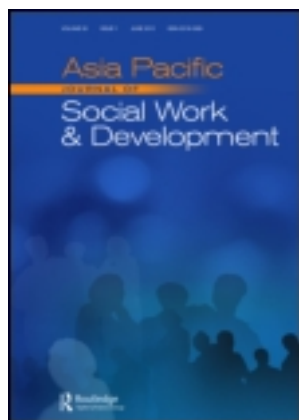


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Somatic illness and psychosocial risk among military Amerasian adolescents and young adults in Luzon, the Philippines

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There are very few empirical mental health studies of military Filipino Amerasians, progeny of United States servicemen and Filipina national mothers abandoned during overseas duty. A preliminary finding in a 3-year, multiple-case study focusing primarily on stigmatization-related psychosocial risk and stress and their relationship to core mental health symptomatology showed elevated prevalence (56%) of somatic illness and probable somatization disorder among the sample ($N = 16$). Somatic complaints were categorized as a mental stress factor in the overall study showing (62.5%) scoring severe levels of anxiety, depression or stress using the Depression, Anxiety Stress Scales (DASS-21). The unexpected presence of somatic illness is noteworthy and with palliative implications for medical and clinical social workers and allied health professionals. Such practitioners are likely to encounter Amerasian clients who apparently number well over 50,000 throughout the archipelago, and treat Amerasians having experienced racial stigmatization and presenting psychosomatic physical ailments possibly masking somatization complications and psychopathological disorder.

Keywords: Filipino Amerasians; somatic illness; stigmatization; psychosocial risk; military prostitution

Introduction

An estimated 50,000 African, Anglo and Hispanic Filipino Amerasian infants, children and adolescents remained in the Philippines following the involuntary withdrawal of permanent US military installations in 1991–92. It is a diaspora-like sub culture with historical roots dating to the Philippine–American War (1899–1902), through World War II and extending to the Cold War Era (1948–1990) and even beyond (Gage, 2007; Gastardo-Conaco & Sobritchea, 1999). Though primarily populating west-central Luzon, and chiefly the locales around the huge former Subic Bay naval base at Olongapo-Zambales and Clark airbase, Angeles City-Pampanga, military mixed-heritage Amerasians are actually scattered throughout the archipelago.

Levi (1993) and Montes (1995) referred to many such enclaves as human vestiges of scores of former and forgotten US military bases, posts and sub-camps. In addition to Luzon, Gastardo-Conaco and Sobritchea (1999), in one of the few empirically based studies on Filipino Amerasians, drew sample participants from Metro Manila, Leyte and Cebu, where the US air force established a bomber base at Mactan Island during the Vietnam American War (1964–75), and the US navy maintained the long-standing Sangley Point naval base at Cavite on Manila Bay (1899–1971).

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The unofficial, unscientific figure of 50,000 Amerasians residing in Luzon and environs was the one most reported and widely accepted when the US flag was finally lowered at Subic naval base on 24 November, 1992 (Levi, 1993; Sturdevant & Stoltzfus, 1992). However, that number may well represent a significant undercount (Enloe, 1989; Kutschera, 2010; Montes, 1995), especially since news media and anecdotal estimates did not include prior-generation or geriatric Amerasians alive at the time. Nor, certainly, did these estimates include second generations of past or recent Amerasian descendants. No, for that matter, did it project a new but comparatively diminutive generation of Filipino Amerasian children born since the inception of the 1999 RP-US Visiting Forces Agreement (VFA). The new VFA opened the Philippines for continuing and expanding Balikatan US-RP joint military training exercises, and the reintroduction of US troops on Philippine soil fighting Muslim insurgents in the US war on terrorism in southern Mindanao (Brookes, 2007; Radics, 2004; Tritten, 2011). Another more recent addition are Amerasian children born to Filipina sex-industry workers in Japan (Okinawa) and South Korea who have mostly replaced Japanese and Korean female entertainers in bars and clubs catering for US servicemen and defense contractors since US bases were forced out in 1992 (Cervantes, 2011; Kutschera & Caputi, 2012).

Parentetic to the historical permanency of established and often isolated Filipino Amerasian enclaves are conditions also experienced by other Pan Amerasian cohorts (e.g. Koreans and Vietnamese): that Amerasians, especially those of African extraction, were often lifelong victims of racial stigmatization and discrimination (Gastardo-Conaco & Sobritchea, 1999; McKelvey, 1999). Such an environment in the Philippines, as in other Southeast and East Asian nation states, seemed to be universally characterized by venal name-calling, verbal harassment and chronic violence. Most often, the derision was over differences in skin colour, facial features, conflicting social demeanor and the suspicion that many mothers of Amerasians were engaged in sex-industry occupations. These conditions often contributed to long-term economic impoverishment, social exclusion and human marginalization of Amerasians (Kutschera, 2010).

