitting a social identity "devalued in a particular social context" (Major & O'Brien, 2005, p. 393). Stigma is a characteristic of a person or a group perceived as placing that person or group apart or different from the balance of society. Crocker et al. (1998) noted that stigma is relationship-and-context specific that does not emanate from the person, but more often from the social circumstance.

Theoretical discrimination: comprises unfair or negatively disparate treatment based on group affiliation. It generally constitutes negative or harmful actions against a population cohort or a group by dominant forces or their surrogates, and it usually is based upon racial, ethnic, or religious considerations. Historically, discrimination of either the individual or the institutional variety has had strong connections to stigmatizing behavior reflected by dominant or plurality populations targeting racial and ethnic minority or stigmatized groups or individuals (Appleby, Colon, & Hamilton, 2007; Falk, 2001).

Theoretical mental health symptomatology: a presenting mental, physical condition or symptomatic condition demonstrating existence of pathology and, therefore, a "subjective indication" of disease (Colman, 2001, p. 724).

Theoretical psychosocial risk factors and stress factors: personal risk and stress factors widely ranging in conditions or circumstances of daily life with deleterious properties. They were contributing elements and indicators of mental health symptomatology, which for purposes of this study included depression, anxiety, and stress (McKelvey et al., 1992).

Personal risk factors often have a physical or a socioeconomic basis; mental stress factors have a psychological foundation. Beiser (as cited in McKelvey et al., 1996) described the stress-process model as a cause-and-effect (or relationship) dynamic between psychosocial stress and mental health disorder formation. The model, widely used in mental health studies of Vietnamese Amerasian refugees in the 1980s and early 1990s, hypothesized that when detected in clusters, these factors indicate proneness to developing mental illness symptomatology. Definitions of additional terms applicable to the research are located in Appendix A**.**

<div align="center">Assumptions, Limitations, and Delimitations</div>

Assumptions

Given the amount of published news media, as well as the number of Internet reports, books, and anecdotal accounts, the levels of stigmatization, discrimination, psychosocial stress, mental trauma and conditions of poverty marginalization experienced by Filipino Amerasians are generally commonplace. Such conditions have been reported

as nearly identical to those experienced by their Vietnamese counterparts (Levi, 1993).

Like Vietnamese Amerasians, Filipino Amerasians are now the remaining traces of U.S.

intervention in the Philippines. Any residual resentment against the U.S. presence in the

Philippines can easily be vented against Filipino Amerasians. They are without resources

and discriminated against in a country that is itself poor.

Based upon these reports, stigmatization, discrimination, and related psychosocial

stresses were found to be endemic, and such experiences and characteristics occurred in

the sample ($N = 16$) chosen for investigation and analysis in this study. In addition,

stigmatization and discrimination broadly reported among Africans and in greater

proportions than among Anglo Amerasians in the handful of empirical studies of this

population (e.g., Cattani, 1997; Gastardo-Conaco & Sobritchea, 1999) also were present

in the sample.

The next assumption related to the prevalent view paradox among segments of

Filipino society that some Anglo Amerasians are held in high social esteem. This paradox

views Amerasians with Anglo European physical features and pale skin color as

deserving of special social status. In such instances, biracial or mixed Filipino ethnics

have benefited professionally, economically, and socially from their whiter skin color and

Caucasian physical features (Hagedorn, 1991, 1997). Consequently, the possibility

existed in this study of an outlier finding that under some circumstances, Anglo

Amerasians in Philippine society have actually gained or profited socioeconomically or

culturally because of their unique circumstances of birth. Such occurrences in the sample

and their significance to the research findings are included in this inquiry.

Limitations

Fanon's (1963, 1967) theory of psychological oppression presented a mentionable limitation. Its broad thesis, that is, sociopolitical and psychosocial oppression in a colonial and postcolonial setting leads to mental disorder, although valid conceptually (Bulhan, 1995; Gibson, 1999; Keller, 2001), was a largely untested proposition. The thesis gained support through empirical studies of related phenomena and social populations, including (a) research dealing with the mental health impact of racial and ethnic stigmatization and discrimination directed at African Americans (Broudy et al., 2006; Klonoff et al., 1999; Krieger, 1999); (b) the psychosocial stress experienced by immigrant and refugee populations (Garcia-Peltoniemi, 1991; Nicholson, 1999) and Mexican Americans and Chicanos (Vega et al., 1998); and (c) their influences on mental health.

The intent of this exploratory research was to address, but not test, Fanon's (1963, 1967) conceptual framework. Of particular relevancy were the open-ended questions in the semistructured interview dealing with social stigmatization and its relationship to the oppression of military prostitution; the stereotyping and name-calling experienced by the participants as stigmatized progeny of U.S. military servicemen; and individual, group, or institutional discrimination experienced from such circumstances.

Although a limitation was the structure of the close-ended and leading nature of a number of questions in the semistructured interview (see Appendix B), both types of questions are common features of qualitative research. However, to counteract this possible limitation, the participants were afforded extra time and encouraged to explore

their worldviews, which were not included as a possible consideration in the questions. I made a consistent effort to encourage all of the participants to freely discuss and reflect their honest opinions and feelings; I also gave them the opportunity to add, clarify, disagree, modify, or correct any answers to both types of questions during the interviews.

Delimitations

One delimitation of this study was the small sample size of 16 participants. This number was significantly smaller than the 150 to 300 random samples used in some Vietnamese Amerasian mental health quantitative research studies. Ostensibly, this structural feature represented a potential deficiency. However, the basis for employing a purposive sample selection was to preclude this delimitation. Similarly, the Anis (1996) multiple-case research of Vietnamese Amerasian refugees focused on the study of 14 participants among a similarly isolated population. Although the sample was limited, most of these participants reflected "stigmatized and discriminated" statuses, accompanied by marginalized and "highly traumatized" mental health indices (Anis, 1996, Abstract, p. iii). This study gathered its sample of Vietnamese Amerasian refugees by employing a nonprobability, purposive sample selection technique.

Significance of the Study

Positive social change and improvements in human and social conditions may occur as a result of these research findings, particularly if they contribute to an academic and social justice awareness of the marginalized Amerasian diaspora. U.S. and Philippine-based academic research is particularly wanting on this subject. Fresh exploration could serve as a catalyst for further scholarship on biracial population origins,

spur sociological interest in and public awareness of the neglected topic of Amerasians in general, and lead to the expansion of research data related to social and human implications of the long-term stationing of U.S. servicemen in overseas assignments.

The research may be useful as a resource paper, inquiry, or publicity document by or for Philippine, U.S., and Filipino-American government agencies, nongovernment organizations (NGOs), foundations, and community welfare and charitable service organizations. For instance, the Pearl S. Buck International (PSBI) Foundation cosponsored the Gastardo-Conaco and Sobritchea (1999) study of socioeconomic marginalization among 443 Amerasians. The study helped to raise public awareness about the plight of the diaspora in both the Philippines and the United States.

This study of Amerasians' mixed-parentage origin and its implications for mental health consequences has the potential of adding to or providing a catalyst for research on social stigma and mental health research literature from a U.S.–based, clinical social work perspective. The inquiry may augment the limited number of demographic, psychosocial, and psychopathology studies compiled to date on Pan Amerasian populations, specifically Amerasians in the Philippines.

The research also may supplement current understanding of social stigma and co-occurring racial and ethnic discrimination and their collective impact on mental health, particularly as it relates to circumstances originating from mixed-racial parental unions. Given that the preponderance of Amerasians are children of sex industry worker mothers, born into and often raised in disgraced or stigmatized circumstances (Levi, 1993; Sloss &

Harper, 2004), the nature of stigmatization affecting Filipino Amerasians is innately complicated.

The "unprecedented phenomenon" of the "globalization of the sex trade" (Kuo, 2000, p. 42) flourishes and continues to expand throughout peripheral areas of the world. The U.S. military in particular has played a crucial role in the expansion of the sex trade into Southeast Asia, according to Kuo. These trends are present within the psychosocial architecture framing U.S. military prostitution and rest; recuperation, and recreation military leave practices; and recently updated military code of military justice and command policies addressing the consort of servicemen with prostitutes and sex industry workers, as well as their fraternization with local women.

<div align="center">Summary</div>

This exploratory, qualitative study with a multiple-case design examined aspects of marginalization of the Filipino-Amerasian population, including (a) an exploration of the general intensity of social stigmatization; racial and ethnic discrimination; and their impact and relationship to the core elements of mental health symptomatology: depression, anxiety, and psychosocial stress; (b) identification of the psychosocial risk and stress factors, psychological categories, and themes indicating the potential to develop mental health trauma similar to those found among Vietnamese Amerasian refugees in the 1980-1990s; (c) development of an understanding whether African Amerasians experience more marginalization and discrimination than their Anglo Amerasian counterparts; and (d) the provision of a review and discussion of the

conceptualization of psychological oppression, stigma, stress, and marginality theory, and their impact on and relevancy to mental health symptomatology.

Chapter 2 comprises a literature review of empirical research, including stigmatization and discrimination research, with linkages to mental health psychopathology, the import of psychosocial risk and stress factors, and previous research methodologies employed in the study of Amerasians and similarly situated minority populations. The chapter also examines significant social, economic, political, and cultural antecedent conditions in the Philippines directly affecting formation and emergence of the modern Filipino Amerasian diaspora.

Chapter 3 elaborates upon the case study research methodology, participant selection, efforts to protect the participants, and the basis for data collection and analysis. Chapter 4 provides the research results based upon the responses to exploratory interviews with 16 Amerasians who described their experiences with stigmatization and discrimination and self-report psychosocial risk and stress along as well as the results of the DASS-21 measurement scales that gauge depression, anxiety and stress symptomatology. Chapter 5 interprets the results and outlines future courses of action, research and social and human implications of the research findings.

CHAPTER 2: LITERATURE REVIEW

Introduction

The literature review is presented in four sections:

1. Historical context of colonial and postcolonial occupation and oppression, and the origin, culture, and consequences of Amerasian military prostitution.

2. Empirical studies on the consequences of stigmatization and discrimination.

3. Psychosocial risk and stress factors, including Vietnamese Amerasian mental health, psychosocial risk, and stress factor studies.

4. Research methodology used to explore the topical area.

Literature Search

The literature search used multiple electronic and manual searches for information related to the problem statement and the research design. Exploration of the appropriate literature yielded peer-reviewed journal articles, narrative articles and journal reviews, books, texts, dissertations, theses, and newspaper and magazine periodical accounts primarily based on anecdotal disclosure. Empirical studies or dissertations relating to the problem statement have been very limited. The dearth of such material necessitated heavy reliance upon unscientific sources, such as news, magazine, periodical, and book accounts.

Major databases that were explored included such EBSCO databases as Academic Search Premier, Questia, Google Scholar, High Beam, ERIC Database for Education, MEDLINE, Mental Measurements Yearbook, ProQuest Dissertation and Theses database, PsycArticles, PsycINFO, Sage Journals, Social Services Abstracts, and Social

Work Abstracts. Some of the key words and phrases or combinations of words used to identify and retrieve research literature relating to the topic included *Amerasians, Filipino Amerasians, Vietnamese Amerasians, Korean Amerasians, Japanese Amerasians, Thai Amerasians, Eurasians, U.S. military orphans, absentee military fathers, psychic grief, complicated bereavement, military prostitution, sex industry, rest and recuperation policies, mixed race parentage, biracial children, biracial orphans, diaspora, diasporatic definitions, stigmatization, discrimination, core mental health symptomatology, depression, anxiety, psychosocial stress, physical and personal risk factors*, and *mental stress factors.*

In the United States, the New York State Library, Albany; the New York City Public Library; the Town of Colonie-William K. Sanford Library, Loudonville, NY; the Upper Hudson Library System, and the academic libraries of the University at Albany, SUNY; Walden University; and Indiana University in Bloomington were accessed for various journals, books, texts, periodical, article duplication, and interlibrary loan services. In the Philippines, libraries at Angeles University, Pampagna, Luzon; the University of the Philippines Diliman, Quezon City; and the UP Center for Women's Studies on the Diliman campus also provided resources and assistance.

Literature Review Limitations

The literature review included many studies and anecdotal reports that predated 2000 sometimes necessitating heavy reliance on secondary research sources. Specifically, contemporary empirical research on stigmatization and discrimination; its psychological implications; and, to an equal degree, news and anecdotal reports of stigmatization,

mental health, and their implications for mixed-race Filipino Amerasians have been limited. This stricture affecting Amerasians began in the mid-1990s when interest in Pan Amerasian populations, specifically Vietnamese Amerasians, rapidly waned once the refugee outflow from Vietnam ended, and interest in Filipino Amerasians precipitously diminished within a few months of the last of the 1992 base closures.

Contemporary studies of mental health consequences of social stigmatization and discrimination, as well as studies involving mixed-racial and ethnic parentage populations, have been restricted or intermittent at best. Shih and Sanchez (2005), who reviewed both qualitative and quantitative studies to investigate the impact of psychological adjustments of multiracial and biracial individuals, concluded that there was a transparent lack of empirical research.

Although psychologists have historically been cognizant of the mental health impact of social stigma and co-occurring discrimination, prejudice and stereotyping "only recently have they focused on understanding the psychological effects of these processes" (Major & O'Brien, 2005, p. 394). Krieger (1999) described discrimination and mental health consequences as a research area in its early formative stages. Therefore, several studies focusing on these areas cited are dated or have been relegated to general seminal research references.

Part 1: Origins and Oppression of the Amerasian Diaspora

In Fanon's (1963, 1967) theory of psychological oppression, psychosocial and socioeconomic contextual conditions formed in the colonial and neocolonial environments were central to the formation of psychopathology (Bulhan, 1985; Youssef

& Fadl, 1996). The reality of colonial and postcolonial life in Fanon's worldview included human alienation and oppression, SES marginality, poverty, stigmatization, ethnic discrimination, racism, and the formation of the inferiority complex (Bernasconi, 2001). Such conditions provide the basis to understand the antecedent conditions preceding, leading up to, or influencing stigmatization and discrimination. The Amerasian condition cannot be fully understood separately from the oppressive social, political, and cultural conditions that influence it (Levi, 1993).

Colonial and Postcolonial Oppression

The genesis of Amerasian oppression and repression in the Philippines extends to the earliest days of the U.S. presence. It originated May 2, 1898, with Commodore Dewey's defeat of the Spanish fleet at Manila Bay and the cession of the islands by Imperial Spain to the United States that same year. In 1992, with the departure from the Luzon military bases, the United States reluctantly ended its military garrison presence of almost 100 years (Bengzon & Rodrigo, 1997; D. Kirk, 1998). From the colonial onset, U.S. American involvement was an imperialist conquest (C. Johnson, 2007). Even following the colonial period, that is, from 1946, when the Philippines gained its independence, the United States has continued to undermine the sovereignty of the new Philippine republic (Pomeroy, 1992). Today, the Philippines, ostensibly a resource-rich country, is one of the poorest nations on the East Asian Pacific rim. The condition is a direct result of intrusive U.S. imperialist practices (C. Johnson, 2007).

The Filipino Amerasian human condition is merely a chapter in a systematic pattern of U.S. oppression and abuse of its former colony. Political scientists and

historians (e.g., Bonner, 1987; Karnow, 1989; Pomeroy, 1992) have documented numerous exploitive occurrences (e.g., unfair trade practices, mercantilism, racial and gender paternalism, militarism, environmental degradation, systemic support to the Filipino plutocracy) dating to the bloody, atrocity-ridden, massacre-laden, and mostly underreported Philippine-American War of 1899 to 1902 (Linn, 2000; Malloy, 2008; Miller, 1982; Zinn, 2003).

A war of frontier and empire historically and inaccurately described in U.S. school textbooks as the Filipino Insurrection (Silbey, 2007), the brutal conflict resulted in the deaths of 250,000 Filipino natives (Wolff, 2006). Other historical estimates have placed the number of Filipino losses at 1 million deaths (Gravel & Lauria, 2008) to as high of 1.4 million (San Juan, 2006) U.S. military deaths, recorded at 4,500, approximate the number at this writing of U.S. combat casualty losses in the Iraq or Second Gulf War.

State militia units crushed a major popular uprising of Filipino nationals who resisted American rule and sought immediate relief from all colonial bondage (Karp, 1979).The Department of War was found complicit in war crimes. Atrocities ranged from the massacre of civilians and military captives to torture, including heavy use of the water cure, in contemporary terms described as water boarding (Zinn, 2003). Reports of concentration-like work camps and the existence of known massacres resulted from "a policy that amounted to genocide in certain areas like (the island of) Samar," (Hodgson, 1990, p. 50). Despite being officially declared ended in 1902, the guerilla actually war extended until 1907 in Christian-inhabited enclaves of Luzon and the Visayas, and until 1912 in the Muslim provinces in southern Mindanao (Boudreau, 2003).

The United States replaced more than 3 centuries of Spanish crown rule with American colonial control through sleight of hand (Salman, 2001). Repression, a new feature of U.S. foreign policy, began by "modeling itself after the European colonial powers, landing on the backs of the people it had ostensibly come to rescue" (Shacochis, 1999, pp. 12-13). The administration of President McKinley claimed that the new colonialism was benevolent and would actually unshackle Filipinos from merciless Spanish rule. However, opponents of expansion held that the realigned colonial order would introduce innovative, harsh, and oppressive forms of social and political mastery (Miller, 1982; Schweikart & Allen, 2004). McKinley's successor, President Roosevelt, who continued the Philippine-American War to its conclusion, was quoted in news dispatches, commentaries, and journal articles as having a pejorative view of America's newly found colonial subjects. According to Powell (2006), Roosevelt "viewed Filipinos as 'Tagal bandits,' 'Malay bandits,' 'Chinese halfbreeds,' or alternately as 'savages,' 'barbarians' (or) a wild and ignorant people" (p. 64).

Socioeconomic oppression prevailed throughout the old colony and commonwealth years of 1898 to 1946). Go (2008), who studied Philippine colonial power hierarchy, contended that the U.S. administration mostly dealt with Filipino power elites and basically excluded the Filipino populace from decision- and wealth-making functions. A tense and tenuous relationship became particularly complicated during World War II when the Filipinos fought alongside their American colonial overseers to resist the invasion and occupation of Imperial Japan (Sides, 2001, p. 76). After Warsaw, Poland, the war carnage left Manila the most devastated allied city of World War II

(Connaughton, Pilot, & Anderson, 2002; Karnow, 1989) and the Philippines with an estimated 1 million war deaths (Hastings, 2007).

A heavy postcolonial military garrison presence, with U.S. air force, naval, and marine bases in Luzon serving as the Pacific's forward military platform, continued unabated throughout the Cold War, including the Korean and Vietnam wars (Bello, 1991). Linking the bases to U.S. collaboration with the martial law regime of deposed dictator Ferdinand Marcos, the Philippine senate, after contentious debate, rejected renewal of the U.S. bases treaty in September 1991 (Barnes, 1990; Bengzon & Rodrigo, 1997: D. Kirk, 1998).

Emergence of the Filipino Colonial Mentality

A direct psychosocial outgrowth of historical colonial oppression in the Philippines is the notion of colonial mentality (CM)*,* also known as internalized colonialism or a form of internalized oppression (David & Okazaki, 2006a, 2006b). Citing Fanon's (1963, 1967) theory of psychological oppression among other neoclassical oppression scholars (e.g., Freire, 1970; Said, 1979), David and Okasaki (2006b) defined CM among Filipinos and Filipino Americans as "a special form of internalized oppression, characterized as a perception of ethnic or cultural inferiority that is believed to be a specific consequence of centuries of colonialization under Spain and the United States" (p. 241).

Recruiting 603 Filipino Americans on the Internet as the basis of their study sample, David and Okazaki (2006b) developed a 53-item self-report measure called the Colonial Mentality Scale-Initial (CMS-I) "to assess feelings, opinions, attitudes and

behaviors that we believe to be common CM manifestations among Filipino Americans"
(p. 243). Among other findings, the David and Okazaki concluded, "CM is passed on to
later generations through socialization and continued oppression and that it negatively
affects the mental health of modern day Filipino Americans" (p. 251).

Military Prostitution Culture

Militarized prostitution around the bases in the Philippines became one of the
most graphic and chronic symbols of U.S. domination (Butler, 2000; Enloe, 1991, 1993).
"Oppressive factors…drive many women into prostitution, especially militarized
prostitution" (Butler, 2000, p. 230). Butler maintained that among these factors were
severe poverty, social marginalization, sexism, and misogamy. Military prostitution
transparently dates to the Philippine-American War (Coffman, 2004). Wolff (2006)
described Manila, circa 1900, headquarters of U.S. expeditionary force operations, as
"the world's most enormous licensed brothel guarded by United States soldiers, and
under the supervision of U.S. army surgeons" (p. 299).

U.S. military policy (a) encouraged sexual relationships between U.S. servicemen
and Asian women; (b) facilitated the access of local prostitutes to servicemen;
(c) promoted rest and recuperation leave to locations frequented by prostitutes;
(d) supported antisexually transmitted disease community health clinics in South Korea
and the Philippines by providing medical assistance; and (e) did not restrict socialization
and the subsequent impregnation by U.S. servicemen of Asian women, resulting in the
birth of many unsupported Amerasian children (Levi, 1993). "There prevailed a general
agreement between the top American military officials…and the local sex industry

magnates" (Ringdal, 2004, p. 366), where "communication with the American military authorities...went remarkably smoothly" (p. 364).

The allure of military-sanctioned prostitution appealed to all male soldier ranks and service branches. Ramsey and Rivele (1990) described off-duty accessibility and attractions for the officer corps at the outbreak of World War II in colonial Manila in the following words: "Gambling houses abounded, crowded with Asians hollering over mah-jongg, jueteng, and pan, slapping tiles…cards and money onto the smoky tables. There were bars of every kind…and bordellos warmed the side streets with their welcoming red lights" (p. 39). Such observations were included in other nonfictional or biographical accounts of these wartime occupational periods (Connaughton et al., 1995; Linn, 2000).

U.S. military acceptance and tolerance of organized prostitution was not unlike what occurred in other colonial settings. In describing the command's rationale permitting a mobile brothel unit to routinely visit French Union troops in the French Indochina War, Fall (1961) reported such positive benefits as "providing the soldiers with a controlled sexual release, thus cutting down on desertions, on rapes of hapless girls of the surrounding civilian population, and also on venereal disease, since both the soldiers and the girls…are checked regularly" (p. 133). Perpinan (1997) described the following scenario as typical of the psychosocial stress, if not perversion, of militarized prostitution upon Filipina women and children:

> The girls are recruited from depressed provinces…often in their teens or early twenties; they find themselves bound to the bar where they work. They are given a cubicle behind the lounge to serve as their bedroom and workroom…in the course of time they soon become single mothers. Stories describe how toddlers see what's going on and how babies are placed in a basket under the bed when a customer comes in for sex. (pp. 150-151)

Coffman (2004) reported the observations of a U.S. Army soldier in Manila in 1917, who was appalled at witnessing "the sad spectacle of these forsaken (prostitute) women, some of them with small blond or redheaded children saying goodbye" (p. 81) as troops were processed for reassignment stateside. Indeed, U.S. military prostitution and the resultant pattern of mixed-race progeny creation are deeply rooted in 20th-century chronology.

Historically its tentacles extended well beyond the Filipino Amerasian diaspora. Renda (2001) described circumstances seemingly identical to conditions in Manila during the U.S. military occupation of Haiti, including off-duty nightclubs and drinking emporiums, all of them places of open prostitution. Port au Prince had 147 registered saloons. By 1918, U.S. naval doctors were busy investigating and treating the spread of syphilis and other venereal diseases in Haiti. In the mid-1920s, U.S. observers noted the obvious presence of the 'illegitimate children of soldiers and native women" (Renda, 2001, p. 215).

Gillem (2007) depicted a more contemporary profile of military prostitution in South Korea, noting that "by one count...alone, there are 180 'camp towns' around U.S. military bases" (p. 55). Entertainment or proverbial "red light" districts are zones primarily like Itaewon's "Hooker Hill" in the heart of Seoul, abutting Yongsan Army garrison. Gillem stated, "It is a place where realities and fantasies collide…sleazy, smoke-filled bars fill the back alleys where American troops mingle with the dancers of a globalized world" (p. 52). Camp towns, such as Kusan Air Base's "America Town," function within sight of the front gate. The neighborhood is "an officially sanctioned red-light district set aside for the private use of the U.S. military" (Gillem, 2007, p. 56).

DeStoop (1994) described the landscape at the Subic Bay Naval Base in

Olongapo leading up to the 1992 closure of the Luzon bases: "From the base's entrance

(on) Magsaysay Drive, a long and repugnant street, more than 500 bars, cocktail lounges

and (mud fighting) 'arenas were found" (p. 135). Enloe (1989) concluded that massage

parlors were as integral to the naval facility as its dry docks. "In Olongapo we find the

hardest sex in Asia, say the sailors from the base" (De Stoop, 1994, p. 135). Sturdevant

and Stoltzfus (1992) reported, "When an aircraft carrier and its escorts pull into port, up

to 10,000 servicemen may descend on the bars of Olongapo, Bario Barreto, and Subic

City for liberty" (p. 139).

Indeed, Filipina prostitutes and sex industry workers experienced profound and

prolonged social stigmatization and discrimination beyond the glitter of the vice districts

surrounding U.S. military bases (Gage, 2007). Harm was extended to their children, as

evidenced by the pejorative terms and stereotypical labels used to describe them, often

with disparaging reference to their origins of birth. Thus, Filipino Amerasian children

become targets through such labels as pothook as bubo ("born out of wedlock"), potuk sa

buha ("souvenir baby"), baby an say daddy ("bye-bye to daddy"), putting unguis ("White

monkey"), nigger ("Black"), and tisay na baliktad ("White in reverse"; Sturdevant &

Stoltzfus, 1992).

Impact of Poverty Oppression

U.S. colonial and postcolonial economic imperialism and oppression, as well as

the American government's cooperation with the Philippine wealthy classes and

aristocracy, were contributory factors to relatively high rates of chronic poverty in the

Philippines (C. Johnson, 2007; Pomeroy, 1992). Presenting serious implications for mental health, persistent poverty is an acknowledged psychosocial risk and stress factor with mental health consequences (Potocky-Tripodi, 2002). Most Filipino Amerasians tended to fall into this category on two counts, namely, poverty is generally pervasive throughout the Philippines, and acute rates of poverty are anecdotally and empirically reported among isolated Amerasians in Luzon (Gastardo-Conaco & Sobritchea, 1999). As Halikias (2000) noted, poverty is linked to a myriad of physical and psychosocial problems, and the correlation between poverty and mental health deterioration has been documented in epidemiological and psychopathological research. Lopez and Guarnaccia (2000) posited that poverty and mental illness are intertwined and that both maladies can lead to and feed upon each other.

Gastardo-Conaco and Sobritchea (1999), in their socioeconomic study of 443 Filipino Amerasians that included many adolescent and minor youths, found that "clearly, the majority of participants belong to the lower income bracket" (p. 32). These researchers used a basic poverty threshold of approximately 6,000 Philippine pesos per month, the equivalent of US$150.00 or $1,800 per year for a family of six in 2008. The study showed that a large majority of respondents lived below this poverty level. In addition to the struggle to obtain food and pay the expenses of daily living, other circumstances of poverty may include poor sanitation, limited health care, inadequate and unsanitary clothing, low nutrition, a lack of basic housing, limited education, and no access or aspiration to upward mobility (Seabrook, 2007).

Pan Amerasian Demographics

Prior to and beyond World War II, Amerasian enclaves existed in Cambodia, mainland China, Guam, Hawaii, Japan, Laos, Myanmar (Burma), Okinawa, the Philippines, Thailand, South Korea and Vietnam, all of which are places of current or former U.S. military, government, or commercial activity. Predominantly, these progeny are from U.S. military or civilian government employee or defense contractor personnel stationed in and out of such locations (Gage, 2007). Amerasians in the Philippines, as well other locations, generally fall into three distinct racial and ethnic categories: White or Anglo, Black or African, and Hispanic or Latino. These widely used terms developed over the years through local and cultural usage, are reported in anecdotal news accounts and used in studies (Cattani, 1997; Gage, 2007, Gastardo-Conaco & Sobritchea, 1999; Levi, 1993, Moon, 1997).

Although ample evidence exists of the formation of Amerasians as an atypical, if not unique, diaspora, no central point or resource exists for the collection of data or demographic information on this population. Reliable authoritative estimates even acknowledging the presence of this population from the United Nations, government, private sector, or NGOs are not available, inaccessible, unrecorded, or nonexistent. The U.S. Census Bureau does not count American citizens living abroad, much less Amerasians, noting that there is no apparatus or counting mechanism in place to do so (as cited in Prewitt, 1999). The Joshua Project (2007), a ministry of the Colorado Springs, CO-based U.S. Center for World Mission, estimated that 129,000 Americans and

Amerasians live in the Philippines, more than twice the number of the nearest Asian nation of South Korea.

Much confusion has surrounded not only the estimates of the number of Pan Amerasians but also the origin and accuracy of the figures. Two million Amerasians were sired in Western Asia after U.S. troops first landed in 1898 at the start of the Spanish-American War (PSBI Foundation, 1980, as cited in Bass, 1996), and 250,000 of these individuals were alive at the time of the report (as cited in Bass, 1996). In Western and southern Europe following World War II, U.S. service members fathered and "left 250,000 mixed children – at least half illegitimate" (Yarborough, 2005, p. xiii) .

In post-Nazi West Germany, the children of African American U.S. military men and Caucasian German women were derogatively called "Bermans," or "Black Germans" (Gage, 2007, p. 96). Correspondent James Reston, in a 1970 Vietnam War *New York Times* news dispatch, reported that there were more than 100,000 Vietnamese Amerasian children and adolescents in the United States (as cited in Bass, 1996). However, official U.S. government estimates placed the official figure at 30,000 (O'Connor-Sutter, 1990), an always disputed number.

The generally acknowledged figure of 50,000 Filipino Amerasians abandoned in Luzon in 1992 is not sacrosanct. Enloe (1989) claimed that as many as "approximately 30,000 children (were) born each year… some 10,000 (were) thought to become street children, many of them working as prostitutes servicing American (Western European and Australian) pedophiles" (p. 87). If one accepts the widely reported 50,000 estimated children and adolescents in 1992 (e.g., Levi, 1993; Gage, 2007) undoubtedly, many older

adult Amerasians in the Philippines are uncounted or unaccounted for from previous

generations. Therefore, it is safe to say that the 50,000 figure comprises a distinct

underestimate if the Filipino Amerasian definition is extended to persons of all ages.

Part 2: Stigmatization and Discrimination Research

Historically, the type of social stigmatization affecting Amerasian populations

dates back to older Eurasian mixed race population experiences. Eurasian cohorts

proliferated in the 19th- and early-20th century British, French and Dutch, Spanish and

Portuguese colonies of South, East, and Southeast Asia. Stonequist (1937) noted that the

interracial relationships and marriages that resulted in mixed-blood progeny during the

British colonization of India became "increasingly disapproved of until finally they were

stigmatized as a disgrace" (p. 13). Describing "the most obvious type of marginal man

(as) the person of mixed racial ancestry," Williams (1928) portrayed an estimated

150,000 Indian Eurasians in the former British colony as

> The most pathetic of India's minority groups…they were formally called
> Eurasians; but they coveted the name Anglo-Indian…they are ostracized by both
> English and Indians. They in turn look down on the Indian with a (taboo) that is
> acid with hatred, for it is their Indian blood that is their curse. They fawn upon the
> English and make pitiful advances to them. They always speak of England as
> 'home.' Though they may never have been there, and they are forever vainly
> trying to include themselves with the British. (as cited in Stonequist, 1937, p. 13)

Link and Phelan (2001), while researching the conceptualization of stigma, noted

that it exists when the following interrelated components reach critical mass:

> (a) People distinguish and label human differences, (b) dominant cultural beliefs
> link labeled persons to undesirable characteristics – to negative stereotypes, (c)
> labeled persons are placed in distinct categories so as to accomplish some degree
> of separation of "us" from "them," and (d) labeled persons experience status loss
> and discrimination that lead to unequal outcomes, i.e. power loss. (p. 366)

Stigmatization means that "certain individuals are systematically excluded from particular sorts of social interactions because they possess a particular characteristic or are a member of a particular group" (Kurzban & Leary, 2001). Assured risk of social isolation or exclusion is present among a sweeping range of populations, including members of minority racial, ethnic, and religious groups (Kurzban & Leary, 2001); welfare recipients (Gustafson, 2009; Ryan, 1971); prostitutes (Kuo, 2000); and Amerasians (Gage, 2007). Hypothetically, Filipino Amerasians as (a) the offspring of mixed-parents; (b) in the majority of instances, the children of shameful sexual relationships; and (c) a minority population often living in isolated circumstances (Levi, 1993; Gage, 2007) are prima facie targets of stigmatizing behavior and social reproach. Sundstrom (2001) described mixed-parent progeny as socially "problematical" (p. 291) and often a taboo, or an indication of racial impurity or cultural disorganization.

Physical visibility and the threat of danger are identified as two primary attributes of groups likely to become the targets of stigmatization (Kurzban & Leary 2001). Jones, et al. (1984) also presented the multiple primary parameters of stigma. Included were the ability to provide concealment, disruptiveness, distinguishing aesthetic qualities, nonconforming origins, and perceived or real threat of peril. Concealment referred to the out of sight or the isolated character that stigmatized groups characteristically acquire.

Frable (1993) posited that visibility and concealment are crucial factors in stigmatization. Kurzban and Leary (2001) observed, "The more visible a stigmatizing condition, the greater its (negative) impact on interactions" (p. 190). Conversely, Frable noted that in instances of physical stigma, less noticeable conditions elicit less of a

reaction on the perceiver and the personal interchange than especially visible ones. Thus, these postulations may explain many of the anecdotal but largely empirically untested accounts of disparate or negative treatment afforded African Amerasians vis-à-vis Anglo Amerasians.

Therefore, discrimination is an operational outgrowth of social stigmatization. Arboleda-Florez (2003) described stigma, prejudice, racism, and discrimination as "closely related and tightly interwoven social constructs" (p. 645). Major and O'Brien (2005) asserted that "stigma directly affects the stigmatized via (the) mechanism of discrimination" (Abstract, p. 393). Relevant to Fanon's (1963, 1967) explanation of requisite antecedent conditions in psychological oppression, Sayce (as cited in Link & Phelen, 2001) insightfully noted:

> In contrast to "stigma," "discrimination" focuses the attention of research on the producers of rejection and exclusion – those who do the discriminating – rather than on the people who are the recipients of these behaviors. Thus, the terms we use could lead to different understandings of where responsibility lies for the "problem" and as a consequence to different prescriptions for action. (p. 366)

Discrimination and Mental Health Psychopathology Linkage

"Stigmatization and discrimination are clearly believed to impact upon mental health," (Dovidio & Gaertner, as cited in Sanders Thompson, Noel, & Campbell, 2004, p. 530). Major and O'Brien (2005) held that "by limiting access to important life domains, discrimination directly affects the social status, psychological well-being, and physical health of the stigmatized" (p. 396). Having a direct impact upon discrimination racism, an operational form of stigmatization, is a composite of "the beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because

of phenotypic characteristics or ethnic group affiliation" (Clark, Anderson, Clark & Williams, as cited in Broudy et al., 2006, p. 31).

Finch, Hummer, Kolody, and Vega (2001) identified Hughes and Demo (1989) and Pearlin (1989) as seminal studies identifying discrimination as a stressful life event often likely to result in anxiety, depression or general malaise. Hughes and Demo, in a large-sample, 13-year longitudinal study of low-SES and poverty-stressed African Americans posited, "Racial inequity and discrimination have serious negative effects on personal self-efficacy" (p. 403). Klonoff et al. (1999) cited a large longitudinal study by Jackson et al. (1996) as significant to their own research on the subject of discrimination and its impact upon psychiatry. Jackson and colleagues assembled a probability sample of 2,107 African Americans. Using the National Survey of Black Americans' face-to-face survey questions, the interview responses resulted in the finding of a "relationship between racial discrimination and psychological distress or symptoms" (as cited in Klonoff et al., 1999, p. 330).

Initially interviewed in 1979 and 1980, with subsequent interviews approximately a decade later from 1987 to 1992, the participants in Jackson et al.'s study (as cited in Klonoff et al., 1999) expressed that racial discrimination trauma and stress clearly contributed to psychopathological symptoms, including depression and anxiety. However, questions arose about the efficacy of the symptomatology responses and whether the participants may have been confused in their answers on other more generic psychosocial stressors.

Klonoff et al. (1999) attempted to avoid these pitfalls in their research involving 277 female participants and 243 male participants of African American descent who completed a variety of measurement instruments, including the Schedule of Racist Events, the Psychiatric Epidemiology Research Interview Life Events Scale, and the Hopkins Symptom Checklist-58 (HSCL-58). Hypothesizing that if the study could control for demographic risk and general psychosocial stress factors, evidence of discrimination would predict mental illness symptomatology, Klonoff et al. concluded that racial discrimination not only predicted potential for psychopathology but also was a stronger predictor than generic stressors and SES status.

The African Amerasian Variable

A main assumption of my study was that the African participants experienced greater levels of stigmatization, discrimination, and probable mental health stress than their Anglo counterparts. Although Amerasians per se experienced discrimination and prejudice, including racism or social isolation, at some point in their lives in Vietnam, Japan, South Korea and the Philippines (Gage, 2007), anecdotal reports and studies indicated that such circumstances were well documented for African Amerasians in Vietnam (Yarborough, 2005). Ranard and Gilzow (as cited in Bemak & Chung, 1997) observed that dark skin is viewed as a low circumstance of origin in Vietnam, as it is in other Asian societies.

Research reviews, empirical studies, and anecdotal accounts of conditions for Amerasians have reported similarly persistent signs of disparate treatment of Africans in the Philippines (e.g., Cattani, 1997; Levi, 1993). "The [B]lacks reported being subjected

to frequent teasing and unkind comments, such as being called negro, baluga, deta, and uling," terms of racial derision in Filipino (Gastardo-Conaco & Sobritchea, 1999, p. 23). Several researchers (e.g., Felsman et al., 1989, 1990; McKelvey et al., 1992; U.S. Catholic Conference [USCC], 1985) have posited that being African was a "specific high risk factor that predict(ed) high distress levels for Amerasians" (Bemak & Chung, 1997, p. 82). Levi (1993) maintained that African Amerasians occupy the lowest cultural rung in Vietnamese culture, a common prejudice against dark-skinned people typically found throughout most Asian societies.

Anis (1996) found subtle discrimination between light and dark-skinned Vietnamese Amerasian refugees. Three of the chief book chroniclers of the Vietnamese Amerasian experience (Bass, 1996; DeBonis, 1995; Yarborough, 2005) have explicitly reported Africans as recipients of severe discrimination. DeBonis commented, "Black Amerasians generally feel that they have suffered greater abuse than whites [*sic*]…the brunt borne by those fathered by blacks [*sic*] seems to be heavier" (p. 5). Yarborough wrote that some Africans were especially mistreated and that "some temples refused to take cripples or half-black Amerasians" (p. 30). Felsman and Elman (1984) reported that Africans were more disparately treated and experienced greater discrimination than Anglo Vietnamese Amerasians. Their mothers were often reputed to be prostitutes and either unemployed or kept in the lowest salaried positions.

