

Coping Resources for Distress and Well-Being of Filipino Catholic Migrants in Taiwan: An Incremental Validity Analysis

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Globalization has led to a rapid increase in migration, placing an extraordinary stress on the migrants and their families, which may give rise to comparable increases in all types of mental illness. Mental health problems or distress for migrants result from a complex interplay between biological, psychological, social and environmental factors. One group of people that have been migrating in great numbers are the Filipinos. Currently, Taiwan has about 94,892 migrant workers from the Philippines. Research indicated that the coping styles of Filipinos, nested in a collectivist culture, may not always work in other settings. Religion and prayer are generally used by the Filipino migrants to cope with distress. This study, therefore, used the data from 378 participants and employed incremental validity analysis to look at the significance of psycho-social and religious-spiritual coping resources in buffering mental distress and promoting well-being of the Filipino Catholic migrants in Taiwan. After controlling for the relevant demographics in the hierarchical regression analyses, the subsequent steps indicated that Mastery in Step 2, Social Connectedness in Step 3, Positive Religious Coping in Step 4, and finally Spiritual Meaning in Step 5 significantly predicted both distress and well-being. Although entered in Step 4 and Step 5 of the regression equation, both Religious Coping and Spiritual Meaning, respectively, made a significant incremental contribution to coping with distress and promoting well-being. These significant results suggest that the individuals and church communities, social welfare organizations and policy makers on migrant issues should take into consideration the psycho-social and religious-spiritual resources that help the migrants cope with distress and promote well-being.

Keywords: *Coping Resources, Distress, Migrants, Well-being.*

Introduction

Although human beings have moved from place to place since time immemorial, recent globalization has led to a significant increase in migration. People are now moving further, faster and in greater numbers than ever before. The reasons for and the duration of these migrations put extraordinary stress on individuals and their families, which in turn may give rise to comparable increases in all types of mental illness across all migrant groups (Bhugra and Jones 2010, Kelly 2010). In fact, the migration process itself is usually stressful, involving both

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macro and micro factors. The macro factors include the preparation that migrants undertake; their experience of acceptance by the new host community, and the process of migration itself that plays a role in the origin of subsequent mental disorders. The micro factors include migrants' personality traits, psychological robustness, cultural identity, and the social support and acceptance in their own ethnic group (Bhugra and Jones 2010).

In general, the particular challenges that the migrants face in a host country are diminished social support, confinement in detention centers, enforced dispersal (Kelly 2010), perceived or ongoing discrimination (Kelly 2010, Mak and Nesdale 2001), social stigma (Harvey 2001, Wang et al. 2010), adjustment problems, post-traumatic stress disorder, depression, and increased rates of other mental illnesses (see Kelly 2010, Sanchez and Gaw 2007). Murakami (2009) listed some stress factors on the cross-cultural workplace as adaptation to an unfamiliar culture and lifestyle, heavy workload, communication problems, different sense of values and way of thinking, and lack of social support and trusting environment.

Given this general phenomena of globalization, this research paper attempted to specifically investigate the coping resources of the Filipino migrant workers in Taiwan. Given that the Filipinos are strongly nested in a collectivist culture and deeply embrace their religion, this study looked at the significance of psychosocial and religious-spiritual coping resources in buffering mental distress and promoting well-being of the Filipino Catholic migrants in Taiwan.

The Filipino Migrants

Filipinos' Culture of Migration

In the age of the emergence of globalization and the borderless world, the dynamics of world economy and trade have become interdependent, greatly reflecting a country's economic development. One of the consequences of this process of globalization is the increasing spatial mobility of people, which manifests in the growing number of migrant workers from developing countries seeking employment in the developed countries (Estrada 2015).

One group of people that have been migrating in great numbers and for various reasons is the Filipinos (Tabuga 2018). The International Organization for Migration (IOM 2013) reported that the overseas employment for the Filipinos, which was launched in an organized system during the oil crisis of the early 1970s, has become for many the most promising venue out of dismal local alternatives. Thus, a culture of migration has begun in the Philippines.

Cohen and Sirkeci (2011) said that the culture of migration pertains to cultural beliefs and social patterns that influence people to move. In the Philippines, such patterns are constantly and implicitly encouraged by the government. Millions of Filipinos, who reside or work abroad, significantly contribute to the Philippine economy by way of foreign remittances, making them heroes. In fact, the government recently minted a new five-peso coin as a tribute to the apparent heroism of the overseas Filipino workers, with the words "new heroes"

prominently displayed under visual representations of migrant worker's various professions. Such a move by the government appears to promote labor migration as something noble and heroic, which in turn, may only make working abroad all the more enticing to the Filipinos (Estrada 2015).

Besides North America and Australia, and the Gulf countries, other destinations in Asia, in particular Singapore, Hong Kong, South Korea and Taiwan have become major destinations for the Filipino workers, particularly domestic helpers and factory workers. By the end of 2002, there were 48,203 Filipino migrant workers in Taiwan. But, by the end of September, 2017, there were 115,948 migrant workers from the Philippines (Ministry of Labor 2017). A report in Taipei Times (2015) indicated that, in general, the Filipino workers have a preference for working in factories, because they can expect regular working hours, holidays, pay raises and extra pay for overtime. Fewer workers seeking jobs as caregivers or household helpers go overseas, partly because some foreign nations have not provided adequate regulations to protect the welfare of such workers. However, there is still demand for the Filipino caregivers and household helpers in Taiwan. The health ministry estimates that there is a shortage of about 40,000 caregivers in Taiwan in the near future.