Literature review

Stigmatization and psychosocial risk

Filipina mothers of Amerasians came into contact with air force, naval and marine personnel, US civilian government and defense contract workers, either through social relationships or sex-industry liaisons, although empirical demographic studies on such origins are non-existent. A number of researchers and historians (e.g. Kutschera, 2010; Levi, 1993; Montes, 1995; Wolff, 2006) held that many Amerasian children, including those from other Pan Amerasian enclaves inhabiting Okinawa and the main islands of Japan, South Korea, Thailand, Vietnam and the US Territory of Guam, were born as a result, at least in part, of an institutionalized *military prostitution*. It was a structural phenomenon supported or alternately tolerated by US military authorities, with the compliance or connivance of corrupt local officials.

Concomitantly, a handful of US and Filipino researchers (i.e. Gage, 2007; Gastardo-Conaco & Sobritchea, 1999; Levi, 1993) noted the lack of extant socio-economic status (SES), psychosocial and mental health research on low-SES and poverty-marginalized Amerasians. By comparison, Vietnamese Amerasians, of whom an estimated 26,000 were ultimately permitted to emigrate to the US (Lamb, 2009), were extensively researched through well-funded mental health and psychosocial studies in the 1980s and 1990s (Bemak & Chung, 1997; McKelvey, 1999).

Gastardo-Conaco and Sobritchea (1999), in a qualitative study surveying more than 400 Filipino Amerasians, found they were heavily stigmatized and discriminated against, primarily for two reasons: (a) the popularly believed (but empirically untested) hypothesis that the majority of Filipina mothers of Amerasian children were prostituted women; and (b) differing facial, skin colour, physical features, hair texture and personal demeanours among Amerasian offspring which rendered them apart from majority Filipino lowlanders. Africans, the study also found, were particularly held in lower esteem than Anglos.

The literature review also examined relationships between low SES and poverty trauma among Filipino Amerasians and refugees and immigrants (Balgopal, 2000; Potocky-Tripodi, 2002); a history of stigma and discrimination among Eurasians (Stonequist, 1937) which did not address but showed remarkable similarities to the Amerasian condition and stigma and racism's psychological relationship to African Americans (Jackson et al., 1996; Klonoff, Landrine, & Ullman, 1999) and Vietnamese Amerasians (Bemak & Chung, 1997; Felsman, Johnson, Leong, & Felsman, 1989).

Examination of low SES and psychosocial stress and classical stigma formation (e.g. Falk, 2001; Goffman, 1963; Pearlin, 1989, Stonequist, 1937) were also included. Psychosocial risk factors linked to racial stigmatization and discrimination and their impact upon mental health were reviewed among mixed-parentage or minority populations resembling Amerasians including African Americans (Lewinsohn et al., 1994) and Mexican migrants and farm workers (Hovey & Magana, 2002).

Crucially for this study, McKelvey, Mao, and Webb (1992, 1993) and McKelvey, Webb, and Mao (1993) found statistically significant relationships between risk factors and core symptomatology levels, particularly depression; they concluded that the risk factors, especially in multiples, 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 mental disorder.

Somatic illness

While the literature review in the original Filipino Amerasian stigma, psychosocial risk and mental health dissertation study (Kutschera, 2010) concentrated almost exclusively on these issues, the unanticipated finding of a high incidence of somatic complaints in the sample prompted an enhanced literature review on this subject for this article. Allen (2000) held that research literature relating to somatic illness and somatization disorder and specifically its treatment is thin. However, it is generally postulated that standard or classical psychosomatic symptoms have valuable diagnostic implications for underlying mental disorders. These include depression and mood disorder, bipolar disorder, anxiety, and stress-related illness (Johnson, 1994). 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' (Barker, 2003, p. 412).

Fischbein (2011) noted that psychosomatics are routinely described as illnesses in which somatic or physical symptoms are present. However, due to mental trauma they are unrecognized as such by the patient and thus susceptible to misdiagnosis by medical doctors; general practitioners; medical, hospital or clinical social workers; or psychiatric nurses who may be among the first to receive and examine them in a health-care setting. Fischbein characterized psychoanalytical clinical work with somatic patients as multifaceted and complex. 'The heterogeneous "field of psychosomatics" embraces a

group of situations ... ranging from illnesses classically described as psychosomatic to singular or somatic events in which the body is responding to an inability to process conflict adequately at (the) mental level' (p. 197). Somatization is 'a very early and primitive type of psychic defense; the subject evacuates through biological channels increased tension which cannot be processed and is physically unbearable' (p. 204).

