

Sexual Orientation and Suicide Risk in the Philippines: Evidence from a Nationally Representative Sample of Young Filipino Men

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This paper explores links between young men's sexual orientation and suicide risk in the Philippines, to replicate findings in the global lesbian, gay, bisexual, and transgender (LGBT) psychology literature. I analyzed data from the men's subsample of the Young Adult Fertility and Sexuality Survey 3, a national population-based study of 8,042 Filipino men ages 15 to 24. Significant disparities in suicide risk along sexual orientation were found among male youth, with Filipino gay and bisexual men reporting higher levels of suicide ideation, but not suicide attempt. The odds for suicide ideation was more than two times greater among young same-sex attracted Filipino men compared to heterosexuals (OR = 2.09; 95% CI 1.50-2.93). These effects were partly accounted for by depression, recent suicide attempt of a friend, and experiences of threat and victimization. Similar to findings in the global LGBT psychology literature, this analysis – the first to do so in the Philippine context – indicates that sexual orientation appears to be significantly associated with suicide risk, with young Filipino gay and bisexual Filipino men at disproportionately higher risk for suicide ideation than heterosexual peers.

Keywords: suicide risk, gay youth, LGBT psychology, LGBT mental health, national data

Suicide is a mental health issue of concern to many practitioners and researchers in psychology (Cantor, 2000). Although ultimately the outcome behavior of interest, suicide death is remarkably difficult to study, given its

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low base rate frequency as well as its highly private nature (Redaniel, Lebanan-Dalida, & Gunnell, 2011). Nevertheless, researchers have conceptualized suicide behavior as the end point in a series of cognitive and affective processes that represent elevated risk for suicide.

Suicide behavior is facilitated by an interaction of two factors: (1) a persistent vulnerability, such as depression or poverty, and (2) a proximal stressor, like sudden unemployment or relationship breakup (van Heeringen & Vincke, 2000). Taken together, these two factors increase levels of *suicide risk*. Risk for suicide is often operationalized as two proxy behaviors for actual suicide: *suicide ideation*, thinking about suicide, and *suicide attempts*, nonfatal suicide behavior (Russell, 2003).

This paper contributes to knowledge on suicide risk in the Philippine context by examining its prevalence in a potentially vulnerable subgroup: young sexual-minority Filipino men who are gay or bisexual.

Sexual Orientation, Mental Health Disparities, and Suicide Risk

Sexual orientation is a person's enduring romantic and sexual attractions to the opposite gender, the same gender, or both (APA, 2012; Diamond, 2003). Variations of sexual orientation have been given different labels such as *heterosexual* (attracted to the opposite gender), *gay* or *lesbian* (attracted to the same gender), and *bisexual* (attracted to both women and men). Measures of sexual orientation include self-reports of attraction, of sexual behavior, of romantic relationships, and even self-identification as *straight* (heterosexual), *gay*, *bisexual*, or whatever labels are available in a person's culture (SMART, 2009).

Lesbian, gay, and bisexual populations have been found to have a number of disparities in mental health outcomes. Meta-analytic studies in lesbian, gay, bisexual, and transgender (LGBT) psychology indicate that gay and bisexual men are at elevated risk for depression, anxiety disorder, substance abuse, and alcohol dependence, compared to heterosexual men (King et al., 2008; Meyer, 2003). In particular, significant links have been shown between being gay and suicide risk (Haas et al., 2011; Savin-Williams, 2006). This association has been found in populations such as Norwegian teenagers (Hegna & Wichstrøm, 2007), young New Zealanders (Skegg, Nada-Raja, Dickson, Paul, & Williams, 2003), adolescents in Guam (Pinhey & Millman, 2004), adults in the Netherlands (de Graaf, Sandfort, & ten Have, 2006) and in Japan (DiStefano, 2008), and even large Internet-based samples (Mathy, 2002). For instance, in one well-cited paper using nationally

representative data from the USA, Russell and Joyner (2001) showed that the prevalence of suicide ideation was much higher among gay and bisexual adolescent boys (15%) compared to other boys (1%). Suicide attempt prevalence was likewise elevated (5% versus 2%). The overall finding from this body of research is that significant disparities exist for sexual-minority populations in many countries – gay and bisexual men are at disproportionately elevated risk-sexual for suicide than heterosexual peers (Haas et al., 2011).

Early work on the suicide risk-sexual orientation link was limited in conceptualization and methodological design (Diamond, 2003; Russell, 2003; Saewyc, 2007). Older studies relied on opportunistic, non-representative samples of lesbian, gay, and bisexual respondents (including samples from clinics and counseling centers), with no analytic comparisons with heterosexual subjects. Measurement of sexual-minority status was also limited, with an overreliance on self-identification. Suicide risk was also assessed using single-item measures, relying either on suicide ideation only or on suicide attempt only. Finally, researchers often simply assumed the primacy of sexual orientation as the central factor for suicidality. That is, any significant associations were presented as a “gay problem” that further stigmatized LGBT populations, with little attention paid to underlying processes that may make gay and bisexual subpopulations especially vulnerable to suicide risk and suicide behavior.