Part 3: Psychosocial Risk and Stress Factors

Seminal empirical studies of psychopathology have long shown that individuals exposed to a greater number of negative stressful events and psychosocial personal or

physical risk and mental stress factors report more psychiatric symptoms (e.g.,

Dohrenwend & Dohrenwend, 1974; Dohrenwend, Krasnoff, Askenasy, & Dohrenwend,

1978; R. Turner, Wheaton, & Lloyd, 1995). Pearlin (1989) held that stressful life and

eventful occurrences originate within the organizational context of human beings' lives.

Therefore, a foundation existed for the creation of challenging and difficult daily living

events sometimes described as psychosocial, or chronic, stressors. Clinical psychiatrists,

psychologists, psychiatric nurses, and clinical social workers empowered in varying

degrees to make mental health assessments, diagnoses and interventions routinely

examine psychosocial risk factors as precursors to determining psychopathology

(Gitterman, 1991; F. J. Turner, 1996).

The *DSM-IV: Diagnostic and Statistical Manual of Mental Disorders* (*DSM-IV,*

4th ed., rev., American Psychiatric Association [APA], 1994), the standard clinician's

reference providing diagnostic criteria for psychopathology, uses a foundation of nine

descriptive psychosocial risk and stress factors for mental health assessments. These

"Axis IV: Psychosocial and Environmental Problems (PEPs) encompass conflicts arising

from an assortment of different conditions ranging from weakness of primary support

groups and turbulent social environments to deficit educational and

socioeconomic/poverty issues" (Munson, 2002, p. 186). Munson described the nine

categories of *DSM-IV* (APA, 1994) PEPs, or psychosocial risk and stress factors. They

encompass "problems" with (a) primary support groups, (b) the social environment, (c)

educational, (d) occupation, (e) housing, (f) socioeconomic/poverty, (g) access to health

care services, (h) interaction with the legal system/crime, and (i) other psychosocial and environmental economic issues as they may arise that were employed in this study.

Lewinsohn et al. (1994) and Sherbourne, Hays, and Wells (1995) identified risk and stress factors among African American adolescents and depressed patients, respectively. They tested relationships of particular factor constructs, many stigma, and discrimination related to the co-occurrence of depressive symptoms. Correspondingly, J. F. Hovey (2000), J. D. Hovey and Magana (2002), and Vega et al. (1998) identified risk and stress factors among Mexican migrant, Mexican American, and Chicano farm workers and tested relationships of particular factor constructs, some stigma and discrimination related, to the co-occurrence of anxiety symptoms.

Studies from the 1980s and early 1990s of Vietnamese Amerasians, such as the Anis (1996) study of Vietnamese Amerasian refugees and the Gastardo-Conaco and Sobritchea (1999) study of Filipino Amerasians, identified the following psychosocial personal risk and mental stress factors possibly rooted in stigmatized circumstances or influenced through discriminatory behavior: (a) mixed identity anxiety, (b) low SES, poverty or homelessness, (c) low education level attainment or missing school, (d) generalized anxiety or unexplained physical illness, and (e) recipient of stereotyping and name-calling. Anis also extrapolated a number of risk and stress factor-related psychological categories and themes experienced by Vietnamese Amerasians, including issues of traumatic life experienced influenced by stigmatization and personal identity and conflict issues.

Felsman et al. (1989, 1990); McKelvey et al. (1992); and McKelvey, Mao, et al.,

1993) identified numerous risk and stress factors as having their basis in manifestations

of stigma and discrimination. Such factors included Vietnamese society's rejection of

Amerasians for their biracial background in a decidedly homogeneous nation, low SES

status, and limited educational background. Using the HSCL-25 in this and succeeding

studies, researchers McKelvey et al. (1992) and McKelvey, Mao, et al. (1993) concluded

that risk and stress factors in multiples or clusters of five among Vietnamese Amerasians

were related to elevated or threshold levels of depression and anxiety.

Vietnamese Amerasian Mental Health Studies and Methodology

A study of the mental health of stigmatized populations such as Filipino

Amerasians must include a discussion of the mental health research of Vietnamese

Amerasian refugees. These studies with adult and minor youth comprise the only

collective body of known empirical research on any Amerasian population. This research

has been described in an extensive literature review (i.e., Shih & Sanchez, 2005) as

supplementing relatively recent empirical study on the broader subject of biracial

identities and mental health. The research has demonstrated that Vietnamese Amerasian

refugees have experienced the same social stigmatization and risks encountered by

Filipino Amerasians, and vice versa (Gage, 2007).

Many of the Vietnamese studies have gauged the mental health impact of

psychosocial stress levels, including, but not focusing on, stigmatization, discrimination,

low SES, and poverty marginalization. These methodologies generally have followed a

standard quantitative procedure using such features as the selection of accidental or

random samples identified at refugee camps inside Vietnam or the Philippines or at refugee settlements stateside; regularized or self-developed personal data questionnaires; and general health screening inventories or standard mental health measurement scales and inventories (e.g., HSCL-25, Beck Depression Inventory, and the Personality Inventory for Children Measurement).

The Vietnamese studies have resembled in methodology and subjectivity other studies conducted among refugees and immigrant populations whose distressed and alienated characteristics resembled other Pan Amerasian diasporas. Balgopal (2000) and Potocky-Tripodi (2002) found that psychosocial stressors, all definable categories of oppressed cohorts, could overwhelm an individual's resiliency. Such maladies as depression, dysphoria, anxiety, somatization, paranoia, guilt, posttraumatic stress disorder (PTSD), or substance abuse or addiction might result.

Westermeyer (1991) posited that refugees and immigrants fit the motivational typology reflected in Amerasian cohorts. Such populations, Westermeyer averred, often are frustrated, given their unsettled or impermanent conditions. As such, they regularly encounter dysfunctional or stressful societal and familial circumstances in their lives. "They are (often) frustrated by lack of opportunity, by decline in the society…and other social changes and losses. Disappointment, anger, grief, and other negative emotions-included here under the generic emotion (of) frustration, eventually lead [*sic*] to flight" (Westermeyer, 1991, p. 83). Reunifying or reengaging family roots motivates many immigrants and refugees like many individuals among the Amerasian diaspora**.**

Westermeyer stated, "Some (refugees) flee only to keep their families intact or to reunite with their families who already have fled" (p. 84).

The Vietnamese Amerasian Experience

Approximately 30,000 Amerasians, mostly infants, children and adolescents, were abandoned in Vietnam at the conclusion of the Vietnam War (Bass, 1996; Trautfield, as cited in Valverde, 1992). "Labeled as worthless, half-breeds, (they) endured ostracism from Vietnam's physically homogeneous society…in a culture in which patriarchy is strictly observed…the fatherless Americans were not fully accepted by Vietnamese society" (Valverde, 1992, p. 144). They matured in an atmosphere of "poverty on the fringes of Vietnamese society with limited educational opportunities" (McKelvey et al., 1996, p. 409). Vietnamese Amerasians often were vilified with the standard pejorative labeling and stereotypical terminology usually reserved for other Pan Amerasians. They became known as "the waste of war" (Anis, 1996, p. iii) or were given often disparaging names as Bui Doe ("children of dust" or "trash"), My Lai ("mixed American"), or con lay ("half-breed"). In Vietnam, merely pairing the two ethnicities, namely, My Phuong, or "Vietnamese American," is an epithet (Bass, 1996; DeBonis, 1995; McKelvey, 1999).

Triggered by the 1982 Amerasian Immigration Act and the expanded Amerasian Homecoming Act of 1987, more than 70,000 Vietnamese Amerasians and their relatives took advantage of resettlement (McKelvey, 1999). After initial processing at refugee camps in Vietnam, the Amerasians were airlifted to the Philippine processing center in Luzon. From the Philippines, the Amerasians relocated to one of more than 80 settlement sites in 30 states (Bass, 1996).

Original Vietnamese Amerasian Psychosocial Studies

Early empirical and clinical studies of Vietnamese Amerasians focused on ascertaining their current state of psychosocial distress. Many of these studies analyzed population data; identification and adjustment issues; and personal history variations with others, correlating the data with psychopathological symptoms (e.g., Felsman et al., 1984, 1989; Nicassio, LaBarbera, Coburn, & Finley, 1986; McKelvey et al., 1992; McKelvey, Mao et al., 1993; USCC, 1985). Later studies become more categorical and dealt with specialized issues (e.g., attempts at deception during self-reporting in psychological testing (McKelvey, 1994); abusive practices among refugees (McKelvey & Webb, 1995); distress and self-destructive behavior predictors (Bemak & Chung, 1998) and the relationship between biological fathers and psychological distress (Bemak & Chang, 1999).

The USCC (1985) study profiling Vietnamese Amerasians placed for U.S. settlement by the USCC in 1983 and 1984 identified 10% with significant adjustment problems reflecting such behaviors as personal flight, isolation, and depressive behavior. Nicassio et al. (1986), using the Personality Inventory for Children Measurement, found that Amerasian minors "showed greater psychological deviance than one would expect in a non-clinical American sample" (p. 544).

Felsman et al. (1989, 1990) queried a large convenience sample and found 249 Amerasians to have higher psychological symptomatology compared to mainstream Vietnamese refugees. Identified were nine physical risk and mental stress factors, including Black ethnicity, female gender, low scores on oral and reading tests, less than 9

years of schooling, not raised by the biological mother, history of illness or

hospitalization, or both truancy and lack of formal schooling. Niem (1989), who reported

on issues treating Vietnamese patients with Western psychiatry, demonstrated the

propensity of Southeast Asians (i.e., Vietnamese, Laotians, and Filipinos) and

Amerasians to suffer more frequently than Anglos from somatic illness. Somatization is

the conversion of an unhealthy mental state into physical presentations as headaches,

nervous reactions, and stomach ailments (APA, 1994).

Later Amerasian Mental Health Research

In one of the last clinical studies published on Vietnamese Amerasians, Bemak

and Chung (1998) judged them to be an "at-risk minority population" (p. 457) who had

experienced discrimination in earlier stages of life and were susceptible to mental health

problems. In a study of 169 Amerasians, the researchers also found that observing

traumatic events rather than actually physically encountering trauma was a crucial

predictor of psychopathology. Bemak and Chung identified the following common

experiences that predisposed resettled Vietnamese Amerasians to mental and often

somatic illness: (a) stressful experiences in refugee camps; (b) discrimination, prejudice,

and stigmatization; (c) biracial identity stress; and (d) absent fathers and unrequited

fantasies of reuniting with the absent father.

A stunning 95% of Vietnamese Amerasians have experienced or witnessed,

multiple bouts of mental trauma and stress in their lives resulting in isolation, pessimism,

and sleeplessness in their lives, according to Bemak and Chung (1997). Realizing that

such findings resembled those of an outlier study, the researchers nevertheless

recommended that mental health clinicians be familiar with treatment protocols for PTSD, which can include the symptoms of insomnia, alienation, depression, anxiety, angry outbursts and flashbacks. Vietnamese Amerasians' knowledge of or anxiety about their biological American fathers was found to be a reliable predictor of both psychological tension and damaging behavior (Bemak & Chung, 1999). Their sample included minor adolescents, whose recurring thoughts about the biological father was a mental stress predictor on the General Feelings of Psychological Distress and Self-Destructive Behavior Inventory.

McKelvey et al. (1992), after studying 161 minor Vietnamese Amerasian youths, developed a risk profile predictive of conditions leading to psychosocial stress and trauma and elevated anxiety and depression levels. In a follow-up field study with 95 participants from the same sample, McKelvey, Webb, et al. (1993) found direct confirmatory findings of their original conclusions over numbers of risk factors and symptomatology severity, particularly related to elevated levels of depression. In both the 1992 and the 1993 study, only participants with a total of five risk factors had symptoms in excess of the clinical cut-off for the HSCL-25.

McKelvey et al. (1992) stated that it was only as risk factors multiplied that they became intertwined "with clinically significant symptom levels" (p. 914). The researchers also emphasized that single personal risk factors had no predictive strength, noting that "only when risk factors are cumulative is an individual at significant risk of developing the disorder" (p. 912). McKelvey et al. (1992); McKelvey, Mao, et al. (1993); and

McKelvey, Webb, et al. (1993) also expressed the need for longitudinal studies among Amerasians to confirm the predictive power of risk factors.

Part 4: Previous Study Methodologies

Researchers have taken qualitative and quantitative approaches when formulating mental health and psychological adjustment studies involving biracial and mixed ethnicity populations.

Qualitative Methodology

In a multiple-case study, Anis (1996) investigated the psychosocial adjustment and acculturation of 14 Vietnamese Amerasian refugees settled on the U.S. mainland. Anis employed audiotaped, open-ended, semistructured interviews as the primary data-gathering method. While preparing many of the open-ended questions in advance, Anis cited Polkinghorne's assertion that investigators need to "remain open to the presence of new and unexpected elements" (p. 188). Employing purely quantitative methodology features, Anis found the population to be "highly traumatized" (Abstract, p. iv); to "truly exemplify a marginal status" (p. 10); and also "stigmatized and discriminated against because of their mixed racial identity" (Abstract, p. iii). The participants expressed their belief that subtle discrimination and interpersonal prejudices existed between lighter and darker colored Amerasians.

Anis (1996) developed a stylized interview instrument specifically for the research. The interviews covered psychosocial stress factors, adjustment, acculturation, and identity issues. The methodology consisted of purposive sampling and the qualitative crafting of field interview data that resulted in discussion and data analysis in four

primary categories: traumatic life experiences in Vietnam, psychological identity, psychological consequences of intense spoiled identity stress, and adjustment and acculturation.

Shih and Sanchez (2005) surveyed 28 U.S.-based qualitative studies dealing with positive and negative implications of biracial identities on personal mental health (e.g., African-Anglo, Asian-Anglo, African-Latino, Anglo-Latino, etc.). Conducted between 1964 and 2000, the participants in the studies ranged in ages from 5 to 95, and 56% of the sample participants were female. All of the studies employed multiple-case study format and/or the use of researcher-developed, semistructured interviews. Of these studies, 29% were among clinical populations or populations drawn from specified mental or medical health treatment programs. The studies tested for psychological outcomes individually or collectively in racial identity development, depression, behavioral problems, school performance, peer relations, and self-esteem issues.

In total, 10 of 28 (36%) of these qualitative studies "indicated that multiple racial (participants) mentioned experiencing a period of depression or sadness" (Shih & Sanchez, 2005, p. 575). Whether the sample was clinical or nonclinical obviously had an influence on the results dealing with depression. Shih and Sanchez found presentations of happiness or life satisfaction in the nonclinical samples. Conversely, the researchers encountered depression more frequently in the clinical samples. Disparate findings in studies of problem behaviors with clinical samples more likely revealed harmful behaviors, including delinquency, drug use, alcohol abuse, and adolescent sexual activity.

Quantitative Methodology

Many quantitative studies of mental health and psychological adjustment among mixed racial and ethnicity or minority populations have involved large, accidental, or occasionally purposive samples; personal information surveys; and various mental health and psychological behavioral scales and inventories. Routinely, administration has consisted of paper-and-pencil or, more recently, personal computer formats. From 1976 to 2004, Sinh and Sanchez (2005) specifically surveyed quantitative studies dealing with the psychological adjustment of multiracial individuals using nonclinical samples.

Cauce et al. (1992) applied the Child Depression Inventory to a sample of 22 African-Anglo and Asian-Anglo biracial adolescents and a group of 22 Asian and African adolescents matched on age, school year, and SES status. They found that the monoracial adolescents reported higher levels of depression than did the biracial adolescents (as cited in Shih & Sanchez, 2005). Cooney and Radina (2000), as well as Milan and Keiley (2000), used National Longitudinal Study of Adolescent Health criteria to compare levels of depression reportedly manifested by adolescents of mixed-parentage with their monoracial contemporaries. Milan and Keiley contrasted the scores of 3,521monoracial majority (White), 272 multiracial, and 1,941 monoracial minority adolescents on a 20-item measure to gauge depression (as cited in Shih & Sanchez, 2005). The multiracial adolescents reported lower levels of depression than did the monoracial minority adolescents. Cooney and Radina (as cited in Shih & Sanchez, 2005) found similar results using the Center for Epidemiological Studies Depression Scale.

Filipino Amerasian Quantitative Research

Gastardo-Conaco and Sobritchea (1999) studied 443 Filipino Amerasians ranging from minors to middle-aged adults using a personal survey, an interview instrument, and a focus group. The marked levels of discrimination included two types of stigmatizations: (a) being perceived or in reality as "the product of a transient and possibly immoral (i.e., prostitution) liaison" (p. 23), and (b) being categorized as African Amerasian. The African Amerasian group "therefore, appeared to be doubly discriminated against" (Gastardo-Conaco & Sobritchea, 1999, p. 23). However, the study did not explore the direct impact of stigmatization, discriminatory behavior or other stress factors on mental health symptomatology.

Instead, Gastardo-Conaco and Sobritchea focused on psychosocial and SES issues among the participants (66.1% of Anglos and 33.9% Africans in Angeles City, Olongapo, Metro Manila, Cebu, and Leyte). The identified psychosocial stress factors included intense stereotyping and name-calling; exposure to adult alcoholism and, to a lesser degree, drug dependency or abuse; significant high school dropout rates (50% for longer than 1 year); lower than average SES family monthly income levels; and marked levels of verbal, physical, and, to a lesser degree, sexual abuse from family and nonfamily members.

Conclusion

This literature review described documented, anecdotal, and limited empirical accounts of U.S. colonial and postcolonial oppression, military prostitution, and the impact of poverty oppression confronting the Filipino Amerasian diaspora of Luzon. The

review demonstrated that an understanding of current conditions facing marginalized Filipino Amerasians can perhaps be best understood in terms of the historically unique contextual conditions confronting Filipino and multiple other Pan Amerasian populations throughout the Western Pacific Rim.

U.S.-based studies of Vietnamese Amerasians conducted in the 1980s and 1990s represent the most contemporary body of research remotely germane or useful to examining the conditions facing African and Anglo Filipino Amerasians. Vietnamese refugee studies showed that psychosocial physical risk and mental stress factors, many of them related to the stigmatized origins and phenotypical features of biracial Amerasians, have been contributory to symptoms of core mental health symptomatology believed present within this population. Such risk factors and their established link to core mental symptomatology, not only among Amerasians but also among other stressed populations, including African Americans (i.e., Klonoff et al., 1999; Lewinsohn et al., 1994) and Mexican migrant and Mexican American and Chicano urban and rural dwellers (J. F. Hovey, 2000; J. D. Hovey & Magana, 2002; Vega et al., 1998), provided much of the foundational basis for this study. Thus, at a minimum, this research sought to build upon the Gastardo-Conaco and Sobritchea (1999) study of 443 African and Anglo Filipino Americans that found an at-risk and distressed population reflecting significant levels of stigmatization, psychosocial trauma, and socioeconomic peril.

Summary

The literature review covered extant empirical studies, article reviews, and related information pertaining to the possible emergent themes and units for analysis in this

study, whose environmental and situational context deals with the origin and oppression of Amerasians, including colonial and postcolonial oppression and exploitation, military prostitution, poverty oppression, and Pan Amerasian demographics. Consideration of social stigmatization and discrimination research, psychosocial personal risk, and mental stress factors included an examination of previous mental health studies of Vietnamese Amerasian cohorts. Also included was information about qualitative and quantitative research methodologies employed in other social stigmatization and mental health studies.

Chapter 3 outlines the multiple-case study design methodology, sample selection, instrumentation, pretesting of the semistructured interview instrument, research procedures, data collection and analysis, and narration summary. Detailed information also includes a description of the in-country Philippines research site, the role of the researcher, and efforts to safeguard the participants' protection. Chapter 4 reports the results of the data collection and interview results, and provides an identification of stigma-related psychosocial risk factors and DASS-21 results. Chapter 5 interprets the significance of these findings in relation to the research questions and theoretical framework of the research, and also outlines the social implications of this study and recommendations for future research.

CHAPTER 3: METHODOLOGY

Introduction

This chapter presents the research methodology, multiple-case study design, role of the researcher, sample frame and selection process, description and selection of the sample participants, efforts to ensure the participants' protection, instrumentation, DASS-21 scoring procedures, data collection, analysis procedures, and a closing summary.

Overview of the Study

The purpose of this study was to identify stigma, discrimination, and related psychosocial risk and stress factors and psychological themes and categories that co-occur and test for the indicators of core mental health psychopathological symptomatology, namely, depression, anxiety, and stress. This focus served to address a deficit in empirical research dealing with the nature of social stigma and discrimination and their co-occurrence with and relationship to the core mental health symptomatology affecting Filipino Amerasians.

This exploratory, multiple-case study design employed two data-gathering instruments: a semistructured, open-ended interview guide and the DASS-21. The first interview instrument included a biographical data and exploratory psychosocial profile questionnaire designed to recall descriptive and detailed accounts of the Amerasian experience with stigma and discrimination and their effects on psychosocial stress and its co-occurrence with depression, anxiety, and stress. The DASS-21 is a mental health measurement scale to gauge the core symptoms of depression, anxiety, and stress.

The sample consisted of mixed-parentage, biracial Filipino Amerasians inhabiting Angeles City, Luzon. In-depth interviews, guided by a semistructured, open-ended interview instrument were conducted to explore their life experiences and exposure to stigmatization and discrimination. The purposive sample included a cohort of 16 Filipino Amerasian participants ranging in age from 16 to 39 divided into the two age ranges of 16 to 19 (adolescents) and 20 to 39 (young adults). Both groups consisted of equal numbers of Africans and Anglos and males and females.

The participants were from an estimated population of 6,000 Filipino Amerasians residing in Angeles City, site of the former Clark Air Base and headquarters of the U.S. 13th Air Force. They were among 50,000 Amerasian children and young adults abandoned, deserted, or estranged throughout the Philippine archipelago following the departure of the U.S. air force, naval, and marine bases and servicemen in 1991 and 1992. A primary goal of this multiple-case study was to contribute to limited empirical literature on Amerasians on two levels: (a) the psychosocial impact of social stigmatization and discrimination on progeny of mixed racial and ethnic parental origin, and (b) their co-occurrence with depression, anxiety, and stress symptomatology.

<div align="center">Review of the Research Questions</div>

The following central exploratory research questions guided this study:

1. How did both Filipino Amerasian adults and adolescents describe their lives as they experience social stigmatization and ethnic discrimination?

2. Were there indicators that Filipino Amerasians generally experienced stigmatization and discrimination based upon their different racial and ethnic

constitution, physical features, and conditions of birth as progeny of U.S. servicemen?

3. Were there indicators that African Amerasians experienced greater degrees of stigmatization, discrimination, and low SES marginalization based upon the presenting conditions described earlier?

4. Did Amerasians view their circumstances of birth as a contributing factor to their psychosocial, SES, and general mental health well-being?

5. Was there a presence of stigmatization and discrimination-related psychosocial stress factors experienced by Filipino Amerasians and depression, anxiety and stress (i.e., core elements of psychopathological symptomatology)?

<div align="center">Research Design and Approach</div>

This exploratory qualitative study employed a multiple-case study design. Case studies provide a holistic and versatile qualitative research approach formulated to investigate complex social phenomenon and adaptable to exploratory methodology applications (Yin, 2003b). A case study was the "method of choice" for this study because the phenomenon under study (i.e., racial and ethnic stigmatization and their relationship to psychosocial stress, depression, and anxiety) was "not readily distinguishable from" (Yin, 2003a, p. 4) or directly related to their context and contextual setting.

Qualitative research is a process of narrative investigation and "understanding based on distinct methodological traditions exploring a social or human problem. The

researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a 'natural setting' " (Creswell, 1998, p. 15). Fortune and Reid (1999) further described the qualitative methodology as, by definition, naturalistic, employing small study samples and primarily nonprobability sample selection processes. The use of personal data gathered through a semistructured, open-ended interview instrument provided a distinctly qualitative research feature of this study. Using the DASS-21 subscales as a measurement feature facilitated a calculation of the present state of core depression, anxiety, and stress levels within the sample. The DASS-21 measurement scales aided in interpreting the co-occurrence of risk and stress factors with psychopathological symptoms.

Anis (1996), who conducted research of psychosocial adjustment and stigmatization of Vietnamese Amerasian refugees in the mid-1990s, concluded that a qualitative methodology is most desirable in the study of oppressed biracial population cohorts of this type. Anis cited Root (1992), who criticized quantitative, controlled studies as "too reductionist" (p. 182) for the particular type of focused and descriptive research required for the complex study of developmental patterns experienced by racially mixed persons.

Design and Research Procedures

The research operationally progressed through four stages. Stage 1 saw the screening and purposive selection of the 16 participants for the case study from a sampling frame of young adult and adolescent African and Anglo Filipino Amerasians, comprising two age groups (16-19 and 20-39). Identified as having various social and

education support or economic assistance needs, the participants had either received or were currently receiving services previously from the proposed research sites, comprised of two Angeles City, Luzon, community outreach programs: (a) the Philippine Children's Fund of America (PCFA) and (b) the PSBI Foundation, both of which provided full cooperation with the study.

During Stage 2, each participant completed the DASS-21 self-report measurement scales after completing the biographical data and interview instrument questionnaire, but before beginning the interview. In Stage 3, interviews were scheduled and conducted to obtain data in the form of narratives and psychosocial biographies. The interview instrument also was the primary qualitative tool used to elicit and identify stigma related to psychosocial personal risk and mental stress factors and stigma-related psychological themes. During the interview, I gauged the extent and intensity of stigma and discrimination experienced by the participants on their mental state by conducting a review and a follow up of the answers provided by participants during interviews. Each participant received encouragement to engage in open, unrestricted thought; speak frankly; and correct, change, or amplify any answers that they had provided in writing on the biographical data instrument form or during the oral portion of the interviews. This procedure was a de facto form of member checking to ensure the authenticity and accuracy of their responses and reflections.

In Stage 4, after the data had been assembled, analysis began by triangulating the findings of the semistructured interview instrument to identify the formation, extent, and intensity of stigma; psychosocial risk and stress factors; and psychological themes

emerging from the interview process. These data, and the severity scores of the DASS-21 to test the participants' depression, anxiety, and stress levels, were the basis for the biographical case studies (see Appendix C) of each participant and the in-case and cross-case study analysis that occurred as part of comprehensive data analysis..

The cross-case study analysis, a process described by Yin (2003a, 2003b), involved an examination of patterns across cases to identify similarities and differences in psychosocial conditions and behavioral patterns. The results from this analysis were the basis for the development of the four prototype or model cases developed to illustrate the consolidated data analysis results presented in chapter 4. Similarly, internal, or in-case, study analysis, or the examination of patterns within cases (Yin, 2003a, 2003b), was a component of the overall data analysis. Closely allied to the case study analysis, and a component of the in-case and cross-case analysis within this study, was "explanation building," (Creswell, 1994, p. 157), a process that allows the researcher to search for casual links, probes plausible explanations, and attempts to advance rationales or reasons about individual or personal outcomes.

Research Design and Research Questions

A central component of the research design focused on the semistructured interview instrument, an open-ended and exploratory interview guide formatted to both elicit and encourage self-reports of stigma related psychosocial risk and trauma inducing and discrimination related stress. The instrument design was formulated upon and intricately keyed to providing exploratory answers to the five research questions. The direct nature of some of the questions were purposely crafted to remind the participants

of the pervasive nature of stigma affecting many Amerasians, a condition that they claimed to have witnessed and been personally victimized by prior to being selected for participation in the study.

The following questions were drawn directly from the interview instrument. Although a number of questions appeared close ended and possibly leading, throughout the interviews, I encouraged the participants to provide their stories in their own way with whatever detail they thought might be helpful to understand their experiences fully.

The following interview questions corresponded to Research Question 1: How did both Filipino Amerasian adults and adolescents describe their lives as they experienced social stigmatization and ethnic discrimination?

3.1 What expressions of stigmatization/discrimination and/or prejudice have you experienced in your life?

3.2 Which of these conditions do you attribute directly to your Amerasian background?

3.5 How do you describe your own personal feelings about being Amerasian?

3.6 What do you believe is the worst/best thing that ever happened in your life because you are Amerasian?

The following interview questions corresponded to Research Question 2: Were there indicators that Filipino Amerasians generally experienced stigmatization and discrimination based on their different racial and ethnic constitution, physical features, and conditions of birth as progeny of U.S. servicemen?

3.10 Were you teased, harassed or injured on the street, in school, on the

playground, among friends or anywhere else because of your Amerasian

origin? (Or, because of the color of your skin, physical features, or your

origin of birth?)

3.11 Were you ever a victim or object of racial or ethnic names or nasty words

directed at you by Filipinos or some other ethnic group in the Philippines? If

so, what were you called? Describe what names were used and what were

they referring to?

3.12 Do you notice any difference in the way people treat Anglo Amerasians or

African Amerasians? Yes. No. (If Yes, please explain).

The following interview questions corresponded to Research Question 3: Were

there indicators that African Amerasians experienced greater degrees of stigmatization,

discrimination and low SES marginalization based on presenting conditions described

above?

3.13 Have you ever noticed any difference in the way people treat African

American Amerasians? Yes. No. (If Yes, please explain.)

5.3 Do you feel that Anglo Amerasians have benefited or been recipients of social

or economic advantages because of their light or white skin color, or other

physical features?

6.1 Have you ever experienced discrimination or prejudice from Filipinos, other

nationals or ethnics including Anglo Amerasians that you believe were

specifically linked or traced because you are an African Amerasian?

6.3-6.4 What epithets, name-calling or cursing from Filipinos, or others, cited the

color of your skin, or your facial characteristics?

6.5 Did you observe discrimination or prejudice (outward or subtle) against other

African Amerasians?

6.6 Describe how hearing specific criticism of your skin color or physical features

affected you?

The following and similar interview questions corresponded to Research Question

4: Did Amerasians view their circumstances of birth as a contributing factor to their

psychosocial stress, SES, and general mental health well-being?

2.10 and 3.9 Did you experience the stigmatization, discrimination and prejudice

as a result of being Amerasian in: (3) social situations?, (4) on the street?,

(5) in church?, (6) within your family?, (7) with friends?, (8) in the

workplace?

2.11 Did your experience with stigma and discrimination being Amerasian, ever

result in your being denied a job, housing, education or promotion?

3.8 Have you ever experienced hostility by your foster or stepfather or family

members because you are Amerasian?

9.9 Did your mother (foster mother, stepfather or foster father) ever leave,

abandon or reject you because of your Amerasian origin?

4-12a Have you ever been the victim of a bias crime based on being an

Amerasian?

The following interview questions corresponded to the Research Question 5: Was there a presence of stigmatization and discrimination-related psychosocial stress factors experienced by Filipino Amerasians and depression, anxiety and stress (i.e., core elements of psychopathological symptomatology)?

4.1/9 and 11/9.12 If you believe you experienced mental depression, anxiety or somatic effect (physical aches, pains, headaches, etc.) because of stigmatization, depression, name-calling or any other related incident, how and when did you make the connection?

4.4 How long were you mentally depressed, anxious or felt stressed from such incidents?

4.7 and 9.13 Have you ever received medical or mental health treatment, therapy or counseling, which you believe may be connected to stigma or discrimination based on your Amerasian origins?

The Role of Case Study in This Research

Case study is appropriate as a research design when social science researchers want to provide a broad research topic definition; record contextual or intricate multivariate conditions; and seek varied, nonsingular sources of evidence (Yin, 2003a), all of which were objectives of this study. Accordingly, one of the goals of this multiple-case study related to psychosocial study was to create a current psychosocial and mental health profile or psychosocial biography of each participant. Essential throughout the process is the creation of an informative narrative to aid in understanding the condition, situations, trends and outliers emerging in the research (Stake, 1995).

The case study relies on many of the same techniques as a historian, but it adds two sources of evidence not usually included in the historian's repertoire: direct observation of the events being studied and interviews of the person involved in the events. (Yin, 2003b, pp. 7-8)

In an observation about case study that speaks to the marginalized nature of the Amerasian diaspora, Ruckdeschel, Earnshaw, and Firrek (as cited in Shaw & Gould, 2001) declared that one of case study methodology's functional tasks is "to give the poor a voice" (p. 17). Gil (1998) regarded such an approach and philosophy as a form of radical social work, a theoretical social work practicum urging the resolution of "contradictions between the conventional tendency of social work, to help people adjust to the status quo of domination and exploitation, and the ethical imperative, to confront injustice and oppression" (p. 101).

Participant Protection

Interview, data-gathering, analysis, and storage practices were in strict accordance with Walden University's Institutional Review Board (IRB) participant protection compliance procedures (IRB approval # 04-09-09-0296116). To prevent the inadvertent disclosure of the participants' identities, the interview instrument identified the interviewees only by predesignated letters and numbers. The same code identifiers and protections were in place during the administration of the DASS-21 (see Appendix D) and the other information cluster and work sheets used in the information collection and analysis. The names and addresses of the participants were available only in a separate, independent database.

The participants were informed that their involvement in the study incurred no immediate or long-term risk or liability, they could withdraw from the study without

penalty and at any time, and their participation or voluntary withdrawal would not

jeopardize their receiving any current or future services from either the PCFA or the

PSBI Foundation. Should any participants have become distressed or upset during the

course of the investigation, counseling was available through the services of the PCFA.

Only I and the dissertation supervision committee, upon specific request, had access to

interview instrument codes and the master identification list. Each participant, during the

sample selection process, completed a voluntary adult consent participant form or in the

instance of minor participants, both the individual parent-guardian consent and minor

assent forms, authorizing the researcher to proceed with the study. All but 3 participants

requested English versions of the forms. One adult specifically requested the adult

consent form in both Tagalog and English, and 2 minors requested the parental consent

and participant assent form in Tagalog and English. All English and Tagalog versions of

these documents are available from me upon request.

The participants received instructions to carefully read and review the consent or

assent documents before indicating agreement by their signatures. Included in these

forms was a narrative explanation of the study, its purpose and objectives, an affirmation

of confidentiality, and an affirmation that participation in the study was completely

voluntary. In chapters 4 and 5, as required, and in the individual casework profiles, I used

the participants' pseudonyms to safeguard their identity, privacy, and confidentiality. I

also changed the participants' precise geographic locations in an informed and

comprehensive effort to protect their identities and provide anonymity.

The Role of the Researcher

With the multifaceted investigator's role, I foresaw the need to work in several capacities, especially with respect to the qualitative portion of this study that functionally mandates exploration and interpretation (Creswell, 1994). As a former daily newspaper reporter, bureau chief, and city editor with experience in investigative journalism, I relied heavily on sensitive and exploratory interview techniques during the research. I balanced my journalistic ethos of the absolute necessity for accuracy in fact gathering with a scholarly necessity to document each detail to ensure precise and efficient data collection and analysis processes.

Dating to 1989, I have lived in and traveled widely throughout the archipelago. My experience as a retired U.S. military commissioned officer and enlisted soldier brought a unique and insightful perspective to my research. Additional professional experience as a licensed master social worker (State of New York) helped to reduce possible biases. My social work training and experience contributed to my understanding of and empathy for Filipino Amerasians, given that their intimate life circumstances, in many instances, were deeply affected by the behavior of U.S. American servicemen.

Under such circumstances, I made every effort to control personal biases by complying fully with the National Association of Social Workers' Code of Ethics (NASW), of which I am a member. The code stipulates the professional values of service, social value, dignity of the worth of the individual and integrity in various service areas, including "education, research and evaluation" (NASW, 1999, p. 1). Moreover, my participation in this study was not in any way affiliated with the U.S. Department of

Defense (DoD) or my former long-time employer, the New York State Division of Military and Naval Affairs.

<div align="center">Research Site</div>

The PCFA and the PSBI Foundation granted permission to conduct on-site research with the African and Anglo Amerasians participating in their respective neighborhood outreach programs in Angeles City, Luzon. These agencies promised unfettered access to clients. Their stewardship, collegiality, and cooperation were integral to this study.

The participants were voluntary enrollees or former enrollees primarily of the PCFA and, secondarily, the PSBI Foundation. The community outreach program operated by the Sacramento, CA-based PCFA is located at Paradise Ranch near the former Clark Air Base. The base now functions as the Philippine-operated Clark Freeport Zone and is the site of Diadasado Macapagal International Airport. The Angeles City field headquarters office of the PSBI Foundation was located near Diamond Sub-Division, a few blocks from the Baligbago entertainment and tenderloin district, which thrived during Clark's heyday as U.S. 13th Air Force headquarters.

At the time of the study, the participants in the PCFA and PSBI Foundation Amerasian community programs were receiving health, educational, vocational and socialization counseling and support. Services also included varied life experience and psychological guidance; assistance in applying to immigrate to the United States; and access to recreational and nutrition services, and in certain instances, home visitation assistance.

Sample Description and Selection

The study sample was a nonclinical (i.e., not in mental health treatment) cohort of adolescents and young adults of Filipino Amerasian extraction currently participating in and receiving community outreach assistance. A purposive sampling plan and process resulted in the selection of the 16 participants. The selection criteria included being an individual of Anglo or African Amerasian who had a reasonable likelihood of encountering stigmatization and discrimination because of origin of birth or possession of individual physical features or any other properties to assure characteristics or qualities believed typical of the phenomenon under study (Fortune & Reid, 1999).

Initial identification of the potential participants was through a flyer announcement that I prepared in English and Tagalog and distributed within the agency used for the on-site interviews (PCFA). The flyer included a brief description of the study, described participation as voluntary, and asked interested individuals to contact me by leaving the forms with the PCFA social services office or my research assistant and interpreter.

I then contacted each potential participant and scheduled screening interviews to explain the scope, purpose, and procedures of the study. At the time of the initial interview, I explained the study. If a candidate remained interested, I asked that the individual review the informed consent and privacy protection forms, as required by research protocol. I asked whether they had any additional questions; once their questions were satisfied, I asked them to sign the forms signifying their consent and participation in the actual selection process.

The final sample had to meet the following research criterion, namely, a "yes" answer to the following question: "Do you believe as an African or Anglo Filipino Amerasian, you have personally experienced, been exposed to or observed stigmatization, discrimination and/or psychological and social stress based on your background or status as an Amerasian?" Follow-up questions in the semistructured interview instrument prompted the participants to elaborate on the frequency, depth, and implications of any of these experiences.

At each stage of the recruitment and interview processes to select the final participants, my Tagalog-speaking research assistant who also served as interpreter was present. The interpreter was an English-speaking Filipina national who was a university-trained licensed and practicing social worker with a master's degree in public administration. As a native of Luzon, she was fluent in written and spoken Tagalog, one of the two official languages of the Republic of the Philippine. English is the second official language.

The interpreter also assisted me by explaining, as needed, the required informed consent and privacy protection procedures, which were available in both English and Tagalog to the sample. These precautions and her assistance helped to ensure that each participant had the proper informed consent protection required by the university's IRB protocol.