Somatization disorder, essentially a form of somatoform disorder, is described in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association [APA], 1994) as presenting an array of repeated, multiple, medically significant descriptions of pain, gastrointestinal and pseudo-neurological symptoms. Generally the complaints are required to begin before the patient turns age 30. Often there is co-occurrence or co-morbidity with other psychological maladies, and in particular anxiety or mood disorders (Lieb, Meinlschmidt, & Araya, 2007).

Methodology

A multiple-case study research design was used to explore impact of stigmatization and discrimination-related psychosocial risk and stress and relationship upon a sample ($N = 16$) of mixed-parentage adolescent and young adult Anglo (White) and African (Black) Amerasians in Angeles City, Pampanga, Luzon, former site of Clark airbase.

Data-gathering instruments, to facilitate participants' answers to questions about how their situations affected their mental health, included a semi-structured, researcher-designed interview guide and the Depression Anxiety Stress Scales (DASS-21) (Lovibond & Lovibond, 1995) measuring depression, anxiety and stress. Data collection, extensive interviews, mental health measurement tests and allied case study research, along with cross-case and within-case analysis of findings, were conducted on a field sample of 16 late adolescents and young adults from 2007 to 2010 (Kutschera, 2010). Four sub-groups were divided into two ranges (ages 16–19 and 20–39) of equal numbers of females and males and Africans and Anglos.

The research site was the Angeles City-based Amerasian outreach programmes of the non-profit Philippine Children's Fund of America (PCFA) and Pearl S. Buck International. The sample was non-clinical (i.e. not in mental health treatment). Selection was by the purposive method to ensure participants had a reasonable likelihood of encountering stigma due to mixed heritage origin of birth and physical features, or to assure qualities believed typical of the study phenomena (Fortune & Reed, 1999). Sample screening surveys and interview questionnaires and the DASS-21 question materials were provided in both English and Tagalog versions and interviewers were available in English and Tagalog fluency; sample participant protections and confidentiality precautions were done with full review and approval by the Walden University, Minneapolis, Minnesota, USA Institutional Review Board in compliance with US Department of Health and Human Services right to privacy requirements.

Findings

Findings relating to the chief focus of the study generally affirmed and provided narrative support for the primary issues raised in the research questions. Such queries attempted to establish linkages or relationships of stigmatization and discrimination to physical or personal risk and mental stress factors self-reported by sample participants. Many participants provided graphic, first-hand reports affecting themselves as individual

Amerasians, or provided eyewitness accounts of stigmatization, discrimination and low-SES marginality that they personally observed among African and Anglo counterparts.

Among the predominant psychological themes and conceptual patterns emanating from the interview schedule were professions of intense abandonment as a result of the father's absence and in several instances abandonment by both natural parents, stigmatized and intense traumatic exposure to prejudice and personal identity conflict, confusion, tension and loss. A total of 82 physical risk factors and 76 mental stress factors, many stigma related, were identified among the sample, starting with the loss of the father's services often from birth, which generally propelled the family household into poverty. Qualitative cross-case and within-case analysis identified similarities and correlations among multiple physical risk factors, including alcohol and drug abuse, poverty and homelessness, lack of access to medical or mental health facilities, and low education attainment. Many mental stress factors were stigma related, including exposure to biracial tension and violence, name-calling, abandonment despair, identity confusion, derivative family strain, diminished self-esteem and social isolation. Over half the sample (62.5%) scored severe levels of anxiety, depression or, to a lesser extent, stress. Higher risk factor and mental health symptomatology scores on the DASS-21 measurement scales were universally elevated for Africans and women in that sequential order.

Additionally, there was a clear co-occurrence among those participants with severe presentations of core mental health symptomatology (anxiety, depression and stress) and multiples of risk and stress factors. Overall, results reflected a general pattern that the greater the number of psychosocial factors, the greater were mean DASS-21 symptomatology (anxiety, depression and stress) scores.

Aggregations of eight or more of these factors appeared to cross a threshold and anxiety and depression climbed precipitously. This level was higher than the risk factor total (five) pegged as the threshold triggering elevated cut-off score for depression and anxiety formulated in the McKelvey et al. (1992, 1993) studies with Vietnamese Amerasians. Significantly, the mean risk factor number total per capita for the Angeles sample was 9.93. Analysis would later show a plausible relationship between these variables beyond the mere co-occurrence of risk factors and higher symptomatology scores, a conclusion borne out by McKelvey et al. (1992, 1993).