Migration and Mental Health

During their employment, migrants experience many forms of hardships and distress. In fact, the report by the International Labour Organization (2012) indicates that, as a consequence of the globalization and the changing migration policies, the number of migrant workers experiencing stress and adverse effects on their well-being have been on the increase. Migrant's mental health problems are the result of a complex interplay between biological, psychological, social and environmental factors. Van der Ham et al. (2014a) suggested that although that the migration in itself is the cause of the migrants' problems, it is also the negligence of the migrants' sources of strength, survival strategies, and coping mechanisms that help them to adapt and change. Further, Ujano-Batangan (2011) reported that there is a lack of sufficient knowledge about the health of migrants. In the past, international healthcare focused on the containment of infectious disease transmission. Emphasis was on testing the health of migrants. The general health and well-being of migrants itself, however, was not the focus of attention. Receiving countries have not been investing in proper monitoring of health, let alone mental health and well-being of the migrants.

Studies have shown that stressful experiences that migrants experience may increase their vulnerability to diseases and mental health problems. Migrant workers, including the Filipinos, usually experience various forms of stress-related health issues, including psychological problems. Issues frequently investigated by various studies that cause stress to the migrant workers include poor working conditions, irregular nature of work, marital and relationship problems, worrying about children at home, loneliness, homesickness, and physical and emotional abuse by the employers (see Ahonen et al. 2010, Holroyd et al. 2001, Lau et al. 2009, Nakonz and Shik 2009, van der Ham et al. 2014a, 2014b, Zahid et al. 2003).

Ujano-Batangan (2011) summarized that among the Filipinos, the psychological manifestations of stress include feeling sad and angry, nervousness and anxiety, low self-worth, lack of motivation and energy, feeling that one is not in control of one's feelings and behaviors, and an inability to sleep. Ujano-Batangan indicated the importance of highlighting the fact that there were participants, even if the number was quite small (6.6%), who had suicidal ideation. The majority of the participants who reported this ideation were employed in the Middle Eastern (such as Saudi Arabia, the UAE) and Far Eastern countries, including Taiwan.

Migrants' Mental Health and Coping Resources

As the literature indicates, migrant workers go through lots of stress and various psychological problems; however, not much is reported about the factors that help to reduce or cope with stress and mental health issues among the migrant workers (van der Ham et al. 2014a). Moreover, when discussing and investigating about the coping or protective factors in the midst of stress or mental health issues, research has distinguished them as personal resources and social resources that people use as coping resources or protective factors (Saleebey 2000).

Studies (see Nakonz and Shik 2009, Ujano-Batangan 2011, van der Ham et al. 2014a, 2014b) indicated that praying and reading the Bible, crying, and resting and sleeping, and talking to others were the most frequently used ways by the participants in dealing with stress. The participants in van der Ham et al. (2014a, 2014b) studies further emphasized family as an important source of coping with their problems. The participants explained that communicating with their families saw them through hard times and even brought them joy and happiness. Ujano-Batangan's (2011) research subjects also reported that thinking of their families, communicating with them and receiving emotional support from them helped them to go through hard times. The presence of supportive friends, romantic partners and other social networks also served as support links and coping connections while working overseas. Among the coping strategies, with stress while working abroad, prayer and reading the Bible topped the chart, followed by talking with friends and family, attending church, and engaging in social interactions.

There are also several studies that reveal that social support and religion as important factors in the well-being of migrant workers (see Bjorck et al. 2001, Cruz 2006, Sanchez and Gaw 2007). For instance, when the subjects in Ujano-Batangan's (2011) study were asked if they ever consulted a counselor or a mental health professional, 43% reported that they sought the services of a pastor or pastoral counselor, a psychiatrist (21.4%), and a psychologist (14.3%). Not only most of the help is sought from a pastoral counselor, but Ujano-Batangan reported that one of the major sources of strength in the midst of stress is their spirituality and religiosity, which is exhibited by praying, going to church and maintaining "a relationship with God". According to the participants in van der Ham et al. (2014a) study, religious groups and organizations are active in recruiting members; they are conveniently situated in the churches where migrant workers

go to attend the Mass or to pray; they provide both emotional and social support, especially to the new migrants, and also, social relationships are easily established through the social networks of religious organizations.

Ujano-Batangan (2011) further said that the coping styles of Filipinos, nested in collectivist culture, may not always work in other settings. Religion and prayer are considered as one of the tools used by migrants to cope. This coping style is particularly attributed to the Filipinos' strong and positive sense of spirituality, which is considered to be a source of strength in the individual. Ujano-Batangan's report also indicated that among the Filipinos, the sense of well-being or mental health is closely tied in to the achievement of *ginhawa* (overall comfort), which is an aspect of one's personhood (*pagkatao*) that is related to the individual's state of physical, mental and social health. It is considered to be a condition or state which is significantly rooted in the inner core of one's being. The experience of *ginhawa* is related to *kaluluwa* (soul) which is the core of an individual's being that is immortal. This concept is related to one's spirituality which characterizes an individual as essentially good or healthy. *Kaluluwa* (soul) is also the wellspring of *buhay* (life) and *sigla* (roughly translated to a combination of flow and positive affect), which allows one to attain *ginhawa*. For the Filipinos, therefore, attaining this state entails experiencing total health or wellness in all realms – physical, psychological, social, religious and spiritual. The non-achievement of *ginhawa* may lead to the experience of *siphayo* (pain of the soul), which is associated with various forms of illness, including mental health problems.