Description and Characteristics of the Sample

The final sample was gender balanced, having an equal number of males and females (see Table 1). In addition, each of the two subgroups had 8 participants, that is,

adolescents (ages 16-19) and young adults (ages 20-39). Racially, there were an even number of Anglo and African American fathers represented by the participants in both categories. These age groups represented Amerasian children and adolescents who were born before, during or even after the departure of U.S. military bases from Luzon in 1992.

Table 1

Sample Demographic Characteristics

Characteristics	
Gender	*n*
Female	8
Male	8
Age at time of interview	
16-19	8 (4 males, 4 females)
20-39	8 (4 males, 4 females)
Skin Color	
Light-skinned/Anglo/pale-skinned	8 (4 males, 4 females)
Dark-skinned/African/brown skinned	8 (4 males, 4 females)

Selection Procedure Modifications

A single modification occurred in the sample selection procedure. Originally, an equal number of participants were to come from the PCFA and PSBI Foundation outreach programs in Angeles City. However, in mid-2008, after my first research field visit, the PSBI Foundation-Philippines closed its Amerasian outreach facility within the Diamond Subdivision, Balibago, Angeles City, and abbreviated its program for Amerasians in this area. This change compelled me to concentrate on drawing most of the sample from current or former PCFA program participants.

The final sample included several former or current PSBI Foundation program members. Nine of the participants were current or former enrollees in the PCFA

Amerasian outreach program, and four participants in the PCFA program reported that at one point they were registered in a PSBI Foundation program. Three others identified themselves as current or former participants in the PSBI Foundation program, indicating that they had learned of the study through their Amerasian friends and had volunteered to participate. These individuals underwent the same screening and selection process. The final sample included the precise demographic qualities originally anticipated.

Instrumentation

Data-gathering tools during the exploratory interview and final data collection included a newly created, biographical data, semistructured, open-ended personal information interview instrument and the DASS-21 measurements scales.

Semistructured Interview Guide

The semistructured interview instrument provided a simple frequency of the extent and intensity of oppressive stigma and discrimination experienced by the participants. The instrument included demographic and biographical information as well as semistructured and open-ended questions. Its purposes and mechanics included (a) an exploration through personal stories the extent and intensity of oppressive, racial and ethnic stigmatization and discrimination psychological themes, (b) the disclosure of self-reports of individual psychosocial risk and stress factors, and (c) the inclusion of an internal inquiry design section specifically focused on African participants and aimed at capturing their recollections and reflections on the intensity and depth of stigmatization trauma the African participants were anecdotally reported to have experienced.

For example, the instrument contained questions exploring the extent and intensity of stigma. The interview instrument also contained an intensive order of questioning identifying and inquiring about specific instances of where or when the participants may have experienced stigmatization or discrimination, or had come into contact with other Amerasians who had. The semistructured nature of instrument, as well as questions that I improvised during the interviews, allowed the participants to recall incidents, provide opinions, or provide anecdotal accounts or examples of how they or their Amerasian associates felt that they may have been devalued during their lives.

In section 6 of the instrument, the African Amerasian participants were asked specific questions designed to evoke responses about personal experiences or their possible witnessing of racial and ethnic stigmatization, discrimination, bias, or prejudice. Also included were questions related to psychosocial factors more frequently reported among African Amerasians, including pejorative name-calling, racial discrimination, and homelessness (Gastardo-Conaco & Sobritchea, 1999).

Questions over possible stigmatization-influenced personal risk factors focused on such life conditions as discriminatory victimization, low educational and medical services access, marginal SES, high relative poverty, unemployment and homelessness. Mental stress factor-related questions dealt with such circumstances as name-calling or verbal harassment, witness to biracial stress and trauma, social isolation, low self-esteem or inferiority complex, and disparate treatment by a foster or stepparent (Felsman et al., 1989, 1990; J. D. Hovey & Magana, 2002; Klonoff et al., 1999; McKelvey et al., 1992; McKelvey, Mao, et al., 1993; McKelvey, Webb, et al., 1993).

I had anticipated encountering such data elements, given that they had originated with at-risk population cohorts related to Filipino Amerasians, including Vietnamese Amerasians, African Americans, and Mexican Americans and Chicanos. Therefore, these questions were purposely included in the interview instrument. They also sensitized me to additional risk and stress factors and psychological themes that would be uncovered during the exploratory phase of interview questioning. Similarly anticipated and written into the interview instrument as potential psychological categories were such themes as trauma-inducing life experiences and issues of psychological identity facing Amerasians (Anis, 1996). Others included desires among Amerasians who yearned for reunification with their fathers, suffered stress or despair from not knowing either biological parent, or were aware that their mothers were associated with the sex industry (Felsman et al., 1989, 1990).

The semistructured, open-ended nature of this instrument was flexible enough to guide the collection of the participants' narratives, while allowing me to expand upon, explore, and develop my knowledge of the psychosocial risk and stress factors, topical areas, and psychological categories and themes either anticipated or unknown. These exploratory and investigative questions facilitated the creation and use of detailed interview quotations and process notes, and they provided the basis for formation of the biographical casework profiles, one of the foundational sources of basic data for the research analysis..

Semistructured Interview Instrument Face Validity Test

During the first field visit to Angeles City, Luzon in November of 2007, I conducted a face validity evaluation of the interview instrument. This process involved several steps. Two young adult volunteer Amerasians at the PCFA reviewed the English language version of the data questionnaire and interview instrument for readability, comprehension, and clarity of the questions.

An agency social worker was present at that time. She asked the volunteers whether they could read and comprehend the general nature of the questions. They answered in the affirmative after they had viewed the questionnaire and returned it in the blank form provided them. No data gathering occurred at this time. Walden University's IRB reviewed this procedure during the proposal application process and granted approval to conduct the study in April 2009.

Interview Data Collection Process

The face-to-face interviews, which took place in May 2009, generally took between 1 and 2.5 hours each. First, each participant completed the biographical data and interview questionnaire, followed by the 21-item DASS-21questionnaire using pencil and paper. After a brief break, I began the interview in English, with only occasional assistance from the Tagalog-speaking interpreter as needed. I reviewed each answer on the interview form individually with the participants and carefully went over each question with them orally from the instrument.

In three interviews, the interpreter provided limited oral interpretation or clarification when a participant periodically responded to questions in Tagalog or, more

likely, Taglish phrases, or phrases containing both English and Tagalog words. On occasion, she would engage in a Tagalog conversation with these participants, with answer usually provided by the participants or the interpreter in English. In addition, the interpreter, at my direction, reviewed each completed interview instrument and provided the translations of a very limited number of words or phrases written in Tagalog. She also reviewed my handwritten interview notes, as well as my observation and process notations, and assisted with translations, nuances, or potential misunderstandings on my part about the English responses from the participants or the handful of instances when Taglish or Tagalog words were used during the interview conversations.

Interview Instrument Recording and Transcription Procedure

The field data collection plan called for audiotaping all of the interviews and then transcribing them into scripted format. However, as the audiotaping proceeded, I realized that taping the interviews from start to finish was cumbersome and impractical. Most of the participants paused before speaking, carefully and thoughtfully considering their responses. The result often was a sizeable time gap between the time of the question and the response provided. Switching the audio recorder button on and off to accommodate these intermissions became a distraction to the collection process.

After the third interview, I decided to discontinue the recordings and write the verbal responses in reporter style notebooks, as I had done in interviews with sources for hundreds of daily newspaper articles published under my byline as a former news reporter. This change also allowed me to write descriptive and reflective notes alongside the interview quotations in the notebooks and make observational annotations relating to

verbal responses and intonation as a clinical social worker often performs with clients during the standard social worker process recording procedure (Barker, 2003). I was then able to collate direct quotations and interview observations, making the material on each participant readily accessible and easier to understand and analyze.

The data were collected from biographical data and the interview instrument filled out by each participant, notebook interview notes, transcripts of the three audiotaped interviews, supplementary field notes, and annotations from temporal observation during person-to-person interviews. Also included were relevant interview and observation notations from the prior sample selection interview period. The collected data also included the results from the administration of the DASS-21 measurement scales on the interview site; scoring and recording of the DASS-21 results occurred during the data analysis phase. In support of the data collection process, direct observations and accompanying field notations of the appearance, fitness, and mannerisms of the participants was conducted during the many hours that I spent interviewing individual participants and during the screening interviews conducted at the time of sample selection. Yin (2003b) described the importance of the case study researcher visiting the "case study site" (p. 92), making direct observations and appropriately recording such impressions.

Depression Anxiety Stress Scales

The DASS-21 screening and assessment scales addressed Research Questions 4 and 5, which were related to stigmatization and discrimination influenced psychosocial risk and stress factors and their relationship to depression, anxiety, and stress core mental

symptomatology. Generally, researchers have used the DASS-21 self-report measurement scales in mental health research with symptomatic and asymptomatic study samples, and psychiatric, clinical social work assessment and diagnostic settings. "Their main clinical application is to identify the focus of an emotional disturbance as part of a broader clinical assessment," (McDowell, 2006, p. 313).

The DASS-21 is an abbreviated 21-question version of the full DASS questionnaire that is more adaptable and suitable for field research work than the larger, 42-item clinical instrument, according to the scales' authors (Lovibond & Lovibond, 1995). The portable DASS-21 scales resemble in content and focus the HSCL-25, a field version of the larger HSCL-90 depression and anxiety measurement scale widely used in the Vietnamese Amerasian refugee field studies. The DASS has an internal consistency reliability of ".88 for Depression, .82 for Anxiety, .90 for Stress, and .93 for the total scale" (Henry & Crawford, 2005, p. 236). The scales are a measure of the core symptoms of depression, anxiety and stress experienced by study participants for the previous week. The scales effectively differentiate among the indicators for depression (dysphoric mood), anxiety (physiological arousal), and stress (psychological tension and agitation) in nonclinical and clinical populations alike.

The Depression subscale consists of seven questions, as does each of the other scales, designed to elicit responses describing dysphoria, hopelessness, devaluation, self-depreciation, lack of interest, adhedonia, and inertia. The Anxiety subscale questions aspects of autonomic arousal, skeletal musculature effects, situational anxiety, and

subjective experience of anxious affect. The Stress subscale relates to difficulty relaxing, nervous arousal, agitation, irritableness and impatience.

The participants rate each item that they have experienced on a 4-point Likert scale: 0 (*does not apply*), 1(*applied to some degree*), 2 (*applied to a considerable degree*), and 3 (*applied very much*). Standard responses on each of the scales could include the following: Depression: "I felt that I had nothing to look forward to" and "I felt that life was meaningless;" Anxiety: "I was worried about situations in which I might panic and make a fool of myself" or "I felt scared without any good reason;" and Stress: "I found it hard to wind down" and "I found myself getting agitated."

Scoring the DASS-21 Measurement Scales

The procedures for tabulating the DASS-21 scores of the participants in this study included compilation of the depression, anxiety, and stress raw scores from the DASS-21 List of Items Questionnaire, which provides the 21 depression, anxiety, and stress questions for the participants. What follows is completion of the DASS Profile Sheet (see Appendix E) and template alignment with the individual participant raw scores with the severity score ratings and percentile ranges (Lovibond & Lovibond, 1995).

DASS-21 raw score results are measured through the profile sheet, which indicates clinical severity cut-off ranges of mild, moderate, severe, and extremely severe. Depression raw scores range from 10, indicating a range of mild depression, to a high rating of 42 for extremely severe depression; anxiety raw scores range from 7 for mild anxiety to a high of 42 for extremely severe anxiety; and 14 for mild stress to a high of 42 for extremely severe stress. The sheet also furnishes a rudimentary way of facilitating

comparisons and affixing severity categories and percentile values to negative emotional states of depression, anxiety and stress and converting raw subscale scores to Z scores.

The Z scores, indicated on the left side of the DASS profile sheet, provide the basis for comparison and composite scoring, including a measure for general emotional distress if desired. Severity score values and percentile ranges define depression, anxiety and stress severity labels, originally based on a nonclinical normative Australian community for the DASS (Lovibond & Lovibond, 1995). For example, a score of 21 for the Depression scale is 2 standard deviations above the mean of the general population ($Z = 2.0$) and higher than 95% of people in the population (percentile = 95); the score falls within a low-severe descriptor rating. No normative data were available on the DASS from a Philippine community sample.

After compiling individual scale severity score levels for each of the three DASS-21 measurement subscales (Depression, Anxiety, and Stress), each participant's scores were entered onto the Psychosocial Risk Factor Cluster Sheet (see Appendix F); the Psychological Category and Themes Cluster Sheet (see Appendix G); and the DASS-21 Score, Psychosocial Risk and Psychological Themes Work Sheet (see Appendix H). Individual psychosocial personal risk and mental stress factors collected from the interview instrument were entered onto the appropriate clustering sheets in a uniform effort to triangulate the divergent primary source data properly.

<div align="center">Data Collection and Analysis</div>

Data collection and analysis involved gathering material from two primary data sources. The interviews produced biographical information and personal stories derived

from recurring themes related to stigma and discrimination-related psychological categories, and personal psychosocial physical risk and mental stress factors from participant narratives. The DASS-21 scales provided depression, anxiety, and stress levels for each participant.

Data analysis included triangulation originating from these sources: (a) evaluating the number of psychosocial risk and stress factors and psychological themes for each participant; (b) comparing and contrasting DASS-21 depression, anxiety, and stress scores with risk and stress factors and psychological themes; and (c) performing both cross-and in-case analysis using the DASS Score, Psychosocial Risk, and Themes Work Sheets for development of the 16 case study biographies.

Preparation of the Raw Data for Analysis

My transcription and field notes from the interview instrument elicited questions for individual psychosocial physical risk and mental stress factors, as well as for psychosocial categories and themes. I transferred this information to a series of researcher data compilation sheets for use in the analysis phase. By assembling these listings of relevant risk and stress factors and psychological themes, I was able to examine their potential relationship to core pathological symptomatology. Such risk factors and themes emerged from the interviews and were drawn from prior research of at-risk populations, including Vietnamese Amerasians, African Americans, Mexican Americans and Chicanos.

I transcribed the handwritten notebook interview and observation notes, audiotapes, field notes, and annotations reflecting the tone and affect of the responses

onto Microsoft Office for Windows 2007 software, safeguarded in a firewall-protected personal computer hard drive. Backup copies were made by storing data material on a disc and also photocopying the contents. Corrections of the original grammar and syntax of the interviewees were minimal in order to respect and preserve the authenticity of each respondent's responses**.**

Information from the interviews and observations presented a daunting analytical undertaking and necessitated intelligent and painstaking management (Merriam, 1998). Insightful analysis included a careful reading and rereading of the direct interview quotations transcripts and field notes to ensure full comprehension of content. Every paragraph or notation from each interview was examined to identify unifying thematic occurrences, incidents, or phenomena. Vigilance was taken to identify new or recurring ideas, concepts, notions, and themes that transformed into topics or categories and further formulated into conceptualizations (Glasser & Strauss, 1967; Yin, 2003b).

Individual events; personal incidents; phenomena depicting stigmatization, marginalization, and their extent; anecdotal narratives of extent of discrimination and prejudice; and compilations of lists of stigma- and discrimination-related themes and/or psychosocial risk and stress factors were transcribed to the appropriate cluster sheets. In accordance with the scoring instructions outlined in the *DASS Manual for the Depression Anxiety Stress Scales* (Lovibond & Lovibond, 1995), I tabulated the DASS measurement scale results of the 16 participants.

Original Analysis of DASS-21 Scores and Semistructured Interview Data

The original analysis process commenced with the insertion of each participant's individual DASS-21 severity rating score for depression, anxiety, and stress onto the psychosocial risk factor clustering sheets and psychological themes clustering sheets. Each participant's severity rating scores were loaded onto the DASS-21, Psychological Risk Factor and Psychological Categories and Themes Summary Work Sheet, providing a transparent picture of each participant's DASS-21 scores and their occurrence with psychosocial risk and psychological themes.

Raw scores from the depression, anxiety, and stress findings, including the scoring variations relating to the various gradients of these core symptoms, were compared and contrasted with individual psychosocial risk and stress factors, as well as stigma-related psychological themes. Of special significance for analysis were multiples of risk and stress factors of five or more, or exponential clusters of these phenomena. When studying Vietnamese Amerasians, McKelvey et al. (1992), McKelvey, Mao, et al. (1993); and McKelvey, Webb, et al. (1993) posited that generic and/or stigma-related risk and stress factors identified through mental health survey inventories and tested by the HSCL-25 can predict mental distress formation or psychopathology**.**

Cross-Case Analysis

In-case and cross-case syntheses and analyses focused on stigma indicators and psychosocial aspects of the cases individually and collectively, as well as their co-occurrence with core symptomatology severity scores reflected by the DASS-21 scales results.

> When multiple cases are chosen, a typical format is to first provide a detailed description of each case and themes within the case, called a *within-case analysis*, followed by a thematic analysis across the cases, called a *cross- case analysis [italics authors],* as well as assertions or an interpretation of the meaning of the case. (Creswell, 1998, p. 63)

Yin (2003b) posited that cross-case analyses, treated the results from individual cases separately but dissected and arrayed parts to bring congruent and common pieces together. The objective was to discern trends and patterns and derive generalizations or conclusions from multiple cases.

For the purposes of this research, in-case analysis is presented in the 16 psychosocial case studies. Cross-case synthesis also is within the case studies, but it is most saliently within the discussion of the results of the analysis of the psychosocial risk factors, the psychological themes, and the co-occurrence and relationship of DASS severity scores to psychosocial risk reported by the sample. Such an examination focuses on various subjective aspects of individual cases that then cross-analyzes, identifies, and unifies distinctive categories and themes with the goal of providing cogent analysis and explanation across multiple sources of results (Yin, 2003b). This technique was crystallized in the study through the development of the four model or prototype cross-case study profiles, synthesizing representative characteristics and conditions experienced by the 16 participants.

In addition to the in-study and cross-study techniques, analysis of the data also employed a form of case study pattern development and explanation building, as specifically utilized during compilation of the mental health profile sections within the 16 psychosocial case studies and also for psychological theme patterns. Such a procedure

occurs when an investigator "looks for causal links and/or explores plausible or rival explanations and attempts to build an explanation about the case" (Creswell, 1994, p. 157).

Revised Data Analysis Plan

Methods of triangulation are key to formulating and maintaining internal validity (Merriam, 2002). A revised data analysis plan used triangulation by beginning with the original data analysis plan and then taking the analysis a step further to redefine and clarify the preliminary findings through the following procedures:

1. After scoring and analyzing the DASS-21 results data to reveal and verify the presence of anticipated psychosocial and stress factor scores, I constructed individual biographic profiles for the 16 participants and added their individual DASS-21 score profiles to complete the in-case analysis. The results were four tables comparing and contrasting subgroups of African and Anglos and females and males on their DASS-21 scores, and also their co-occurrence with psychosocial risk and stress factors to visualize the patterns and clusters for these groupings.

2. The in-case analysis laid the foundation for deriving the four prototype cases for the cross-case analysis.

3. Using content analysis of the in-case analysis, I derived and reduced the 19 multiple primary psychological subthemes to a total of three primary themes for the sample.

4. The closing section on psychosocial risk and stress factors then became a synthesis and integration of the highlights from the psychological themes, combined with the DASS-21 scale results, to compare and contrast the core mental health symptomatology with their relationship to the risk and stress factors of the sample.

Summary

This exploratory, qualitative study, multiple-case study design employed a researcher-developed, semistructured, open-ended interview and biographical data collection instrument as well as the DASS-21, a standardized mental health screening and mental health assessment instrument. The foci of the investigation were oppressive social stigmatization and discrimination, and their impact on psychosocial risk among Filipino Amerasians, specifically their co-occurrence and relationship to depression, anxiety, and stress. Of further interest was whether African Amerasians were at particular risk for increased stigmatization and discrimination and vulnerability to presenting depression and anxiety stress.

Chapter 4 presents the results of the in-field inquiry, data collection, and analysis described in this chapter. Included are the results of questioning from the biographical data and interview instrument and DASS-21 measurement scales. Chapter 5 concludes an interpretation of the research question results, a discussion of the findings, implications for social change actions, recommendations for further research, and a final summary.

CHAPTER 4: RESEARCH FINDINGS

Introduction

This chapter is a report of the field findings of this exploratory, qualitative, multiple-case study. Its twofold purpose was to identify stigma- and discrimination-related psychosocial risk factors and psychological themes among a marginalized cohort of Filipino Amerasians and to determine the co-occurrence of psychopathological symptomatology, specifically, depression, anxiety, and stress. In-depth interviews in conjunction with the DASS-21 were used to measure the presence of mental health core symptomatology.

Psychosocial and psychological data collection focused on stress-inducing stigmatization experience of 16 Amerasians. These progeny of biracial Anglo and African American and Filipina mixed-parentage origin live in Angeles City, Luzon, the Philippines, site of the former Clark U.S. Air Force Base. All participants were enrolled or had formerly been enrolled in the Amerasian outreach program of the PCFA or the PSBI Foundation program in Angeles City, Luzon.

Selection and Composition of Sample

Purposive sample selection was in full conformance with Walden University's participant protection and IRB compliance procedures. Two major considerations guided the selection of the participants. The first criterion that the participants had to meet was being Amerasian (i.e., children of U.S. American servicemen, civilian employee, or defense contractor fathers who abandoned or estranged them, with a native mother; Amerasian Foundation, 2007). Such a criterion was the basis of interviewee participation

and prior participation in the Amerasian outreach programs of the PCFA and/or the PSBI Foundation. The second criterion was that the participants had to answer in the affirmative to the query, "Do you believe as an African or Anglo Filipino Amerasian you have personally experienced, been exposed to or observed stigmatization, discrimination and/or psychological and social stress based on your background or status as an Amerasian?" This screening survey also asked the participants to elaborate briefly on the frequency, intensity, and implications of these episodes.

Overview of Participants

The sample included 16 participants. Eight of the participants were females, and 8 were males. The sample comprised equal numbers of Africans and Anglos Amerasians in two age groups: adolescents ages 16 to 19 and young adults ages 20 to 39 The first subgroup included 8 African (4 males and 4 females) and 8 Anglo Amerasians (4 males and 4 females); the second subgroup included 8 African and Anglo females and an equal number of number of African and Anglo males. All participants reported the loss of their serviceman fathers through abandonment; estrangement; and, in the case of a single participant, the death of the father at an early age.

Adolescent Group

Two youths reported the loss of their natural mothers under similar circumstances at a very young age. Another youth reported that his mother abandoned him through most of his formative years, but returned in his late adolescence. Four were high school dropouts.

Adult Group

Of the 8 adult participants, at least 2 were high school dropouts. Three maintained that they also had been abandoned or estranged by their mothers at early ages, including one particpant, Aretha, whose father died when she was in childhood.

Data Collection and Analysis

The final data analysis remained intact with the original plan and is presented in four sections: (a) The verification of anticipated psychosocial and stress factor score occurrence among the sample is presented in four tables comparing and contrasting the two subgroups on their DASS-21 scores to visualize the patterns and clusters of the scores and psychosocial risk factor aggregates for Africans and Anglos and females and males in the two subgroups; (b) Use of the data from the in-case analysis drawn from the16 biographical case studies and employment of cross-case analysis to form and illustrate scenarios for the four prototypical cases; (c) Identification and elaboration of the three major psychological themes voiced by the sample through content analysis of the in-case analysis expressed in the foundational case studies; and (d) Synthesis and integration of the highlights from the psychological themes, combined with the DASS-21 scale results, in a comparative analysis of the core mental health symptomatology with their associated relationship to risk and stress factors of the sample.

Study Findings

DASS-21 Scoring Results: Presence of Core Symptoms of Psychopathology

Scoring of the DASS-21 revealed generally elevated levels of core pathological symptomatology (depression, anxiety, and stress). The incidence of elevated levels of

anxiety was the highest among the three DASS subscales, followed by depression and stress. Total sample and mean DASS-21 scale raw scores, including breakdowns for the African and Anglo participants are presented in Table 2. Overall, the Africans were more susceptible to symptomatology and also had more elevated mean severity scores in all three DASS subscale categories when compared to both the sample and Anglos, respectively.

The sample had the following subscale mean scores: (a) Depression - 14 (low moderate severity, (b) Anxiety - 13.25 (high moderate), and (c) Stress - 15.38 (mild). In comparison to their Anglo counterparts, the Africans showed higher elevated mean scores in (a) Depression - 16 (moderate), (b) Anxiety - 15.74 (severe), and (c) Stress - 17.75 (borderline moderate). The African adults showed the most severe scores: (a) Depression - 21 (low severe), (b) Anxiety - 16.50 (severe), and (c) Stress - 20.0 (moderate). In contrast, the Anglos had raw severity scores below the sample mean and markedly below the Africans with means as follows: (a) Depression - 11.71 (mild severity), (b) Anxiety - 10 (borderline moderate), and (c) Stress - 12.85 (normal).

Table 2

Comparative DASS-21 Severity Scores, Means, and Standard Deviations for African and Anglo Amerasians

DASS-21 scale and sample	*M*	*SD*	Range
DASS-D			
Overall sample	14	(5.75)	6-26
Africans	16.00	(5.61)	6-26
Africans[a]	21.00	(8.36)	14-26
Anglos	11.71	(3.92)	6-16
DASS-A			
Overall sample	12.88	(6.37)	0-26
Africans	15.74	(8.27)	4-26
Africans[a]	16.50	(10.26)	4-26
Anglos	10	(4.47)	0-18
DASS-S			
Overall sample	15.38	(6.23)	6-30
Africans	17.75	(7.38)	8-30
Africans[a]	20.00	(9.35)	8-30
Anglos	12.85	(3.68)	6-18

Note. Overall sample (*N* =16) Africans (*n* = 8) Africans[a] (*n* = 4) Anglos (*n* = 8)
DASS-D = Depression Scale; DASS-A = Anxiety Scale; DASS-S = Stress Scale. Range
describes raw low and high score spread of participants on Depression, Anxiety, and Stress subscales.
[a]Africans in this category comprised the adult 20-39 age group.

In contrasting male and female similarities and differences, the females had core symptomatology severity levels above the overall sample and male mean for each subscale category (see Table 3). The African females also exceeded their Anglo female counterparts in all raw score categories. Conversely, the Anglo females scored lower severity ratings than the overall sample and males in all three DASS-21 subscale categories.

Table 3

Comparative DASS-21 Scales Severity Scores, Means, and Standard Deviations for African and Anglo Females and Males

DASS scale and sample	M	SD	Range
DASS-D			
Overall sample	14	(5.75)	6-26
Male total	13.58	(4.89)	6-24
Female total	14.25	(5.33)	6-26
African females	17.50	(6.54)	8-26
Anglo females	11	(4.12)	6-16
DASS-A			
Overall sample	13.25	(6.81)	0-26
Male total	12.17	(5.99)	4-24
Female total	13.75	(6.43)	0-26
African females	15.50	(8.29)	6-26
Anglo females	9	(4.56)	0-18
DASS-S			
Overall sample	15.38	(6.23)	6-30
Male total	14. 42	(6.26)	6-30
Female total	16	(4.50)	8-25
African females	18	(6.16)	8-24
Anglo females	14	(2.82)	8-18

Note. Overall sample ($N = 16$) Male total ($n = 8$) Female total ($n = 8$) African females ($n = 4$) Anglo females ($n = 4$)

When examining the severity scores of the sample in relation to the specific sub scales, the elevated nature of the heightened symptomatology became clearer (see Table 4).

Table 4

DASS-21Severity Scores, Means, and Standard Deviations for Filipino Amerasian Sample

Severity score range descriptor	Depression M = 14 SD = 5.75		Anxiety M = 13.2 SD = 6.81		Stress M = 15.38 SD = 6.23	
	# in Category	Severity score range	# in category	Severity score range	# in category	Severity score range
Normal	(5)	6-8	(3)	0-6	(6)	6-12
Mild	(-)	(-)	(3)	8	(4)	14-16
Moderate	(8)	13-16	(2)	10	(5)	18-22
Severe	(3)	20-26	(5)	14-18	(1)	30
Ex. severe	(-)	(-)	(3)	24-28	(-)	(-)
Totals	(16)	6-26	(16)	0-28	(16)	6-30

The analysis revealed that 10 (62%) individuals had moderate to extremely severe Anxiety scores. Eleven (69%) participants had moderate to severe Depression scores, and six (37%) participants had moderate to severe Stress scores. Normal to mild levels of each core symptomatology (Depression-19%, Anxiety-37%, and Stress-62%, respectively) also were recorded.

DASS-21 Scores and Psychosocial Risk and Stress Factors

The cross-case comparison and analysis of DASS-21 severity ratings with psychosocial risk and stress factors indicated a co-occurrence among those participants with severe presentations of core psychopathological symptomatology (depression, anxiety, and stress) and multiples of risk and stress factors. Overall, the results reflected a general pattern that the greater the number of participant psychosocial factors, the greater were the mean symptomatology scores. Such findings suggested a possible relationship between these variables in the Filipino Amerasian sample beyond the mere co-occurrence of risk factors with higher symptomatology scores.

The means and standard deviations for the three DASS-21subscales and the number of aggregated stress factors reported by participants are presented in Table 5. Risk factor totals ranged from a low of 5 reported by Charles, an Anglo Amerasian, to a high of 13 each for Aretha, Felix, Karen, and Lou, African Amerasians participants, and Marvin, an Anglo Amerasian.

This analysis reflected increasing means for the Anxiety and Depression subscales with eight risk factors ($M = 12.67$, moderate anxiety; $M = 9.33$, borderline mild depression). Higher frequencies resulted in anxiety means as high as 18.40 (severe level)

for 5 (31%) participants with risk aggregates of 13 risk factors. Depression means peaked

at 18.67, or high moderate depression, for 3 participants with aggregates of 10 risk

factors. Although depression means dropped slightly for those with 11 ($M = 15.36$) and

for 13 risk and stress factors ($M = 17.60$), they still remained well within moderate

severity range for the seven affected individuals.

Those with higher elevated levels of stress showed an increase to an aggregate of

10 risk factors ($M = 14.67$), representing low mild stress. From that point, stress score

means peaked at low moderate stress levels for participants with clusters of 13 risk

factors. The 3 participants with psychosocial risk factor aggregates of less than 8 showed

normal or mild raw score means. Further comparative tables of the risk factor and DASS

score relationships between Anglos and Africans are located in Tables I1 and I2.

Individual DASS-21 Z-score composite ratings for general emotional distress level also

are provided in these tables.

Table 5

Relationship Between Risk Factors for Filipino Amerasian and Scores on the DASS-21

		Raw Subscale Scores					
No. of risk factors each	No. of participants	Depression		Anxiety		Stress	
		M	SD	M	SD	M	SD
5	(1)	8.00	0.00	8.00	0.00	6.00	0.00
6	(1)	8.00	0.00	0.00	0.00	10.00	0.00
7	(1)	6.00	0.00	8.00	0.00	14.00	0.00
8	(3)	9.33	3.40	12.67	8.06	13.33	4.99
10	(3)	18.67	3.77	10.00	4.90	14.67	5.73
11	(2)	15.36	1.41	18.00	0.00	17.00	1.41
13	(5)	17.60	4.80	18.40	6.50	19.60	6.62

Note. Table adapted from McKelvey, Webb, et al. (1993), p. 472. Copyright by *American Journal of Psychiatry.* Reprinted with permission of the copyright holder.

Cross-Case Analysis Creating Prototypical Life Biographies

The initial results of the data analysis were the basis for the individual case studies created for each of the 16 participants. These descriptive cases included biographical data, personal histories, and a discussion of psychosocial personal risk and mental stress factors and psychological themes found or self-reported during the interviews. Also included in the Mental Health Profile section of each case study is a summary of the DASS-21 cores for the subscales of Depression, Anxiety, and Stress, as well as the frequencies for each participant's physical risk and mental stress factors. Such detailed personal information in individual case studies comprises the basis for the within-case or in-case analysis (Creswell, 1998). The next step in the process was to conduct a thematic analysis across the cases, or a cross-case analysis.

The cross-case analysis created four prototype cases from the sample by using the selected demographic factors of age, gender, and racial category. This process produced an Anglo female (age 17), an African male (age 18), an African female (age 39), and an Anglo male (age 28). Each composite represented a typical biography from each of the elements in the case studies. For example, the African female (age 39) reflected psychosocial risk factors, psychological themes and DASS severity score results generally found among Africans, females, and those participants within the 20-to-39 age group. Similarly, the African male (age 17) reflected the same information factors among Africans, males, and those participants within the 16-to-19 age group. Thus, each prototype represented a summative profile of a subgroup of the sample.

Prototypical formatting and cross-case analysis are similar in their construction. Both methodologies create a synthesis and crystallization of the data, the identification of pattern development, and the distillation of informational material. The DASS-21 raw score severity ranges and psychosocial risk and stress factors used in the prototypes were approximations and were not configured through statistical analysis. As in the individual case studies, all names were pseudonyms.

Prototype Holly

Case history and background information. Holly is a 17-year-old Anglo Amerasian single mother who lives in a squatter housing district and appears to have no visible means of socioeconomic, psychosocial, or emotional support. The offspring of a derivative and dysfunctional Amerasian family, she seems to survive on income and support from an uncertain if unstable combination of sources, including her stepfather, a laborer, as well as some contributions from her aunt; cousins; and neighbors; and, infrequently, from her boyfriend, the father of her toddler daughter. When she is able to get someone in the family or neighborhood circle to watch her child, she supplements her income by babysitting or housecleaning.

During her interview, she anxiously twirled wisps of her reddish hair. She spoke of herself as a high school graduate with high aspirations of leaving her social and economically destitute life behind. She yearned to climb out of the basest conditions of poverty (i.e., low income, homeless or itinerant housing, no access to medical and mental health services) in which she has lived most of her life. Essentially, these conditions were the same ones that Holly was born into about the time her serviceman father left her

mother and two brothers (one Anglo and one African) to fend for themselves. However, it was not long afterwards that her mother made Holly and her siblings live with other family members or neighbors because she also left the household.

Pressing psychosocial and psychological problems. Holly's DASS-21 scores showed moderate anxiety and depression as well as mild stress severity ranges. She attributed her anxious and depressed feelings, at least in part, to name-calling, stereotyping, and other trauma stigmatization and discrimination that she and her African Amerasian classmates experienced in school, on the street, and at a church service. She self-reported feelings of depression and anxiety dating to her early adolescent years, as well as a proneness to feelings of panic or full-blown panic attacks. She also complained of somatic ailments, including headaches, stomach pains, and a general condition of not feeling well, ailments that she suspected were related to her depression or anxieties. She also reported a persistent and incomplete mourning process resulting from the abandonment and loss of her father, even though her memories of him were not personal, but from secondhand sources.

Cross-case analysis. Holly's DASS-21 symptomatology scores were generally in line with those reported by the 8 female participants within the actual sample who had higher depression, anxiety, and stress means than the males. Her scores were also on the higher side of the 4 Anglo women who as a group showed lower mean scores than the African female participants.

Holly was one of 2 females and 3 males who reported having been abandoned very early in their lives by their mothers and fathers. In all these cases, losing both

parents had a doubly devastating impact in psychosocial and socioeconomic terms. Such events led directly and quickly to impoverished, deprived, and unstable lives.

Similar to what most mothers in the sample reported during the interviews, Holly reported that her baby was born at home. Sometimes, but not always, these home births were with the help of a neighbor, friend, or family member professing some midwifery experience, rather than qualified medical and nursing staff. Such circumstances verified, at least in part, why at least 7 participants, including 4 Africans and 3 Anglos, reported little or no access to medical, mental health, or hospital services.

Notwithstanding a life of misery and deprivation, Holly was one of several Anglo Amerasians in the sample expressing positive personal or professional developments in their lives attributed to being born with pale skin and Anglo facial and body features. Several Anglos in the sample maintained that being Anglo was a social enhancement that helped them to gain employment or find mates.

Prognosis/Outlook. Holly's socioeconomic and psychosocial prospects for this juncture in her life are not positive. She was 1 of at least 4 other single mothers in the sample to give birth to infants in their adolescent years, most from boyfriends/males who did not provide a permanent family household or child support. Moreover, each of the 3 adult mothers in the sample experienced additional births of children into their adulthood under similarly unsupported conditions from noncontributing or low-income fathers/partners. Such circumstances contributed to what appeared to be a continuing cycle of abandonment, neglect, and poverty for second-generation Amerasian single mothers. Elevated core symptomatology scores reported on the DASS-21 scales

suggested that Holly should undergo screening for possible anxiety- or depression-related psychopathology or disorder. Moreover, a concurrent examination of presenting somatic complaints appeared in order.

Prototype Reggie

Case history and background information. Reggie is a muscular and wiry, dark skinned, 18-year-old African Amerasian male. Reggie is an unemployed high school dropout who is a heavy beer and rum drinker and who appears to have no presenting skills or training that would enable him to find or hold a steady paying job. One of Reggie's sources of income is the money he earns or sometimes pilfers from the family's sari-sari neighborhood convenience store. Occasionally, Reggie puts together enough peso notes for a rum party with friends through an assortment of street jobs, including a "car watcher" in front of a business establishment, a highway vendor hawking condoms or pornographic picture decks of playing cards, or as a club peddler handing tourists leaflets advertising for a disco and pickup bar downtown.

Before dropping out of high school, Reggie was the target of heavy name-calling and racial stereotyping by Filipino classmates. "Bisoy," someone of mixed racial origin, or "ampon," abandoned or forgotten child, were two of the pejorative names frequently shouted at him. He told stories of fistfights in the school yard, trouble with the police, and going home bleeding or with broken bones because of rowdy treatment after class. Reasons for dropping out of school included excessive absences and tardiness. Without enough money from home to pay for class projects or buy books, these events caused a great deal of mental stress.

Pressing psychosocial and psychological problems. Reggie's DASS-21 scores showed borderline severe anxiety, moderate depression, and low moderate stress. Not denying that he often used shabu, or heroin, Reggie showed clear signs of alcohol and drug dependency. His out-of-control drinking and apparently dangerous drug abuse suggested that he may have been attempting to self-medicate away the presentation of core symptomatology of psychopathological or mental disorder.

The personal violence and exposure to stigmatization trauma, including serial name-calling and beatings experienced on the street and in school, left him in anxious and, at times, depressed moods. He could not explain somatic complaints, such as stomach pains and headaches of unexplained origin, except that they could have been caused by any of a number of mostly anxious feelings. Another source of anxiety was his self-reported identity issue, alternating between not being sure whether he could call himself a Filipino, an African, or an American. He expressed anger over feeling permanently captivated by such feelings.

Cross-case analysis. Reggie's DASS-21 anxiety score mean was consistent with the generally elevated symptomatology scores of most of the 8 Africans within the actual sample. Similar to virtually every other member of the sample, the loss of Reggie's serviceman father while Reggie was an infant left his family in desperate, if not indigent, economic straits. His mother, also caring for several toddler siblings from his Filipino stepfather, was hardly able to hold the family together. So Reggie, like 12 other participants in the study, had been intermittently homeless or barely surviving in itinerant, squatter-type housing for much of his young life.