Unanticipated somatic illness findings

This article focuses specifically on an unanticipated finding found within the sample, the nine participants (56%) who self-reported somatic complaints or illness. This finding was restricted to minimal mention and analysis in the original dissertation report (Kutschera, 2010), given that the central focus of that research was reserved for analysis of the interaction of stigmatization, psychosocial risk factors, and their impact on core mental health symptomatology. It should be noted that psychosomatic or somatic complaints occurred predominantly in the adolescent (16–19) age category and were dispersed nearly equally among males and females. Representative, abbreviated case study summaries covering six of the nine participants reflecting the findings that follow.

Case study profiles

Sunrise, Anglo adolescent female

The product of a dysfunctional Amerasian family, Sunrise is the daughter of an Anglo US Marine father whom her mother Karen (also interviewed for the sample) met in a honky-

tonk near Subic Bay naval base. Single, unemployed and in late adolescence, Sunrise is representative of a third-generation, 'derivative Amerasian family' (Kutschera, 2010; Kutschera & Sandico-Talamera, 2012, p. 1). Kutschera and Talamera-Sandico (2012) defined derivative Amerasian families as those comprised of children from more than one military serviceman or employee father, often of different racial make-up, and whose Filipina mothers were prostituted women. Such derivative units often span more than two generations. For example, Sunrise's grandfather was an African American airman stationed at Clark who also met her grandmother in an Olongapo nightspot in the late 1960s and fathered her mother Karen. Sunrise was handed off to family members and raised in temporary 'squatter' housing arrangements during her infant and toddler years while her mother Karen performed as a long-time dancer-stripper, cocktail waitress, club-door-greeter and prostitute on the Angeles-Manila-Olongapo sex-industry circuit. Like her grandfather, Sunrise's father abandoned the family and returned stateside to resume his previous life.

Besides the standard brickbats reserved for pale-skinned Anglo Amerasians hurled at her during her school years, Sunrise was also called *kirara*, a slur word also used to describe dark-skinned Aeta children of west-central Luzon. 'Even though I had lighter skin they would do this because my mother is African, and it always angered me severely ... made my stomach sick', she recalled. Sunrise graduated from high school but lacks money to further her education and is jobless. She resides in a cramped, dirty, two-room resettlement hovel with her mother. She also lives with an 8-year-old Anglo half-brother, who was fathered by her mother's former, abusive, live-in Canadian boyfriend; and a fragile, diabetic aunt who also suffers from medically untreated hypertension. The mean household income barely exceeds US\$2.50 per day, or 100 Philippine pesos daily per capita for each family member, the World Bank-configured income limit for extreme poverty. Her mother Karen's sporadic income as a temporary corporate call center operator is the family's primary income source.

Similar to her mother, Sunrise's DASS-21 scores reveal severely elevated levels of anxiety, but comparatively lower moderate depression and borderline moderate stress levels. Sunrise described sometimes hypersensitive reaction to what she describes as 'stressful events'. These occur when recalling her mother's periodic references to her long-gone father or her inability to find work to contribute to family-circle income. During such episodes her physical and mental descriptions resemble the symptoms of panic attack or panic attack onset including heightened anxiety, trembling hands, dry mouth, shivery feelings, trembling and 'feeling jumpy all over'.

Cross-case analysis shows that the anxiety often co-occurred with similar psychosomatic complaints and symptoms reported by the nine other sample participants. Sunrise's discomfort also included sometimes daily and persistent headaches, upset stomach, intestinal and gaseous discomfort, diarrhea with symptoms of irritable bowel syndrome, extended menstruation and general physical discomfort of unexplained origin, many symptoms also reported by participants exhibiting DSM-IV criteria for diagnosis of somatization disorder.

Mariah, African adolescent female

A thin-framed, teenage asthmatic souvenir vendor, Mariah is one-half Aeta. She is an ebony-skinned daughter of the largely marginalized, indigenous people of the west-central Luzon mountains. Her African American father was a Clark airbase NCO whom she had never seen; her mother met her father at the airbase where she worked in the laundry.

Mariah missed her absent father terribly, especially around the holidays and her birthday. The teenager was one of the few among the sample who actually has some tangible communication with her father. The sporadic contact was often through an occasional email or mobile phone text message exchange. She tended to become tense and admitted to anxiously overreacting when her father did not return her well-thought-out message initiatives.