Research Hypotheses

Migrants experience many forms of hardships and distress that lead to mental health problems, which are the result of a complex interplay between biological, psychological, social and environmental factors (Bhugra and Jones 2010, Kelly 2010, Ujano-Batangan 2011). Ujano-Batangan (2011) reported that one of the major sources of strength for the Filipinos in dealing with migration stress is their spirituality and religiosity. For the Filipinos while working overseas, the presence of supportive friends and other social networks also serve as support links and coping connections. Overall, in dealing with stress while working abroad, the Filipinos' use of prayer and reading the Bible top the chart, followed by talking with friends and family, attending church, and social interactions.

Therefore, in general, for the Filipino migrant workers who experience migration distress and subsequent mental illness, the protective factors against mental illness and promoting well-being are multifaceted, which include psychological, social, religious, and spiritual aspects. Based on this understanding, this research project intended to use the incremental validity analysis to test the role of selected coping resources in the mental distress and well-being of the Filipino migrant workers in Taiwan. In particular, as the literature indicates that religiosity and spirituality are two major sources of strength for this particular population, this research project specifically aimed to investigate the incremental validity of religious and spiritual coping resources over and above those of the

psychological (individual) and social coping resources in reducing mental distress and promoting well-being.

The following specific correlational and incremental validity hypotheses were tested and analyzed:

1. Correlational analysis: Significant negative correlations between mental distress variables and well-being and coping resource variables were expected. For example, the increase in the levels of distress would decrease the overall life satisfaction and happiness. Additionally, significant positive correlations between coping resources and well-being variables were expected. For example, the frequent use of positive religious coping and spiritual meaning resources would increase the overall levels of happiness, positive affect, and satisfaction with life.
2. Incremental validity analysis: After controlling for the relevant demographics, psychological traits and social variables in their respective step-wise regression analyses, it would be expected that the religious and spiritual coping resources would have significant incremental validity on well-being, suggesting the particular importance of the religious and spiritual coping resources in promoting the well-being of the Filipino Catholic migrant workers in Taiwan. Similarly, it would be expected that the religious and spiritual coping resources would have significant incremental validity on mental distress, suggesting the particular importance of the religious and spiritual coping resources in decreasing the distress for the study sample.

Method

Procedure and Participants

After being approved by the Institutional Review Board of the author's institution, data of the Filipino Catholic migrant workers in Taiwan were collected through paper and pencil survey. The questionnaire was administered in English. The author visited different churches, organizations, factories, and workers' dormitories to identify the required sample, and personally administered the questionnaire. Before proceeding with the completion of the survey questionnaire, the eligible and interested participants signed the informed consent form. A total of 383 participants completed the survey, out of whom 5 had missing values on almost all the variables and therefore they were not included in the analyses, thus resulting in a final total of 378 participants with valid data that were included in the further analyses. Each participant was given a gift (statue of Mother Mary or Jesus, rosary, or cross) worth of around US\$7 for their voluntary participation.

As indicated in Table 1, the sample consisted of more females ($n = 266$; 70.4%) than males ($n = 103$; 27.2%). The majority of the participants were relatively young, with the mean age of 36 and with the highest number of them falling in the age group between 26 and 45 ($n = 236$; 62.4%). Most of the

participants were either single ($n = 192$; 50.8%) or married ($n = 152$; 40.2%), and had a college degree ($n = 239$; 63.2%). Half of the participants ($n = 204$; 54%) identified themselves as factory workers, followed by caregivers ($n = 42$; 11.1%) and machine operators ($n = 30$; 7.8%). About 98 (25.9%) of them have been living in Taiwan for more than ten years and 95 (25.1%) have been working in Taiwan for two to three years.

Table 1. Demographics

		<i>Freq.</i>	<i>%</i>			<i>Freq.</i>	<i>%</i>
Gender	Male	103	27.2	Education	High school	87	23.0
	Female	266	70.4		College	239	63.2
	Missing	9	2.4		Vocational	26	6.9
Age	18-25	45	11.9	Occupation	Masters	1	0.3
	26-35	155	41.0		Missing	25	6.6
	36-45	81	21.4		Factory Worker	204	54.0
	46-55	53	14.0		Machine Operator	30	7.8
	56-65	17	4.5		Caregiver	42	11.1
	>66	3	0.8		Nurse	10	2.6
	Missing	24	6.3		Domestic Helper	11	2.7
Marital Status	Single	192	50.8	Length of Stay	Other	26	7.2
	Married	152	40.2		Missing	55	14.6
	Separated	10	2.6		<1 year	24	6.3
	Divorced	3	0.8		2-3 years	95	25.1
	Widowed	6	1.6		4-6 years	58	15.3
	Other	1	0.3		7-10 years	55	14.6
	Missing	14	3.7		>10 years	98	25.9
				Missing	48	12.7	
<i>N</i> = 378							

Measures

Kessler Psychological Distress Scale (K10): The K10 is a 10-item questionnaire, which aims to provide a global score of distress (Kessler and Mroczek 1991). The questions ask about anxious and depressive symptoms that the person may have experienced in the past month. Total scores range from 10 to 50, with higher scores indicating severe mood problems. The items are scored on a 5-point Likert scale, ranging from 1 (none of the time) to 5 (all of the time). Sample item includes, “During the past 30 days, about how often did you feel hopeless?”. This scale has a reliability coefficient of 0.91.

Social Stigma Scale (short form): Developed by Harvey (2001), this measure validates a feeling of socially stigmatized. The 10-item scale is measured on a Likert scale, ranging from 1 to 5, with higher scores indicting more prevalence of the experience of social stigma. Sample item includes, "I am viewed negatively by mainstream society". The scale has reliability coefficient of 0.90.