Joining 3 other adolescents and 2 African adults in the sample, Reggie is a high school dropout. Like 9 others, he suffers psychosocial mental stress because of excessive school absences and tardiness. He also was among 5 Africans and 4 Anglos in the actual sample who complained of various somatic ailments. Not only self-reporting low self-esteem or inferiority complex, Reggie counted himself along with 9 other Amerasians, including 5 Africans, with thoughts of low social desirability and isolation.

Prognosis/Outlook. Reggie's near- and long-term SES outlook is poor. As a high school dropout with an adolescent history of street corner, pickup-type jobs, his prospects of finding permanent, stable employment in a depressed developing world economy are not good. In addition, any search for employment, especially by a young, stigmatized Amerasian youth with quite dark skin and African facial features, is bound to be even more problematical. Reggie's raw exposure to psychosocial stress, including being witness to and the victim of personal physical violence, traumatic name-calling, and racial stereotyping; permanent poverty; and itinerant housing continues to acerbate his intense, self-reported feelings of low self-esteem and social undesirability. Such conditions, given his elevated DASS-21 scale scores, could be the basis for future anxiety or stress disorder, or perhaps if left untreated, full-blown PTSD.

Prototype Roxy

Case history and background information. Roxy is a thickset, 39-year-old African Amerasian single mother. A onetime sex industry worker with a history of low income, menial jobs, unemployment, homelessness, and alcohol and drug use, she also is the offspring of a turbulent and disorganized derivative Amerasian family upbringing. A high

school graduate, but with no record of skilled job or professional employment, Roxy, nevertheless, was one of a number of adult women in the sample who recently found temporary employment as a customer service representative at one of many telephone call centers operated by foreign corporations in the Philippines.

Her mother met her military serviceman father at a nightclub, but Roxy never saw her dad in person because he left their household a few months after she was born. Thus began a life of deprivation, stigmatization, and low opportunity for Roxy, who like her mom, worked in the Angeles City and Olongapo entertainment districts. While dancing and entertaining at various clubs, Roxy went through a series of informal relationships with both African and Anglo servicemen. These liaisons resulted in her giving birth to several biracial children, whom she was able to support only on an intermittent basis.

Most of her children are actually being raised by relatives to whom Roxy sends a stipend when her irregular income level permits. During her self-described dancing, drinking, and drugging stage from her late adolescence to her early-30s, Roxy took cocaine and shabu, and she developed an alcohol and drug addiction disorder. She experienced incidents of battering from sex partners, her mother, and stepfather. When she left the entertainment life, most of the jobs were of the lowest menial variety, including housekeeping, custodial work, and night porter in an office building.

Pressing psychosocial and psychological problems. Roxy presented with severe levels of anxiety and depression and moderate stress based upon the DASS-21 raw scores; these elevations probably had persisted for some time, based upon her interview responses. She revealed a high number and disturbing character of psychosocial physical

risk and stress factors. Among them were strong evidence of stigmatization trauma; biracial stress; and a lifetime of discrimination experiences, some with violent overtones.

Roxy was the victim of serial name-calling and racial stereotyping from early childhood and well into young adulthood. She vividly recalled being the target of racial slur words, experienced more intensely in the sample by Africans than Anglos. Such names included "nigger"; "African hole"; "slave"; and "basura," Tagalog for garbage. She claimed to have been barred from obtaining numerous service jobs because of her African ancestry. Roxy, a victim of personal violence, witnessed other Amerasians receive beatings and had experienced disparate treatment within her disorganized derivative family. She also self-reported numerous somatic ailments. Her lack of access to medical and mental health treatment facilities, also reported by at least 6 other participants, left Roxy with untreated hypertension and no diagnostic services or treatment for a potential assortment of mental health issues.

Cross-case analysis. Roxy's DASS-21scale raw scores reached severe level ranges for anxiety and depression and moderate levels for stress. They were representative of the highly elevated scores of core symptomatology reported among the adult African females and males, the cohort with the most elevated mean scores in the sample. Such symptomatology placed her not only near the top of the entire sample but also within the top tier of African and Anglo women who as an aggregate recorded higher depression, anxiety, and stress scores than either the entire sample or males.

Roxy self-reported a social framework of dysfunction and pain that strongly resembled the descriptions reported by 6 other participants as members of derivative

Amerasian families. For instance, the liaisons of her mother with her father and then with other servicemen left Roxy with African and Anglo siblings in a single-parent household that her mother was not able to sustain. She rarely ever saw her brothers and sisters because they resided at scattered locations with other relatives or friends. These family caretakers often were called by such nebulous-sounding names as "Moma Mary"; "one of the three godmothers"; or simply "my tita," or aunt. Such a cycle also appeared to be repeated among Roxy's own biracial children and other participants professing to be from derivative constructs.

The majority of participants expressed some degree of grief, feelings of sadness, unresolved closure, or conflicted feelings over the loss of their fathers. Roxy's reaction appeared somewhat incongruent, expressing emotional feelings of great fondness, coupled with a sense of ambivalent or uncaring thoughts. Like many Amerasians who struggle with issues of personal identity, Roxy also appeared conflicted. On the one hand, she was very proud to be African, but at the same time, she admitted to feelings of low self-esteem and social isolation.

Prognosis/Outlook. If Roxy were able to pass probation and become a regular employee at the call center, it would improve her troubled life. It could even provide a sustainable income and stabilize some of the SES aspects of her personal and family life. However, her high states of anxiety and depression, and, to a lesser extent, stress at the time of interview suggested the possibility of psychopathology or mental disorder, possibly clinical or major depression, anxiety and stress, or PTSD.

Prototype Rory

Case history and background information. Rory, 28, is a handsome, single,

employed Anglo Amerasian male. He is usually able to find work when the depressed

local economy is hiring, sometimes at a local gambling resort or at a downtown

entertainment district hotel. Bartender, waiter, bellhop, or receptionist are some of the

service-type jobs to which he aspires or has held sporadically. Rory takes it a few notches

further and covets a lucrative career in hotel management. However, the realities of a life

touched by biracial stigmatization trauma; an upbringing in relative poverty; and episodic

homelessness, even for this strikingly attractive Anglo Amerasian, have taken their toll.

Although movie star good looks have made more than one film career thrive in Manila

for biracial Filipinos with Mestizo or Anglo features, they can only take one so far on the

local scene.

Untrained for any technically skilled job, by driving himself hard, Rory has been

able to find fairly regular employment, but not enough to sustain a stable living to afford

a nice apartment, buy a home, or settle down with a wife and family. Despite coping with

periodic personal insecurities and anxieties, and being influenced by his ration of name-

calling and racial stereotyping experienced by Anglo and African Amerasians alike, Rory

managed to graduate from high school. From the standpoint of this study, he was one of

its success stories.

Pressing psychosocial and psychological problems. Since adolescence, Rory has

contended with a mild sense of social undesirability, a need to prove himself, and distaste

for anyone feeling ill of him. Linking these feelings to being Amerasian, they appear to

have played out in the form of mildly elevated anxiety mood. Of the three core symptoms of psychopathology measured by the DASS-21, Rory presented the least from stress, helping him to function effectively in the workplace.

Well into early adulthood, he seriously pined over the loss of his serviceman father, who abandoned his mother when he was a baby and whom he has never seen yet longs to meet. Although the personal victim and a frequent observer of violent attacks, vicious epithets, and individual acts of discrimination against Anglo and especially African Amerasians, Rory has managed to control his palpable anger over these encounters. Instead, he has internalized these experiences and feelings, occasionally questioning his own social desirability or self-worth.

Cross-case analysis. Rory was 1 of 4 participants whose DASS-21 raw scores presented normal to mild levels for anxiety and negligible depression and stress levels. The number of psychosocial personal risk and mental stress factors among his relatively low DASS-21 scores ranged from 5 to 8 ($M = 6.6$), compared to physical risk and mental stress factors ($M = 9.93$) each for the entire sample. Moreover, his overall DASS-21 scores were comparable to the lower mean anxiety, depression, and stress scores experienced by Anglo males and females. Besides being in the group (mostly Anglo) with the lowest aggregated number of stress factors, Rory did not deviate from the basic experiences of most of the sample. Such exposure included loss of the father; experience with or witness to biracial stigmatization and discrimination; and a history of poverty, homelessness, or living in itinerant housing.

Although Rory had a generally stable record of finding employment, his yearly household income (similar to 87% of Amerasian participants) barely edged over the standard poverty ranges in developing countries. In an extraordinary year, Rory's income from tips and gratuities would approach 450,000 Philippine pesos, or US$10,000, the approximate poverty line income for a single person household in the United States or the European Union. However, such income accumulations based upon the seesaw fortunes of the nightclub entertainment and hotel resort business are the exception.

Prognosis/Outlook. Even with the advantages of a high school diploma, a relatively steady job, and a record of work experience, Rory finds himself earning a living on the margins of a trade in which he longs to prosper as a middle- or top-level manager. He understands and accepts that his stigmatized standing as an Amerasian adds to uncertainty and is reflected either positively or negatively, depending upon the social or cultural situation. Rory also realizes that he has a better chance of finding and staying on the job, as well as achieving some measure of social mobility, when compared to other African Amerasians. Rory strongly identifies with and places great importance on his ability to function and reach a measure of success in life, an accomplishment he clearly attributes to being Anglo Amerasian.

<div align="center">Major Psychological Study Themes</div>

The sample reported salient psychological themes and conceptual patterns from their worldview as Amerasians. Their reflections provided individual insight into their overarching cognitive and feeling processes. Originally, 19 subthemes emerged through the content analysis of the topical interview narrative elicited from the responses to the

semistructured interview questions. In the final analysis, three principal themes emerged based upon the consolidation of the related subthemes, their dispersal affecting the widest number of participants and for the emotion in which they were voiced by the sample:

1. Intense Abandonment Construct: "I Miss Him."

2. Stigmatized and Traumatic Exposure: "Why is this Happening to Me?"

3. Identity Conflict, Confusion, and Loss: "Who Am I?"

Paternal abandonment and identity formation themes arose through internal reactions and the subsequent internalization of personal life circumstances and emotional processes. A different theme emerged from contending with external behavioral threats involving stigmatization and traumatization through descriptions of their emotional reactions and coping mechanisms. The themes are sequentially presented and reflect their increasing awareness of their Amerasian status and its consequences.

Theme 1: Intense Abandonment Construct: "I Miss Him"

An early occurring life event separating Amerasians from most other oppressed and marginalized populations was the mutually shared loss of their fathers. Anis (1996) was among the first of contemporary Amerasian researchers to report the "intense abandonment despair" phenomenon (p. 77) in her study of Vietnamese Amerasian refugees. The participants in the Anis study, particularly those who reported the absence of both biological parents (U.S. serviceman father and Vietnamese mother), disclosed a dramatic sense of loss or anger. Patterns from the Anis findings were amply evident in the interviews in this study with the Filipino Amerasians who reported, often in emotionally expressive terms, that the loss of their fathers, either through abandonment,

disappearance, estrangement, or death, was hurtful and sometimes emotionally devastating. For many of the participants, the loss had remained very much on their minds and had lingered over time.

Samuel, an African well into adulthood and particularly troubled over the loss of his father, had a DASS-21 score for depression of 24 (severely elevated) and a life traumatized by at least 10 reported risk and stress factors. He had been attempting to locate his father through the Internet with the help of friends at the PCFA. During his interview, he made numerous references to a long gone father whom he had never seen. At one point, speaking of the parent as if he were in the next room, tears flowed down Samuel's cheeks, and he turned his face away, pausing to sob momentarily.

Manifestations of paternal loss consisted of a variety of internalizations: (a) loneliness and rejection associated with feelings of pain and hurt; (b) wrath or indignation toward the father, mother, or both parents; and (c) preoccupation, obsession, or loss fantasy, sometimes accompanied by strong familial unification desires. However, the predominant emotion displayed by the participants, adolescents and young adults, was a sense of yearning for their absent fathers, accompanied by reflections of recurring grief and sadness, and sometimes tears, sighs, or pauses to restore equilibrium. Following are examples of comments made by the participants:

> As the years go by some of my Amerasian friends say they don't miss their father, or they just will never talk about him. For me it has taken longer. I am pretty sure I will never see him…but *I miss him* [italics added]. I kind of think *I will always miss him.* [italics added]. (Whitney)

"Sadness is the word I would describe the most. It makes me sad all this number of years [*sic*] because of how much better my life would be if I could have enjoyed a loving daddy." (Karen)

"This is a big loss for me. I have sad feelings a lot of days." (Samuel)

"His loss is always with me. *I miss him* [italics added]." (Mariah)

Young and older participants alike reported an admixture of loneliness and abandonment, described in terms of pain and hurt. For some the pain was heartfelt and harrowing:

"All my life I had a hole in my heart. Anyone who has not experienced feeling lonely...abandoned...has no idea how lucky they are in this life." (Trisha)

> Most Amerasians, cross their heart, would say they suffered a lot of pain over the father not being in their life. It's something you borned with [*sic*], so you get used to it, but in the background, there is always that pain. (Lou)

> I guess you could say there is a lot of hurt caught up inside me. I have that pain even though it's hard to picture what my father looks like. I have never seen him - not even a photograph. (Marvin)

Another pattern involved angry feelings and facial expressions of disgust or smirks signifying outrage or resentment. In most cases, these palpable pronouncements were primarily directed at the father, but in a handful of instances, they were directed at an absentee natural mother or both parents:

> My parents don't and never did love me. They gave me away to other people. I guess it was their momentary thrill. They did not care. My mother is a witch. I hate her. She has never done anything good for me. (Trisha)

> The truth is I was a fad; the flavor of the month. Just a phase my poppa went through. He wasn't serious...because he walked away from us...boarded the big destroyer that took him back to what the other swabbies called "the world." (Lou)

I used to have a negative reaction about my father...both parents because for a while my mother ran away on me too for a while. I never had any feelings but negative ones. But that was a long time ago. I just don't think much about it anymore. (Robert)

The complexity and depth of the sense of abandonment also was reflected in a small but quantifiable number who spoke of their fathers in terms of fantasy, that is, preoccupied thoughts appearing at times to border on obsession. To an extent, such a display might also have been considered a defense mechanism:

"Even though I have yet to meet him, I want to see his face, hug him, see how he looks, and say 'hello.' I have never seen him, though his face is smiling away at me." (Charles)

My thoughts of him are dreams; I guess you would say my imagination. I really would like to see him and live with him if it is possible. I've thought about it off and on. I do this and, the truth is... I'm not even sure if he is still alive. (Karen)

Sometimes I know that my poppa doesn't care for me now. But that is okay. One day I'll get a chance to go to the U.S. I will look him up, go right into his face, and say, "Hello, it's me...its Mariah!" And I know I will get a big smile. (Mariah)

Occasionally paired with these feelings or expressed independently was the desire to unite with their fathers or their fathers' families, however remote the possibility. Some participants asserted that it was a strong motivation that prompted their enrollment in the PCFA program:

I know a bunch of kids here who want to go to the States and a lot of them want to track down their dad. That's what I've heard a lot of these kids say, even those who haven't been lucky to be in contact with their fathers. (Cody)

Theme 2: Stigmatized and Traumatic Exposure:"Why Is This Happening to Me?"

Stigmatization theme patterns were different from the two other themes of abandonment and identity in that they predominantly involved omnipresent stressful

external threats requiring multiple adaptations and coping and survival mechanisms. These phenomena were encountered by the entire sample and constituted a continuing source of anxiety and distress. However, they clearly appeared to happen mostly to African Amerasian participants, specifically in the adult group. Aretha, Karen, Lou, and Samuel scored among the highest DASS-21 anxiety and depression means, as well as concomitant aggregated risk and stress factors.

Features included universal recognition that Africans are the most stigmatized and downtrodden of Amerasians. Other patterns included (a) damage from intense name-calling and verbal harassment; (b) oppressive thoughts of discrimination and powerlessness; (c) "stuck in time," or mired in an unchanging cycle of human destitution; and (d) witness to psychological abuse, bias, and victim of personal physical violence. Validation of the racial and ethnic trauma encountered by the Africans was apparent in many of their responses to the interview question whether their treatment was different than that afforded Anglos. Such descriptors as "very different," "much worse," or "terrible" were some of the handwritten entries:

"We have it worse most of the time." (Felix, African adolescent)

"Most of the *really horrible things* [italics added] I have seen happen to Amerasians happen mostly to Black Amerasians." (Cara, Anglo adult)

Clearly, in this environment, perception and reality for the African Amerasian participants were debilitating:

> If you are Black Amerasian, Filipinos are going to pick on you as being someone of low background. From the start, they assume you have some low job…laborer…jackfruit picker…car parker…jeepney windshield cleaner…

housemaid, or if you work at club you be door girl [*sic*] if you're pretty enough. (Lou, African adult)

"I don't know which is lower in Luzon, being a Black Amerasian or being Aeta (the dark skinned indigenous natives of central Luzon)...the Aeta and the Amerasian are both on the same rung of the ladder... the bottom one." (Aretha, African adult)

Many African and Anglo Amerasians, (especially the adult females, maintained that they had been the target of discrimination or observed discrimination directed at their friends or acquaintances. Both circumstances were attributable to their biracial Amerasian identity:

> You realize you've been turned away or excluded from any real opportunity. It has occurred at nearly every point. So you ask yourself, "*Why is this happening to me*" [italics added]? And the answer is because of your color and because you're Amerasian … in this country that counts for nothing. Whether it has been for a chance...to stay in college and graduate, a job, opportunity, a promotion, a chance for a better life overall. (Aretha)

"The Black Americans are the ones I've seen getting the assignments no one else wants, or sometimes the weekend...the midnight shifts from the supervisors, even women Filipina supervisors." (Michelle, Anglo adult)

Invariably, the participants reported firsthand experiences with prejudice or discrimination at school, on the job, or in their efforts to find work, often with injurious results. Michelle, an Anglo adult, whose DASS-21 scores showed mild levels of anxiety and borderline mild stress, believed that some of her anxiety and inability to relax were the result of her failure to find a professional position. Michelle also was the only participant in the sample with a college degree. She believed that being Amerasian was part of the reason for her under employment.

I have filled out so many job applications. I lost count. It would take 10 or 15 job applications before you get called for one interview. Then, when you go for the interview and they find out you are Black and an Amerasian, it is like an alarm going off. The air seems to grow cold. (Mariah, African adolescent)

One of the most widely described features within the pattern was experiencing stigmatization and trauma through the vitriol of verbal harassment over different racial and physical attributes. No other handicap seemed to define Filipino Amerasians and particularly Africans Amerasians of any age or gender group more sharply. In her interview, Aretha motioned to the parts of her body, namely, hair, nose, lips, breasts or skin, that were made fun of in name-calling incidents. Generally, the participants reported that the epithets fell into three general categories: (a) skin color, (b) other physical features, and (c) personal origin or origin of the parents. The most common pejorative terms included the following:

1. *Skin color:* Baluga or despised African, Tisoy or White boy, Blanco or White Amerasian, Aeta (a reference to the indigenous Aeta people of central Luzon), meant to be a pejorative reference to African Amerasians, slave, nigger, nigra, or African female, Negro, and charcoal.

2. *Other physical features*: Kulot or one with kinky hair; Mustafia, or an ugly woman; Kirara, or an unattractive person, female or male, with black and curly hair; Igorot (reference to the native hill tribe people of the Cordillera region of Luzon); Sakang (or bowlegged); fat lips; black hole; and black monkey.

3. *Personal origin*: Singaw, or alien; Hilaw, or half-breed; Gringo, or Anglo U.S. American; Ampon, or abandoned or orphaned child; fake American; Pinulot

sa Basurahav (picked from the trash); GI baby; souvenir baby; bastard; bum;

and son of a whore.

Many interviewees appeared to view name-calling as an inevitable, if not

tolerable, condition, of being Filipino Amerasian, but one that could be excruciatingly

traumatic. Aretha offered these two stark observations:

> I've been the butt of jokes ... about the color of my skin, my hair, my nose, the
> shape of my breasts, the manner in which I speak. Psychologists say the human
> mind and body can adapt. That can only go so far. How can anyone get used to
> constantly being called "nigger" and not come out of it with some sickness or
> abnormality?

> The worse, most vile names you can ever put against a person: slave, nigger,
> black hole, fat lips, Mustafia – I've been called them. No one gets used to this,
> and you know what? You have absolutely nowhere to go on this island to try and
> stop it.

Another recalled the invidious nature of name-calling and the impact of its painful

aftermath:

> The teasing I got in high school is not so much because of my being a White
> Amerasian, but because I am the daughter of a prostitute. The words "pinulot sa
> basurahan" (picked from the garbage) still echo in my head. (Trisha, Anglo
> teenager)

Although name-calling and verbal harassment were two emblematic features of

recurrent stigmatization, a number of Amerasians described them as crippling, lifelong

problems, similar to being "stuck in time." The recyclable nature of the pattern brought

continuously troublesome reminders of being Amerasians and their biracial and mixed-

parentage backgrounds, parental origins, and low SES as part of the human underbelly in

the Philippines. Amerasians of both races described it as a fate from which they could not

escape:

"Look at me, this freaky, long-legged Black man, and this is what you get. I couldn't change being Amerasian if I tried. I think like I am *stuck in place,* and I am *stuck in time* [italics added]." (Lou)

> After Mount Pinatubo blew up and the air force used it as an excuse to leave Clark the Amerasians became basura (garbage) left behind. They said that when I was a little kid and it is the same today. In school they picked on me because I was different. And now as I am older and poorer, I am much ignored. (Marvin, Anglo adult)

> At one point in their lives, nearly all of the Amerasians had witnessed

psychological abuse, and at least half had experienced personal physical violence or battering. Karen often found herself in awkward social situations, being stared at, ignored, and even treated like a stranger. "Sometimes you can tell you are being rejected by the sound in the voice…but just as rude is the silence," she explained, her voice trailing off ruefully.

A number of interviewees related incidents or described their personal feelings and emotions when observing physical abuse or violence of the basest nature. Aretha recalled a terrifying experience inside an Amerasian friend's family:

> He was beaten up and battered by his Amerasian family. They'd have him sleep in a baboy panulat (pig pen), tie him up, and stopped sending him to school so that he could stay home. He'd be forced to do the household work. They treat him…lower than the aso (dog).

Felix witnessed the funeral of a brother Amerasian who became depressed and committed suicide by shooting himself with his father's air force service revolver. "He was my best friend. It affect me deeply [*sic*]; it took a long time to forget. I had nightmares...could not sleep."

Other Amerasians reflected upon their personal and traumatic experiences with physical violence. Charles remembered how he would "get attacked by Filipinos if I was alone, walking on the street. If I was with some other Amerasians in a group, or with other Filipinos, they wouldn't bother me." Although achieving normal DASS-21 scores for depression and stress and mild for anxiety, Charles reported being a personal violence victim as one of five risk and stress factors. He maintained that such bias-related incidents were linked to feelings of depression, anger, and being "full of tension."

Theme 3: Identity Conflict, Confusion, and Loss Construct: "Who Am I?"

A later stage in the formation of the Amerasian psyche, the identity conflict theme, comprised an assemblage of complex parameters reflecting the ambiguous temperament of the Amerasian. Perhaps nowhere in the interview data was the anatomy of conflict more aptly capsulated than in the following pattern of responses:

"Who am I?" [italics added] I can live one, two, maybe three lives sometimes. If I want to I can be Filipino, or I can be the 'Black one,' or I can be Amerasian. There are so many possibilities." (Jermaine, African adolescent)

"Being Amerasian is birace [*sic*] and you are sometimes part of one people, and then part of another. A lot of Amerasian families are just that way, kind of like Rubik's Cube." (Sunrise, Anglo adolescent)

Central to the thematic pattern was the occurrence of early yet impressionable identification by Amerasians of all races and genders based upon their physical and behavioral differences to Filipinos. Subsequent maturing features included expressions of no identity, or dubious self-concept; low self-esteem, or inferiority complex; and

exclamations of pride in being Amerasian and often concomitant favorable reception from the mainstream culture. Nearly two thirds of the participants reported that they became conscious of their different Amerasian identity during childhood. Generally, awareness occurred from ages 5 to 9, or the early and mid-elementary school years. Some reported a traumatic incident, such as name-calling, that awakened their mindfulness:

"The kids were choosing up the teams for basketball but they told me I couldn't play because I was baluga (Black), and I wasn't good enough." (Felix, African adolescent)

"It was mostly being teased as a child that made me know something...different about me." (Charles, Anglo adult)

Other participants identified more subtle reasons.

There were a lot of kids who used to talk about their fathers, but at home I didn't have a father. I think I started to ask my mother more questions about my dad, why he was not here, and what must he have been like? (Cody, Anglo adolescent)

Conflicted identity formation advanced among the Africans and Anglo participants reflected ambivalent features:

I don't like all the time being pointed at [*sic*] or thought of being Amerasian or American. I consider myself Filipino; not Black Amerasian. I do have a sense of identity; I am first and foremost Filipino. It's what I tell everyone if they ask me. I don't mention anything about being Amerasian, Black or American unless they really want to know. (Mariah, African adolescent of Aeta ancestry)

"When you're called Amerkanong hilaw (half-breed) at school all the time, you start to act like one - whatever that is supposed to be?" (Marvin, Anglo adult)

Some participants posed fundamental questions as to the substance of their individual and psychological identities, generating no identity or dubious self-concept patterns:

"My real dad was an American of European nationality. My stepfather was Finnish, so... I don't consider myself Amerasian. I guess you could call me Eurasian if you have to call me something." (Robert, Anglo adolescent)

"The Amerasians I know...some are people without identity. We are neither in column A or column B on the menu. We're caught somewhere down in the middle." (Lou, African adult)

Self-conceptualizations by many participants that internalized their feelings of inferiority and low self-esteem became another pattern. At least 9 interviewees also reported problems with social isolation or low social desirability, which undoubtedly affected their identity formation. Most African and Anglo participants reporting either low self-esteem or social isolation-related issues and themes also reported higher numbers of psychosocial risk factors and higher DASS-21 anxiety and depression levels:

> I know I have an inferiority complex. I'm also a proud African woman so this is my way, later in life, in fighting [*sic*] the inferiority complex. I would say if you were called "black monkey," "Mustafia" (unsightly woman)" or "nigger," you would have an inferiority complex. (Karen, African adult)

"Everybody around you tells you to feel low...maybe because you are Amerasian? So you find yourself being low every day...it just eat [*sic*] into you." (Felix, African adolescent)

"It made me feel low to see how the way [*sic*] Blacks are treated particularly low. But I had it happen to me. I am White but it made me feel low also." (Cara, Anglo adult)

Despite professions of identity conflict, uncertainty, and low self-esteem, 8 participants reported feeling proud of their Amerasian origins and identified with these feelings. Predominantly, the Anglo adolescents maintained that their physical features, including skin color and facial features, provoked a positive reception and favorable treatment from Filipinos:

"Being white skinned and looking American has helped me to find a job and find a boy that I love. Being White Amerasian made me look beautiful…many of my friends and relatives have told me so." (Trisha, Anglo adolescent)

"I love being Amerasian. I think it is cool. All the Filipinos, you know, many of them are just American wannabees." (Sunrise, Anglo adolescent)

"I could probably make a better living, make more money in the States than this place. So I like the blood I have." (Charles, Anglo adult)

<div align="center">Integration of Psychosocial Risk and Mental Stress Factors</div>

This last data analysis section is a synthesis and integration of the psychosocial personal and physical risk and mental stress factors themes combined with the DASS-21 scale results. The intent is to compare and contrast the core mental health symptomatology with their relationship to the risk and stress factors of the sample.

Risk and Stress Factor Interview Data

The participants self-reported multiple psychosocial risk and stress factors, many of which were related to elevated DASS-21 depression, anxiety, and stress scores. Frequently, the interviewees directly linked or associated these factors with their status as marginalized or at-risk Amerasians and related them to stigma-laden behavioral reactions

prompted by their being Amerasian. Primary psychological themes (e.g., stigmatization trauma) also enveloped multiple individual and aggregated risk and stress factors.

By definition, physical or personal risk factors usually deal with SES issues intimately affecting a person's individual and material welfare. Mental stress factors generally deal with external environmental conditions or threats often associated with psychological distress (APA, 1994). In assessing the rank order, frequency, and distribution of personal risk and mental stress factors, a total of 158 individual psychosocial risk and stress factors emanated from the interviewees with many self-reports drawn from interview data expressing exposure to stigmatization, discrimination, and biracial trauma (see Table 6). The participants identified 82 personal or physical risk factors, many of an SES nature.

Table 6

Rank Order and Frequency of Psychosocial Personal/Physical Risk Factors

Rank personal/physical risk factor	Total and percent	Anglos	African
Abandonment, loss of father or sometimes both parents	16 (100)	8 (100)	8 (100)
Low income, poverty, or history of poverty	14 (87)	7 (87)	8 (100)
Homeless, itinerant, or squatter housing	13 (81)	5 (62)	8 (100)
Unemployment, underemployment, denied job promotion	12 (75)	6 (75)	6 (75)
Personal violence/battering victim, external or internal	8 (50)	4 (50)	4 (50)
Alcohol, drug abuse, dependency, addiction	7 (44)	3 (37)	4 (50)
Low/no medical/mental health access/reluctance to seek help	7 (44)	3 (37)	4 (50)
Low educational attainment, high school dropout	6 (37)	2 (25)	4 (50)

Note: Aggregate number of mental stress factors identified by sample = 82

Risk factors slightly exceeded mental stress factors, numbering 76 (see Table 7). Although abandonment or estrangement by their fathers also invoked considerable mental stress among most of the participants, the loss of the father's primary economic support role necessitated inclusion of this factor in the personal risk classification.

Table **7**

Rank Order and Frequency of Psychosocial Mental Stress Factors

Rank order mental stress factor	Total and percent	Anglos	African
Experienced or witnessed biracial stigmatization & discrimination	15 (94)	7 (87)	8 (100)
Name-calling, verbal harassment, teasing	14 (87)	7 (87)	7 (87)
Excessive school absences, tardiness, poor performance	10 (62)	4 (50)	6 (75)
Somatic complaints, ailments	9 (56)	4 (50)	5 (62)
Low social desirability, social isolation.	9 (56)	3 (37)	6 (75)
Derivative family construct	7 (44)	4 (50)	3 (37)
Low self-esteem, inferiority feelings, complex	5 (31)	2 (25)	3 (37)
Disparate, abusive treatment in families, social contacts	4 (25)	2 (25)	2 (25)
Hypertension, high blood pressure disease	3 (19)	- -	3 (37)

Note: Aggregate number of mental stress factors identified by sample = 76

The majority of participants reported a selection of baseline risk and stress factors (i.e., loss of father, experience or witness to biracial stigmatization and discrimination, name-calling, homelessness or itinerant housing, and poverty or low income). The DASS-21 scales severity score and psychosocial risk analysis showed that the participants generally scoring in the normal or mild score ranges also reported most of these factors. Participants with elevated score range (moderate, severe, or extremely severe levels) reported factors with lower or infrequent incidence (i.e., history of unemployment, alcohol and substance abuse, victim of personal violence, derivative family construct, or social isolation).

In general, the participants reported psychosocial risk and stress either as existing or having occurred for a marked duration over the life span. For example, most of the participants discussed their direct experiences with poverty, a predominantly lifetime condition beginning from their circumstances at birth. Seven participants disclosed being from derivative biracial families, sometimes a doubly stigmatizing personal circumstance. Other participants reported risk or stress factors of a more temporal nature,

such as intermittent homelessness, somatic complaints, social isolation, or low self-esteem. Biracial stigmatization and discrimination linked to being Amerasian and reported in detail as a major psychological theme was communicated as a mental stress factor, but it could well have been reported as a physical or a personal risk, given its usually deleterious monetary impact. Other significant risk and stress aggregates noteworthy for further analysis included parenting and social support issues, SES issues and poverty, educational topics, and health issues and barriers to medical and mental health services.

Parenting and Social Support Issues

Besides the stressful loss of their fathers and its pervasive impact on the sample, at least 6 participants reported the early loss of both parents. In several cases, Filipina single mothers often engaged in sex industry employment, subsequently abandoning, forfeiting custody, or giving their children to relatives or acquaintances.

Numerous participants reported substantial social impairment within familial units or what became a disintegrated family unit after an usually early, often abrupt departure by the U.S. serviceman fathers. Some participants also reported encountering dysfunctional behaviors on the part of their abandoned or estranged mothers as well as stepparents, adult relatives, and siblings. Included were such behaviors as physical, verbal, and sexual abuse; alcohol and drug abuse and addiction; social isolation; or personal rejection.

For example, Trisha is an adolescent Anglo unwed mother whose DASS-21 measurement scale results demonstrated that she may be depressed, scored a moderate

level depression and higher than normal anxiety and stress levels. A vulnerable survivor of a childhood and adolescent life, full of mental and physical trauma, Trisha claimed that her prostitute Filipina mother "gave her away" to the laundry lady for care. At age 13, her mother attempted to recruit Trisha into sex industry work, which she escaped by running away.

Whitney, the product of a socioeconomically unstable family, was a high school dropout and the African adolescent mother of a recently born infant. The father, a former boyfriend, was financially and emotionally unsupportive and had disappeared. Whitney was one of at least 4 other single parent mothers in the sample; like Trisha, she was still an adolescent. Aretha, another participants, is an African adult who was banished from the family household as an adolescent after her Filipina stepmother fought with her over her father's military pension allotment. She experienced long and intermittent bouts of homelessness, a condition apparently contributing to the severe levels of anxiety and depression reported on her DASS-21 scales scores.

SES Issues and Poverty

Whether victims of economic discrimination because of their birthright and/or the low SES conditions faced by the multitude of Filipinos, the participants predominantly reported having lived in poverty-stricken circumstances. Poverty-strapped physical risk factors included such SES issues as poverty-level income and depressed living standards; homelessness, marginally inhabitable, or itinerant housing; and joblessness, underemployment, or denial or absence of promotion mobility. According to the World Bank (2007) and humanitarian relief agencies (e.g., UN, World Health Organization,

Oxfam, Medicins Sans Frontieres), basic impoverished conditions may include hunger

and marginal access to adequate shelter, sanitation and potable water. Other poverty

conditions, a number of which were experienced by the sample, involve barriers to

education, inability to read, joblessness, fear for the future, living day to day, the loss of a

child or illness brought about by unclean water, powerlessness, and lack of representation

and freedom (Seabrook, 2007; World Bank, 2007).

At one time, nearly all of the participants described living under poverty-driven

conditions. "You live in filth day after day. After a while, the filth becomes all you may

know. You cannot recognize or understand what life without filth must be" (Samuel,

African Amerasian adult). Among the adolescents, 4 reported median global levels of

household poverty equivalent to US$2.00 to US$2.50 per day. Three reported levels of

real or absolute household poverty equivalent to or below US$1.00 to US$1.45 per day

(Ravallion, 2008; Shaw, 2008; World Bank, 2007). Six of these 8 participants reported

that they were either homeless or had resided in itinerant or squatter-type housing

presently at some point in their lives. Among the adults, 4 reported median levels of

household poverty, and 3 also reported real or absolute household poverty levels. Five of

these 8 participants reported that they were either homeless or resided in itinerant or

squatter-type housing at some point in their lives.

Further examination of both age groups revealed that physical risk and stress

factors influenced by poverty, low-SES conditions, homelessness, or inadequate shelter

were distributed fairly evenly across the sample demographics. Although not appearing to

affect all ages, all genders and races consistently faced these SES hardships. Most of the

participants maintained that their family units, or they themselves, often were worse off economically than Filipino or foreign ethnic families in their neighborhoods.

Aggravating the low per capita income profile were the related and often causative SES factors of homelessness; joblessness; underemployment; and poor job conditions (e.g., lack of occupational mobility or training opportunities). At least 8 of the participants were currently jobless, could not find supplemental employment as minors, or had been without work for measurable periods of their lives. Four had been denied job promotions, or their current jobs offered no training prospects, or little hope of job advancement, many times linked to discriminatory practices.

Educational Issues

Education-related risk and stress factors included (a) low attainment or deficiencies in education or vocational training, including dropping out of high school; (b) days missed, tardiness, or truancy; (c) impact of stigmatization, discrimination, and verbal harassment upon performance and educational aspirations; and (d) being held back. Marginal educational attainment and related issues often were expressed and linked to the two causative factors of poverty and stigmatization (i. e., name-calling and verbal harassment). Only 2 adults had attended a traditional 4-year college. One had received a behavioral health science degree; the other had dropped out because of a lack of funds. Among the adolescents, 4 of 8 were high school dropouts; in the adult group, 6 of 8 claimed to have graduated from high school, but they had no diplomas to support their assertion.

Of the 6 school dropouts, 5 attributed their leaving to a lack of money, impoverished households, or harassment. One adult African, Samuel, who left school in Grade 5, was functionally illiterate because of his sporadic school attendance on one of the economically depressed Philippine islands, where he worked as a child laborer. Other participants who had obtained high school diplomas viewed their educational attainment as low because no jobs were available to them after graduation. Cara, like 3 other adult females who had been provisionally hired as telephone call center associates, said she stopped pursuing her baccalaureate degree because of household financial pressures. Sunrise cancelled plans to pursue a 2-year vocational degree course in computer science for the same reason.

Ten participants reported difficulties in school attendance at some point in their early years through periods of nonattendance or daily tardiness. These conditions often were related to social turbulence or economic instability within their familial support system. "I wouldn't go to school for days because I was ashamed; I couldn't do the assignment... I didn't have the book" (Mariah, an African Amerasian adolescent).

Health Issues and Barriers to Medical and Mental Services Access

Typical health and service barrier risk and stress factors included limited medical and/or mental health service access; reluctance of Filipino Amerasians to avail themselves of mental health services; substance abuse and addiction (e.g., alcohol and chemical dependency); a high, self-reported occurrence of somatic or psychosomatic symptomatology (apart from the anxiety, depression, and stress levels in

their DASS-21results); and hypertension reported by 3 African adults. Six participants reported concerns about limited access to available medical or mental health services because of the lack of coverage, inaccessibility of the resource, or limited knowledge of what aid or service was available. The participants seemed to reflect the findings of Dhooper (2003), who identified low-SES and threatening psychosocial factors to be two of the chief obstructions to medical and mental health services for many foreign-born Asian Americans in the United States.

Three interviewees indicated that they would seek assistance for mental health counseling if it were readily available. None of the participants reported being enrolled in any medical or mental health insurance plan. Such a finding was not surprising, given that health insurance is generally viewed as the privilege of the wealthy in developing nations (Usdin, 2007) such as the Philippines. Samuel, an African father of two small children with a common-law wife, and Marvin, an unemployed Anglo laborer, related stories of the "make a do [*sic*]," or "on your own," nature of Philippine health care at the barangay (neighborhood) level. Samuel said that he could never afford to bring himself or his family to the clinic unless faced with dire health circumstances. Thus, few of the participants reported stays in hospital of any duration. Only 1 participant reported a stay of any length, which was the result of dengue fever, a mosquito-transmitted infectious disease widespread in the Philippines. Although 1 mother reported being hospitalized for childbirth, many reported giving birth at home with the services of a reputed midwife or family member.