Mariah earned the equivalent of PHP1200, or about US\$25.00 per week on her menial job and contributed dutifully to the family's dire poverty level situation. Her family – a teenage sister and two brothers, her mother and stepfather (a pastor) – lived on a bare hand-to-mouth existence in an isolated mountain hamlet on the rural west end of the Clark Development Zone. Despite intense social exclusion and severe name-calling at school, and even more intense name-calling and harassment on the street because of her very dark skin and pronounced African facial features, Mariah graduated from high school. She managed intermittently to attend community college. 'I've been told my skin is so black the chance to ever find a job will be hard.'

Mariah's DASS-21 scores indicated she had severe anxiety cut-off levels and also reflected moderate levels of depression and stress. She self-reported 10 psychosocial physical risk and stress factors. Cross-case analysis showed this number to be one above the mean for the sample. These negative factors ranged from high poverty, housing insecurity and low access to health services to low social desirability and excessive school absences and tardiness. In addition to self-reports of intermittent panic attacks, Mariah's somatic complaints consisted of persistent and painful migraine headaches, sudden unexplained onsets of indigestion, diarrhoea, fever, occasional insomnia and unexplained fatigue. Mariah's high anxiety scores, the stark character of somatic complaints and past occurrences of panic attacks reported at the time of interview were highly indicative of some undiagnosed mental disorder. The possibilities include fully fledged somatization, and/or possibly an acute anxiety or distress disorder. These conditions were likely to worsen, given that she was reluctant to seek professional help because of low family income and limited access to community mental health services.

Cody, Anglo adolescent male

Cody is a gay male teenager who believed he was the target of two forms of persistent stigmatization: being Amerasian and homosexual. Cody dropped out of high school, which he predicted at the time of his interview he would probably do. Instead of studying, he said he preferred to devote himself to cybersex work, which he conducted sometimes in conjunction with his African American cross-dresser friend, Jermaine, another sample participant. Cody lived in a materially deprived household with his biological Filipina mother and stepfather (a taxi driver), two stepbrothers, a stepsister and a natural sister. One of his sisters is also Amerasian, but Cody is reluctant to talk about that part of family life in any detail. Cody's mother met his father, an Anglo US military serviceman about whom he knows little about, at a nightclub. He was not sure what military branch his father actually served in.

Visibly tense, perspiring, and at times speaking haltingly during his interview, Cody, like Jermaine, is also a provocative cross-dresser. Attired in women's form fitting blouse and slacks, replete with cosmetic make-up and stylish coiffure, Cody related that he was into a 'discovery phase', and not sure whether his current behavior would blossom into permanent transgender identity.

Cross-case analysis showed that in addition to scoring severe anxiety levels on the DASS-21, among the highest for anxiety in the sample, Cody also registered low moderate depression and mild stress on the measurement scales. His somatic complaints included an abnormal number of periodic painful headaches, intestinal and stomach discomforts, nausea and insomnia. He said he also often found it hard to sleep after making the rounds at some of Angeles City's night haunts, sometimes resorting to alcohol and drug use to liven the scene. 'I get both nervous and excited when I think about what can go both right and very wrong with what I'm trying to do' was one of several obsessive, insecure remarks Cody made during the interview, about his sexual preferences and behaviour.

Aretha, African adult female

Aretha's natural Filipina mother met her father at Clark airbase, where her mother was classified as a Philippine 'local economy hire' employee. But her real mother was never a part of Aretha's life, leaving her while she was an infant. Her Filipina stepmother, whom she detested, was the 'dominant figure' in her formative years. She married her father when Aretha was barely out of the cradle. When her father, a retired African American US air force master sergeant whom she loved dearly died in the Philippines, Aretha had grown to late childhood. She, therefore, is one of the few among the sample who lost her father through death rather than the act of abandonment or estrangement.

That measure of paternal stability notwithstanding, Aretha's life was generally a troubled odyssey. Mired in family dysfunction including confrontations and verbal and physical abuse from her stepmother, her teenage and early adult years included periods of wandering and homelessness. There was also a series of unsatisfying, low-paying jobs and promotion denials for an otherwise articulate woman with a limited college education. Now single, in her late thirties, with no children and often coupled with lesbian live-in partners, Aretha toiled at a variety of jobs over the years including messenger, office assistant, custodian and data recorder. Once she even tried being a police informer, which involved narcotics undercover work. Tossed out of the house at age 17 by her widowed stepmother, she had no place to go and lived on the street for a year. That meant pawning her belongings, sleeping in alleys, using cardboard appliance boxes for shelter, especially during typhoon and wet seasons, and alternately begging or scavenging for food.