The Positive and Negative Affect Schedule (PANAS Questionnaire): Developed by Watson, Clark, and Tellegan (1988), the PANAS measures affect states so that positive and negative factors would emerge as orthogonal dimensions (separate 10-item scales) rather than bipolar ends of the same scale. In this model, high positive affect (PA) is a state of high energy and concentration, whereas negative affect (NA) is a state of general distress. The scale ratings range from 1 (very slightly or not at all) to 5 (extremely), with high score indicating high PA or NA. The alpha reliabilities for both the subscales are acceptably high, ranging from 0.86 to 0.90.

Satisfaction with Life (SWL). Satisfaction with life was assessed by the 5-item Satisfaction with Life Scale (Diener et al. 1985), measured on a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The total score ranges from 5 to 35, with higher scores indicating extreme satisfaction. Sample items include, "In most ways my life is close to my ideal" or "I am satisfied with my life". In various studies, internal consistency of the scale ranged from 0.87 to 0.90.

The Oxford Happiness Questionnaire (OHQ short form). Hills and Argyle (2002) derived the 8-item short version of the OHQ from the longer version of Oxford Happiness Inventory to measure the state of happiness on a 6-point Likert scale, ranging from 1 (strongly disagree) to 6 (strongly agree). The OHQ demonstrated high scale reliability with a value of 0.91. Sample item includes, "I feel that life is very rewarding".

Pearlin Mastery Scale. Pearlin and Schooler's (1978) 7-item scale assesses the extent to which individuals perceive themselves as being in control of the important forces affecting their lives. The 4-point Likert scale ranges from 1 (strongly disagree) to 4 (strongly agree), with a high score illustrating positive self-mastery. Sample item includes, "I can do just about anything I really set my mind to." Pearlin and Schooler found the constructs to remain stable over time and were confident of the scale's reliability that usually exceeded 0.70.

Social Connectedness Scale (SCS). Social connectedness scale, developed by Lee and Robbins (1995), measures one's emotional distance or connectedness between the self and other people, both friends and society. The scale consists of 8 items using a 6-point Likert scale, ranging from 1 (strongly agree) to 6 (strongly disagree). The total score has a potential range of 8 to 48, with higher scores indicating a greater perceived sense of connectedness. While item content reflects a sense of social disconnectedness and detachment, the measure was named the Social Connectedness Scale, reflecting the inverse relationship between the item content and the direction of the rating system. Sample item includes, "I feel disconnected with the people around me." Reported scale reliability ranged from 0.91 to 0.93 (Hendrickson et al. 2011, Lee and Robbins 1995).

Religious Coping. Religious coping was measured using the Brief RCOPE (Pargament et al. 1998), which assesses positive and negative religious coping

strategies. Respondents are asked to indicate “how much or how frequently” they engaged in these religious methods of coping in their lives. Items are rated on a four-point Likert scale from 0 (not at all) to 3 (a great deal). Cronbach’s alpha coefficients range from 0.87 to 0.90 for the positive subscale and from 0.69 to 0.81 for the negative subscale. A sample item in positive subscale includes, “Looked for a stronger connection with God,” and an item in negative subscale includes, “Wondered whether God had abandoned me”.

Spiritual Meaning Scale (SMS). Developed by Mascaro et al. (2004), the SMS consists of 14 items with a coefficient alpha of 0.89, and measures an individual’s perceived spiritual meaning. The items are measured on a 5-point Likert scale, ranging from 1 (totally disagree) to 5 (totally agree). Sample items include “I was meant to actualize my potentials” and “Life is inherently meaningful”.

Demographics. A demographic form was included to capture essential demographic information, including age, gender, education status, occupation, marital status, and duration of stay in Taiwan.

Results

Scale Reliabilities

As indicated in Table 2, the scale reliability coefficients ranged from 0.92 for religious coping to 0.60 for mastery. Although the mastery scale had a low reliability coefficient in this study, Pearlin and Schooler (1978) found the construct to remain stable over time and were confident of the scale’s criterion validity and reliability in predicting relevant outcomes. Moreover, research has indicated that although it might be sometimes difficult for the scales with a small number of items (e.g. less than 10) to get a decent Cronbach alpha value (Pallant 2010) for certain samples, the scale’s internal consistency based on strong relationships among the scale items could still be considered acceptable.

Testing Hypothesis 1: Intercorrelations

As per Hypothesis 1 and according to Cohen’s (1988) criteria for correlational estimates (small = 0.10; medium = 0.30; and large = above 0.50), as indicated in Table 2, the significant intercorrelations among the variables in this sample ranged from 0.11 to 0.48. Happiness and social connectedness were positively and significantly correlated, $r(387) = 0.48$, $p < 0.01$, suggesting that a greater perceived sense of social connectedness related to higher state of happiness, and vice versa.

Happiness was also significantly and positively correlated with positive affect, $r(387) = 0.47$, $p < 0.01$, suggesting that happy people exhibited high energy and enthusiasm, and vice versa. Distress was significantly and negatively correlated with happiness, $r(387) = -0.34$, $p < 0.01$, and positively correlated with negative affect, $r(387) = 0.45$, $p < 0.01$, suggesting that those who experienced the anxious and depressive symptoms were low in happiness.

Testing Hypothesis 2: Incremental Validity Analysis

Hypothesis 2 investigated whether the religious and spiritual variables had any unique predictive power over and above the effects of the selected demographics, psychological trait of mastery, and the social variable of connectedness on the distress and well-being of the participants. Before testing the Hypothesis 2, the scores on psychological distress, social stigma, and negative affect were converted into standardized z-scores in order to calculate a composite score of overall distress. In a similar way, the scores on positive affect, satisfaction with life, and happiness were standardized into z-scores to get a composite score of overall well-being. Separate hierarchical regression analyses for distress and well-being were conducted. Relevant demographic variables were controlled for in Step 1, followed by entering mastery in Step 2, social connectedness in Step 3, positive and negative religious coping in Step 4, and spiritual meaning in Step 5. The results are presented in Table 3.