Seven of the 16 participants admitted to using alcohol and/or chemical substances to the point of abusive, dependency, or addictive levels. At least 3 adults admitted to alcoholism and/or addiction to various chemicals, including shabu (crystal methamphetamine), shoot (heroin), and weed or blow (marijuana). Most of the adolescent participants reported engaging in or witnessing the binge-type drinking of alcohol, including beer; rum; and tuba, a wine from fermented coconut juice. Three youths admitted to sniffing glue and benzene. Of the 7 participants admitting to substance abuse problems, all of them reported at least one moderate to severe severity range score on the DAS-21S scales; four of the 5 with the highest number of risk and stress factors (13) and with some of the highest composite distress scores in the sample were included in this classification.

<div align="center">Nonconforming, Unanticipated, and Divergent Findings</div>

Supplementary findings reported within the sample included three distinct areas: notable prevalence of somatic complaints, the phenomenon of the derivative Amerasian family, and divergent views of oppressive forces. Following is an explanation of each finding.

Somatic Complaints

A total of 9 (56%) participants reported some type of somatic complaint. This unanticipated finding was mentionable clinically, given its high number and even occurrence among 5 African and 5 Anglos. Mental health clinicians view psychosomatic symptoms as the conversion of an unhealthy or a threatening mental state into physical conditions or the existence of physical bodily complaints in the

absence of a known medical condition (APA, 1994).

The Angeles City sample reported typical somatic complaints often seen in medical or mental health settings. Among these complaints were short and migraine-type head pain, insomnia, low energy, fever, abdominal distress, irritable bowel syndrome, unexplained aches and pains, and a general physical feeling of being unwell (J. Johnson, 2004). These complaints are included under the general description of psychosocial risk, specifically as mental stress factors. Inclusion under this category is because of their relationship to stressful environmental conditions or mental trauma and symptomatic nature.

The Derivative Amerasian Family

Relating to parental, familial stability, and social support issues, I discovered the psychosocially descriptive label, the derivative Amerasian family, occurring in local and regional colloquial usage in central Luzon. While interviewing the participants, I often heard this term essentially referring to many Filipino Amerasians deriving from inherently fragmentized, transitory or highly dysfunctional family units. Often, such loosely comprised units consist of several variations:

1. A Filipina mother who has borne two or more children from two different U.S. servicemen fathers of different racial or ethnic backgrounds.

2. A mother who has borne a child from a serviceman of either race or also a child with a Filipino father or other male partners.

3. A family with earmarks of a dysfunctional or socially disorganized household with these characteristic features becoming intergenerational.

Features within such units primarily include the absence of a parental authority

figure(s) or sometimes being headed by a single mother. Other characteristics may

include the lack of a permanent home or family gathering place, transient lifestyles,

physical and mental violence and abuse, and possibly sexual abuse; basic housing

insecurity; and/or household financial deprivation (Barker, 2003; Root, 1998).

Karen, an adult mother of an Anglo and an African Amerasian child, as well as

another child from a second Anglo man, admitted that she is a "living example" of the

multigenerational derivative family. Karen was the daughter of an African U.S. air

force serviceman from Texas who was stationed at Clark in the late 1960s. She described

 her turbulent upbringing as a factor leading to a life of unstable male relationships,

prostitution, alcohol and drug abuse, and marginal employment opportunities.

The term derivative Amerasian family was unexpected and arose in interviews

with at least 7 participants (4 Anglos and 3 Africans) and was verified by several social

workers and behavioral health practitioners during field trips to Luzon. In many

instances, Amerasians used the term pejoratively. Social workers and counselors used the

term more objectively and usually with clinical detachment.

Views of Oppressive Forces

Although the participants amply reported oppressive psychosocial and

socioeconomic elements (e.g., stigmatization, discrimination, low SES), only a handful

suggested that their personal circumstances were directly related to aspects of oppression

hypothesized by Fanon (1963, 1967) and other neocolonial psychological oppression

theorists (Onwuanibe, 1983; Said, 1989). The Amerasians, offering a variety of divergent

views, seldom voiced a pronounced linkage to a relationship between (a) their own lives or those of their natural parents to the presence of military authority or prostitution, or (b) the repressive political and social circumstances that may have contributed to their own conditions of birth.

Aretha was the most vocal because she appeared to make a transparent connection between the SES and psychosocial turbulence facing many African Amerasians and tracing such circumstances to the U.S. colonial and postcolonial military structure. Amerasians of her generation, and especially those younger, had no idea of history or its importance. "If the truth were told, many (Amerasians) would view their African American blood as a positive and avoid or just not criticize any other part of their American or Amerasian cultural makeup," she related.

Although the participants viewed their personal negative circumstances as generally tied to their being Amerasian, they did not equate or associate their conditions with a conceptualization of oppression per se. They seemed unprepared or unlikely to discuss the historical and sociopolitical events that may have contributed to their current circumstances as part of the Amerasian diaspora. Many of the participants, particularly the Africans, demonstrated a strong awareness of mainstream Filipinos' negative reactions to their fragile standing in society. However, most of the participants also tended to place responsibility for, or the cause of any oppressive behavior directed at them, on mainstream Filipinos, not on deeper sociopolitical causes.

Evidence of Quality

Several steps were taken throughout the data-gathering and analysis process to enhance validity and reliability.

Validity

Fortune and Reid (1999) as well as Merriam (2002) cited methods of triangulation as a useful methodological approach to formulating internal validity. I used triangulation to gather and analyze data from a combination of sources**:** (a) the DASS-21 to verify the existence of mental health problems related to depression, anxiety, and stress; (b) identification of psychosocial risk and stress factors and a body of psychological thematic information through semistructured interviews; (c) integration of the DASS-21 scales with individual biographies to capture similarities and differences, as well as compare and contrast the core mental health symptomatology and their relationship to risk and stress factors; and (d) data from both instruments in a cross-case analysis to develop four prototypical biographies and trajectories of male and female representatives from both sample subgroups. This use of data in different ways enriched the understanding of the perspectives and worldviews of the sample and their day-to-day challenge for survival and the betterment of their quality of life.

Added to these data were relevant sources of evidence from my personal observations and interactions with not only the sample but also the professional and volunteer staff of the two initial research sites. Such observations occurred during sample selection and the personal, face-to-face interviews at the PCFA Amerasian program outreach, a useful device and feature of case study technique (Yin, 2003b). My

observational descriptions of the participants, including their physical appearances, demeanors, and states of mind at the time of the interviews were incorporated in the 16 psychosocial cases, prototypes cross-analysis, and the derivation and explication of psychological themes. Yin also held that the use of cross-case analysis in case study methodology is a way of improving internal validity because of its reliance on pattern-matching and thematic identification and development, processes used throughout this study.

Reliability

To augment the reliability of the findings, a Tagalog-speaking interpreter/assistant who was a professionally licensed social worker in Luzon was present during sample selection, during the interviews, and following the interviews to clarify and explain the interview instrument content to the interviewees and provide linguistic assistance and interpretation when occasionally required. In addition, the interpreter, at my direction, reviewed each completed participant interview instrument entry by providing a translation of words or phrases written in Tagalog, or Taglish, a hybrid English-Tagalog colloquial use. She also reviewed my written interview and observation notes as a hedge against misinterpretation or nuanced misunderstanding on my part in interchanges with the sample.

All of the study participants were born in the Philippines and were preponderantly literate in conversational and written English. However, cultural and social differences that may have existed on the part of both myself and the sample could have resulted in misunderstanding or misinterpretations however insignificant. Having a Filipina national

interpreter present significantly improved acceptance and cooperation from the sample
and enhanced the study's reliability.

Summary

Chapter 4 was a report of the stigmatized and distress-filled daily life experiences
of 16 African and Anglo Filipino Amerasians residing in marginalized neighborhood
enclaves, where many were born and raised. Nearby are former U.S. air force and naval
bases in Angeles City and Olongapo in central Luzon, where many of their fathers were
stationed prior to the last base closures in 1992.

Current life condition reports were based upon responses given by the participants
during the individual, in-depth interviews, resulting in descriptions of stigmatized and
discrimination-related psychosocial risk and stress factors and the development of stress-
related psychological themes. Employing in-case and cross-case analysis, the results from
the interviews and data contained in 16 biographical psychosocial case studies were
analyzed, along with the results from the DASS-21measurement scales. These findings
showed elevations of core mental health symptomatology (anxiety, depression, and
stress).

The synthesis and integration of the thematic data and DASS-21 findings resulted
in a comparative analysis of the core symptomatology found within the sample. Data
from both instruments also were used in a cross-case analysis to develop four
prototypical biographies and trajectories of male and female representatives from both
sample subgroups. Analysis revealed a strong co-occurrence and apparent relationship to
the risk and stress factors found within the sample. In chapter 5, the findings from the

research will be interpreted and linked to the research questions and the theoretical and

conceptual framework that guided the study.

CHAPTER 5: SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Introduction

The chapter begins with an introduction and overview of the study, followed by an interpretation of the findings. The five research questions are shown with their associated results. Conclusions and recommendations, along with suggested directions for future research and the implications for social change, follow. The chapter concludes with personal reflections and a summary of the study.

The overall purposes of this study were to determine the role that stigma and discrimination play in psychosocial risk and stress factors, and to examine the impact of psychosocial risk and stress factors on the co-occurrence of core psychopathological symptomatology on a sample of 16 mixed-parentage Anglo and African Filipino Amerasians who live in Angeles City, Luzon, the Philippines. The analysis produced three major psychological themes and identified psychosocial risk factors reflecting the presence of depression, anxiety, and stress.

The following research questions guided the study:

1. How did both Filipino Amerasian adults and adolescents describe their lives as they experience social stigmatization and ethnic discrimination?

2. Were there indicators that Filipino Amerasians generally experienced stigmatization and discrimination based on their different racial and ethnic constitution, physical features and conditions of birth as progeny of U.S. servicemen?

3. Were there indicators that African Amerasians experienced greater degrees of stigmatization, discrimination, and low-SES marginalization based presenting conditions described above?

4. Did Amerasians view their circumstances of birth as a contributing factor to their psychosocial, SES, and general mental health well-being?

5. Was there a presence of stigmatization and discrimination-related psychosocial stress factors experienced by Filipino Amerasians and depression, anxiety and stress (i.e., core elements of psychopathological symptomatology)?

<div align="center">Interpretation of the Findings</div>

The findings generally supported the primary but essentially empirically untested assumptions of this study with evidence of stigmatization, discrimination, and low-SES marginality in the Filipino Amerasian diaspora. These external SES conditions interplayed with their internal psychological-emotional statuses to negatively affect the lives of the participants; engender personal psychological, social, physical risk, and mental stress factors; reinforce psychopathological symptomatology through elevated levels of anxiety and depression; and create conditions for aggregating psychosocial and stress risk factors contributing to psychopathology. Of particular note was that aggregations of eight or more of these factors were associated with increased levels of depression, anxiety, and stress, whereas, aggregates of two to seven remained within normal levels on all three scales. As anticipated, the psychosocial risk and stress factors and levels of psychopathological symptomatology were greater among the African than

the Anglo Amerasians, as supported by the DASS-21 analysis and in- and cross-case analyses of the 16 case studies**.**

The findings did not generally support the broader conceptual theoretical framework of this study, that is, Fanon's (1963, 1967) theory of psychological oppression. The basic thesis of this theory was that populations in colonial and neocolonial settings (e.g., the Philippines) were victimized and subsequently suffered mental disorder resulting from the oppressive conditions incurred from the colonizers (Bulhan, 1985; Fanon, 1963).

Research Question 1

Research Question 1 asked, "How did both Filipino Amerasian adults and adolescents describe their life as they experienced social stigmatization and ethnic discrimination?" The data were obtained from self-reports from interviews, subsequent participant elaborations, and personal observations during the interviews.

The participants described experiences and associated feelings on three levels, namely, as (a) individuals living in this milieu (i.e., emotionally, psychologically, and socioeconomically); (b) as part of an age group (adolescents or adults); and (c) as part of a subculture as Amerasians. Each person reflected on the stigmatization and degradation in personal life experiences and the negative reactions and their origin from outsiders and society at large. Reactions varied by age range: The adults tended to underscore the harsh, economic realities of their life circumstances, whereas the adolescents were more likely to emphasize personal and socialization concerns.

Personal issues. All of the participants shared personal experiences and vignettes, largely with a negative view of life in the Amerasian diaspora. One defining event that established their Amerasian identity and experienced by all was the loss of their U.S. military fathers and the associated stigmatization in many individual instances as a forsaken or deserted child. The loss of their fathers and their support emerged as one of the major psychological themes and most damaging psychosocial risk factors reported by participants. If their mothers were associated with the sex trade industry, as were the majority of their Filipina mothers, stigmatization and discrimination affected each participant because of this birth origin. Exacerbating this stigmatization was whether the Amerasian child had also been abandoned by the mother, which occurred with at least 6 (37%) of the participants.

The loss of their fathers was so profound that it appeared to have persistent and durable psychological effects that presented with intensity during adolescence and lingering on well into adulthood. Shabad (1993) described psychic loss as occurring over time in complicated or abnormal grief reaction syndromes. Such a condition surfaced as a pattern and salient theme during many interviews. "Such psychic loss is not the actual physical loss of a parent, but an intangible subjective sense of loss concerning the hopes, illusions, and ideals one has in regard to that parent" (Shabad, 1993, p. 66). Also described were ambivalent and conflicting feelings attributable to the loss, including attempts by the grieving person "to detach from the person of the lost parent, but also from that part of the ego that yearns for the parent's return" (Shabad, 1987, p. 193). Numerous participants presented these reactions by expressing hostility or indifference to

their fathers and their memory. In some instances, both parents, along with issues of conflict and identity confusion, were the targets.

Ravels, Siegel, and Karus (1999), who could have been describing Filipino Amerasians, found that children experiencing the loss of one or both parents at an early age "constitute a vulnerable population, at increased risk for social impairment and/or psychopathology, not only during the immediate post bereavement period, but extending into adulthood as well" (p. 166). Even under normal circumstances, the physical and psychological loss or estrangement of a father from the family threatens the upbringing of the children, particularly in the early adolescent years (Liebman & Abell, 2000). A father is a vital and indispensable contributor to the various stages of early life development (Liebman & Abel, 2000). Some participants expressed and demonstrated a conditioning described as father hunger (Kohut, as cited in Liebman & Abell, 2000), or the need for children to objectify the father as a stabilizing and idealized figure.

The findings on this issue resembled some of the determinations of Bemak and Chung (1999), who researched cognitions about the biological serviceman father among a sample of 169 Vietnamese Amerasian refugees. Bemak and Chung found valid predictors of psychological stress and self-destructive behaviors. They contended that the topic would be "an essential therapeutic issue to address in treatment (and) having a potential impact on psychological well-being" (p. 454).

Psychological issues. Usually in the early school years of childhood, the majority of Amerasians in the sample became aware that they were "different" from their classmates. Thus, they quickly learned of their Amerasian origins as perceived by the

outside world. Teasing occurred first, often graduating to name-calling, verbal harassment, and in numerous instances spontaneous violence in the form of fighting, physical assaults, and even street gang attacks. Psychological trauma resulted.

The early awakening of their recognized identity in life, along with a reaction to external racial threats experienced and witnessed by Amerasians and often described as psychological trauma, contributed to the development of extreme feelings of low self-esteem (inferiority) admitted to by 5 (31%) participants. Also affected were perceptions of social undesirability and social isolation reported by 9 (56%) participants.

Many Amerasians (44%) resorted to drinking and/or taking drugs to find psychological comfort or escape from their experiential stigmatization and strain. This emotional reaction was wholly within the behavioral patterns of psychosocially stressed or economically marginalized populations (Balgopal, 2000). Seeking escape "shelters the afflicted individual from reality, thereby masking harmful consequences of substance abuse and dependence" (Sheehan & Owen, 1999, p. 272).

SES issues. The Filipino Amerasians described a struggle, if not at times an overwhelming burden, to survive or attain the basic necessities of life. Numerous researchers (e.g., Halikias, 2000; Lopez & Guarnaccia, 2000; Potocky-Tripodi, 2002) have found a linkage among persistent poverty, human degradation, and threats to mental health wellness of the sort experienced by the Filipino Amerasians. At least 13 (81%) of the participants related experiencing highly impoverished, homeless, or squatter living conditions at some point in their lives. The poverty described by the Filipino Amerasians was (a) interrelated with stigma-laden discrimination, (b) invasive and persistent, (c) a

profound material hardship on family dependents and loved ones, and (d) a deterrent to their efforts to climb out of their poverty-stricken circumstances. Some of the participants expressed a loss of hope because of these destitute conditions.

To gauge the severity of their poverty required putting the Amerasian per capita and household income circumstances in global and U.S. American perspectives. Most of the participants reported their individual or combined household incomes approximated or were below the 2005 World Bank estimates for median poverty of US$2.50 to US$2.00 per day per capita (Ravallion, 2008; Shah, 2008). Other household incomes actually approached the real, extreme, or absolute poverty line level of US$1.00 to US$1.45 per day. Such combined poverty income levels affected an estimated 3.14 billion humans, or nearly 50% of the world's approximately 6 billion human population, in 2005 (Shah, 2008).

Amerasian perspective. When asked to compare or contrast their life circumstances with those of other Filipinos, such comparisons and assessments were negative. As a whole, the Amerasians tended to perceive peers within the diaspora as poorer, less likely to succeed in life, and more apt to encounter stigmatization or discrimination than Filipinos in the general population. While recognizing that they shared their disadvantaged SES with many Filipinos, the Amerasian sample viewed their circumstances as worse for Amerasians, especially Africans. Many participants believed they were worse off economically because mainstream Filipinos did not have to contend with the torment and scourge of stigma or discrimination.

Research Question 2

Research Question 2 asked, "Were there indicators that Filipino Amerasians generally experienced stigmatization and discrimination based on their different racial and ethnic constitution, physical features and conditions of birth as progeny of U.S. servicemen?" The data were obtained from self-reports from interviews, subsequent participant personal elaborations, and corroborative reports from other participants.

A review of the psychological themes and psychosocial risk factors recounted in the interviews provided clear testimony that the Filipino Amerasians experienced stigmatization and discrimination in many crucial aspects of their personal and public lives. Such behaviors originated or were prompted primarily by (a) the majority Filipino society and culture; (b) the biracial physical features of Amerasians, including skin color and complexion, facial features, and differences in the composition and distribution of hair; and (c) their social circumstances at birth, mixed identity parentage, and the concomitantly low SES experienced by Amerasians.

Two individual determinants comprising those conditions at birth and interfering in the Amerasians' full integration into Filipino society included being sired by U.S. American servicemen fathers who at some point in the Amerasians' infancy or early childhood abandoned or estranged the mothers and family households, and the native-born Filipina mothers being either engaged in some manner of sex industry entertainment work or suspected of such activity by family members, acquaintances, or neighbors. The interviewees claimed that the stigma and resultant discriminatory behavior were so pronounced that they negatively affected or created barriers to achieving basic

developmental aspects in their lives. Such activities included school attendance and classroom performance, employment opportunities, choice of housing, and ability to access medical and mental health services. Amerasians were shunned or became the targets of discrimination not only because of their stigmatized biracial identity but also because of their mothers, racially mixed families, and the usually bereft conditions of poverty that they found themselves in following the departures of and lack of support from their fathers.

The participants expressed almost universal feelings that their poverty-stricken existence in The Philippines also was an indication of their marginalization that was influenced by or related to discriminatory behavior from mainstream Filipinos. The findings that members of the Amerasian diaspora, particularly Africans, experienced stigmatization often of the racist genre were comparable to various psychosocial studies of African American populations (e.g., Jackson et al., 1996; Klonoff et al., 1999; Krieger, 1990, 1999). Similar findings among other groups who have been severely socioeconomically marginalized and who have experienced psychosocial risk have been described in studies and investigative accounts of Mexican migrant and Mexican American and Chicano farm workers(e.g., Barger & Reza, 1994; J. F. Hovey, 2000; J. D. Hovey & Magana, 2002; Rothenberg, 1998; Vega, Kology, Valle, & Hough, 1986; Vega et al., 1998).

One of the most injurious psychosocial mental stressors experienced by Amerasians, namely, name-calling and verbal harassment, corroborated that stigmatized behavior often was driven by phenotypic and mixed identity considerations. Analysis of

the name-calling specifics reflected that the epithets often focused on four considerations: (a) skin or pigment color; (b) facial features, such as size of the nose or shape of the lips; (c) other physical features, such as a Kirara or an unattractive person with black and curly hair; and (d) slurs surrounding personal origin, often implied by such terms as "fake American"; Ampon, or abandoned child; or "son of a whore." Many Amerasians claimed that these traumatic affronts affected their lives through identity conflict, stress, and confusion, leading to attempts to mask or hide their own identity or lose themselves in identity makeovers. Some of the participants described feelings of depression, anxiety, and stress in one way or another related to their stigmatized and marginalized status. Each participant also attributed real or perceived problems (e.g., an impoverished income, uninhabitable housing, homelessness, a derivative family structure, alcohol or drug abuse and/or somatic complaint) to stigma and discrimination.

Although 14 (87%) participants maintained that they were targets of or witnesses to discrimination, the anxiety and traumatic exposure arising from these incidents emerged as a predominant interview theme. Another psychologically wounding theme and mental stressor was the assertion by 15 (94%) participants that they had witnessed or been a third party observer to abuse, violence, and discrimination based upon physical appearance or reactions to human demeanor and/or personal mannerisms. Many of them repeatedly witnessed schoolyard bullying, street gang attacks, intrafamily abuse, or general violence heaped upon stigmatized Amerasian friends or acquaintances. In one instance, the violence resulted in a suicidal occurrence.

The findings confirmed and contemporized what has long been intermittently reported in the Philippine, Filipino American, and mainland U.S. news media as well as in a tiny volume of extant academic research. Filipino Amerasians, in many respects, are a stigmatized, poverty ridden, and socially marginalized diaspora living on the back warrens of an Asian Pacific nation archipelago in the developing world.

Research Question 3

Research Question 3 asked, "Were there indicators that African Amerasians experienced greater degrees of stigmatization, discrimination and low SES marginalization based on presenting conditions described above?" Data sources included interview biographical data, personal observation and the self-reports of psychosocial personal risk and mental stress factors and psychological themes provided by the participants.

The African Amerasians experienced materially and consequentially greater degrees of stigmatization, discrimination, impoverishment, lower social desirability and acceptance, and feelings of inferiority than their Anglo counterparts. These differences took the form of (a) generally greater numbers of psychosocial personal risk and mental stress factors; (b) recurring psychological theme patterns indicating their more negative and deleterious treatment by the majority Filipino society; (c) confirmation from the DASS-21 that Africans experienced higher levels of psychopathological symptomatology in each of the three subscales (Depression, Anxiety, and Stress); and (d) Africans experienced slightly higher levels of economic impoverishment than Anglos.

Consequently, the most universal point of agreement by the sample was that Africans fared more unfavorably than Anglos mostly because of broader levels of intensified stigma and discrimination. No better choice of words can more accurately describe the pervasiveness of the dilemma than those of Aretha, who observed, "It is the Black Amerasians who have it the worst. We stand out. We're the poorest. We can't hide."

The stark reception provided to African Filipino Amerasians also mirrored similar findings from studies on Vietnamese Amerasian refugees. Anis (1996) devoted an entire theme to the subject entitled, "Black Amerasians have it worse" (p. 80). The stigmatization resulting from being African Amerasian in Vietnam was regarded as so threatening that one of the early studies on the topic (i.e. Felsman et al., 1989) labeled being African a psychosocial personal risk and mental stress factor per se (Bemak & Chung, 1999).

When examined through research, stigmatizing and persistent name-calling wreaked upon African Amerasians reveals its strikingly venal and debilitating nature. The most provocative references to Amerasians directed at Africans specifically target the whole person (e.g., "nigger" "slave," or "black monkey,") or are lewd references to physical appearances (e.g., "fat lips"; "black hole"; and Kulot, or one with kinky hair). The Anglo and the African Amerasians maintained that the Africans were the victims of more intense levels of harassment, verbal abuse, overt and ostracizing behavior, physical violence, discriminatory workplace conduct, and personal rejection. Invariably, the Africans also reported more difficulty and exposure to overt, implied, even subtle job and

workplace discrimination. More elusive were the insidious variety of stigma and discrimination directed at the Africans through psychological rejection. Generally, the Africans reported more difficulty with issues of inferiority complex and low self-esteem, social isolation, and low social desirability than Anglos.

Research Question 4

Research Question 4 asked, "Did Amerasians view their circumstances of birth as a contributing factor to their psychosocial, SES, and general mental health well-being?" Data sources included interview biographical data and self-reports provided by the participants.

The participants readily made personal connections between the circumstances surrounding their birth and their current marginal SES and psychosocial conditions. The sample generally acknowledged that many of the difficulties they encountered in their youth, such as being from mixed parentage, experiencing the loss of financial and emotional support from the family unit, being biracial within the dominant Filipino society, enduring parental abandonment, or having a mother in or associated with the sex industry, contributed to difficulties at various life stages. As their lives progressed, other oppressive stressors adding to the equation included witnessing biracial stress and trauma and being the recipients of demeaning, prejudicial name-calling, and other negative life circumstances, such as a job denial or securing a better work schedule. In many instances, they could link some of this psychosocial stress to their own acknowledged or suspected feelings of anxiety; depression; stress; and, in a handful of cases, somatic ailments.

However, less clear were their perceptions of how these conditions historically developed or more precisely why conditions were the way they were. Some of the participants saw their oppressive life circumstances as something occurring to them as unfortunate individuals who happened to be Amerasian. Others viewed their station in life as Amerasians who happened to be unfortunate or oppressed individuals because they were Amerasian. A handful of participants believed that all Amerasians by their very being and experience of birth are oppressed. Lacking a clear sense was whether Amerasians viewed themselves as being in their situation because they were socially, culturally, or politically oppressed in the sociopolitical definition of the term. Primarily with Aretha and Lou, adult participants, and Robert, an Anglo adolescent, such a notion appeared to coalesce.

However, the sample did not perceive the conditions that Fanon (1963, 1965, 1967) or other neocolonial theorists attributed to psychological oppression (e.g., Onwuanibe, 1983; Said, 1989). Thus, the sample did not express notions of colonizer authoritarianism, human exploitation, alienation, oppressor-driven stigmatization or SES depravation and feelings of inferiority (Fanon, 1963, 1965, 1967). Yet, many of the participants appeared to mirror some aspects of the concept of Filipino American colonial mentality (CM), a psychosocial product of historical oppression hypothesized by David and Okazaki (2006a, 2006b). CM, also known as internalized colonialism or a form of "internalized oppression," (David & Okazaki, 2006a, p. 1) is derived from Fanon's (1963, 1965, 1967) theoretical framework. David and Okazaki (2005b) defined CM as "a special form of internalized oppression, characterized as a perception of ethnic or cultural

inferiority that is believed to be a specific consequence of centuries of colonization under

Spain and the United States" (p. 241).

Significantly, a number of the Filipino Amerasian participants were similar to

many of the 603 Filipino Americans whom David and Okazaki (2006b) had recruited in

the United States for their own study. While voicing or reflecting strong favoritism and

acceptance of their U.S. American identity, some participants also expressed mixed

feelings or negative thoughts of mainstream Filipino society, the Filipino physique, or

their Filipino selves. Similarly, they also expressed ignorance of, resignation to, or

acceptance of previous repression of Filipinos during the colonial and neocolonial era, all

attitudes found in the Internet study of Filipino Americans on the U.S. mainland.

Consciously or unconsciously, an individual with CM

> Adopts the belief that the colonizer is superior to his or her own heritage, and
> when an individual has already begun emulating the colonizers because of their
> alleged superiority, the colonized individuals might begin to view the colonizers
> in a positive light. More specifically, the colonized individuals may begin to view
> the colonizers as well-intentioned, civilizing, freedom-giving, unselfish,
> liberating, noble, or sanctified "heroes." (David & Okazaki, 2006a, p.10)

 Among other findings, these researchers concluded that "CM is passed on to later

generations through socialization and continued oppression and that it negatively affects

the mental health of modern day Filipino Americans" (p. 251).

Research Question 5

Research Question 5 asked, "Was there a presence of stigmatization and

discrimination-related psychosocial risk and stress factors experienced by Filipino

Amerasians and depression, anxiety and stress (i.e., core elements of psychopathological

symptomatology)?" Data sources included DASS-21 measurement scale results,

psychosocial personal risk and mental stress factors, and psychological themes provided by the participants. The findings of the comparative analysis of DASS-21 depression, anxiety, and stress levels scores with the number and descriptive character of psychosocial physical risk and mental stress factors self-reported by the participants included the following:

1. Primarily, distinct and cumulatively elevated levels of anxiety and depression; secondarily, less but nevertheless noteworthy, levels of stress among a majority of participants.

2. A pattern of co-occurrence of aggregated stigmatization and discrimination-related psychosocial risk and stress factors with progressively elevated anxiety and depression levels.

3. Evidence of severe or extremely severe levels of symptomatic anxiety, depression, or stress ($n = 10$, or 62%), suggesting, though not confirming, the occurrence of mental disorder, not an objective of this study.

4. Approximating similar findings revealing mental health risk and distress in a number of empirical studies conducted in the 1980s and 1990s among Vietnamese Amerasian refugees.

In both older adult and overall age ranges, the Africans scored higher levels of anxiety, depression, and stress than the Anglos. The DASS-21 scores showed that Africans and women in that general order were the most vulnerable to core mental health symptomatology. Adult African adults were particularly vulnerable. Greater numbers of stigma and discrimination- affected risk and stress factors generally co-occurred with

elevated core mental health symptomatology scores, particularly among the participants whose risk factor numbers exceeded 8; the mean for the sample was 9.93.

Although representative of a comparatively small sample, these results resembled key findings in a number of psychosocial risk and core mental health symptomatology and/or psychological stress studies performed with Vietnamese Amerasians (i.e., Bemak & Chung, 1998, 1999; Felsman et al., 1989, 1990; McKelvey et al., 1992; McKelvey, Mao et al., 1993; McKelvey, Webb, et al., 1993; McKelvey & Webb, 1996a). Such studies also generally have supported conclusions by Bemak and Chung (1997) that Amerasians are at risk for the development of mental health symptomatology and pathological disorder. They maintained that Vietnamese society stigmatizes Amerasians primarily because of ostracism for their biracial background and origin at birth, their servicemen fathers were regarded as the enemy, and other psychosocial factors relating either directly or indirectly to stigmatization and social marginality.

McKelvey et al. (1992); McKelvey, Mao et al. (1993); and McKelvey, Webb, et al. (1993) found statistically significant relationships between risk factors and core symptomatology levels, particularly depression; they concluded that the risk factors could predict future levels of distress among Amerasians. McKelvey and colleagues hypothesized that psychosocial stress factors in multiples of five or more had a relationship to elevated or incipient levels of depression and anxiety, along with vulnerability to developing psychopathology.

In comparison to these studies, the Filipino sample, although far smaller, and the methodology being different and needing statistical analysis, had a higher level of aggregated psychosocial stress and risk factors present to differentiate normal from elevated levels of depression, anxiety, and stress. From the 5 in the McKelvey et al. (1992); McKelvey, Mao, et al. (1993); and McKelvey, Webb et al. (1993) studies, that number moved to 8.

Numerous factors may have accounted for the difference in total numbers of risk factors and their relationship to symptomatology levels:: (a) a difference in the measuring scales (the HSCL-25), which measured only anxiety and depression, and the Personnel Information Form, a 35-questionnaire to elicit demographic, health, and mental health data specifically from Vietnamese Amerasians; (b) drawing upon random samples of 161 (in Ho Chi Minh City) and 95 participants (in Luzon, the Philippines) in their 1992 and 1993 studies, respectively, McKelvey and colleagues had greater numbers of Anglo than African participants and significantly more males than females (between 64% and 67%); (c) higher risk Vietnamese Amerasians may have been prescreened prior to sample selection by the U.S. Orderly Departure Program, and the study participants also were aware that they had been selected or were awaiting placement for emigration, factors the researchers speculated may have affected psychosocial risk factor identification and symptomatology scores more positively than negatively.

Of 161 randomly selected Amerasians awaiting U.S. placement in Ho Chi Minh City, McKelvey et al. (1992); McKelvey, Mao, et al. (1993); and McKelvey, Webb, et al. 1993) uncovered nine risk factors that they believed influenced elevated HSCL-25

anxiety and depression scores. Six of the nine risk and stress factors (e.g., disruptive, negative or indifferent thoughts about the missing father, not living continuously with the natural mother, real poverty, low education, a history of missing school, and disparate treatment by stepparents) were also present in the Filipino Amerasian sample.

Three other occurrences (i.e., a history of hospitalization, whether the Vietnamese Amerasians had been in another camp, or whether they had a history of conduct disorder) also were findings in the McKelvey studies. These factors in the Angeles City sample either occurred at a very low level or could not be ascertained. McKelvey et al. (1992) cited an earlier, expansive study of 249 Vietnamese Amerasian refugees by Felsman et al. (1989, 1990) listing a broad number of psychosocial risk factors found to be markedly linked to psychosocial and psychological stress. Two of the nine risk factors found by McKelvey also presented in the Felsman et al. (1989, 1990) studies: histories of hospitalization and missing school. A number of the Felsman et al. study factors also occurred in the Angeles City sample, specifically being female, being African, being abandoned or not raised by the natural mother, having a low education or a history of excessive school absences, missing school, and presenting somatic complaints.

Ninety-five of the 161 participants studied by McKelvey et al. (1992) in Ho Chi Minh City were included in a follow-up study by the same research team in 1993 at a refugee transfer station in Luzon. Then, McKelvey, Webb, et al. (1993) "found statistically significant relationships between risk factors identified while subjects were in Vietnam and symptom levels as measured by the HSCL-25 while subjects were in the Philippines awaiting placement in the US" (as cited in Anis, 1996, p. 23). These

researchers agreed that risk factors, including those driven by factors of stigma and discrimination, could predict risk adversity to mental health symptomatology and distress. Of additional clinical significance were the Angeles City sample ($n = 9$) reporting multiple psychosomatic complaints and ailments. The complaints were spread more densely among Africans and Anglos exhibiting more elevated mental health symptomatology levels.

Normally, somatization or the suspicion of a diagnosis of somatic illness is not a risk or stress factor in the multiaxial diagnostic assessment procedure. Under prescribed *DSM-IV* (APA, 1994) diagnostic procedures, a somatic complaint would classify as an Axis I designation as a clinical disorder, and not an "Axis IV: Psychosocial and Environmental Problem (PEP)" (Munson, 2002, p. 186). Yet, research precedence exists among Amerasians for such a categorization. McKelvey et al. (1992), in their study of psychological distress in Vietnamese youth, listed a history of conduct disorder as a psychosocial risk factor because it appeared noticeably in their study. Similarly, Felsman et al. (1989, 1990) listed a history of illness and hospitalization for medical and mental health reasons as a psychosocial stress factor in their extensive quantitative mental health research study on Vietnamese Amerasians.

Psychosomatic symptoms have valuable diagnostic implications for underlying mental disorders, including depression and mood disorder, bipolar and anxiety, and stress related illness (S. Johnson, 2004). In addition, somatization may lead to or mask presenting psychopathology in the form of somatoform disorder or "mental disorders that have the appearance of physical illness, but lacking any known organic basis are

generally thought to be *psychogenic* [italics author's]" (Barker, 2003, p. 412). The presentation of markedly elevated levels of anxiety and depression among the essentially nonclinical sample selected for this study, combined with an unexpected secondary finding of high somatic manifestations, suggested potentially near and long-term mental health problems for Filipino Amerasians. Recommendations for palliative mental health care strategies and future treatment measures are discussed in the next section.

Implications for Social Change

DoD Exposure and Challenges

Today, the DOD operates what may be the most widely dispersed network of military bases and installations ever (C. Johnson, 2007). In total, "an estimated 1,000 bases operate outside its own territory of the 50 states and Washington, DC," in an array that includes many properties of a contemporary imperial empire (Vine, 2009, p. 42). The continual stationing of predominantly male soldiers in remote foreign locales, driven by the needs of the global war on terrorism (GWOT), increases the prospects for the replication of new, mixed-blood human diasporas facing similar marginalization and stigma endured by the Filipino Amerasians of Luzon.

In 2005, a change in the UCMJ, Article 134, provided for a dishonorable discharge, forfeiture of pay and allowances, and up to 1 year of confinement for military personnel patronizing prostitutes (Jowers, 2006). Local command policies restricting contact between U.S. service personnel and prostitutes, sex industry workers, or local women at the time of operation of U.S. bases in the Philippines were ignored or loosely enforced. The basis for "military prostitution is a well-established and extensive

institution of the sexual exploitation of women. The Balkans, Korea and the Philippines are the most cited cases of institutionalized military prostitution" (Squatrito, 2005, p. 2).

Between 2002 and 2004, following extensive worldwide publicity over the scourge of trafficking of women, the Administration of President George W. Bush prompted the DOD to revisit its policies regarding troops' consorting with prostitutes and engaging in inappropriate fraternization with local women overseas. Although many command and unit policies with new restrictions are in distribution to field units (e.g., Tucker, 2009), questions remain over how vigorously they will be enforced in the future. Given the U.S. military's lengthy record of enabling prostitution, Squatrito (2005) pointed out that similar prohibitions promulgated in the past were not practiced over the passage of time or eluded vigorous enforcement.

Social change implications to a significant extent clearly lie in the hands of U.S. military services branches and the DoD. Barring a serious crackdown and enforcement of the Pentagon's new overseas populous fraternization policies and UCMJ prostitution prohibition code, the social implications for the replication of new enclaves of Pan Amerasian populations resembling those in central Luzon are consequential. The numbers of U.S. military forces deployed forward in South Korea; Okinawa, Japan, Guam; and, to a lesser extent, Thailand remain significant.

Moreover, the Obama-Biden Administration's pursuit of the GWOT and the war in Afghanistan portends the continued basing of U.S. troops in Central Asia. Strategically located permanent bases have been established since the Sept. 11, 2001, terrorist attack in Central Asian locales as dispersed as Kyrgyzstan, Tajikistan, and Uzbekistan (Duskin,

2002). In addition, the next several years will witness a significant naval and army

military buildup in Guam, including the restationing of 8,000 marines from Okinawa, a

development with potential social and cultural implications for the territory's heavy

indigenous Chamorro and local Filipino populations (Paik, 2010).

U.S. and Local Social Responsibility

The unexpected consequences of these historical events foreshadow the

production of new and growing subpopulations of mixed-race offspring of the military

who have been stationed in or adjacent to these strategic areas. The resulting social

problems require and must ensure vigorous command enforcement emphasis of military

policies and practices related to expectations for professional behavior and

accountability, specifically in terms of sexual conduct in the local area and when on

leave. The wide dissemination, acceptance, and continuous and vigorous enforcement of

revised policies are mandatory. If not, the subsequent problems will remain unchecked,

and more civilian casualties of casual sexual activities will produce unwanted

pregnancies and offspring.