Aretha self-reported 13 psychosocial risk and stress factors which cross-case analysis showed was significantly above the sample mean (9.93). In addition to the aforementioned conditions, her other risk factors included low medical and mental health care access, victim of intense name-calling and victim of verbal and physical harassment at school and on the street, well into adulthood. She recalled being called names like slave, nigger, black hole, fat lips and *mustafia* or unsightly person. She also reported periods of intense social isolation and low self-esteem.

Somatic complaints included unexplained migraine outbreaks, insomnia, general body aches and pain, acute and persistent back and joint pains and numbness of fingers, hands and feet. On the DASS-21 items questionnaire she self-reported feeling scared most of the time without plausible reason, occasional dryness of the mouth and difficulty breathing, clear signs of anxiety. Cross-case analysis of DASS scores showed extremely high levels of anxiety, high severe depression and high moderate stress, making Aretha one of the most vulnerable candidates for mental disorder diagnosis among the sample. She presented the basis for a variety of potential diagnoses including chronic depression, acute anxiety or post-traumatic stress disorder, schizophrenia, or possible psychosis.

Marvin, Anglo adult male

An unemployed, socially isolated, single Anglo Amerasian labourer in his early twenties, and an admitted alcohol and drug abuser, Marvin lived with his natural Filipina mother in impoverished barrio poverty in Angeles City. His tiny family circle survived primarily on subsistence income from a small sari-sari hut. Income from the little roadside convenience store earned between PHP 5000 to 9200, or US\$115 to US\$200 per month, depending on gross sales receipts. Marvin admitted he often passed his time in idleness, fantasizing about meeting his long-departed father, a US marine stationed at Subic Bay naval base. Marvin's Idaho state-born enlisted father met his mother when she worked as a 'bar fine' dancer at a club outside the base catering to US Seventh Fleet navy men and marines on shore leave. 'My mom's life with Poppa was kind of like combat', Marvin mused. 'It is something she just doesn't talk about.'

An Anglo Amerasian who was less a target of vicious name-calling and harassment than his African counterparts, Marvin recalled victimization through physical attacks, shoving incidents, name-calling and incessant teasing from classmates, hostile neighbors and street people. He was called *tisoy* or 'Anglo boy', *singaw*, or alien, and *Amerkanong hilaw* or half-breed at school, neighborhood fiestas, on the street, at work, or even during normal interaction with Filipino pals. Marvin learned to steel himself from the hurt by socially isolating himself. 'They've [Africans] have definitely had it much worse than the Whites ... treated badly, like basura [garbage] or azkals [street dogs] ... but we're not far behind.'

Self-reporting a total of 13 psychosocial physical risk and mental stress factors, his list also includes such issues as a history of homelessness and housing insecurity, low medical and mental health care service access, low social desirability and excessive school absences and tardiness. DASS-21 measurement scores show severe anxiety, low moderate depression and mild stress levels.

Somatic issues included persistent and repeated migraine-type headaches and sharp back and leg pains; there were also periodic unexplained onsets of diarrhea or irritable bowel syndrome symptoms. They also included occasional fever, generalized aches and pains, unexplained feelings of uneasiness, and presenting a feeling of just not being well, physically and mentally. Marvin also self-reported that he almost always thought he was not worth much as a person and had feelings of low self-esteem; frequently he found it hard to relax. Sometimes he felt so anxious that he became conscious of his heart beating quickly despite any exertion or physical activity. Cross-case analysis with similarly situated sample participants placed Marvin in the category of a likely candidate for somatic disorder and generalized or acute anxiety disorder, among other possibilities

Felix, African adolescent male

A wiry, jobless African Amerasian high school dropout, Felix lived in a ramshackle, two-room ground-floor apartment in the EPZA resettlement district in east Angeles with his 12-year-old half-sister, herself of Anglo Amerasian origin. Cross-case analysis showed that the pair, like 7 members of other households in the 16-participants sample, were the offspring of a 'derivative', mixed-race family construct. Both Felix and his sister were not exactly sure whether their fathers were US American servicemen, government civilian employees, or military contractors.

Felix never met his father, and his mother – who he thinks used to be a bar hostess, dancer and part-time prostitute – never really supported him during the brief, infrequent times they lived together. When not sleeping at home with a local couple who informally adopted him and his sister a few years back, Felix spends most of his days hanging around

the street, carousing with friends, or chatting with neighbors in front of the family's tiny food stall attached to the side of the house.