As indicated in Table 3, all the hierarchical models for distress were significant, explaining respectively 8%, 25%, 27%, 28%, and 30% of the total variance in distress. Both religious coping in Step 4 and spiritual meaning in Step 5 had incremental variance in distress. Examination of the relative contribution of the variables in each of the regression models indicated that mastery was significant in all the models, although decreasing in strength from $\beta = -0.42$, $p < 0.001$ to $\beta = -0.37$, $p < 0.001$.

Although positive religious coping was significant in Step 4, $\beta = -0.12$, $p < 0.05$, it became non-significant when spiritual meaning was entered in Step 5, which had a significant incremental contribution to reducing distress, $\beta = -0.17$, $p < 0.05$.

In the hierarchical models for well-being, as indicated in Table 3, except in Step 1, all other overall models were significant, explaining respectively 8%, 18%, 21%, and 33% of the total variance in well-being. Social connectedness was significant in all three models, although decreased in strength from $\beta = 0.33$, $p < 0.001$ to $\beta = 0.22$, $p < 0.001$. Both positive religious coping in Step 4 ($\beta = 0.18$, $p < 0.01$) and spiritual meaning in Step 5 ($\beta = 0.39$, $p < 0.001$) had a significant incremental effect on well-being, suggesting that religious and spiritual resources acted as promoters of well-being for the Filipino Catholic migrants in Taiwan.

Table 2. Reliability Coefficients, Means, Standard Deviations, and Intercorrelations

	α	M	SD	1	2	3	4	5	6	7	8	9	10	11
1. Distress	0.87	19.98	5.94	-	-0.24*	0.35*	-0.11 [^]	0.45*	-0.34*	-0.33*	-0.16*	-0.11 [^]	0.16*	-0.20*
2. Satisfaction	0.76	26.74	5.92		--	-0.22*	0.15*	-0.20*	0.21*	0.12 [^]	0.03	0.03	-0.01	0.09
3. Social Stigma	0.70	26.13	4.88			--	-0.24*	0.20*	-0.29*	-0.23*	-0.24*	-0.11	0.05	-0.22*
4. Positive Affect	0.88	33.90	0.81				--	-0.03	0.47*	0.10	0.36*	0.26*	-0.03	0.39*
5. Negative Affect	0.82	21.01	6.60					--	-0.41*	-0.30*	-0.14 [^]	-0.10	0.14 [^]	-0.29*
6. Happiness	0.67	35.21	0.62						--	0.33*	0.48*	0.23*	-0.28*	0.29*
7. Mastery	0.60	10.48	2.52							--	0.21*	0.03	-0.28*	0.29*
8. Social Connectedness	0.92	20.77	10.39								--	0.21*	-0.29*	0.32*
9. Positive Religious coping	0.92	25.69	0.19									--	-0.10	0.29*
10. Negative Religious Coping	0.92	13.17	0.59										--	-0.26*
11. Spiritual Meaning	0.80	54.07	0.63											--

$N = 378$; $p^* < 0.01$; $p^{\wedge} < 0.05$; two-tailed

Table 3. Results of Hierarchical Regression (Incremental Validity) Analysis

Step	Variables	Distress				Well-Being			
		F	R ²	t	β	F	R ²	t	β
1	Gender	2.88*	0.08	-0.04	-0.01	1.15	0.03	1.23	0.08
	Age			-2.85	-0.27*			-0.48	-0.05
	Marital Status			2.01	0.15 [^]			-0.21	-0.02
	Education			-0.72	-0.05			0.97	0.06
	Occupation			-1.25	-0.09			0.60	0.04
	Length of Stay			0.20	0.02			1.68	0.15
2	Gender	9.34 [#]	0.25	0.30	0.02	2.70*	0.08	1.08	0.07
	Age			-3.21	-0.28*			-0.46	-0.04
	Marital Status			1.39	0.10			0.18	0.01
	Education			-0.77	-0.05			0.98	0.06
	Occupation			-0.71	-0.05			0.27	0.02
	Length of Stay			1.32	0.11			1.14	0.10
3	Mastery	9.05 [#]	0.27	-6.68	-0.42 [#]	6.19 [#]	0.18	3.42	0.23*
	Gender			0.54	0.03			0.60	0.04
	Age			-3.27	-0.28*			-0.42	-0.04
	Marital Status			1.43	0.10			0.14	0.01
	Education			-0.63	-0.04			0.69	0.04
	Occupation			-0.76	-0.05			0.38	0.03
	Length of Stay			1.55	0.13			0.67	0.06
4	Mastery	7.74 [#]	0.28	-6.21	-0.40 [#]	5.92 [#]	0.21	2.58	0.17*
	Gender			0.60	0.04			0.31	0.02
	Age			-3.32	-0.28*			-0.22	-0.02
	Marital Status			1.43	0.10			0.14	0.01
	Education			-0.61	-0.04			0.59	0.04
	Occupation			-0.62	-0.04			0.17	0.02
	Length of Stay			1.35	0.11			0.73	0.06
	Mastery			-6.20	0.40 [#]			2.46	0.16 [^]
	Social connectedness			-1.86	-0.12			4.36	0.29 [#]
5	Positive Religious coping	7.73 [#]	0.30	-1.94	-0.12 [^]	9.70 [#]	0.33	2.88	0.18*
	Gender			0.84	0.05			-0.30	-0.02
	Age			-3.38	-0.29*			-0.17	-0.01
	Marital Status			1.52	0.10			-0.02	-0.01
	Education			-0.46	-0.03			0.23	0.01
	Occupation			-0.46	-0.03			-0.23	-0.01
	Length of Stay			1.53	0.13			0.36	0.03
	Mastery			-5.70	-0.37 [#]			1.44	0.09
	Social connectedness			-1.46	-0.10			3.63	0.22 [#]
	Positive Religious coping			-1.24	-0.08			1.32	0.08
5	Negative Religious coping	7.73 [#]	0.30	0.65	0.04	9.70 [#]	0.33	-0.17	-0.01
	Spiritual Meaning			-2.40	-0.17 [^]			6.13	0.39 [#]

N = 378; p[#]<0.001; p* <.01; p[^]<0.05.