This social problem is not only the province of the military but also includes the

provision of services by the local government, who do not place these children and

families on their priority list for social welfare. Pending the outcome of further

confirmatory research, nothing short of a sizable social services intervention would be

necessary to reverse or at least stabilize current conditions of psychosocial and SES

marginality among Filipino and possibly other Pan Amerasian populations. Given the

improbability of such social remedies, a coordinated, comprehensive plan dedicated to

social change is needed to affect a beginning impact on the societal impediments creating these conditions.

<div align="center">Recommendations for Action</div>

Therapeutic Initiatives

Social services workers, counselors, therapists, and sponsoring organizations working with the Amerasian diaspora must strive to overcome their cultural biases to avoid established mental health outreach services (Dhooper, 2003). The mental health problems found in these populations require innovative programs to deal with the chronic and long-term effects of debilitating depression, including anxiety, somatic illness, biracial identity conflict and confusion, low self-esteem, and alcohol and drug abuse, compounded by complicated grief, psychic loss, and identity issues.

State Department and Congressional Alternatives

Direct governmental action to assist Filipino Amerasians in their current neglected and economically marginalized state is complicated by the foreign and isolated location of the diaspora. Ideally, action is required from both a U.S. and a Philippine locus and perspective. Realistically, meaningful SES-oriented relief may lie with the U.S. State Department by relaxing restrictive policies hindering the legal emigration of Amerasians to the mainland.

Enhanced research on the Amerasian diaspora may be helpful to the U.S. State Department and its Agency for International Development (USAID). Among other projects, USAID, through a 1994 U.S. congressional resolution, provided in-country job training and readjustment assistance to Amerasians, the last known U.S. aid project to

this population. The aid included grants to the Philippine American Chamber of Commerce, the PSBI Foundation, and the Olongapo-based Buklod Center (G. Kirk & Francis, 2001).

Ideally, the U.S. Congress and the Obama-Biden Administration, in cooperation with the Philippine government, might consider revisiting the Amerasian Homecoming Act of 1988. This legislation eased the immigration of an estimated 23,000 Vietnamese Amerasians and 68,000 of their immediate relatives (Bass, 1996; McKelvey, 1999); however, such action is far beyond the scope of this study. There is only the scant possibility of congressional action unless and until greater public, social, and political awareness of the plight of Amerasians is brought to the forefront in both the United States and the Philippines.

Research Strategy Plan

A four-pronged research strategy plan would consist of the following components:

1. Encouraging academics and researchers in United States and Philippine academic communities to work in concert to establish study centers to examine the exact dimensions and consequences of the Amerasian problem.

2. Locating foundation sponsorship to examine the psychosocial and socioeconomic plight afflicting not only marginalized Filipino Amerasians but also Pan Amerasian diasporas in general. Foundation sponsorship could award research grants targeted to redress the lack of research about Amerasians.

3. Gaining support for research within the military service to examine the social and human costs of stationing U.S. military personnel in long-term and mostly unaccompanied family member foreign deployment tours.

4. Applying these findings to cultivate ongoing scholarship on effective public and mental health intervention models to effect change in these existing problematic patterns. The ultimate goal would be to coordinate these collaborative efforts at different governmental levels and serve as a possible catalyst for further scholarship on psychosocial stress among Pan Amerasian and other isolated biracial populations, as well as cost-effective strategies for primary, secondary, and tertiary interventions for prevention.

Organizational and NGO Support

Additional research initiatives, including a new research journal on this topic, could provide helpful resource documents for utilization by NGOs; foundations; and nonprofit, community welfare, humanitarian, or charitable service organizations. For instance, the PSBI Foundation cosponsored the Gastardo-Conaco and Sobritchea (1999) study of SES marginalization among 443 Amerasians. That study helped to raise public awareness about the poverty facing the diaspora in both the Philippines and the United States. Fact-based research data also would benefit political action committees as well as social welfare and humanitarian agencies. Various community organizations in both the Philippines and the United States (e.g., PCFA, PSBI Foundation, the Preda Foundation, and the Amerasian Foundation) provide outreach assistance to Amerasians in the

Philippines and could be the beneficiaries of greater awareness of their humanitarian efforts.

Recommendations for Further Research

The opportunities for further psychosocial, socioeconomic, and mental health research among Filipino Amerasian and allied Pan Amerasian populations are extensive. Further clinical research is needed to clarify the relationship between stigma-related psychosocial stress and elevated depression, anxiety, and stress. After studying Vietnamese Amerasian refugees, McKelvey et al. (1992); McKelvey, Mao et al. (1993); 1993 and McKelvey, Webb, et al. (1993) found that even though the trend for cumulative numbers to predict core symptomatology among Amerasians was statistically significant, they were not sure of known relationship between symptoms of anxiety and depression and the determination of mental disorder.

Enhanced Sample Formation

A substantially larger study sample is needed to determine the generalizability of these findings and to fully gauge the extent of individual marginality of African and Anglo Filipino Amerasians. A broader sample reaching beyond Angeles City would be more inclusive of those affected by these types of problems. Pockets of Amerasians reportedly occupy other barangays around closed U.S. military installations in northern and west central Luzon, including Baguio City (Camp John Hay); San Fernando, La Union (Wallace Air Station); and Capas, Tarlac (Crow Valley Bombing and Gunnery Range and Camp O'Donnell). Mactan Air Base formerly operated on Mactan Island in Cebu province.

Larger samples of the magnitude of 150 to 170 participants employed in the Vietnamese Amerasian refugee studies would be helpful to verify the findings of SES marginalization, stress, and psychopathological symptomatology identified within the Angles City sample. Moreover, as the years go by, the last Amerasian youth will soon reach adulthood and disperse, making research sampling more difficult to locate and conduct.

Open Research Avenues

The issues of unresolved, complicated, or residual grief and psychic loss need to be pursued through further empirical research. A number of these psychiatric concepts, expressed emotionally by interviewees, either were peripherally studied or did not emerge in the Vietnamese Amerasian studies. The high number of somatic complaints and psychosomatic problems emerging from the sample in the current study also provides cause for further research. Ten (62%) participants reported instances of somatic pain, ailments, or discomfort, an indication of a possible underlying psychological stress or psychopathological disorder. Somatic complaints and their possible significance represent a variable of relevant and unknown implications.

Reflections of the Researcher

Contact with Amerasians in the Philippines was an emotionally draining experience. One cannot walk away without feeling the pull of forsaking one's countrymen and women to an impoverished foreign land and the living prospect of human oblivion. When I embarked on this research, I felt amply prepared in a professional sense for what I would encounter. I am a practicing social worker and had

been stationed overseas in the U.S. Army, not unlike the fathers of many of the adolescents and young adults whom I interviewed. During nearly 20 years as a daily newspaper reporter and editor, I worked on any number of "hard life, down on luck" personal stories. However, I became convinced in the time that I spent in Luzon that no amount of training, lifetime experience, or scholarly resolve could steel one to the human torment and misery facing African Amerasians.

"What can you do 'Mr. Pete?' What can you do for us Amerasians [*sic*] left here to stay…poor and alone...we are in a place without a home!" Those were some of the cries that I heard one humid morning at Paradise Ranch near Angeles City, not far from the slopes of Mount Pinatubo. It came from some of the interviewees who had come expectantly for an interview session with this old Gringo educator asking important questions. Was I "the one" who might help some of these young women and men get to the States?

Emotions and passion aside, one observation that will strike researchers acquainting themselves with this population is that there are neither easy solutions nor happy endings for most Filipino Amerasians. They languish in a culture and a society that function in severe socioeconomic peril. What remains is whether the story of the U.S. Amerasian condition in the Philippines interests others who may strive to place this extraordinary diasporic experience in the proper human perspective. Hopefully, such new found stakeholders may judge that this story does have redeeming merit and that they will choose to act in some constructive and empowering way rather than ignore the human capital and potential that may remain unrealized and lost forever.

Conclusion

Whether stigmatized African and Anglo Filipino Amerasians face serious mental health problems related to their impoverished lives in central Luzon remains a question that ultimately needs more answers. As Lovibond and Lovibond (1995), developers of the DASS-21 measurement scales stipulated, their scores "should not be used as the sole criterion for clinical decisions" (p. 26). "The essential function of the DASS is to assess the severity of the core symptoms of depression, anxiety and stress" (Lovibond & Lovibond, 1995, p. 3). Nevertheless, the DASS-21 scores of the 16 Amerasians residing outside the front gate of the former headquarters of the 13th U.S. Air Force at Clark Air Base in Angeles City indicated considerable levels of psychopathological symptoms. Africans and women in all age categories, in that respective order, appeared the most vulnerable.

This study clearly established the presence of core pathological symptomatology in a small sample. However, more extensive research will be needed to establish its generalizability to the broader population of a probable undercount of 50,000 Amerasians in the Philippine archipelago. The long-term consequences of this finding may be unknown, but the psychosocial and economic implications will remain forever embedded in the societal fabric of such military-civilian partnerships. What is clearer from this study, however, is that the day-to-day existence of African and Anglo Filipino Amerasians continues to be replete with poverty, misery, human degradation, and a scale of mental anguish and material need that Americans "back home" might simply not be able to conceptualize.

African Amerasian adolescent Mariah told the story of how many times she awoke in the middle of the night with kirot (pain) in her stomach because when she went to sleep the night before, she actually was very hungry, but falling sleep was a blessing because it was a way to dull the kirot. That is why she was happy to come to the Philippine Children's Fund of America Amerasian outreach camp: She could receive "free breakfast foods and snacks so it makes you feel better." Mariah never saw her U.S. serviceman father, and in the very infrequent times that she e-mailed him over the Internet or from a hurried, overseas telephone conversation, these episodes left her distressed, troubled, trembling, and sweaty. She wondered whether her father would ever bother to talk to her again, or even wanted to talk to her again, or whether she would get another chance to make contact.

In his last book, *To Seek A Newer World* (1967), Senator Robert F. Kennedy paraphrased a favorite passage from Camus on children:

> Perhaps we cannot prevent this world from being a world in which children are tortured. But we can reduce the number of tortured children. And if you don't help us, who else in the world can help us do this? (p. ii).

Is it within the capacity of America to act? Do our children matter? Do our Mariahs matter?

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APPENDIX A: GENERAL DEFINITIONS

An *Amerasian* is "any person who was fathered by a citizen of the United States (an American servicemen, American expatriate, or U.S. government employee, regular or contract), and whose mother is, or was an Asian national" (Amerasian Foundation, 2007). Pearl S. Buck (1892-1973), Nobel Prize recipient for literature, originated use of the term "Amerasian" (Conn, 1996, p. 313; Valverde, 1992) during her humanitarian work with children and orphans in East Asia following World War II. Buck, who adopted Amerasian themes in a number of her 80 novels and nonfiction works, including *East Wind, West Wind* (1930) and *The New Year* (1968), poignantly described the plight of Amerasian children in the 1950s at the close of the Korean War:

> The unforgiving patriarchal traditions of Asia meant that a fatherless, mixed-race child was (and is) abused as a pariah, insulted and sometimes beaten, and routinely denied access to any educational or economic opportunity. In Korea, children are registered in their fathers' names; those who were abandoned by their American fathers had no legal existence. Many were killed, and an unknown number of male children were castrated. (Conn, 1996, p. 313)

Diaspora, a designation which Filipino Amerasians appear to qualify for at a minimum in a figurative sense, is defined as the movement, migration, or scattering of a people or their descendants from an established or ancestral homeland. San Juan (2006) posited diasporic groups are determined "not only by a homeland but also by a desire for eventual return, and by a collective identity centered on myths and memories of the homeland" (p. 42) - themes voiced by the Filipino Amerasian sample during interviews. Regardless of their location or origin, Palmer (2000) held that diasporic communities in many instances "are not actual but imaginary and symbolic communities and political

constructs. (They) share an emotional attachment to their ancestral land, are cognizant of their dispersal and, if conditions warrant, their oppression and alienation" (p. 28).

Given these criteria, Filipino Amerasians and Amerasians in general would qualify as a disaporic population on several levels: (a) they were fathered by military communities of U.S. servicemen stationed at permanent bases, (b) are scattered at numerous locations in East and Southeast Asia as Pan Amerasian population cohorts (i.e., Guam, Japan, Okinawa, South Korea, Vietnam), (c) maintain collective identities as Amerasians and cultural and social ties to the U.S. mainland, and (d) in significant numbers among the sample expressed desire or sought, however tenuous, to immigrate and establish U.S. American family ties.

Inferiority Complex, referenced in classical marginality theory by Stonequist (1937) and a term frequently employed by Fanon (1963, 1967) as a manifestation of colonial and Neo-colonial era induced psychopathology. Referring in more contemporary times to issues connected to self-esteem, it is a term of dated psychiatric usage. Yet the term was often used among Amerasians interviewed in Luzon and as well as social workers and mental health counselors who treated them as a way of defining feelings of low-self esteem related to their marginalized Amerasian status.

Marginality or marginalization refers to a general but somewhat immeasurable concept of exclusion, isolation or the occupation of a borderline position most often encountered in social, economic or combined SES constructs (Cullen & Pretes, 2000). Marginalized populations are classically defined as outside the mainstream of society and often share the attributes of two distinct cultures – two conditions endured by mixed-

parentage, racially, and ethnically divergent Pan Amerasian diasporas. Park (1928) and Stonequist (1937) developed early, classical marginality theory based on studies of immigrant, refugee and Eurasian diasporas of the former British colonial empire.

Military Prostitution is an officially unlawful yet tolerated sexual deviant behavior historically or surreptitiously supported by U.S. and other occupying or deployed military forces for purposes of troop morale enhancement (Levi, 1993). Butler (2000) defined the condition as a manifestation of social and political oppression and comprised of "complex, interlocking systems of sexual abuse of women around military bases" (p. 206). A service member's consort or use of prostitutes is currently prohibited under the U.S. Code of Military Justice Justice, Article 134.

An o*ppressed population* refers to a quantifiable human cohort experiencing "domination and exploitation - economic, social and psychological - between individuals; between social groups and classes within and beyond societies; and, globally, between entire societies" (Gil, 1998, p. 10).

Pan Amerasian is a general, inclusive reference originated by myself referring to Amerasian enclaves primarily in East and Southeast Asia that are progeny of U.S. American military servicemen, civilian and contractor employees. These servicemen have fought, or been assigned or garrisoned in dispersed locations including such as Guam, Japan, Okinawa, the Philippines, South Korea, Thailand and Vietnam.

Socioeconomic Status (SES) – an extraneous variable of note in this study - relates to a combination of social and economic indicators or measures of material accumulation. SES may often be used to determine or gauge an individual's ranking or stature within a

social stratification system; Fanon (1963, 1967) viewed low SES as a chronic result and

indicator of colonial and post-colonial psychological oppression. Low SES is widespread

in the Philippines.

APPENDIX B: SEMISTRUCTURED INTERVIEW INSTRUMENT

Respondent Code #:_____.
SECTION 1: DEMOGRAPHIC DATA

(*) Gender: Male ☐ Female ☐
 Birth Date: (- -) or Age: ____
 (*) Completed <u>Education</u>:
 Elementary ☐ Middle School ☐ High School ☐
Vocational or Technical School ☐ College or University ☐ Other ☐ .
1-4 **(*)** Do you have less than 9 years of formal schooling? Yes ☐ No ☐
1-5 (*) Did you ever miss school for any extended period? Yes ☐ No ☐
        If Yes, please explain.
1-6 (*) Did you have any problems in school? Yes ☐ No ☐
        If Yes, please explain.
1-7 Marital Status: Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced ☐
1-8 Children: Number: ___ Ages: _____
1-9 Residence: Lives (a) Alone ☐ (b)With family ☐ (c) With Partner ☐
 (d) In a House ☐ (e) Apartment ☐ (f) Homeless ☐ (g) Shelter ☐
 (h) Other _____
1-10 Residence Location: Urban ☐ Suburban ☐ Rural ☐
1-11 **(*)** What is your estimated weekly/monthly/annual income?_____.
1-12 (*) How does your weekly or monthly income compare with your neighbors,
relatives and other residents in Angeles City/Olongapo? Please explain.
1-13 Work History (Check all that apply and Indicate # of years completed).
What kinds of jobs have you held in the past 5-years?
(b) Have you had any problems in keeping any of these jobs? Yes ☐ No ☐
                If Yes, please explain.
(c) What is your current job?
(d) How long have you worked there?

SECTION 2: FAMILY/BACKGROUND:

2-1. When did you first become aware of your Amerasian ancestry?
2-2. What do you know about your American father?
2-3. Was he a member of the U.S. Armed Services? What branch? Where stationed?
(Provide as many particulars as you know…)
2-4. What has your mother, or any close relations, told you about your father?
2-5. Do you know where your father is at this time?
2-6. Have you attempted to contact and/or had communication with your father?
        Yes ☐ No ☐ If Yes, what happened?
2-7. Has your father attempted to contact you? Yes ☐ No ☐

 If Yes, what happened?

2.8 What are your "feelings" towards your father today? **(*)**

2-9. Have you ever had negative or indifferent feelings towards your father? **(*)**

Yes ☐ No ☐ If Yes, please explain.

2-9a.Did you live all your before adulthood with your natural mother? Do you have a step father?

2-9b.Did you have a lot of friends growing up?

2-9c. Were your mother or step father ever abusive to you?

2-10 Other comments

SECTION 3. BEING AMERASIAN:

What expressions of stigmatization/discrimination and/or prejudice have you experienced in your life?

Which of these conditions do you attribute directly to your Amerasian background?

3-3. When did you first notice that you could become a "target" for such discrimination and/or prejudice?

A. Did you experience the stigmatization/discrimination/prejudice in school? Yes ☐ No ☐

Did this happen in any of the following places?

Social situations? Yes ☐ No ☐

On the street? Yes ☐ No ☐

In church? Yes ☐ No ☐

Within your family? Yes ☐ No ☐

With friends? Yes ☐ No ☐

In the work place? Yes ☐ No ☐

On the job? Yes ☐ No ☐

If yes, please describe.

2.11 Did your experience with stigma and discrimination as a result of being Amerasian ever result in your being denied a job, housing, education or job promotion?

3-4. Have you ever witnessed, or do you have knowledge, of another Amerasian being a victim or object of discrimination and/or prejudice? Yes ☐ No ☐

　　　If yes, please describe.

3-5 How do you describe your own personal "feelings" about being Amerasian?

3-6 What do you believe is the worst/best thing which ever happened in your life because you are Amerasian?

What is your mother (foster mother and/or step father or foster father's) view of your being an Amerasian?

3-8 *(*)* Have you ever experienced hostility by your foster/step father or family members because you are Amerasian? For how long did this occur? Describe details.

3-8a **(*)**Did your mother (foster mother and/or step father or foster father) ever leave or abandon, or forsake you because of your Amerasian origin? For how long did this occur? Describe details.

3-9 (*) Did there ever come a time in your life when you were separated from or did not live with your mother? How long of a period of time?

3-10 Were you teased/harassed or injured on the street, or in school, or on the playground, among friends, or anywhere else because of your Amerasian origin? (Or, because of the color of your skin, physical features, or your origin of birth?).

3-11. Were you ever a victim or object of racial or ethnic "names" or nasty words directed at you by Filipinos or another ethnic group in the Philippines? (If so, what were you called? Describe what "names" were used and what were they referring to?).

3-12 Do you notice any difference in the way people treat Anglo Amerasians or African *Amerasians* ? Yes ☐ No ☐ (If Yes, please explain?).

     If Yes, please explain.

3-13 Have you ever noticed any difference in the way people treat Black/African American *Amerasians*? Yes ☐ No ☐

     If Yes, please explain.

SECTION 4. MENTAL/MEDICAL HEALTH

4-1 If you believe you experienced mental depression because of discrimination, stigmatization , name-calling or any other approximating incident, how and when did you make the connection?

 What about anxious feelings?

What about somatic (i.e. physical aches, pains, headaches, etc.) occurrences?

4-4 How long (i.e. length of time) were you mentally depressed, or anxious, or experienced somatic conditions from such incidents?

4-5 Are you depressed, anxious, or experiencing unexplained physical pain or aches at the present time? Yes ☐ No ☐

     a. If Yes, please explain.

 b. If Yes, why do you think you are having these problems?

4-6 Did there ever come a time when you felt your Amerasian origin resulted in a favorable action or outcome for you? Yes ☐ No ☐

If Yes, please describe the time (s) and/or specific incident (s)?

4-7 **(*)** Have you ever received medical, mental health treatment, therapy or counseling which you believe may be connected to stigma or discrimination based on your Amerasian origins?

Yes ☐ No ☐

If yes, for which of these problems did you seek help?

a. Depression Yes ☐ No ☐

b. Anxiety Yes ☐ No ☐

c. Treatment of physical symptoms (e.g. aches, pains, headaches, etc.) Yes ☐ No ☐

d. Drug or alcohol addictive behaviors, Yes ☐ No ☐

e. Hypertension Yes ☐ No ☐

e. Any other conditions? Yes ☐ No ☐

If yes, please explain. .
What do you think were the causes of these conditions?

(*) Have you ever received a mental health diagnosis? If so what is it? (*)
4-11. (*) Have you ever been hospitalized either for physical or mental health or both?
How many times?
How long?
For what illnesses?
(NOTE: The respondent is re-advised at this time that answering questions about their legal conduct and status is purely voluntary and they may decline to answer at any time)
4-12 Have you ever been "in trouble" with the law? Yes ☐ No ☐
If yes, are you currently involved in the criminal justice system? Yes ☐ No ☐
4-12a Have you ever been the victim of a bias related derision or crime based on your being Amerasian? Yes ☐ No ☐
4-13. Have you ever been arrested? Yes ☐ No ☐
    If Yes, what was the charge?
4-15 Have you ever been convicted of a crime? Yes ☐ No ☐
    If Yes, what was the crime?
4-16 Have you ever been in jail or prison? Yes ☐ No ☐
        a. If yes, what was the charge ?
        b. How long were you in prison?
4-17 Have you ever been placed on probation ? Yes ☐ No ☐
    If Yes, please explain the conditions of the probation.
4-18 Have you ever been placed on parole? Yes ☐ No ☐
    If yes, please explain the conditions of the parole.

SECTION 5. 1987 AMERASIAN HOMECOMING ACT

5-1 . If the opportunity were afforded you through the United States government, or a community or charitable organization, would you:
Seek to reunite with your father? Yes ☐ No ☐
Travel to and settle in the U.S. by yourself, or possibly with a family member? Yes ☐ No ☐
Go to the U.S. and unite with your father? Yes ☐ No ☐
 Immigrate to the U.S.? Yes ☐ No ☐
In your view, what is the chance for you to realize this opportunity?
Within a reasonable amount or time Yes ☐ No ☐
Within your lifetime? Yes ☐ No ☐
Never? Yes ☐ No ☐
Other

5-3 Do you feel that Anglo Amerasians have benefited or been recipients of social or economic advantages because of their light or white skin color, or other physical features?
SECTION 6

QUESTIONS FOR AFRICAN AMERICAN AMERASIANS
6-1. Have you ever experienced discrimination or prejudice from Filipinos, or other nationals or ethnics including Anglo Amerasians that you believe were specifically linked or traced because you are an African Amerasian? Yes ☐ No ☐
        If Yes, please explain.
6-2 What epithets, name-calling, or cursing from Filipinos (or others) cited the color of your skin? Yes ☐ No ☐
        If yes, please explain.
6-3 Your facial characteristics? Yes ☐ No ☐
        If yes, please explain.
6-4 Did you ever observe discrimination or prejudice (outward or subtle) against other African Amerasians? Yes ☐ No ☐
        If Yes, please explain.
6-5 Did you ever observe discrimination or prejudice (outward or subtle) against Anglo or Hispanic Amerasians? Yes ☐ No ☐
        If Yes, please explain.
6-6 Describe how hearing specific criticism of your skin color or physical features affected you?
Do you think any of these negative actions directed against you primarily based on the color of your skin are because of
 The color of your skin? Yes ☐ No ☐
Your being Amerasian ? Yes ☐ No ☐
Because you are perceived as different than the majority population?
 Yes ☐ No ☐
6-10. In your opinion is the level of discrimination experienced by
African Amerasians Greater ☐ Less ☐
Anglo or Latino/Mestizo Amerasians? Greater ☐ Less ☐
Do you have anything further to add? Thank you for participating in the survey.

*A Tagalog/Filipino version of the semistructured interview instrument also is available.

APPENDIX C: INDIVIDUAL PSYCHOSOCIAL CASE STUDY PROFILES

The following are psychosocial case study biographical notes on each of the 16 African and Anglo Filipino Amerasians within the sample. These summaries are arranged by age ranges - 16-19 and 20-39 - and by gender. In each of the four groups individual participants are listed by order of severity from composite Z-score of general emotional distress derived from raw scores from the DASS-21 subscales (Depression, Anxiety, and Stress).

In accordance with university privacy protections and confidentiality policies for participants, case names are presented as pseudonyms. Other potentially recognizable information such as precise locations, exact sequences of events, or related distinguishable information is either not used or modified within reason in order to protect privacy.

Females Ages 16-19

Mariah

A thin framed teenage asthmatic souvenir vendor, Mariah occupied a unique position within the sample. She was one-half Aeta, a daughter of the largely marginalized, indigenous people of central Luzon. Considered to be of Negrito origin, Aetas are dark skinned, scattered mountain dwellers, often petite framed with wiry hair and small, flat or sometimes angular noses. One of the reasons Mariah said she participated Philippine Children Fund of America (PCFA) outreach program was because most of the food she receives there is free or low cost; that means more food for the mouths of family at home.

Whereabouts of Natural Father

Mariah's African U.S. American father was a Clark air base NCO who she had never seen. She missed him terribly, especially around the holidays and on her birthday. Her Aeta mother met her father when she toiled as a "economy hire" housemaid in the airmen's quarters. "My mother is proud of me because she was not ashamed of me being born with no father [*sic*]," Mariah relates.

The teenager is one of the few among the sample who actually has some contact, albeit little else, with her father. He resided in South Carolina. His sporadic contact was often through an occasional e-mail or telephone text message response. She tended to become tense and admitted to anxiously overacting when he didn't return her well thought out message initiatives and replies.

"I have a sense of longing. longing all my life...and the loneliness at times overtakes me. You could say it 'controls my thinking.' " Transparently Mariah was among a number

within the youth sample who eagerly longed for unification with or clinged to what little tangible memory of their father that was available.

Panic attacks, migraine headaches, digestive ailments of unknown origin, and intermittent bouts of anxiety and stress troubled her. Mariah lived in an isolated Aeta settlement of itinerant nipa palm huts and thatched roof houses within close proximity the infamous Mount Pinatubo volcano. Searing magma and grayish ash from the inferno drove native Aetas from their homes and covered the runway and hangars at the Clark air base when it erupted abruptly around the time of her birth in 1991.

The remoteness and isolation of her circumstances were one of the reasons why she has never sought or accessed community mental health services available in nearby populated settlements including Angeles City and San Fernando. However, she reported that "despite the pain, Aeta people and poor Filipinos just don't think at all" about seeking outside, established medical or mental health services.

Family Profile/Circumstances

Mariah earned the equivalent of PHP 1200 or about US$25 per week on her menial job and contributed dutifully to the family's dire poverty level larder. Her family, including a teenage sister and two brothers, her mother and stepfather, a pastor, survived in a bare, hand-to-mouth existence. "Every peso goes for the foods [*sic*]," she related. Such subsistence level daily living tribulations are typical of most within the sample reporting poverty, low income, or a history of poverty.

With her eyes staring ahead and a voice stinging with sadness Mariah remembered that many times she would awake with kirot (pain) in her stomach because when she went to sleep she was hungry and falling asleep would dull the pain. That is why she was so happy to go to the PCFA outreach program so she could sometimes receive free breakfast food and snacks.

Experiences with Amerasian Stigma

Mariah, struggled in middle and high school with poor grades, often not attending because of little or no money for lunches, snacks, school books and supplies needed to attend. Sometime incessant teasing and the biting personal remarks of classmates "made me feel low; some days it was very hard to get to school. My mother kept pushing.."

Despite troubling economic and social barriers and the name-calling at school and on the street because of her very dark skin and African facial features, Mariah graduated from high school. She managed to intermittently attend community college. She dreamed of earning an associate's degree in office management, and has filled out dozens of job applications for office retail sales jobs to no avail. "I've been told my skin is so Black the chance to find a job will be hard."

As a very dark skinned person in a multi-cultural society, where many young Filipina women aggressively apply whiting lotions and applications to their brown skin in order to make them appear Caucasian or Anglo, Mariah firmly believes African features from both her mother and father made her a unique island inhabitant. "I consider myself Filipino; not African Amerasian. I do have a sense of identity," she insisted.

Mental Health Profile

Dass-21 composite emotional state Z-score: 2.06 low severe

DASS-21 raw measurement scales scores: (a) 16, severe anxiety (96% percentile), (b) 22, moderate stress (90%), and (c) 16, moderate depression (91%). Mariah's symptomatology scores place her at the higher levels of Africans and women experiencing elevated symptomatology in the sample, including her age group. Mariah's high anxiety scores, severe somatic complaints and past occurrences of panic attacks reported at the time of her interview may be indicative of some undiagnosed pathology, possibly acute anxiety or distress disorder or panic disorder. She maintained she was reluctant to seek professional help because of lack of money and access to mental health services.

Mariah indicated on the DASS items questionnaire that the feelings most frequent troubling to her were that she had little to look forward to, fear of panic, overreaction to different situations, and impatience with anything that kept her from getting what she needed to do.

Psychosocial risk and stress factor total: (10)

Physical risks: loss of father, high poverty, itinerant housing, denied job and history of unemployment, low medical mental services access.

Mental stress: Intense name-calling, witness to bi-racial stress and discrimination somatic complaints, low social desirability and isolation, excessive school absences and tardiness.

Psychological Themes

Presented recurring obsessive thoughts of the loss and present whereabouts of her father with whom she has had sporadic but recent anxiety and tension producing contact. Acknowledges she was victimized by stigmatization trauma and discrimination as a result of her being a member of the marginalized Aeta class and because of her African Amerasian biracial origin. One reason she believed her job applications were ignored or rejected by potential employers was because she is Amerasian. She also made statements exhibiting signs of identity confusion and distress.

Sunrise

Sunrise, a pleasant and sometimes tense Anglo daughter of African Filipino Amerasian Karen, profiled below, was representative of an intergenerational familial construct present within the contemporary Filipino Amerasian diaspora. In addition to her mother, Sunrise said her two brothers, one (age 20) is African Amerasian, and a second brother (age 8) is Anglo skinned, fathered by her mother's former Canadian live-in partner. Her family is transparently of derivative, inter-generational Filipino Amerasian origin. A high school graduate, she was actively seeking a job for months and unemployed.

Whereabouts of Natural Father

Sunrise described little about her Anglo U.S. marine father, a Massachusetts serviceman based at Cubi Point naval air station, when he met her mom in a honky-tonk near Subic naval base. Sunrise never knew him and has always wondered why he left the family. "I don't have a reason; my mom never offered me one." The only evidence she has of his existence is a picture. "I miss him," she said, checking off the boxes on the interview form, which says she would support an effort by the U.S. government to include Filipinos for emigration under a renewed Amerasian homecoming act. "I would immigrate to the U.S., of course; I would do it as soon as possible."

She enjoyed participating in the outreach and human enrichment programs offered by the PCFA at their ranch retreat. She also enjoyed prior enrollment in the Pearl S. Buck International (PSBI) outreach program. "It gave me direction and something to do. We are so poor." She lives in a very small and sparsely furnished room with her mother and small brother at home.

Experience with Amerasian Stigma

Besides the standard brickbats reserved for pale skinned Anglo Amerasians, Sunrise was also called "kirara," a slur word which described the dark-skinned Aeta children of central Luzon. "Even though I had a lighter skin they would do it because my mother is African, and it always angered me severely…made my stomach sick."

A credit to her grit and determination, Sunrise got through public high school. She wanted to study computer science in college but put these plans on hold. Obtaining her high school diploma was a struggle. "I missed classes... my mom didn't have much money. I was constantly called nasty names. I had to change schools when I went to live for four years away from home." Sunrise and her family have lived sporadically in itinerant or squatter type housing. From age 8 to 12 she boarded with a family relative in Olongapo.

Like her mom, Sunrise says she "loves being Amerasian. I think it's cool." However, she tends to use terms like "inferiority complex" and "low self- esteem" to describe how she

has felt about herself for much of her life. Like most of the sample, Sunrise has personally observed and was the target of stigmatization and discrimination over her own biracial background in school, during social events, on the street, and even at worship. Once she reported a worshipper her own age looked at her "funny" at a Catholic mass. "She must have thought that an Amerasian, not a 100 percent Filipina was going to mass. They stare at you, ignore you, or make you feel like you are just not wanted."

Mental Health Profile

DASS-21 composite emotional state Z-score: 1.57 moderate

DASS-21 raw measurement scales scores show: (a) 18, severe anxiety (97% percentile), slightly lower than her mother Karen's 99% percentile extreme severe anxiety reading, (b) 14, low moderate depression (87%), compared with borderline severe depression (95%) for her mother, and 18, borderline moderate stress levels of 87% , an identical score as her mother.

At several points in her interview Sunrise described reaction to stressful events in terms of physical and mental descriptions resembling the symptoms of panic attack onset: sharp anxiety, trembling hands, dry mouth, shivery feelings, trembling and "feeling jumpy all over," conditions she self-reported on the DASS-21 items questionnaire. Sunrise admitted to episodes of unexplained anxiety and similar to nine other participants in the sample reported psychosomatic complaints. Her discomfort also included headaches and stomach and intestinal pains of unexplainable origin, suggesting Generalized Anxiety Disorder (GAD), propensity to panic attacks, panic disorder or other related but undiagnosed psychopathology.

Psychosocial risk and stress factor total: (11)

Physical risks: Loss of father, high poverty, homelessness, unemployed.

Mental stress: intense name-calling, witnessed bi-racial stress, somatic complaints, derivative family construct, low self-esteem, social isolation, school absences and tardiness.

Psychological Themes

She reported continuing and not entirely resolved grief over the loss of her father. She presented a sensible if mildly conflicted view of what it is to be an Amerasian. Sunrise acknowledged the "Rubik's Cube" nature of Amerasian biracial fabric in her interview, but also held that as an Amerasian she is "a happy person, with good attributes, talents... something beautiful." She disclosed that she has dealt painfully with stigmatization trauma and the heavy name-calling received and witnessed in school, but she believed she demonstrated resiliency by managing to graduate.

Trisha

Trisha claimed her prostitute Filipina mother "gave me away" when she was barely an infant. The early childhood trauma placed Trisha in the same circumstances of at least five or six other sample participants who lost both parents as they entered childhood development years. In Trisha's case she was given to the laundry lady whom she regards as "her beloved guardian." An Anglo Amerasian, Trisha lived in poverty with her boyfriend who worked as a produce market checker. She viewed her family circle as living in near homeless conditions, as she described life in a ramshackle hut on a rented lot next to a sewage canal which overflowed into her kitchen space during the rainy season or thunderstorms. She reported the birth of an infant daughter at home just two weeks prior to her interview; she appeared physically healthy and smiled when proudly reporting her daughter's arrival. But she also feared her baby might become ill with malaria or dengue fever from the filth.

Family Profile/Circumstances

As the offspring of a derivative Amerasian family, Trisha has four estranged half brothers from her natural mother: one from an African American man, one from an Australian man, and two from two different Filipino fathers. She harbors strong abandonment resentment against both her natural mother and father. Some of her mother's "boyfriends" and live-in partners abused her physically and sexually. For a while she followed a promiscuous life style with boys and experimented frequently and heavily with beer, rum, weed and shabu, an amphetamine derivative narcotic.

A sprightly survivor from a life of mental and physical trauma and loss, she fought the odds and graduated from high school under impoverished circumstances similar to Sunrise and Mariah. Trisha proudly stated she was "class president for two years!" Trisha had worked as a part-time waitress and retail store clerk who wanted to return to work as soon as she arranged for her baby's care. "I will not do what my mother did," she insisted. Her household income is PHP$6440 or US$140 per month, a sub-poverty income level for a three person family unit. Few government welfare services were available to families in Trisha's predicament. Sometimes specialized help from nongovernmental agency providers, such as PCFA, was all that was available..

When she was 13, her mother attempted to force her into prostitution, a fate befalling many poor Filipinas in Angeles City or from the outlying provinces of the archipelago. Some girls barely older than 14 or 15 work as strippers, bar girls and "entertainers" along the tenderloin district in Angeles. "My mother gave me away. These things will never happen to my children."

Whereabouts of Natural Father

Memories of Trisha's father are all but non-existent. Her persistent differences with her mother extended to what little her mother knows, remembered or choose to share with Trisha. "My mother won't even show me a picture of my dad; I have never seen one." Trisha's father was a marine stationed at Subic Bay naval base in the early 1990s when he met her mother who was hooking at a disco in Olongapo. Trisha has no quantifiable memory of her natural father. But her godmother told her that at one time before her father was reassigned he was searching the streets for her in Olongapo, where she lived with her mother.

"My mom and dad were cut from the same coconut tree. They were very young when they had me. I think my poppa was too self-centered to start and give to a family. My mom was in love with the dirty bar business. I think she have many different babies [*sic*] with many different men."

Experience with Amerasian Stigma

Though Trisha admitted her pale skin helped her find temporary employment, she described continual harassment over her personal circumstances during her growing years. She experienced name-calling and teasing in school, on the street, in social situations, among friends, and even within the family – a reality within many fractured Amerasian derivative families. "The only time my mother ever complimented me was when she told me she was so happy because she had a 'tisoy' - an Anglo child!"

Much of the teasing directed against her in school, she recalled, "is not so much because of my being a White Amerasian, but because of my origin as the daughter of a prostitute. The words 'pinulot sa basurahan,' or 'picked from the garbage,' still echo."

Mental Health Profile

DASS-21 composite emotional state Z-score: 0.96 high mild

DASS-21 raw measurement scale scores show: (a) 16, moderate depression (90% percentile), (b) 10, borderline moderate anxiety (87%), and (c) 14, borderline mild stress (78%). Such elevated numbers on the DASS measurement scales and the general emotional state composite score provides women within the sample with a comparatively higher aggregate core symptomatology level than male cohorts or when compared to the sample as a whole.

Trisha self-reported that she has suffered from bouts of depression and anxiety off and on for much of her adolescent life, suggesting potential for a diagnosis of episodic dysthymia or clinical depression. She received some mental health counseling at PCFA,

but she declined to provide details. Like at least eight within the sample Trisha reported medical and mental health services are out of reach of most Amerasians afflicted by low household income. She also self-reported experience and past experimentation with alcohol and chemical substance use and also described a series of somatic illnesses including migraine headaches up to four times per week, and persistent digestive aches and pains of unknown origin.

On the DASS-21 items questionnaire Trisha reported frequent feelings of being unable to become enthusiastic about or to look forward to anything, and being unable to experience positive feelings, depression signs. She also found it difficult to wind down or relax, two standard signs of stress.

Psychosocial risk and stress factor total: (10)

Physical risk factors: Loss of father and mother, high poverty, itinerant housing, alcohol/drug abuse, low medical and mental health access.

Mental stress factors: Intense name-calling, witness to biracial stress, somatic complaints, derivative family construct, disparate treatment within family.