Sometimes this socially isolated teenager with low self-esteem would venture from home, selling cigarettes, chewing gum and playing cards showing pornographic images along one of the city's traffic-congested boulevards. Unsure of his father's identity, and conflicted over his own, Felix would sometimes act out at night by becoming as inebriated as he could; it was his way of escaping such recurring and invasive thoughts. During neighborhood fiesta nights he would binge drink by downing cheap 25 peso (or US 55 cents) pints of local 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 Shaba, a local form of highly powerful and sometimes lethal crystal methamphetamine. 'I get high. I guess it help (sic) me dull the pain. I guess you could call me (a) throwaway kid', he smiled through a mouth of missing teeth.

DASS-21 scores show Felix struggles with borderline severe anxiety and moderate depression. He complained of anxiety, worries and insecure feelings over gloomy employment prospects and past family hurts. Cross-case analysis revealed that he amassed a total of 12 psychosocial risk and stress factors, among the highest number of any sample participant. Especially painful was stigma and harassment from his days as a dark-skinned Amerasian arriving at grade school and finding he was unwelcome. A sense of physical and mental uneasiness seems to 'come out from many places', he related.

Among a host of psychosomatic symptoms, Felix said he often encountered a general feeling of physical discomfort, insomnia, nervous energy, back pain, acute tension headaches and episodic gaseous intestinal pain. In addition to exhibiting symptoms of an undiagnosed general anxiety disorder. Felix also reported PTSD-like or Acute Anxiety Disorder symptoms on the DASS-21 items questionnaire; such identifiable symptoms included occasional flashbacks to unpleasant memories, trembling in stressful situations, worrying about situations in which he might panic, or having unreasonable fears he was actually going to panic. Others included the so-called startle effect, or jerking suddenly when some normal occurrence reminded him of something unpleasant, insomnia and nightmares.

Analysis

Both cross-case and within-case analysis demonstrated the occurrence and similarity of self-reported somatic symptoms among the nine participants and strongly indicates the likelihood of at least several diagnoses of somatization disorder. Numerous participants reported multiple numbers of symptoms to amply meet current DSM-IV-TR criteria for somatization disorder diagnosis. These include pain from at least four different sites in the body, two or more gastrointestinal problems and one pseudo neurological symptom, a history of somatic complaints over several years, starting at under age 30, and complaints not believed to be faked or unfounded (APA, 2000).

The unanticipated finding regarding the high number of somatic complaints in the original dissertation study (Kutschera, 2010), while basically preliminary in substance, at the time prompted notation and very brief analysis in the main study discussion and conclusions section of the study. Also noted were the frequency and relatively even distribution of the illness among the nine study participants (five African and four Anglo Amerasians) (Kutschera, 2010, p. 133). Cross-case analysis further determined the prevalence of complaints were also spread more densely among sample participants with above mean total numbers (9.93) of psychosocial physical risk and mental health stress

factors, and who simultaneously exhibited more elevated levels of core mental health symptomatology (anxiety, depression, stress). Such an observation clearly comports with Lieb, Meinschmidt, and Araya (2007) who held that somatic illness has a tendency to co-occur with other psychological maladies, specifically anxiety or mood (i.e. depression) disorders. The previous finding of propensity for such co-morbidity lends creditability to findings in the Angeles Amerasian study which found similar results.

Moreover, the physical risk and mental stress factors identified by six participants chosen to represent typical case profile findings show direct connection to episodes of stigmatization and discrimination. To a person, Sunrise, Trisha, Aretha, Cody, Marvin and Felix described personal experiences or observed incidents of racial stigmatization, discrimination, name-calling, employment opportunity bias, loss of the father's economic support, or other trauma provoking episodes influencing all or part of their risk-factor repertoire.

The Angeles sample reported many somatic complaints most typically observed in medical or mental health treatment settings by hospital and clinical social workers or primary care medical practitioners. The most commonly reported somatic complaints generally range from brief duration to severe 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 (Johnson, 2004)

The nine participants professing somatic ailments in the study reported a broader and deeper array of chronic somatic complaints than those generally presenting in typical cases. Complaints covered a wide range of physical ailments, ranging from upset stomach, intestinal disorder and gaseous discomfort to diarrhoea, irritable bowel, and dehydration. Headache ranges covered the gamut from normal occurrences to highly severe migraine and from sudden onset to harrowing levels of high intensity and long duration. Other complaints dealt with physical pain of unexplained origins, general feelings of not feeling well, or having ache-all-over feelings. Still others included fever; lower back, neck and joint pains; numbness of fingers, hands and feet; unexplained fatigue and insomnia; symptoms of irritable bowel syndrome; digestive and intestinal ailments; diarrhoea; and, in at least one case, extended menstrual periods.