Discussion

This study looked at the significance of psycho-social and religious-spiritual coping resources in buffering mental distress and promoting well-being of the Filipino Catholic migrants in Taiwan.

Hierarchical regression and incremental validity analyses suggested significant results for both distress and well-being. For example, the sense of mastery played a significant role in buffering mental distress and increasing well-

being. The sense of mastery is conceptualized as the individuals' perception of themselves being in control of the important forces affecting their lives (Pearlin and Schooler 1978). In other words, people who take control of their lives, have a mindset of believing that there are ways to face the life's problems, search for possible ways of changes, and firmly believe that their future mostly depends on themselves. Such people tend to feel less nervous and hopeless, less worthless and depressed, less guilty and hostile, strive to overcome society's prejudice against them, and tend to feel more at home in a host society. Hence, as the past research has shown, a sense of mastery can reduce psychological distress and can also act as a buffer against deleterious effects of stressful life events (Crowe and Butterworth 2016), and people in stressful life circumstances (such as migrants) who feel more in control of their lives have lower rates of psychological distress (Bovieret al. 2004, Farmer and Lee 2011).

Conversely, those with a perception of themselves being in control of the important forces affecting their lives (Pearlin and Schooler 1978), think that their lives are in most ways close to their ideals, believe that life is very rewarding, cherish happy memories of the past, feel fully mentally alert, and try to live a satisfying life. In other words, people who experience mastery, and thus feel that a situation can be controlled or changed, and that they have the skills and ability to influence the situation (Pearlin et al. 1981), experience higher levels of positive affect, happiness, and satisfaction with life. Said differently, individuals who don't sit back and watch that life happen to them, but rather do want to control the direction of their life and participate in the creation of their own life story, are very likely to achieve higher levels of subjective well-being.

Beyond the personal trait of mastery, the interpersonal aspect of social connectedness also played a significant role in buffering distress and increasing well-being. Lack of social connectedness, conceptualized as a person's emotional distance or connectedness between the self and other people (Lee and Robbins 1995), leads to a loss or poor sense of belongingness or togetherness, resulting in an increased experience of social stigma, negative affect, and psychological distress. On the one hand, particularly for migrants who leave behind their familiar environments and social groups, establishing social connections in unfamiliar conditions is a daunting challenge, and on the other hand, such a lack of social connections results in increased psychological distress and social stigma. The results from this study are in sync with the past research (see Lee et al. 2001), which has suggested that for most people, a lack of connectedness in life, although unpleasant, is a temporary experience that is overcome by reappraising relationships, seeking new social bonds, and participating in social activities. But, for a smaller segment of the population, such as the migrants, a lack of connectedness is a persistent and pervasive experience that is psychologically distressing and socially stigmatizing. These individuals, given their circumstances in a host country, tend to feel like loners or outsiders, lack opportunities for social activities, and tend to be interpersonally and socially ill-equipped to overcome their circumstances, thus furthering their psychological distress.

On the contrary, as the results of this study have indicated, social connectedness is a key determinant of well-being, because as Cohen (2004) said

that social connectedness, both the sum of individual relationships and a sense of belonging, provide people with the emotional support, material help, and information they need to thrive and feel happy. Lee et al. (2001) conceptualized the construct of social connectedness as a global aspect of the self, reflecting wide-ranging beliefs and attitudes about interpersonal and social relationships with the general “other.” Thus, having a feeling of connected with the world around oneself and sense of togetherness or belongingness significantly contributes to psychological well-being.

Beyond the individual trait of mastery and the social trait of connectedness, the incremental validity regression analyses in this study suggested significant contribution of positive religious coping to both psychological distress and well-being of the population under study. Positive religious coping strategies include looking for a stronger connection with God, seeking God’s care and help, focusing on religion to stop worrying, and seeing God’s will in a given situation and collaborating with God in trying to put one’s plans into action (Pargament et al. 1998). These strategies implemented by the individuals in the context of their religious faith and practices help them to cope with distress and elevate their well-being. In other words, religious beliefs and practices are a source of strength for many people during challenging life transitions and living conditions, especially for the migrants, in buffering their negative affect and psychological distress and in promoting their positive affect, happiness, and satisfaction with life.

Finally, after controlling for the significant effects of demographics, sense of mastery, social connectedness, and religious coping, the incremental regression analyses in the final step suggested that spiritual meaning made a significant contribution to both distress and well-being. In fact, after the mastery (Step 2), spiritual meaning made a larger contribution to distress. Also, spiritual meaning made the highest contribution to well-being, in spite of entering it in the fifth step of the regression analyses, controlling for the contribution made by the demographics in Step 1, mastery in Step 2, social connectedness in Step 3, and religious coping in Step 4.