Psychological Themes

Trisha experienced lingering bitter remorse over abandonment by her father which was apparently overshadowed by loss and sharp resentment over her mother leaving her early in life and latter returning and attempting to draw her into prostitution. Acknowledging much stigmatization trauma from name-calling and as a witness to biracial stress, Trisha maintained that she received more disparagement from classmates and neighbors because she was the daughter of a prostitute rather than being Amerasian. She also expressed a practical view of her own biracial makeup, pointing out in her interview that being White helped her find a job, the man she loved and the father of her daughter.

Whitney

Family Profile/Circumstances

Similar to three other sample youths and at least two adults, Whitney a teenage African Amerasian was a high school dropout. She was estranged from the non-supportive Filipino teenage father of her six month old baby. Whitney performed strenuous laundry work to help her family get by on a meager household income supported by her mother, a helper in a local eatery. Her Filipino stepfather was a construction laborer.

Sometimes there was barely enough money to keep the baby in cloth diapers or to pay for expensive commercial formula she used to supplement her breast feeding. "We're not at all as well off as our neighbors; life is a struggle," Whitney observed in typical Filipino

understatement. The household, little more than a squatter hut, lacks running water, or a working refrigerator; these are conditions Whitney has generally known since infancy when her father left her and her mother to fend for themselves. A community outhouse lies out back. The family resided in an impoverished, blighted squatter section where electrical power brownouts were the norm, wooden planks served as sidewalks, and raw sewage usually ran on the open, exposed ditches next to an unpaved, half dirt and gravel street.

Experience with Amerasian Stigma

School was always an emotional slog for Whitney who had gaps of class non-attendance due to low financial support. Her grades suffered because she couldn't concentrate when classmates and peers called her "nigger," "Aeta" or "Sakang," a Tagalog word meaning bowlegged. They made fun of her and pointed at her curly and twisted Afro style hairdo. "My stomach would flutter for hours" she recalled after such frequent episodes.

In public school Whitney recalled memories of always being one of the last to be picked to play on casual playground sports pickup teams. She vividly remembered teachers who were outwardly "short tempered" because of her dark skin and African facial features. She described public schooling as very poor and often a shaming experience. "The kid's family is expected to pay for things like books. If you don't have the money you can't get the book to do the reading or test. You fall behind; you feel ashamed. You don't want to go to school anymore. You dropout."

Nevertheless, Whitney displayed considerable personal resiliency and insisted like many of the younger participants in the sample she was "proud to be Amerasian." Although she acknowledged African Amerasians are treated much worse than Anglos "we tend to stick together with each other. " The desire for community with other Amerasians is one reason why she registered in the PSBI Amerasian outreach program.

Whereabouts of Natural Father

Whitney never knew and couldn't recall ever seeing or coming in contact with her natural father. A U.S. air force airman stationed at Clark, the serviceman met her Filipina mother on the base where she was a waitress in the NCO club. Despite no personal memories, her mother regaled her with tales of her amorous dad who "was so in love with her." But like many other participants pining for information on their absent fathers there was little else to hold on to that has any tangible meaning. There is not even a photographic memory. Nevertheless, Whitney professed to "miss him" even though she also expressed some ambivalence over his loss and made no attempts to locate her dad, or vice versa. She believed he is still alive, probably somewhere in Florida.

Mental Health Profile

DASS-21 composite emotional state Z-score: 0.11 normal

DASS-21 raw measurement scales show: 8, normal depression, 6, anxiety and 8, stress scores. However, similar to nine participants in the sample and five Africans, Whitney complained of a number of somatic ailments including unexplained stomach aches, migraine headaches, and general body aches. Trisha also reported, "Sometimes I get a feeling I am nervous all over. I can't put my finger on it as for the cause." On her DASS questionnaire she self-reported some of the time she felt she wasn't worth much as a person, felt down-hearted and blue and had nothing to look forward to, all signs of depression. Parenthetically, these are feelings that also correlated comport with one of her self-reported mental stress factors - low social desirability.

Psychosocial risk and stress factor total: (8)

Physical risk factors: Loss of father, high poverty, homeless or itinerant housing, high school dropout.

Mental stress factors: Intense name-calling, witness to bi-racial stress, somatic complaints, school absences and tardiness.

Psychological Themes

Expressed ambivalent albeit lingering memories over abandonment by her father. Expressed understanding and acceptance of her marginalized role as an African Amerasian female noting, however, that she was proud to be identified as Amerasian. Demonstrated some durability in dealing with stigmatization trauma experienced in her formative years, though admitting these occurrences hindered her completion of high school.

Males Ages 16-19

Jermaine

Jermaine was an African Amerasian entertainer in his late teens who works at karaoke and videoke "flesh bars" in one of the neon-lighted nightclub districts of Angeles City. He performed risky behavior as a cross-dresser impersonating a female vocalist and entertainer. Similar to another cross dresser, Cody, an Anglo interviewed below, Jermaine openly engaged in making money on the Internet seeking cyber sex encounters. Appearing for his interview in totally contemporary if provocative young women's attire, Jermaine displayed an attractive Afro style braided haircut and healthy facial complexion with alluring makeup, and wearing jeweled accessories.

In addition to the entertainment and prostitution scene in Angeles and nearby Olongapo, cyber sex encounters leading to sex for sale are not uncommon. Although prostitution is technically illegal under Philippine law, a "sex tourist" may go to a storefront resembling an Internet café and view pictures of local women (and men), many of them around Jermaine's age, who are seeking sexual liaisons, and contact them directly.

Jermaine says his entertainment pursuits have worked out well for him financially. His annual income now is well above the poverty levels reported by 14 of 16 within the sample. He has money to spend which he does whenever he can at local gambling casinos or at one of western Luzon's beach resorts catering to the international tourist trade.

Whereabouts of Natural Father

Jermaine lived with his Filipina mother who met his dad, a Savannah, GA army serviceman assigned to the air base. He mistreated his mother and eventually she took baby Jermaine and fled the household. For a long time after his father left Jermaine and his mother lived in poor, itinerant housing, like a majority of the sample who experienced the loss of a family bread winner very early in life.

Therefore, the teenager has no substantive memories of his father. To the best of his knowledge, his father has never tried to contact him. He ruefully acknowledged that "it feels like my dad doesn't care for me now." But he recounted his efforts to contact him over the Internet. He managed to confirm he is still living in Georgia. "I left my number, but I haven't gotten a call back," he disappointingly reports.

Apparently linked to Jermaine's thoughts over his dad is an acknowledged "obsession" over one day being allowed to immigrate to the U.S. One of the reasons why he remained in the PCFA outreach program was their efforts to actively assist group members with their hopes of emigrating stateside.

Experience with Amerasian Stigma

Jermaine was among the two-thirds of the sample that reported becoming conscious of their different identity or full-fledged Amerasians in their early and mid-elementary school grade years. "In grade school kids can be pretty mean. So they would point at you and say 'nigger,' and I would go over to another Black Amerasian in the class and ask them , 'What is a nigger?' "

Jermaine admitted his acting out and fantasies over cross-dressing helped to numb the "constant pain" he says confronted him as an African Amerasian. He asserted that any school class attendance or social isolation he may have had are directly related to stigma, school playground abusiveness and stereotypical name-calling he experienced from childhood. "I knew I'd be discriminated against if I tried to live a straight life so maybe that's why I am the way I am."

Jermaine recollected being called "nigger," "African monkey," "Aeta." and "charcoal" in a saddened voice. Because of his current entrance into the world of transgender behavior slurs like "African gay," "faggot" and "black queer" have become part of the mix. He used to fear for his physical welfare because of being Amerasian, but now Jermaine added fear of being assaulted by one of his "friends" at the club."

Whether Jermaine's cross-dressing behavior transforms into full fledged transgender identity has yet to play out. He was unsure whether he will ever completely identify with being a woman or where his alternate demeanor and experimentation will take him. His steady date was a male friend who hung out at one of the entertainment district bars, where Jermaine sings a few nights a week. "Right now I'm very afraid, very anxious, because when men at some of the clubs find out I am not really a woman they become infuriated, and can become violent."

Mental Health Profile

DASS-21 composite emotional state Z-score: 1.70 moderate

DASS-21 measurement scales scores show: (a) 24, extremely severe anxiety (99th percentile), (b) 20,moderate stress (88%) and, (c) 6, normal depression level. He also complained of persistent and intense headaches of unknown origin and occasional insomnia, both signs of somatic symptomatology. Jermaine admitted to heavy alcohol use and has tried drugs including marijuana and shabu, an amphetamine derivative.

Jermaine self-reported on the DASS items questionnaire that most of the time he experienced breathing difficulty, worried about situations where he might panic or make a fool of himself, and felt close to panic, all high anxiety indicators, and suggesting a potential diagnosis of adjustment, GAD or acute anxiety and/or stress disorder. Jermaine also self-reported that most of the time he felt he was touchy and found it very difficult to relax, both high stress indicators. He also felt he wasn't worth much as a person, but did not judge it to be a low self-esteem issue.

Psychosocial Risk and Stress Factor Total: 8.

Physical risk factors: Loss of father, itinerant housing, alcohol/drug abuse.

Mental stress factors: Intense name-calling, witness to bi-racial stress and discrimination, somatic complaints, social isolation, excessive school absences and tardiness.

Psychological Themes

Harbored and admitted to conflicted thoughts about the loss and current status of his father. Jermaine voiced confused and conflicted identity issues both as an Amerasian and

for sexual orientation. He mirrored and expressed anger, anxiety and distress over being a recipient and victim of overt stigmatization and witness and recipient of heavy name-calling both as an Amerasian and for sexual orientation.

Cody

Cody was a gay male teenager who believed he was the target of two forms of stigmatization and discrimination: being Anglo Amerasian and gay. Since his interview Cody dropped out of high school, which at the time he admitted he was seriously considering. He said his grades were not as good as they could be and would like to devote himself to his cyber sex work, which he conducted sometime in conjunction with his cross-dresser friend, Jermaine, described below. He is unemployed. Like Jermaine, Cody is a provocative cross-dresser who also appeared for his interview with form fitting women's clothes and slacks, replete with cosmetic makeup and stylish coiffure. Both teenagers are popular participants in the PCFA outreach unit and enjoy the program because it helps them meet other Amerasians and promotes renewal of bonds with the U.S.

Cody didn't appear as advanced as Jermaine in his pursuit of a life in the local sex industry, at least not yet. He wanted more time to explore this. School and studies interfered with that desire. He whiled away many days and nights fantasizing about how life might be in the sex trade, starting with his ideas about expanding his own face book account on the Internet into a larger, and lucrative money generating website. He nods his head "yes" when asked whether he has used alcohol and drugs amply plentiful on the Angeles City club scene.

Whereabouts of Natural Father

It was in an night club where Cody's mother met his father, an Anglo U.S. military serviceman whom he claims to know very little about, or may just be reluctant to discuss. Cody doesn't remember which military service branch his dad served. One of his sisters was also Amerasian, an aspect of his personal life about which he declines to discuss.

Family Profile/Circumstances

Cody lived with his biological mother and stepfather, a taxi driver, two stepbrothers, a stepsister and the natural sister. After dropping out of high school Cody made a pledge to contribute to the family larder through his sex work. In addition to his stepfather's taxi job Cody's mother operated a small sari-sari neighborhood convenience store. The combined household income is about PHP$11,500, or US$250 per month plus the marginal income generated by the little store. With such meager earnings, the family's per capita income was well within poverty range.

It was unsurprising, therefore, that Cody sought to expand his own and the family's combined income through exploration of the cyber sex option. One of the negative outcomes of doing this, he readily admitted, would be the prospect of being harassed to a greater degree than usual because he is a cross-dresser and gay, in addition to the names and teasing he experienced since elementary grades as an Amerasian.

Experience with Amerasian Stigma

Cody said he was verbally harassed and witnessed other Amerasian friends ostracized, discriminated against and called names at school and on the street, especially Africans. He weathered both physical attacks and sharp verbal rebukes in the neighborhood. He even occasionally felt the sting of rebuke at a part-time job he held after school at his family's sari-sari store.

"I'm sensitive...names affect me badly," Cody maintained. That is one reason he believed that he identified very strongly with his Amerasian friends, both Anglo and African. While he appeared conflicted and engaged in an ongoing struggle over identity, later in his interview Cody also seemed to unconsciously contradict his earlier statement about being sensitive and downhearted over the name-calling. "Not only am I a White Amerasian, but a gay White Amerasian. It gives me an identity I can hold on to," he proudly acknowledged.

Like more than half the Amerasians Cody checked "yes" to all the interview boxes asking about whether he desired to eventually relocate to the U.S. Such a possibility could occur were Filipinos to be included under the provisions of a modern revision of the 1987 Amerasian Homecoming Act. He says he has spoken with other Amerasians about going stateside at the PCFA program. Despite professing feelings of being "lonely" and "empty" when he wonders about his father, he says "being Amerasian makes me feel great. And being White Amerasian is much better!"

Mental Health Profile

DASS-21 composite emotional state Z-score: 1.61 moderate

DASS-21 raw measurement scales show: (a) 18, severe anxiety (97th percentile), (b) 16, low moderate depression (88%), and (c) 16, mild stress (80%). Cody and Jermine both shared markedly elevated anxiety levels and comparable to Jermaine, Cody also exhibited elevated stress levels. Unlike Cody, however, Jermaine exhibited normal depression readings.

Cody's severe anxiety, moderate depression and mild stress levels placed him in the high core symptomatology severity level bracket among the Anglo sample. Cody reflects symptoms of adjustment or possible acute anxiety disorder. On the DASS measurement questionnaire Cody wrote he felt downhearted and blue, found it hard to become

enthusiastic about things, and wasn't worth much as a person, depressive signs. However, while he admitted to feeling unworthy, he did not report low self-esteem, a stress factor, although he admitted to feeling low social desirability. He also self-reported somatic complaints including periodic headaches, insomnia and intestinal tract ailments. Cody admitted to imbibing of alcoholic beverages and taking drugs but the frequency, extent and nature of the drugs were not disclosed in his interview.

Psychosocial risk and stress factor total: (11)

Physical risk factors: Loss of father, high poverty, alcohol/drug abuse, high school dropout, unemployed, experienced personal violence.

Mental stress factors: Intense name-calling, witness to bi-racial stress, somatic complaints, low social desirability, school absences and tardiness.

Psychological Themes

Expressed conflicted and confused identity issues including dubious self-concepts over his being Amerasian and his non-conforming sexual orientation. Appeared in interview to be at times either unconcerned, caring or alternately ambivalent about the loss of his father. Cody also revealed vulnerability and sensitivity to stigmatization trauma and maintained that his witnessing and personal exposure to violence, name-calling and harassment affected his elevated anxiety levels.

Felix

"The Filipino...generally he is poor. But the Amerasian, especially the Black Amerasians, they are poorer," Felix reported sadly during his interview when queried about estimating his family's household income. When I asked him to reflect upon what explained his rationale for why he though Amerasians suffered so much in the Philippines he replied with a puzzled look on his face. "Sometimes I wonder that making the Amerasian feel so bad about himself [*sic*] is the way for the Filipino to feel good about himself. People are like that I guess." Then he shrugged his shoulders.

A wiry, undershirt wearing African Amerasian high school dropout Felix lived in homeless squatter conditions in a back lot slum section of Angeles City. He and his 12-year old sister of Anglo origin resided with a couple he identified as his stepmother and father. The pair were friends of their Filipina mother who left the kids and moved to Manila when Felix was in the sixth grade. The stepfather was a day laborer with whom Felix says he didn't get along and from whose beatings and verbal abuse he has run away from, sometimes for months of absence.

Felix, who said he was unable to find steady job, spent most of his time hanging around his family's tiny food stall or sari-sari store on the side of the house. Or, he would venture

out some days selling cigarettes, chewing gum and playing cards with dirty pictures on them along one of the city's traffic congested boulevards. Usually, though, that was only when cops weren't enforcing the unlicensed vendor prohibition ordinance. At night there was time to act out by assembling enough spare change to party by downing cheap 25 peso (or US 55 cents) pints of rum with Red Horse beer chasers. An alternate recreational escape was getting high on plentiful, local marijuana or an occasional snort, swallow, or smoke of shabu, a form of crystal methamphetamine, the ubiquitous chemical substance of choice among poor island drug users.

Whereabouts of Natural Father

Felix, like his sister and two other youths in the sample, was the offspring of a derivative, mixed-race family. Both were not exactly sure who their fathers were. He believed his father may have been a U.S. military serviceman or possibly a civilian government employee or maybe a military contractor. He wasn't sure. He never met his poppa, and his mother, who he thinks was a bar hostess, dancer and sometime prostitute, never talked about him very much during the brief and infrequent times they lived under the same roof. His sister's father may have been a U.S. American, Canadian or Australian corporate contract worker; Felix doesn't know for certain either.

Unsure of his father's identity and conflicted over his own, he reflected much of the discord, low self-esteem, loneliness, social isolation and alienation found in a derivative and marginalized Filipino Amerasian family. "There is mother, a ghost, I never see [*sic*] a father I know nothing of, a stepfather I don't like, a stepmother who will always decide with him, a house I am not welcome in, and my sister. She struggle [*sic*] in her own way. In many ways we struggle apart."

Experience with Amerasian Stigma

"I get high. I guess it help me dull the pain [*sic*]. I guess you could call me throwaway kid," he smiled through a mouth of missing teeth and wrinkling bruised, pock marked facial skin. But the hurt was palpable when he described how classmates at school called him "bisoy," a pejorative term referring to mixed race origin, or "ampon," abandoned or forgotten child. Sometimes it might be a minor thing such as not being picked or chosen last to be on a sports team even though he thought he was good at playing basketball or soccer

He recalled forlornly that in middle school a day would rarely go by without a bloody fistfight. Or, there would be fights in the play yard, after school, or on the way home. "Sometimes the cops, they'd come...everybody would take off. Once the cops brought me home, my arm was bleeding, but no one was there. So I wrapped up my bad arm in a banana tree leaves[*sic*]."

Felix says he always hung around with African buddies and an occasional Anglo pal. But through his teenage years he admitted to seeing many of these Amerasians drift away into lives of drug use, homelessness, squalor, sometimes death.

Felix haltingly recalled a recurring nightmare about a depressed friend's funeral possession on a crowded back street in a poor barangay near Mabalacat. There were no cars, but people walking slowly in a rhythmic way trailing a plain, thin wooden frame coffin. The obligatory peso coins were tossed at the moving bier by sympathetic passersby, with some in the processional waving palm fronds in the humid tropical sun. "It was Arturo, my sad friend Arturo" who had found his father's military service revolver in his mother's night table, Felix recalled. "And he shoot himself in the temple. He just didn't want to face life no more [*sic*]." Felix added: "Imagine poor Arturo being shot by a gun his father probably stole from the air base and left with his momma all those many years ago."

Later in the same interview Felix added that Arturo, a Black Amerasian, had himself been victimized by excessive name-calling. It could have been one of the contributors to dead youth's depression Felix speculated.

Mental Health Profile

DASS-21 composite emotional state Z-score: 1.07 moderate

DASS-21 raw measurement scales scores show: (a) 14, borderline severe anxiety (95% percentile), (b) 14, low moderate depression (87 %), and (c) 12, normal stress levels. Outwardly Felix complained of anxiety, worries and feelings of hurt or traumatic stress he said he could only generalize aver other than "they kind of come out of many places." Felix was also one of seven participants within the sample, including four among adolescents, self-reporting experience with heavy alcohol and drug abuse or addiction. Given his exposure to a plethora of personal risk and mental stress factors, apparent separation anxiety over the loss of his father and history of biracial stigmatization violence originating from both within and outside his family, Felix may be a victim of Post Traumatic Stress (PTSD) or acute anxiety or stress disorder.

Felix self-reported PTSD like symptoms on the DASS-21 items questionnaire and his interview including experiencing trembling in stressful situations, worry about situations in which he might panic, fear he was actually going to panic, startle affect, insomnia and nightmares. He also indicated he very often felt he has nothing to look forward to, a depression indicator, and also was very short tempered with anyone trying to interfere with his actions, a stress reaction and all potential PTSD indicators.

Psychosocial Risk and Stress Factor Total: (13)

Physical risk factors: Loss of father and mother, high poverty, itinerant housing, high school dropout, unemployed, alcohol/drug abuse, violence victim.

Mental stress factors: Intense name-calling, witness to bi-racial stress and discrimination, somatic complaints, derivative family construct, low self-esteem, social isolation.

Psychological Themes

Stigmatized and traumatic exposure as an Amerasian including high poverty brought about by abandonment of both parents in childhood, Felix experienced heavy racism in childhood and was the recipient and victim to racial violence directed against other African Amerasians. His self-described low self-esteem contributed to uncertainty over not only his own identity but that of his father also. Felix alternately expressed cynicism and sadness over the abandonment and loss of his father and despised his mother for abandoning her family including he and his sister.

Robert

The isolated teenage son of a former Clark U.S. air force doctor, cherubically faced Robert was one of the handful of participants and the only youth among the sample who truly voiced defiant opposition to the historic involvement of U.S. military forces in the Philippines. He says he is "ashamed" of his Anglo Amerasian roots. His birthright cost him alienation, isolation pain and humiliation by being taken to task during a large span of his life by his Finnish nationality stepfather and Filipina stepmother. They both physically and mentally abused and beat him over the years because of his biracial Amerasian origins. Unsurprisingly, he also expressed "zero desire" to emigrate to the U.S. "I might want to visit for about five minutes as a tourist…that is all."

Whereabouts of Natural Father

Robert tells a mysterious story of how his father met his mother in an Angeles nightclub after his stepfather, who was apparently her boyfriend or with whom she was romantically involved with at the time, told her it would be economically advantageous for her if she was impregnated by an American serviceman. The pregnancy occurred and Robert was born, but he has never seen his natural father who had apparently departed for the states in 1991, about the time the U.S. closed operations at Clark.

Robert has seen a photograph of his mother with some American man around the time of his birth. But he says he is not even sure if it is an actual picture of his biological father or, in fact, whether his mother even knew his father's actual name. Even so, Robert admitted to harboring some conflicted, if marginally positive thoughts about the father he

has never seen. Robert said he enjoyed imagining what his father looked like or how it would be to talk to him. "I'm really very sad because I have never met him."

Family Profile/Circumstances

What he recalls vividly is that his natural mother, who rejoined and lived with him and a handful of siblings, was not a part of his life for a long while. Robert was raised for a number of years by the Scandinavian stepfather, who he describes as a tyrant and an alcoholic. "He and my stepmother constantly cursed me because I am Amerasian."

Conditions at home turned so ugly Robert ran away from home for months at a time, missing school and causing him to fall behind in grades and studies. A high school dropout, Robert lived with his mother, a homemaker, and her Filipino boyfriend, a tricycle motor taxi driver. Despite his expressed anger over his Amerasian roots, he somewhat reluctantly participated in the PCFA outreach program, mostly to find companionship.

He reported his family's personal income as about PHP$7000 or US$160 per month. It is a sparse, poverty level household existence, very typical of the majority of the Amerasian research sample. With himself, his mother and her boyfriend and brothers and sisters managing on a meager income Robert guessed the family would probably be homeless if it weren't for a reliable contribution from an older sister. She is married a British citizen and sent a remittance stipend from abroad monthly that helps the family get by amidst lean surroundings. Nevertheless, Robert is optimistic that in the future he will be able to parlay his handsome Anglo facial features and pleasant smile into a money generating job. Other Anglo Amerasians he knows work for decent tips as waiters or bellhops in the downtown entertainment club district, gambling casinos or hotels.

Experience with Amerasian Stigma

Due to the paleness of his skin and self-described handsome facial features, Robert says he escaped, or managed to evade the typical name-calling and heavy teasing described by most in the sample in school, street, social or workplace situations. "I've even received offers to do magazine modeling," he claimed. He does not attest to have witnessed stigmatization or discrimination, real or perceived, against other Amerasians.

Mental Health Profile

DASS-21 composite emotional state Z-score: 0.67 mild

DASS-21 measurement scales scores show: (a) 14, low moderate depression levels (87% percentile), (b) 8, low mild anxiety (80%), and (c) 12, normal stress range His DASS items questionnaire answers coupled with admissions made during his interview indicate he may suffer from dysthymia, a low grade but lingering form of mood depression. He

admitted at one point in life he was depressed and had very anxious feelings and sought out psychological counseling. On the items questionnaire, Robert described feelings of often being down hearted and blue, harboring negative thoughts and finding it difficult to wind down. Robert also indicated he regularly had thoughts of not being worthy as a person although he did not self-report low-self esteem, a mental stress factor.

Similar to 10 other sample participants, Robert also complained of somatic aches and pains including unexplained indigestion and migraine headaches. But inevitably the conversation returned to his angry and embittered thoughts over his Finnish stepfather. These feelings seemed to dominate his thought processes sometimes to the point of obsession over the course of his interview.

Psychosocial risk and stress factor total: (8)

Physical risk factors: Loss of father and mother, high poverty, homeless or itinerant housing, high school dropout, unemployed, personal violence, battering victim.

Mental stress factors: Somatic complaints, disparate treatment within family.

Psychological Themes

Admitted to conflicted thoughts about loss and current status of father, sometimes at odds or juxtaposed along with highly negative thoughts of his stepfather who abused him because of his biracial features and mixed race. Robert sometimes admitted to fantasizing about meeting his father and being reunited. He obsessed over various Amerasian identity issues including professed shame over being Amerasian while at the same time expressing optimism that being Amerasian would help him succeed in life.

Females Ages 20-39

Aretha

Aretha was a formerly homeless, articulate African Amerasian who is one of a handful within the sample to offer an overview and analytical perspective of the collective plight of marginalized Amerasians in Luzon. She voiced a rationalized connection between the desperate socioeconomic conditions facing African Amerasians to U.S. Neo-colonial military structure and what she termed "racist Filipino government and society" that partnered with the U.S. over the years. Indeed Aretha's description of the psychological trauma facing African Amerasians in Luzon could have been taken verbatim from Frantz Fanon's *The Wretched of the Earth* (1963). Aretha said, "I've been called the worse, most vile names you can ever put against a person: slave, nigger, black hole, fat lips, mustafia. No one gets used to this and you know what? You have no place to go on this island to try and stop it!"

About to be placed on the street and "become homeless again" because she couldn't pay her rent Aretha, single, with an Afro style hairstyle and wearing a threadbare, faded tank short, was also one of several Amerasian women in the sample fortunate enough to have recently landed a temporary job at a corporate telephone calling center.

Experience with Amerasian Stigma

She told a harrowing story of heavy stigmatization and discrimination throughout her life, including job rejection, failure to advance at work, lost university scholarship opportunities, virulent race baiting and angry name-calling. "Feelings of inferiority," "angry as hell" and "putting up with insulting behavior" are all phrases used during a lengthy and at times rambling interview.

Names hurled at her in every stage of life: school, social situations, and the workplace, included "GI baby, "African bastard," "African hole," "nigger," "slave," "fat lips, "alien," "bum" and "kulot" (or a person with kinky hair). Aretha experienced the smears among friends, her family, even at worship. "On the street, I was literally attacked and stoned" she recalled. As a PCFA adult volunteer and former participant in the PSBI Amerasian program, Aretha has often conversed with and compared experiences to sister and brother Amerasians about shared travail.

"At school my Filipina teacher shamed me because I am African. She wouldn't let me go to the comfort room when I needed to. I was forced to humiliation and urinated in my pants." Aretha had experienced, withstood and endured many of the rawest aspects of being African, female and Amerasian. The odyssey has not come without cost.

"There is no life here. White Amerasians have it slightly better. Blacks are in a sandpit. A lot of it goes back to the Americans who used and abused. The Philippines was their plantation. Over the years anything that was American was held up to high value." It explained why so many Amerasians, Black or White, identify with everything to do with the states "even though it is they or their policies that have screwed them - the Americans and a racist Filipino government and society."

Whereabouts of Natural Father

Her natural Filipina mother met her dad at Clark, where her mom was classified as a Philippine national or "local economy hire" employee. But her natural mother was never part of Aretha's life, leaving her while she was an infant. Aretha says her Filipina stepmother and the "dominant figure" in her formative years married her father when she was 12 months old.. When her dad, a retired, career U.S. air force master sergeant died in the Philippines, Aretha was in late childhood. She therefore is one of the only among the sample who lost her father through death rather than the act of abandonment or estrangement.

Family Profile/Circumstances

She claimed her stepmother attempted, along with her stepbrother, "to kill me many times." This statement strongly suggests she was physically beaten and verbally abused within the household. But Aretha is convinced her father's "mysterious" death in 1992, may have come about as a result of her stepmother's avarice. "She wanted all his military pension money for herself. It was her greed. She hated me. She wanted me out of the picture." In her personal life Aretha occasionally spent time in a relationship with a lesbian partner.

Other Traumatic Life Experiences

Tossed out of the house at age 17 by the widowed stepmother, she had no place to go and" lived on the street" for a year. That meant pawning all her belongings, sleeping in alleys, using appliance or furniture boxes for shelter during the typhoon and wet seasons, and alternately begging or scavenging for food. Aretha toiled at a variety of odd jobs including custodial work, messenger, office assistant, researcher, data encoder, even as a police informant. "None of the jobs ever had any security, no medical coverage; they were temporary."

Aretha maintained her police informant, or "police asset" job as she described it, involved narcotics related undercover work. It also nearly resulted in her death. "If I didn't follow police instructions, do precisely what they wanted, they'd put me in jail for no reason and kill me. I was used as their tool." She says the cops controlled her by threatening to have her identity changed. "It would be equal to punitive identity theft. This is the way it works in the modern day Republic of the Philippines."

Mental Health Profile

DASS-21 composite emotional state Z-score: 2.97 high severe

DASS-21 measurement scales scores show: (a) 26, extremely high levels of anxiety (99% percentile), (b) 26, high severe depression (97%), and (c) 24, high moderate stress (93%). Aretha admitted she felt anxiety-ridden and depressed, and often experienced distress and tension, possibly contributing to a diagnosis of early onset high blood pressure. On the DASS items questionnaire she self-reported feeling scared most of the time without any good reason, dryness in her mouth and breathing difficulty, clear signs of anxiety or panic. Also, she often found herself unable to be enthusiastic about anything, difficulty summoning energy to do things, unworthy as a person and had little to look forward to, transparent signs of depression. Some of the time she also experienced bouts of trembling, occasional panic anxiety, found herself getting agitated over nothing, engaged in angry outbursts and felt edgy over minor occurrences.

Aretha also reported constant, unexplained headaches and episodic insomnia and nightmares. Over the years she sought out mental health counseling for these assorted physical and mental health symptoms. For a time she was prescribed medications which she did not choose to identify. She stopped using them voluntarily "because I didn't want to get hooked on drugs." Aretha's extreme anxiety and severe depression severity readings placed at the top of the sample, Africans and women with the highest composite symptomatology manifestations.

Aretha's claims, fears and thoughts of killing, death and controlling influences suggest she may be attempting to erect maladaptive defense mechanisms, possibly thought distortion, or the reshaping of external reality to contend with conflicting internal thought processes or needs. Or, possibly she is employing additional defense mechanisms through delusional projection, or illusions about external reality, often of a prosecutorial nature. A third more extreme possibility may be onset of psychosis. Other potential diagnosis may include PTSD or bi-polar disorder.

<div align="center">Psychosocial risk and stress factor total: (13)</div>

Physical risk factors: Loss of father and mother, high poverty, homelessness, history of unemployment, battering and personal violence victim, low mental health access.

Mental stress factors: Intense name-calling, witness to bi-racial stress and discrimination, somatic complaints, disparate treatment within family, low self-esteem, social isolation, hypertension.

<div align="center">Psychological Themes</div>

Aretha experienced severe exposure to stigmatization trauma and discrimination and witnessed fellow Amerasians, particularly Africans, who experienced or witnessed racism and violence. She expressed remorse, however, that many of her colleagues are unable to comprehend the oppressive political and social aspects of their personal predicaments. She offered a rationalized view of her own Amerasian identity, one which pragmatically portends a marginalized life due to her low birthright, and that of most Amerasians, particularly Africans

<div align="center">Karen</div>

Karen occupied a unique role within the sample as the African Amerasian daughter of a onetime U.S. air force serviceman from Texas stationed at Clark. She was also the mother of an Anglo daughter from another serviceman, an Anglo marine, who like Karen's father basically abandoned the family in Luzon and returned stateside to resume their previous lives. Karen's daughter, Sunshine, was participating in the PCFA Amerasian outreach program and Karen herself had previously participated in the group's activities years before.

Family Profile/Circumstances

The product of a derivative, if dysfunctional Filipino Amerasian upbringing, Karen was born near Subic Bay naval base and raised under impoverished socioeconomic conditions. Well into adulthood she was unable to bring a sustainable income to her family including three children, two sons (ages 20 and 8), and a 16 year old daughter, Sunrise. Sunrise is a youth participant who was also profiled in the psychosocial case biographies. One of Karen's two sons were currently living with a person she loosely described as "one of the three godmothers" and the 8-year-old son lives with her and Sunrise.

Freshly employed as a provisional, part-time corporate commercial call center associate at the time of her interview, Karen brought home an income of between PHP$3,400-7000, or US$75-150 per month. Even though such income was better than usual, it still left Karen and that part of her family she is able to provide for with a bare basics existence. Karen and her dependents fell within or lower than parameters of the US$2 to $2.50 per capita income per day, the median poor income level range formulated by the World Bank.

When employed in the sex industry Karen, like many of her peers, drank regularly and frequently used drugs including shabu and heroin. She also described a life as a battered woman. Once severely beaten by her Anglo Canadian live-in partner, the attack was so brutal Karen needed months of back physical therapy to recover. Constantly the object of overt sexual and gender harassment by Filipino or other Asian males, she says they often treated her "like a piece of flesh meat."

"It's so bad for me now I really can't afford even to send my youngest child to school," Karen reported. When not employed in the Metro Manila-Olongapo-Angeles City sex industry axis, Karen also worked as a maid, baby sitter, and house cleaner. "Most of my employers treated me bad, sometimes never paid me...forced me to work bone hard."

Whereabouts of Natural Father

She still harbors thoughts involving preciously few memories of her father, who left her mother for Texas long ago. She often pulled out the old photograph album and viewed them taken of her and her father in church for her christening. "I really would like to see him and live with him if it is possible," she mused, and in the next breath notes that she is "not even sure if he is still alive." Karen appeared reluctant to describe details of her memories of the Anglo marine who fathered her daughter Sunshine or some of the other servicemen she liaisoned with whom she bore children.

Experience with Amerasian Stigma

Karen has experienced personal stigmatization and job discrimination, which she interpreted as driven by her mixed blood origin. "One thing they could never stand was my thick lips." In social situations, growing up in school and even within her own biracial family, she often found rejection. "I built up a resistance, at first burying my feelings and later replacing them with anger." But she was proud to call herself African and Amerasian. She relished the accoutrements of the Amerasian subculture including listening to and dancing to soul, jazz, rhythm and blues and hip hop music and wearing Afro style clothing and haircuts.

Called "African monkey," "nigger" and "mustafia," or unsightly woman, while growing up, Karen saw her African friends humiliated, even attacked on the street or in the inside and outside the clubs, discos, strip joints and honky-tonks. She was absent for a lot of classroom work in school because of lack of household money, a condition she feels ashamed to admit she passed on to her children. Her understanding of the stigma and discrimination she has experienced and lived is not perceived, but real. "I've been turned down for so many jobs. I applied for a job at (a pizza franchise). Straightaway I was told we don't hire African staff. They told me to save my time and not fill out the application."

Mental Health Profile

DASS-21 composite emotional state Z-score: 2.43 severe

DASS-21 raw measurement scale scores show: (a) 26, extremely severe levels of anxiety (99% percentile), (b) 20, borderline severe depression (95%), and (c) 18, borderline moderate stress (87%). Karen's severely high anxiety scores suggested presentations of anxiety disorder, possibly acute anxiety or stress disorder although psychotic symptoms were not visibly or auditorily apparent. Her borderline severe depression score, flat affectation and self-report of persistent insomnia indicates signs of having experienced clinical depression or dysthymia possibly for an extended period. She also admitted a dependency on alcoholic beverages. Karen's severe anxiety and depression scores place her among Africans and women in the sample presenting high dual levels of elevated symptomatology; her daughter Sunrise also reported similarly elevated levels of anxiety, depression and stress respectively.

Psychosocial risk and stress factor total: (13)

Physical risk factors: Loss of father, high poverty, homelessness, alcohol/drug abuse, history of unemployment, battering and personal violence victim.

Mental stress factors: Intense name-calling, witness to bi-racial stress and discrimination, derivative family construct, low self-esteem, social isolation, school absences and tardiness, hypertension.

Psychological Themes

Karen reflected being the recipient of severe stigmatization trauma and discrimination throughout a troubled upbringing, adolescence and young adulthood similar to intensity to Aretha. She described genuine remorse over the loss of her father, even suggesting signs of separation anxiety, but appeared ambivalent over his current whereabouts. She described life in a dysfunctional and disruptive derivative Amerasian family which may have numbed or contributed to an internalized conflict over self-worth and identity. She admits to having as "inferiority complex" for most of her life, though by the same token she labels herself a "proud African woman."

Michelle

Michelle was an Amerasian single mother caring for two, pre-teen children. She was also employed at the one of the expanding number of corporate telephone call centers that services U.S. and Canadian customer service accounts around the Clark Freeport Zone. It was one of those times, she maintained, that her Amerasian background "actually assisted" her. It helped her find a job because she says the bosses want to hire English speaking agents in the Philippines whose voices resemble North American accents and dialects. For much of her adult life Michelle has found it very difficult to find what she described as "professional" employment.

She was the only participant in the 16 member sample who is a university graduate with a bachelor's degree in behavioral health from one of Luzon's accredited colleges. She viewed herself as academically qualified for a number of occupational or professional positions in behavioral health. Yet, she has experienced or witnessed stigma and job discrimination throughout her life against herself or among companion Anglo and African Amerasians. This outcome was not her imagination she asserted. Prior to her involvement in PCFA Amerasian outreach activities Michelle was enrolled with PSBI.

Family Profile/Circumstances

She was a progeny of the derivative family, a typical feature of the Filipino Amerasian diaspora construct in and around Angeles City and Pampagna province. Michelle and her younger sister, Cara (age 27) are siblings from the same father, an Anglo U.S. air force non-commissioned officer who lived with the family for three years. Michelle's Filipina mother met her father in a honky-tonk bar in one of the Angeles night club districts. Another sister (age 21) was also fathered by an African serviceman before he received a new duty assignment. Michelle's mother also bore her another sister, now aged 18, with a

Filipino man. Michelle said she was basically raising her two children with little financial support from their father.

Experience with Amerasian Stigma

Her experiences observing racial and ethnic stigma and discrimination "are very real. It has happened to me and I have witnessed it happening to other Amerasians, especially Africans." Michelle was able to verbalize these observations because she counts among her friends both Anglos and Africans. "It is almost like a cult – the Whites and the Blacks." She said despite some periodic racial rivalries Amerasians socialize and get along fairly well together. "We are sort of a colony here."