Six of nine participants reporting somatic illness also recorded severe – and, in two instances, very severe – anxiety scores on the DASS-21; all nine recorded elevated anxiety scores when less intense, low-to-moderate anxiety level readings were factored in. Seven of nine participants also recorded generally elevated levels of depression ranging from low moderate to severe readings. Stress measurement scores were generally normal. Significantly, cross-case analysis revealed that eight of the nine participants reporting somatic illness also disclosed personal risk or mental stress factors in excess of the 9.93 mean recorded for the sample. The risk factor totals in this cohort ranged from 10 to as high as 13 factors each.

Notably, when compared to the remaining seven participants in the sample, those participants presenting somatic complaints and illness also self-reported much higher numbers of personal risk and mental stress factors, and tested with greater severity for anxiety and stress on the DASS-21 measurement scales. The majority of the remaining seven participants within the sample overall generally reported lower frequency of physical risk and mental stress factors and lower elevated DASS-21 symptomatology scores.

In Kutschera (2010) and others from the Vietnam Amerasian era (e.g. Bemak & Chung, 1997; McKelvey et al., 1992, 1993), somatic complaints and illness were often included under the categorization of psychosocial risk as mental stress factors. Inclusion under this category was, in part, because psychosomatics or somatic occurrences, and their presumed

relationship to stressful environmental conditions or mental trauma, are physical illnesses that are often thought to break out on the basis of psychic and stress-induced conflict (Fischbein, 2011). Normally, however, somatization or the suspicion of somatic illness is not a physical risk or mental stress factor in the psychiatrist's, clinical psychologist or clinical social worker's multi-axial diagnostic assessment procedure. Under prescribed DSM-IV clinical diagnostic procedures (APA, 1994), somatic complaints would classify for somatization disorder diagnosis under an Axis I designation as a clinical disorder. Somatic complaints per se would not, however, necessarily classify as an 'Axis IV: Psychosocial and Environmental Problem (PEP)' (Munson, 2002, p. 186), which provided the primary basis for many of the physical risk and mental stress factors described and identified in this study.

Conclusion

The presentation of markedly elevated levels of anxiety and depression derived from the DASS-21 scales, combined with an unexpected but nevertheless significant finding of high somatic manifestations, suggest potentially near and long-term mental health problems for Filipino Amerasians. Overall, this research clearly established the presence of core pathological symptomatology (depression and anxiety) as well as clear presence of psychosomatic illness. These conditions occurred in a small sample of Amerasians admitting they had been stigmatized and discriminated against primarily because of mixed-parentage, biracial origins. However, the overall mental health findings and the specific results relating to somatic disorder symptoms realistically suggest these are preliminary or pilot findings and in need of a great depth of continuing and aggressive evidence-based, empirical research.

Notably, the co-occurrence of somatic complaints or tentative somatization disorder diagnosis with confirming evidence of high moderate to severe anxiety and depression comports with clinical doctrine that co-morbidity may well exist with other psychopathological disorders, most prominently mood or anxiety disorders (Lieb et al., 2007). Both these features were found among a majority of the sample. Such a finding lends creditability and substance to this small study's overall findings and presents noteworthy and palliative implications for Amerasians' mental health. However, more extensive research is clearly needed to establish the broader generalizability of these mental health findings, and to essentially chart their true meaning for general and clinical social work practice with Amerasians.

Larger samples of the magnitude of 150–170 participants employed in the Vietnamese Amerasian refugee studies (McKelvey et al., 1992, 1993), or the 443 Filipino Amerasians selected for the Gastardo-Conaco and Sobritchea (1999) quantitative analysis, would be in order. They and ensuing psychological health studies are needed to definitively confirm or dispel persistent anecdotal claims and reports of a highly SES marginalized and mentally at-risk population residing in the Philippines two decades after the closure of permanent US military bases. Further clinical research is also needed to clarify the relationship between stigma-related psychosocial stress and elevated depression and anxiety and what impact somatic illness or the presence of psychosomatic disorder has in such an equation.

Ultimately, the necessity for fresh research among military Filipino and Pan Amerasians takes on contemporary significance, given the continued forward deployment of U.S. military servicemen and defense contract support personnel and bases in the Western Pacific Basin, East and Southeast Asia, and, more recently, parts of Central Asia including Afghanistan. With these continued deployments comes the possible likelihood of more at-risk Pan Amerasian enclaves emerging in the region in the near and mid-term future.

Broader social change implications include the need for more emphasis by the US Departments of State and defense on preventing negative consequences for local inhabitants and their children conceived with US servicemen and particularly private contractor personnel. Moreover, rules already in place under the US Uniform Code of Military Justice need to be aggressively enforced as they relate to restrictions on troop and military service member fraternization with foreign national women in areas of assignment.

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