The indicators of spiritual meaning (Mascaro et al. 2004), such as an individual believing that there is a particular reason why one exists, feeling that one’s life is inherently meaningful, realizing that one is meant to actualize one’s potential, experiencing that something higher or transcendent is working through one’s life, and sensing that one is participating in something larger and greater than any one of us, give the individuals, particularly those under trials due to various reasons, the inner strength to cope with various forms of distress and thus, and conversely, experience the positivity of life in terms of affect, happiness, and life satisfaction. Particularly, for the Filipino migrants, one of the major sources of strength in the midst of migration and stress is their religiosity and spirituality (Ujano-Batangan 2011). Therefore, in addition to providing other sources, making efforts in creating space for religious practices and spiritual meaning are very important for decreasing distress and increasing well-being among the Filipino migrant workers.

Conclusions and Recommendations

The summary of the literature review and the results from this study indicate that in understanding the mental health status and needs of migrant workers, particularly that of the Filipinos, one needs to look into the factors that may prevent their mental distress and contribute to their well-being. Specifically, in this study, the significance of psycho-social and religious-spiritual coping resources in buffering mental distress and promoting well-being of the Filipino Catholic migrants in Taiwan is quite evident.

Thus, it can be suggested that as the literature review indicated and as this study results endorsed, it is necessary for the mental health professionals to understand the process of migration itself and subsequent cultural and social adjustment in the host country that play a key role in the mental health of the migrants. Moreover, people in general and migrants in particular from different cultural and ethnic backgrounds often have different views about mental health and are accustomed to substantially different models of care. This can result in a damaging mismatch between the needs of help seekers and the services provided, unless, as the incremental validity results suggested, an enhanced appreciation of socio-cultural and religious-spiritual factors as they affect mental distress and health is promoted. Additionally, in line with the enhanced appreciation of socio-cultural and religious-spiritual factors, it is generally more helpful to provide appropriate training for mental health team workers to provide effective interventions for specific migrant communities.

The stress and chronic difficulties of living in host societies in which discrimination, lack of social support, scarcity of coping resources that are present at both individual and institutional levels may well contribute to migrants' ongoing distress. Under such conditions, providing situations for promoting ethnic density, that is, the number of people of the same ethnic group around an individual, cultural identity, social support, self-esteem and appropriate religious-spiritual resources may act as protective factors against both onset and relapse of mental distress.

Finally, as the results of this study indicated that the respective religious and spiritual dimensions play a significant incremental role in the mental health of the migrants, it is warranted that the government agencies and hiring institutions should formulate and implement appropriate policies for allowing the migrants to practice their religion and faith by granting a day off on their worship days, establishing places of worship, and training religious leaders who could help the migrants with their religious and spiritual needs, which in turn may mitigate the psychological distress and increase well-being.

Limitations and Future Directions

In spite of some valid findings in this study that may help the professionals to understand the specific processes of psychological distress and well-being of the Filipino Catholic migrants in Taiwan, this study has its own limitations, which also

pave a path for future studies in this particular area of research. One of the limitations is that this study included only the Filipinos professing faith in Catholicism. Demographics show that there are many migrants in Taiwan from other countries, such as Vietnam, Thailand, and Indonesia, who belong to different religions, most probably to Islam and Buddhism. The results from this study could be compared with and further validated by including the samples from these countries.

Secondly, as the literature has indicated, one group of people that have been migrating in great numbers to various countries is the Filipinos. Therefore, these results could be replicated by studying the mechanisms in coping with distress and promoting well-being of the Filipino migrants in other countries. Finally, to further expand these results, it may be better to use more variety of valid and reliable measures, and even to conduct some qualitative studies in order to have a deeper understanding and broader interpretation of the migrant phenomena in terms of their mental health and well-being.

References

- Ahonen EQ, Lopez-Jacob MJ, Vazquez ML, Porthe V, Gil-Gonzalez D, Garcia AM (2010) Invisible work, unseen hazards: The health of women immigrant household service workers in Spain. *American Journal of Industrial Medicine* 53(4): 405–416.
- Bhugra D, Jones P (2010) Migration and mental illness. In R Bhattacharya, S Cross, D Bhugra (eds) *Clinical topics in cultural psychiatry*, pp.15-26. London: RCPsych Publications.
- Bjorck JP, Cuthbertson W, Thurman JW, Lee YS (2001) Ethnicity, coping, and distress among Korean Americans, Filipino Americans, and Caucasian Americans. *The Journal of Social Psychology* 141(4): 421–442.
- Bovier PA, Chamot E, Perneger TV (2004) Perceived stress, internal resources, and social support as determinants of mental health among young adults. *Quality of Life Research* 13(1): 161-170.
- Cohen J (1988) *Statistical Power Analysis for Behavioral Sciences* (2nd ed). Hillsdale, NJ: Lawrence Erlbaum.
- Cohen S (2004) Social relationships and health. *American Psychologist* 59(8): 676-684.
- Cohen JH, Sirkeci I (2011) *Cultures of Migration: The Global Nature of Contemporary Mobility*. Austin, TX: University of Texas Press.
- Crowe L, Butterworth P (2016) The role of financial hardship, mastery and social support in the association between employment status and depression: Results from an Australian longitudinal cohort study. *BMJ Open* 6, e009834. Doi: 10.1136/bmjopen-2015-009834.
- Cruz GT (2006) Faith on the edge: Religion and women in the context of migration. *Feminist Theology* 15(1): 9–25.
- Diener E, Emmons RA, Larsen RJ, Griffin S (1985) The satisfaction with life scale. *Journal of Personality Assessment* 49: 71-75.
- Estrada ES (2015) Mi figue, mi raisin: The Filipinos' culture of migration in the age of globalization. *CIRSS Commentaries* 2(15). Available at: <https://bit.ly/2OMqIgO>.
- Farmer AY, Lee SK (2011) The effects of parenting stress, perceived mastery, and maternal depression on parent–child interaction. *Journal of Social Service Research* 37(5): 516-525.