In a sense Michelle was representative of other under employed Filipinos, relatively well educated, but unable to find an occupation equal to their education or professional training. Michelle believed she has been and will probably continue to be denied a career in her chosen profession in social counseling, and part of the reason is because of ethnicity and family background. Her predicament was particularly real among her African friends. She said she applied for many good paying professional jobs knowing that she was qualified."I waited, and waited for interviews, waited for the opening that never comes."

Even at previous call center jobs she has seen Africans denied promotions or not provided the opportunity for preferred hourly shift schedules because of their dark skin, facial features or other physical characteristics or African demeanor. Once, a Filipina female call center workmate lashed out verbally at one of her African Amerasian co-workers, calling her a "negra," a pejorative term for being African, so that "everyone else in the center could hear her!"

Such encounters with discrimination or individual prejudice are de rigueur for a number of other adult Amerasians also interviewed among the sample. Michelle has personally observed name-calling, verbal, and even physical derision in school, on the street, social situations and the workplace. "It's not unusual at all to go to a party, a fiesta and hear someone call out 'tisoy' (or White) or 'nigger,' and stare me or an African Filipina down, making them feel unwanted and inferior." And it can get very personal. "My African friend's uncle automatically assumed she was a 'bar girl' because she was African. He believed all African women are connected to the *kasarian industriya* (sex industry)."

Mental Health Profile

DASS-21 composite emotional state Z-score: 0.38 normal

DASS-21 raw measurement scale scores are: (1) 8, mild anxiety (81% percentile), (b) 14, borderline mild stress (78%), and (c) 6, normal depression level.

Psychosocial risk and stress factor total: (7)

Physical risk factors: Loss of father, high poverty, homelessness, history of under employment.

Mental stress factors: Intense name-calling, witness to bi-racial stress and discrimination, derivative family construct.

The two most intense feelings Michelle self-reported on the DASS-21 items questionnaire were that a good deal of the time she found it hard to wind down and encountered difficulty attempting to relax, both signs of stress. On anxiety indicators, Michelle said she sometimes felt dryness in her mouth, experienced trembling in the hands and was worried she might panic and make a fool out of herself.

Psychological Themes

An Anglo, Michelle voiced empathy and concern over the plight of fellow African Amerasians, pointing out that she had often seen them as recipients of stigmatization trauma and discrimination, observations that affected her emotionally. She also recalled her personal situation being unable to find work as a behavioral counselor despite her college degree, witnessed discrimination against Africans on the job. She attributed this outcome to a systemic discriminatory environment affecting Amerasians as a marginalized class.

Cara

Cara was the younger sister of Michelle and the only two siblings within the sample. They both self-reported the same number and conditions as psychosocial risk and stress factors - five, and their DASS 21 measurement scales scores were essentially at normal range levels. In numerous respects the lives of Cara and Michelle paralleled each other. They were both single mothers and primary financial contributors to their households. Though not obtaining a four-year degree, Cara has had exposure to college level education and like her sister works at a corporate telephone call center. Prior to her involvement in PCFA Amerasian outreach. Cara was enrolled with PSBI in Angeles City.

Whereabouts of Natural Father

Both were progeny of the same father, a U.S. air force sergeant stationed at Clark. Cara, a bubbly person with an exterior exuding happiness, said she never knew her father who she believed died at the base in an accident when she was an infant. Her father "was a nice and responsible man" who supported her sister and mother though he was legally married and had a son from that union stateside. Did she have any recurring anxious thoughts or memories of her father? "I used to…but not anymore," though she admitted that she would "jump at the chance" to relocate to the U.S. There once was a time when

she wished she could have talked to a mental health counselor about missing her father and her life circumstances "but it could not happen. There was no money for that."

Family Profile/Circumstances

Cara has pre-teen children, as does Michelle: twins age seven and a five year old. Cara makes between US$125 and $250 per month, depending on how much work she can get, and with four mouths to feed her household income approximates the US$2 to US$2.50 per capita daily income medium poverty range set by the World Bank. So life is meager for her and her kids living in a cramped apartment. There is an enduring struggle to keep food on the table and meet the monthly rent. "We are really struggling with everyday expenses" she says in the pleasant manner of Filipino conversational understatement.

Like many Filipinos Cara mirrored the widely accepted East Asian societal practice of hiding feelings of shame and presenting herself and the family in a most honorable way. The custom is generally known as "hiya," in Tagalog, or the practice of expressing shyness, practicing face saving measures, and putting "the best foot forward" to meet the social circumstances. This behavior style prizes avoidance of disgrace and is a defense against peers viewing them in an unfavorable manner.

Adapting appropriately, Cara also admitted to having perfected the defensive process of thought repression, or being able to disguise or avoid dealing with her true feelings. "Filipinos in particular, are by nature very good at hiding how they feel and think. We Amerasians are like that because we have known pain and hurt. Definitely they do this when it comes to the family concerns and definitely when it comes to mental situations," she admitted.

Perhaps, for these reasons, Cara was reluctant to speak about the tangled web that comprises her derivative family: two sisters, the daughters of one transient U.S. serviceman father, another younger sister from a second, absentee U.S. serviceman father, and a third (aged 19) from a Filipino native father. Or, for that matter, to talk in detail of their own personal lives, living as single mothers with a combined total of five pre-teen children, from multiple fathers, and little in the way of steady or structured financial or social support from any of these "significant others."

Experience with Amerasian Stigma

Like almost every participant interviewed, Cara experienced or observed varying degrees of name-calling or "teasing" as she termed it, mostly at school or on the street. The typical names, pointedly aimed more prejudicially at her African Amerasian friends, included "negra" and "baluga." Cara also occasionally witnessed fellow Amerasians bear the heat of incendiary and overt racism at school or in the barangay (neighborhood). She also witnessed African Amerasians being treated cruelly and inhumanely by Filipino family members.

A high school graduate, Cara studied nursing for two years but had to drop out because she ran out of money. For now she and her young family survive by living "day- to- day." She verified general anecdotal wisdom that Anglos have it easier and are recipients of less stigmatization and discrimination than African counterparts. There is a "general perception" she maintained, that Africans in particular are "viewed as being bad and it is usually because of negative reactions over their skin color, physique, or mannerisms which some people like to criticize."

Mental Health Profile

DASS-21 composite emotional state Z-score: 0.05 normal

Cara's DASS-21 measurement scores reflect a relatively stable mental health profile. Depression, anxiety and stress raw scores 8, 0 and 10 respectively, are all within normal ranges.

Psychosocial risk and stress factor total: (6)

Physical risk factors: Loss of father, high poverty, history of underemployment.

Mental stress factors: Intense name-calling, witness to bi-racial stress and discrimination, derivative family construct.

Cara's DASS-21 items questionnaire self-reported that some of the time she was unable to become enthusiastic about anything, felt down-hearted and blue, felt she had nothing to look forward to and that life was meaningless, all depression signs.

Psychological Themes:

Cara indicated that the Filipino's cultural and personal construct sometimes make it difficult to express inner feelings suggesting that she might be similarly situated. Akin to her sister Michelle, Cara attested to witnessing stigmatization trauma especially against African Amerasians which she said made her feel low. She also expressed regret over not being able to complete her college studies. She told how her past and current impoverished derivative family conditions impacted adversely on her ability to cope with personal finances and her self-view of her own life's worth.

Males ages 20 - 39

Lou

Lou was a sporadically employed taxi cab driver, vehicle mechanic and occasionally homeless adult African Amerasian male. He has sired five small children with two Filipina women neither of whom he lived with or regularly supported. His contact with these women, neither of whom he ever married or the children - three daughters and two sons, ranging in ages from two to 10 years, was infrequent, usually tense and often confrontational when it occurred. Lou's case, therefore, provided a graphic example of a dysfunctional Amerasian derivative family of which there are seven within the sample.,

Whereabouts of Natural Father

Lou's father was an African American naval petty officer and an Alabama native who met his Filipina mother in a dance club outside the Subic Bay naval base in the early 1970s. It was a busy time because the Seventh Fleet was still supporting the Vietnam War. The streets and clubs outside Subic were thick with disco strip clubs and itinerant provincial bar girls always game for midnight "dates" and fun.

But like so many in the sample, Lou would never have a chance to see or have a personal remembrance of his father. There was nothing except for some old snapshots he produced at his interview showing his father standing tall in front of an aircraft carrier. Lou's petty officer dad was proudly wearing the distinctive, summer white flare bottom navy issue trousers and blouse of a navy enlisted man. There was a splash of "garden flowers" or brightly covered service ribbons above one of the pockets.

"My mom says he wanted to name me after the soul and blues singer Lou Rawls and they did." But it wasn't long before his father left the household. His mom never talked about his father very much and shortly afterwards she left Lou with an aunt he called "Moma Mary." Lou never law his mother again. Maybe in a subconscious way, this may be how Lou's developed his own easy going, few strings approach to fatherhood, maturity, personal financial and family responsibility. Lou said he has never seriously tried to locate or talk to his father, but he made the effort to participate for a while in the PSBI Amerasian program. Despite a bitterness about his past Lou enjoyed staying in touch with happenings stateside and the opportunity to socialize with fellow Amerasians, African or Anglo.

Family Profile/Circumstances

Eventually, Lou worked his way up the highway from Subic Bay and Olongapo to Angeles City. Once there, he met his first serious girlfriend, a Cebuano speaking, Leyte province native and itinerant sex industry worker who had a baby girl fathered by a Clark airman. She was still in her teens dancing in one of the entertainment district's neon lit,

"bar fine" clubs that permit patrons to pair off with women club workers for a fee. Ultimately he would father two children with her, but like Lou's own life growing up, family and household living at home was dysfunctional. Just like his father and mother, Lou was rarely around and unsupportive of his new family unit. "It was the same scene my mother came out of…finding a place to dump the kids so the adults could get to the pot, shabu, and horse (heroin)" was how he described it.

His later liaison with a second sex industry woman was not much different; three more children were born including a two-year old toddler. But Lou felt himself getting older and not able to keep himself in the "playboy" image he once fashioned for himself. When he smiled his mouth revealed a missing top row of teeth, lost in a nasty fight at a cockfight betting pit. He tried, unconsciously and unsuccessfully most of the time during his interview to mask the look by constantly touching his fingers to his mouth.

"I haven't been... a very good father," he admitted, while also describing how he would shout curse words in Tagalog or Cebuano at passing traffic on his job driving a taxi. In order to cope with the stress, Lou revealed how he often yelled in frustration while waiting in his cab for the traffic light to change. Indeed, of the 16 within the sample Lou scored the highest severity for stress on the DASS-21 scales.

Lou elaborated upon his frequent tendency to engage in explosive angry outbursts and rapid mood swings. Sometimes such episodes were at his own peril including nasty words with departing patrons who left silver change instead of paper peso bill tips in his outstretched hands. He worried if there would be enough riders to meet the daily and weekly fare quota goals set by the taxi company. He said he also fought to avoid the triggers that led him to binge on cheap rum, gin, and Japanese saki when he can afford it. Lou seemed to battle to maintain just enough of an outward positive appearance of functionality and competence in order to keep his employment at the taxi company.

Experience with Amerasian Stigmatization

Lou floundered in high school, never finishing. Similar to nearly all participants within the sample, Lou experienced and witnessed the toxic name-calling and teasing and physical thrashings that seemed to automatically flow just by being African Amerasian. "I got the shit kicked out of me a dozen times because of the color of my skin, my big lips, and because I was an orphan left by my momma and dad," Lou recalled. When asked in his interview if the beatings had an influence on his having a problem coping with stress in adulthood, he answered, "Sure, sure it did. It must of. I tried to overcome it by being a cool dude, just like Lou Rawls," he explained disdainfully.

"For years," Lou reflected, "the American way of life ruled here. They wrote the book on the copy cat way to live [sic]." He noted, however, that with the influx of Japanese, Australians and especially Koreans since departure of the bases left, U.S. prestige has rapidly waned in the Angeles and Olongapo areas.

Lou observed, moreover, there is a built-in "conflict" for the Amerasian diaspora and their legacy as products and symbols of former U.S. presence. "The American military had as much to do about the way Amerasians are generally treated here as do the Filipinos because without the bases at Clark, Subic, Cubi Point and whatever we never would have been here in the first place. They'd never be any lost and homeless Amerasians and no Amerasians to dump on." The resultant turmoil and confusion, he believed, left many Amerasians in poverty, psychosocial turmoil and with little or no sense of personal identity or dignity.

Mental Health Profile

DASS-21 composite emotional state Z-score: 1.56 moderate

DASS-21 raw measurement scales scores show: (a) 30, severe stress (97% percentile), (b) 10, borderline moderate anxiety (87%), and, (c) 14, borderline moderate depression (87%). Lou scored the highest severity score for stress within the sample. In conjunction with his stress, Lou was concomitantly diagnosed with early onset of hypertension, a not infrequent condition for middle age, poverty prone Filipinos who rely on a heavy salt filled diet. Lou believed his high blood pressure was related to personal stress and tension which he attributed to his frenetic life style and with which he has lived with for some time.

What impact his alcohol addiction and turbulent, semi-homeless existence may have on his future health prospects was unknown. With multiple psychosocial risk factors, a severely high stress symptomatology score, and self-reported propensity for rapid mood changes Lou presented with signs of acute stress or possibly bipolar disorder. Lou hasn't had an appointment with a physician since he was teenager. A girl friend was a licensed caregiver, owned a blood pressure monitor and provided the high blood pressure diagnosis. He says he doesn't ever have enough money either for over-the-counter remedies, much less prescription medicine, so the malady goes untreated.

Psychosocial risk and stress factor total: (13)

Physical risk factors: Loss of father and mother, high poverty, homelessness, alcohol/drug abuse, high school dropout, unemployment history, victim of violence, poor access to medical or mental health services.

Mental stress factors: Intense name-calling, witness to bi-racial stress and discrimination, derivative family construct, disparate treatment within family, hypertension.

Psychological Themes

Lou personified the profile of the Amerasian cursed at birth by the abandonment and loss of the father, a legacy he acknowledged he was passing on to numerous young, neglected

children he had sired himself in an Amerasian derivative family construct. Lou also believed that being African and Amerasian was a significant reason for his own at risk socioeconomic and mentally distressed life, although he acknowledged he was also personally responsible for part of the outcome. Lou also viewed Amerasians as caught in a permanent identity struggle due to their biraciality and the mixed blood of their parents and were victimized and traumatized by their own past and present.

Marvin

Family Profile/Circumstances

An unemployed and disconnected Anglo laborer who claimed to be a high school graduate, Marvin lived with his mother in ghetto-like poverty in Angeles City, where the tiny family unit survived primarily upon her income from a small sari-sari hut. Subsistence from the little roadside convenience store brings in an income of between PHP$5000 to $9200, or US$115 to $200 per month, depending on store sales receipts. Therefore, the two person household alternated from month to month between official World Bank median poverty and extreme poverty line levels.

Sari-sari translates into "variety of things" in Tagalog. The compact commercial enterprise stores are common place throughout the archipelago. There is an old truism in the islands which says if you can't making a living at regular employment you can always try a sari store. Marvin often hung around the wood frame and tin-roofed shack whiling away the boredom swigging San Miguel beer or downing Tanduay Rhum shots a good part of the day or evening; sometimes he would get high when he was standing in for his mother at the store. He puffed incessantly on cigarettes, which he sometimes buys by the piece; a full pack could be pricey.

Marvin was one of four of the seven adults in the sample who admitted to having a history of or was currently abusing alcohol and drugs including shabu. He was also one of eight participants in the study who was able to work but unemployed or had a history of joblessness. He admitted feeling alienated and described his loneliness in terms of a socioeconomic assessment: "We are poor and have been that way as long as I can remember."

To illustrate, Marvin explained the difficulty of the average Filipino accessing even primary or community health care services. "They know mostly to deal [*sic*] with their problems themselves…or take care of inside the family circle. When I was kid, I felt positive I broke one of the bones in the wrist; pain like a devil [*sic*]. But we didn't have the pesos to go to the doctor. My ina (mother) wrapped it up in palm leaves and make a splint [*sic*] from bamboo sticks growing around the house. That's the way we learned to handle this pain" he related.

Whereabouts of Natural Father

There is little prospect of job security for an unskilled laborer such as Marvin, and having the added burden of being Amerasian "is not particularly helpful for most people like us," raising the specter of job discrimination experienced my many Amerasians. Marvin admitted he occasionally passed his time in idleness imagining meeting his father, an Anglo U.S. marine stationed at Subic naval base in Olongapo. The Idaho state enlistee met his mother when she worked as a dancer at a red light district nightspot in Olongapo catering to Seventh Fleet navy men and marines on leave. Marvin was attracted to the PCFA outreach program based on opportunities to talk with other Amerasians and the group's effort to help Amerasians immigrate to the states and unite with their stateside families. Grimacing, and sometimes with a look of disgust on his face, Marvin spent some time describing thoughts of his father and speculating over his current whereabouts.

But he confessed it's hard to imagine what his father even looked like "because I've never seen him; I've never seen a picture." This being the case, he relied on what his mother told him which was very little, an informational deficit condition about paternal figures many in the sample also verified. "It is almost as if my poppa was in a war got injured. My mother's experience with poppa was kind of like combat. It is something she does not talk about," he mournfully observed, slowly shaking his head and casting his eyes downward.

Experience with Amerasian Stigma

Clearly, Marvin experienced conflicted thoughts of his father, equally conflicted and aggravating as gnawing memories of growing up from when he recalled many times being victimized by physical attacks, shoving incidents, name-calling and incessant teasing from classmates, neighbors and street people. These incidents occurred despite his being Anglo and holding an advantage over the African Amerasians he befriended in school or elsewhere. "They've (Africans) have definitely had it much worse than the Whites...treated harshly, like basura (garbage), no question," an observation also voiced or alluded to by most other interviewees in the sample, African or Anglo.

"As Amerasians go they are despised for their skin color, the Blacks especially, and also because their mother is prostitute [*sic*], who was kept or just tossed away by an American troop, and thirdly because most of us are broke. I feel that way myself personally all these times [*sic*]," he related.

Labeled "tisoy" or Anglo boy, "singaw," or alien, and Amerkanong hilaw," or half-breed at school, social events, on the street, at work or even from boisterous kidding around with his Filipino friends, Marvin learned to deal with his hurt by socially isolating or insulating himself and protecting his emotions and damaged self-esteem. These defense mechanisms along with the fantasizing and day dreaming enable him to function, despite

heavy migraine type headaches, aches and pains of unknown origin and other assorted somatic complaints voiced by 10 participants in the sample . "I admit it; I feel hurt," he stammered at one point in the interview, eyes welling with tears.

Mental Health Profile

DASS-21 composite emotional state Z-score: 1.29 moderate

DASS-21 raw measurement scale scores show: (a) 16, severe anxiety (96% percentile), (b) 14, low moderate depression (88%), and (c) 14, borderline mild stress (78%). On the DASS-21 items questionnaire Marvin self-reported that he almost always thought he wasn't worth much as a person and frequently found it very hard to relax. He also sometimes felt so anxious he was conscious of his heart beating despite any exertion of physical activity. These feelings, coupled with assertions that he often felt scared without good reason, worried about situations where he might panic and make a fool of himself, or often felt very close to panicking, indicated signs or symptoms of acute anxiety or distress disorder, or possibly PTSD. Moreover, Marvin 's apparent self-medication through self-reported abuse of alcohol, drug, and dependency on shabu, a highly addictive amphetamine derivative, can only aggravate an already anxiety plagued and fragile state of mind.

Psychosocial risk and stress factor total: (13)

Physical risk factors: Loss of father, high poverty, homelessness, high school dropout, history of unemployment, alcohol/drug abuse and dependency, low medical and mental health access, victim and witness to violence.

Mental stress factors: Intense name-calling, witness to bi-racial stress and discrimination, social isolation and low social desirability, excessive school absences and tardiness.

Psychological Themes

Expressed lingering pain, hurt and shame extending into maturing adulthood over the abandonment and loss of his father. Told of stigmatization trauma, discrimination and poverty resulting, in part, to his struggling through high school and not being able to find a steady job. These setbacks contributed to feelings of loneliness and alienation and development of alcohol and drug dependency.

Samuel

Homeless, economically destitute and socially isolated for most of his life, Samuel was given away to his tita (aunt) to raise by his Filipina bar entertainer mother a few years after he was born. With less than a full elementary school education, he worked as a vehicle driver attempting to support his small family of two children, including a two month old baby and common law wife.

Whereabouts of Natural Father

Samuel never got to know his Michigan born African and Hispanic air force dad who was stationed at Clark during the waning days of the Vietnam War. Samuel's mother never told him much about his father's origins or whereabouts, which he later learned of in a casual conversation with a female cousin.

Words like "pain," "sad," "lonely," and "unhappy" and "inferiority" voiced with flat affect during his interview reflected a clear sense of Samuel's low mood and pronounced alienation. Tears fell from his eyes, while talking about repeated but unsuccessful attempts to locate his father through the Internet, whom he believed still lived in the Midwest.

Family Profile/Circumstances

In addition to English and Tagalog, Samuel speaks Waray and Cebuano, two of dozens of local dialects spoken throughout the island nation. Waray is the distinctive language and dialect of Samar. One of the poorest and most remote large islands in the Philippine archipelago, typhoon prone Samar lies 300 miles southeast of central Luzon.

Samuel said his mother gave him to his aunt for "economic reasons." But a better life was not to be. He survived under mostly squalid, unsafe, squatter conditions in Samar, often moving from one homeless nipa grass shack to another.

At the age of eight he toiled for many months, 12 or more hours a day, as a child laborer harvesting coconuts, jackfruit, mangoes and other agricultural crops alongside his grandfather. When he was able to get to class he enjoyed elementary school, but because the family was always on the move Samuel missed a lot of classes and never got any further than the fifth grade. His natural mother, with whom he had infrequent and usually painful contact over the years, died a few years ago.

Stalled in life because of lack of education and training for a steady and stable wage earning occupation Samuel basically wandered from job to job when he could find work: day laborer, handyman, fisher, construction and farm worker. His job as a driver brings him PHP$9000, or about US$200 a month, which edges his household of three dependents: a common law wife and two children (ages seven and two months) close to the World Bank's real or destitute poverty level.

While Samuel encountered, endured and struggled with socioeconomic travail, he may not have rationalized the connection of his personal poverty to the inequities of the system. He did not appear to be conscious of his marginality as an Amerasian progeny. "I think it (being Amerasian) may have had something to do with being not very well off, but there are many Filipino natives with low living situations also," he observed.

Experience with Amerasian Stigma

Though darker skinned, Samuel rarely experienced the common name-calling or inflammatory teasing universally reported by all African and most Anglo Amerasian interviewees. "I think I am lucky. I escape because my face *[sic]* - though it is darker than most – also looks Filipino" he observed, touching his face which is brown, but olive tinged.

Possibly, Samuel has also avoided or eluded some of the usual outward rejection common to many African Amerasians because of Hispanic or Mestizo-like facial features, characteristic deemed culturally attractive among performers in the Filipino film industry. He seemed to think so. Nevertheless, Samuel said, it was always "insulting to be considered half-baked; that's the word they use 'half-baked'" when describing his Amerasian experience. While he has experienced no personal name-calling or incidents of discriminatory behavior directed against him, Samuel acknowledged he has witnessed other Amerasians, both Africans and Anglos, treated disparagingly.

Mental Health Profile

DASS-21 composite emotional state Z-score: 0.73 mild

DASS-21 raw measurement scores show 24, severe depression (97% percentile); anxiety, 4, and stress, 8, are both normal. Given Samuel's highly elevated depression score and depressive signs exhibited during the interview including voiced strong admissions of sadness, flat affect, a bout of sobbing and periodic manifestations of adhedonia and alogia, Samuel's personal condition at the time of his interview appeared to warrant diagnostic testing for clinical or major depression. Samuel noted on the DASS items questionnaire that he harbored persistent feelings of worthlessness, negativity, lethargy and lack of enthusiasm; conditions he did not also mask during the interview.

Psychosocial risk and stress factor total: (10)

Physical risk factors: Loss of father and mother, high poverty, homelessness, history of unemployment, high school dropout, limited access to medical and mental health services.

Mental stress factors: Witness to bi-racial stress, low self-esteem, social isolation, school absences and tardiness.

Psychological Themes

Expressed manifestations of prolonged and unresolved grief, mourning and shame over the loss and abandonment by both is father and mother. His associates at the PCFA are

assisting him in locating his father and he holds a glimmer of hope for an eventual reunion. Similar to a handful within the sample Samuel expressed enthusiasm and hope over the bonding within the diaspora and its identity with U.S. American cultural values.

Charles

A high school graduate and out in the workplace for a number of years Charles claimed to earn about PHP$60000, or US$1300 per month, as a bartender and waiter at a local luxurious golfing resort – an exceptionable income for a young working man Filipino youth his age and limited education. In part he attributes his bountiful tips to his attractive features, including moderately tanned Anglo skin, rugged Anglo facial looks and stylishly dyed, blonde tipped hair which he said "must go down well" with the mostly wealthy Korean, Japanese and Australian clientele who frequent the vacation spot.

Whereabouts of Natural Father

Charles spent much time fantasizing, and even obsessing over how it would be like to reunite with his father and family back in Texas. When Charles' mother was pregnant with him, his dad, a U.S. air force enlisted man, was reassigned leaving the tiny family to fend for themselves. For two months his mother corresponded by air mail letters with his dad, but after that there was never any contact, an estrangement that remains unchanged to this day.

Charles missed his father very much and has recurring thoughts of one day being united with him and his American family. Indeed, Charles gives off a palpable sense of engaging in a strong defense mechanism of fantasy. He constantly spoke of his father in the present tense, leaving the impression that he knew him very well, appeared to have had recent contact with him, even though it may be the residue of pure sophistry or wishful thinking. The loss of his father, coupled with biracial stress he personally experienced and witnessed occurring to Amerasian friends, led to a long time feelings of low self-esteem and inferiority. These feelings have worked positively in his life, he believes, by always striving to be better than anyone around him.

Experience with Amerasian Stigma

He admitted to witnessing physical attacks by Filipino boys on his Amerasian friends. He was called names such as "Amerkanong hilaw," or fake American, and the derisive "blanco" or "Anglo man." "Could it be they were envious because of my White skin?" he asked. These disturbances caused him to avoid or miss many classes in high school and in his junior year nearly failed some important courses needed for graduation.

Once, he witnessed an African Amerasian shouted out on the street, called a "nigger," and then attacked in gang like, tag team style. "The man did absolutely nothing wrong. I just couldn't believe they would call him (out) like that." He also witnessed another

attack of an eight year old African Amerasian youth shoved, kicked to the curb and spat at by older, teenage Filipino native boys. "They were animals."

For these reasons Charles identified strongly with Amerasians, both Anglo and African, and made an effort to seek them out as friends or social acquaintances. He liked encountering Amerasians, especially Anglos, in the PCFA program. Many in the program consider themselves more American than Filipino Charles said. The Philippine islands are a U.S. American subculture so he and his pals often sought out the same clothing, music, films and video games that mirrored pop American or even British culture. Many of them are fans of actor Will Smith, Britney Spears, Carrie Underwood, Daniel Radcliffe and his famous characterization of Harry Potter, and Jackie Chan's Hollywood made movies.

Sometimes doubting his own self-worth, Charles admitted to obsessing about making a lot of money. Indeed, Charles equated his hard work, financial success and seemingly lucky lot in life as a form of compensation. "I work my butt off. I want to make a lot of money some day. I want to show 'them' that I am worth something."

Mental Health Profile

DASS-21 composite emotional state Z-score: 0.13 normal

DASS-21 raw measurement scores showed 8, mild anxiety (80% percentile); stress, 6, and depression, 8, were normal. Despite relatively benign severity scores Charles self-reported that when he entered puberty and from early high school days he experienced periodic bouts of pronounced depression and anxiety. He said he often felt "depressed, angry and full of tension" Although he could not locate the precise origin of the discomfort, he believed it was definitely linked to his being Amerasian and, in part, due to the name-calling and constant teasing and personally violent attacks he experienced in school, social situations, on the street and sometimes in the workplace. Only when he found a decent paying job, which improved his economic situation, did many of these feelings appear to subside.

Psychosocial risk and stress factor total: (5)

Physical risk factors: Loss of father, personal violence victim.

Mental stress factors: Intense name-calling, witness to bi-racial stress and discrimination , school absences and tardiness.

Psychological Themes

Expressed strong positive identity as an Anglo Amerasian which he attributed to making his life as a waiter and bartender in a high end resort a financial success. Expressed
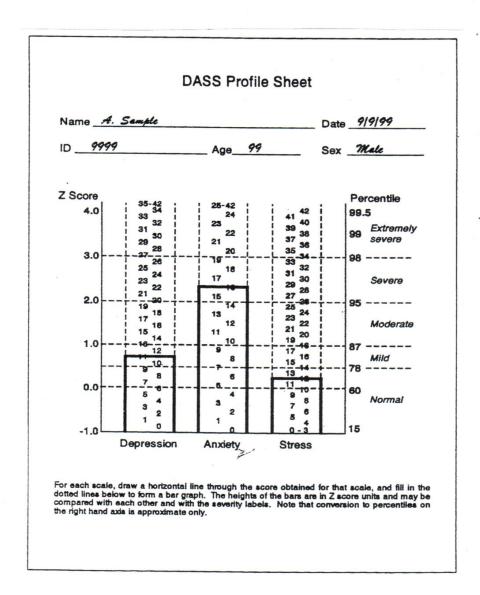
lingering remorse and at times obsessive thoughts and fantasies over being reunited with his father and U.S. American roots. Also showed empathy with and sensitivity to stigmatization trauma and excessive name-calling and violence experienced by both Anglo and particularly African Amerasians.

APPENDIX D: DASS-21 QUESTIONNAIRE

*Code: Date*_____

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on each statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2Applied to me to a considerable degree, or a good part of the time
3Applied to me very much, or most of the time

_____

1 I found it hard to wind down.   0 1 2 3
2. I was aware of dryness of my mouth.   0 1 2 3
3 I couldn't seem to experience any positive feeling at all. 0 1 2 3
4 I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness
 in the absence of physical exertion).   0 1 2 3
5 I found it difficult to work up the initiative to do things. 0 1 2 3
6 I tended to over-react to situations   0 1 2 3
7 I experienced trembling (e.g., in the hands)   0 1 2 3
8 I felt that I was using a lot of nervous energy.   0 1 2 3
9 I was worried about situations in which I might panic and make a fool of myself 0 1 2 3
10 I felt that I had nothing to look forward to   0 1 2 3
11 I found myself getting agitated   0 1 2 3
12 I found it difficult to relax   0 1 2 3
13 I felt down-hearted and blue   0 1 2 3
14 I was intolerant or anything that kept me from getting on with what I was doing 0 1 2 3
15 I felt I was close to panic   0 1 2 3
16 I was unable to become enthusiastic about anything   0 1 2 3
17 I felt I wasn't worth much as a person   0 1 2 3
18 I felt that I was rather touchy   0 1 2 3
19 I was aware of the action of my heart in the absence of physical
 Exertion (e.g., sense of heart rate increase, heart missing a beat) 0 1 2 3
20 I felt scared without any good reason   0 1 2 3
21 I felt that life was meaningless   0 1 2 3

(Lovibond & Lovibond, 1995, pp 24-25). Reprinted with permission of the authors.

APPENDIX E: DASS-21 PROFILE SHEET

This DASS Profile Sheet is used to measure subscales raw scores, determine the Z-Score composite score for overall emotional distress and measure cut-off severity index ratings including percentile conversion severity readings. It

shows a scored profile for a fictitious participant with raw scores of depression, 11, mild severity level; anxiety, 16, severe anxiety, and stress, 12, normal. (Lovibond & Lovibond, 1995, p. 27). Reprinted with permission of the authors.

APPENDIX F: PSYCHOSOCIAL RISK AND STRESS FACTOR CLUSTER SHEET

ID Code_____

 Psychosocial physical risk and mental stress factors potentially affected by stigmatization and discrimination and their relationship to depression, anxiety, and stress (Felsman et al., 1989, 1990; J. D. Hovey & Magana, 2002; Klonoff et al., 1999: Lewinsohn et al., 1994; McKelvey et al., 1992; MeKelvey, Mao, et al., 1993; Vega et al., 1998).

Parenting , social
 support factors

Abandonment_____
Disparate or abusive
Treatment_____
Social
isolation_____
Low social
desirability_____
_____
_____

Educational issues
No formal education
Low educ. Attainment
Days missed/tardiness
Poor grades/held back/truancy

_____
_____

Socio-economic issues
Low income /poverty_____
Homelessness_____
Unemployment_____
No/denied promotion_____

Health issues
Low medical service access

_____

History of illness/ hospitalization

_____

Hypertension_____

Substance Abuse/Addiction

_____

 (alcohol/chemical)

Overt Biracial Stress
Victim of bias
derision/crime_____
 Targeted name-calling

_____

 Low self-esteem/ inferiority

_____

<u>Other</u>
<u>Issues</u>:_____
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APPENDIX G: PSYCHOLOGICAL CATEGORIES AND THEMES CLUSTER SHEET

ID Code_____
 Psychosocial categories and themes to be developed from the semi-structured, open-ended interview instrument. (Anis, 1996)
Category A: Traumatic Life Experiences of Anglo and African Amerasians
 Theme 1:
_____
 Theme 2:
_____
 Theme 3:
_____
 Theme 4:
_____
 Theme 5:
_____

Category B: Psychological Identity
 Theme 1:
_____
 Theme 2:
_____
 Theme 3:
_____

Category C: Intense Abandonment Construct
 Theme 1:
_____
 Theme 2:
_____
 Theme 3:
_____

 Category D: Overt Biracial Stress
 Theme1:_____

 Theme2:_____

 Theme 3:
_____
 Category
E:_____

Theme 1:

_____

Theme 2:

_____

Theme 3:

_____

Category F

_____

Theme 1:

_____

Theme 2:

_____

Theme 3:

_____

APPENDIX H: DASS-21 WORKSHEET

ID Code_____

<u>DASS-21 SEVERITY SCORES & RANGE</u> (e.g., Depression, Severity Score: 35, Range: Moderate)

<u>Depression</u> <u>Anxiety</u> <u>Stress</u>

Psychosocial Physical/Personal Risk Factors: (Gathered from Cluster Sheet)
1.
_____
2._____
3._____
4._____
5._____
6._____

Psychosocial Mental Stress Factors: (Gathered from Risk and Stress Factors Cluster Sheet)
1._____
2._____
3._____
4._____
5._____
6._____

Psychological Categories &Themes: (Gathered from Psychological Themes Cluster Sheet)
1._____
2._____
3._____
4._____
5._____
6._____

Analysis/Summary_____
_____
_____
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APPENDIX I: DASS-21 SEVERITY SCORE AND RISK FACTOR TABLES

Table I1 depicts the relationship between the DASS-21 general emotion distress score, or Z-score , and DASS depression, anxiety, and stress raw score severity ranges and the total number of psychosocial risk and stress factors reported by each of the 8 Anglo Amerasian participants. As the number of identified risk factors increased per individual, core symptomatology severity scores appeared to transparently elevate within the Anglo cohort.

Table I1

DASS-21 Severity Score Ranges With Psychosocial Risk and Stress Factors (Anglo Amerasians)

Pseudonym	Age	Z-score composite	DASS severity score range			Total # risk factors
			Dep	Anx	Str	
Cody	16	1.61/ Mod	16/Mod	18/Sev	16/Mild	(11)
Sunrise	16	1.57/Mod	14/Mod	18/Sev	18/Mod	(11)
Marvin	23	1.29/Mod	14/Mod	16/Sev	14/Mild	(13)
Trisha	16	0.96/Mld	16/Mod	10/Mod	14/Mld	(10)
Robert	15	0.67/Mld	14/Mod	08/ Mld	12/Nor	(8)
Michelle	30	0.38/Nor	6/Nor	8/Mld	14/Mld	(7)
Charles	26	0.13/Nor	8/Nor	8/Mld	6/Nor	(5)
Cara	27	0.05/Nor	6/Nor	0/Nor	6/ Nor	(6)

Note. The Z-Score is a composite score determining general level of emotional distress based on DASS-21 raw score subscales readings. DASS severity score descriptor ranges are based upon raw scores from each of the three scales.

Table I2 depicts the relationship between the DASS-21 general emotion distress score, or Z-score, and DASS depression, anxiety, and stress raw score severity ranges and the total number of psychosocial risk and stress factors reported by each of the 8 African Amerasian participants. Africans as an aggregate demonstrated higher numbers of both risk and stress factors and elevated symptomatology score levels.

Table I2

DASS-21 Severity Score Ranges With Psychosocial Risk and Stress Factors (African Amerasians)

Pseudonym	Age	Z-score composite	DASS severity score range			Total # risk factors
			Dep	Anx	Str	
Aretha	39	2.97/Sev	26/Sev	26/ExSev	24/Mod	(13)
Karen	35	2.43/Sev	20/Sev	26/ExSev	18/Mod	(13)
Mariah	18	2.06/Sev	16Mod	16/Sev	22/Mod	(10)
Jermaine	18	1.70/Mod	06/Nor	24 /ExSev	20/Mod	(8)
Lou	35	1.56/Mod	14/Mod	10/Mod	30/Sev	(13)
Felix	16	1.07/Mod	14/Mod	14/Sev	12/Nor	(13)
Samuel	35	0.71/Mild	24/Sev	04/Nor	08/Nor	(10)
Whitney	17	0.11/Nor	08/Nor	06/Nor	08/Nor	(8)

Note. The Z-Score is a composite score determining general level of emotional distress based on DASS-21 raw score subscales readings. DASS severity score descriptor ranges are based on raw scores from each of the three subscales.

CURRICULUM VITAE

Lt. Col. P.C. "Pete" Kutschera, U.S. Army (Ret.)

Retired - executive service State of New York career public employee; social worker; and public affairs director, Division of Military and Naval Affairs (NYSDMNA), November 11, 2009.

EDUCATION

2010   Ph.D., Walden University, Minneapolis, MN.

2003   M.S.W., State University of New York, Albany, NY.

1976   B.A., College at New Paltz, SUNY.

CAREER EXPERIENCE

2003-2009   Senior Employee Assistance Coordinator and social worker, NYSDMNA.

1986-2003   Director, Public Affairs, NYSDMNA, Chief agency media spokesperson and senior executive providing policy, planning and programmatic oversight for the state and federal agency's $0.5 billion annual budget.

1971-1986   Regional City Editor, Bureau Chief, Reporter, Middletown, NY, *Times Herald-Record*.

MILITARY EXPERIENCE

- Coordinated extensive news media response to call up of New York military forces for Iraq and Afghanistan Wars, 2001, 2003; Sept. 11, 2001, terrorist attack on WTC, New York and *Operation Desert Storm*, Persian Gulf War, 1990-1991.

- Lieutenant Colonel, US Army, after award-winning career as public affairs and personnel administrative officer for U.S. Army, U.S. Army Reserve and New York Army National Guard..

- U.S. Army Sergeant, 29 months of overseas service, U.S. Army – Europe Germany. Voluntary enlistee, awarded direct commission to 2nd Lieutenant while overseas.