- Harvey RD (2001) Individual differences in the phenomenological impact of social stigma. *The Journal of Social Psychology* 141(2): 174-189.
- Hendrickson B, Rosen D, Aune RK (2011) An analysis of friendship networks, social connectedness, homesickness, and satisfaction levels of international students. *International Journal of Intercultural Relations* 35(3): 281-295. Doi: 10.1016/j.ijintrel.2010.08.001.
- Hills P, Argyle M (2002) The Oxford Happiness Questionnaire: A compact scale for the measurement of psychological well-being. *Personality and Individual Differences* 33(7): 1073-1082.
- Holroyd EA, Molassiotis A, Taylor-Pilliae RE (2001) Filipino domestic workers in Hong Kong: Health related behaviors, health locus of control and social support. *Women & Health* 33(1-2): 181-205.
- International Labour Organization (2012) *Domestic Workers across the World: Global and Regional Statistics and the Extent of Legal Protection*. Geneva, Switzerland: International Labour Office.
- International Organization for Migration (IOM) (2013) Country migration report, the Philippines 2013.
- Kelly BD (2010) Globalisation, psychiatry and human rights: New challenges for the 21st century. In R Bhattacharya, S Cross, Bhugra D (eds) *Clinical Topics in Cultural Psychiatry*, pp. 3-14. London: RCPsych Publications.
- Kessler R, Mroczek D (1991) An update of the development of mental health screening scales for the US national health interview study. Ann Arbor, MI: Survey Research Center of the Institute for Social Research, University of Michigan.
- Lau PWL, Cheng JGY, Chow DLY, Ungvari GS, Leung CM (2009) Acute psychiatric disorders in foreign domestic workers in Hong Kong: A pilot study. *International Journal of Social Psychiatry* 55(6): 569-576.
- Lee RM, Draper M, Lee S (2001) Social connectedness, dysfunctional interpersonal behaviors, and psychological distress: Testing a mediator model. *Journal of Counseling Psychology* 48(3): 310-318.
- Lee RM, Robbins SB (1995) Measuring belongingness: The social connectedness and the social assurance scales. *Journal of Counseling Psychology* 42(2): 232-241.
- Mak AS, Nesdale D (2001) Migrant Distress: The role of perceived racial discrimination and coping resources. *Journal of Applied Social Psychology* 31(12): 2632-2647.
- Mascaro N, Rosen DH, Morey LC (2004) The development, construct validity, and clinical utility of the spiritual meaning scale. *Personality and Individual Differences* 37(4): 845-860.
- Ministry of Labor (2017). Foreign workers in productive industries and social welfare by nationality. Available at: <http://statdb.mol.gov.tw/html/mon/c12030.htm>.
- Murakami Y (2009) Cross-cultural factors on workers' mental health: From the experience of the EAP service. *World Cultural Psychiatry Research Review* 4(1): 60-64.
- Nakonz J, Shik AWY (2009) And all your problems are gone: Religious coping strategies among Philippine migrant workers in Hong Kong. *Mental Health, Religion, & Culture* 12(1): 25-38. Doi: 10.1080/13674670802105252.
- Pallant J (2010) *SPSS survival manual*, 4th ed. New York, NY: McGraw-Hill.
- Pargament KI, Smith BW, Koenig HG, Perez L (1998) Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion* 37(4): 710-724.
- Pearlin LI, Schooler C (1978) The structure of coping. *Journal of Health and Social Behaviour* 19(1): 2-21.

- Pearlin LI, Menaghan EG, Lieberman MA, Mullan JT (1981) The stress process. *Journal of Health and Social Behavior* 22(4): 337-356.
- Saleebey D (2000) Power in the people: Strengths and hope. *Advances in Social Work* 1(2): 127–136.
- Sanchez F, Gaw A (2007) Mental health care of Filipino Americans. *Psychiatric Services* 58(6): 810-815.
- Tabuga AD (2018) A probe into the Filipino migration culture: What is there to learn for policy intervention? Quezon City, Philippines: Philippine Institute for Development Studies.
- Taipei Times (2015) Philippine workers prefer factory jobs. Retrieved from <http://www.taipetitimes.com/News/taiwan/archives/2015/07/06/2003622387>. [Accessed 02 March 2018].
- Ujano-Batangan MT (2011) Women and migration: The mental health nexus. A research on individual and structural determinants of stress and mental health problems of Filipino women migrant domestic workers. Quezon City, Philippines: Action for Health Initiatives (ACHIEVE), Inc.
- Van der Ham A, Ujanao-Batangan MT, Ignacio R, Wolffers I (2014a) Toward healthy migration: An exploratory study on the resilience of migrant domestic workers from the Philippines. *Transnational Psychiatry* 51(4): 545-568. DOI: 10.1177/1363461514539028.
- Van der Ham A, Ujanao-Batangan MT, Ignacio R, Wolffers I (2014b) The dynamics of migration-related stress and coping of female domestic workers from the Philippines: An exploratory study. *Community Mental Health Journal* 51(1):14-20. Doi: 10.1007/s10597-014-9777-9.
- Wang B, Li X, Stanton B, Fang X (2010) The influence of social stigma and discrimination experience on psychological distress and quality of life among rural-to-urban migrants in China. *Social Science & Medicine* 71(1): 84-92.
- Watson D, Clark LA, Tellegan A (1988) Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology* 54(6): 1063–1070.
- Zahid MA, Fido AA, Alowaish R, Mohsen MAM, Razik MA (2003) Psychiatric morbidity among housemaids in Kuwait. III: Vulnerability factors. *International Journal of Social Psychiatry* 49(2): 87–96.