In line with current understandings of sexuality in psychology, contemporary research has shown that sexual orientation per se does not lead to poor mental health outcomes (Meyer, 2003). Any significant disparities in mental health outcomes among LGBT people are mediated by *minority stressors* – the set of stressors experienced by sexual minorities who live in a heterosexist culture. These include experiences of homophobic discrimination and violence, pressure to conceal one’s sexual orientation (“being closeted”), rejection by family and other significant others, and even self-stigma (“internalized homophobia”). According to the minority stress model, these minority stressors join *normative stressors* – the sources of stress present in modern life for the general population, such as major life events, hassles, and conflict – in impacting on LGBT mental health and well-being.

Across different cultures, being gay or bisexual confers the status of being a sexual minority, both statistically and socially. Sexual minorities like gay and bisexual men are born into, grow up, work, and live in contexts of heteronormativity (Jackson, 2006). Here cultural norms are built around

and privilege heterosexuality, while stigmatizing gay and bisexual individuals, relationships, and populations, positioning same-sex love and relationships as deviant, “immoral”, or even illegal, at the same time defining relationships between a man and a woman as good, “normal”, and “natural”.

In the Philippines, the minority status of LGBT Filipinos is evident at structural and individual levels. Unlike in other nation-states, sexual orientation here is not a protected category, and there is no national law prohibiting anti-LGBT discrimination in work, education, and healthcare. No legal recognition of same-sex partnerships exists, though the law provides legitimacy to opposite-sex couples. At the same time, powerful anti-LGBT religious institutions impose their views, influencing state policy on matters like education, LGBT representation in government, and sexual health services (Austria, 2004). Evidence from public opinion also suggests that anti-gay prejudice is alive and well among Filipinos. Nationally representative surveys, for example, indicate that about 1 out of 4 Filipinos would reject gay people as neighbors and that 28% of Filipino adults consider being gay as wholly “unacceptable” (Manalastas & del Pilar, 2005).

In this paper, I present a secondary analysis of data from a nationally representative sample of gay, bisexual, and heterosexual male youth in the Philippines who were assessed on two indicators of suicide risk in order to examine any disparities in these mental health outcomes. In addition, aside from sexual-minority status, I explore possible risk factors available in the dataset, as suggested by the minority stress model (Meyer, 2003).

Problem

What is the prevalence of suicide risk for gay and bisexual male youth in the Philippines? And following the global literature on LGBT mental health, are young Filipino gay and bisexual men at elevated risk for suicide ideation and suicide attempt, compared to the general population? Specifically the goals of this analysis were twofold: (1) to determine the prevalence of suicide risk among Filipino gay and bisexual male youth using existing nationally representative data, and (2) to examine any disparities in suicide risk among sexual minority Filipino male youth, versus the general population. Additionally, I explore possible factors available in the data that could contribute to suicide risk among gay and bisexual youth.

METHOD

Dataset

I reanalyzed data from the Young Adult Fertility and Sexuality Study (YAFS3), a large questionnaire-based interview study conducted by the University of the Philippines Population Institute in 2003. The data are based on a nationally representative sample of young Filipino adults from 16 administrative regions of the Philippines including the National Capital Region and the Autonomous Region of Muslim Mindanao, including 894 barangays, using two-stage cluster sampling. Respondents in the male subsample were 8,042 young Filipino men ages 15 to 24 ($M = 18.8$, $SD = 2.8$). Though collected a decade ago, the YAFS3 dataset remains the largest and most comprehensive nationally representative source of information for Filipino young adult sexuality and health outcomes (Raymundo & Cruz, 2004).

Variables

Suicide risk. The main outcome for this study was risk for suicide, operationalized in two ways. First, respondents were asked if they had ever thought about committing suicide (an ideation measure). Second, for those reporting suicide ideation, a follow-up item probed if the respondents had ever actually tried committing suicide (an attempt measure). Both items were dichotomously scored (yes/no). In the overall dataset, 7.6% of young men reported suicide ideation. Among those with ideation, 27% indicated having attempted suicide (2% of the overall men's sample).

Sexual minority status. Being sexual-minority youth was operationalized in the YAFS dataset in three ways: self-reported same-sex attraction, same-sex romantic relationships, and same-sex sexual behavior. For the attraction item, respondents were asked about the gender of the "crushes" they have ever had. Those reporting crushes of "exclusively the same sex" or of "both sexes" were classified as sexual-minority youth. In the analytic sample, 3.4% of young Filipino men reported same-sex attractions. Because of the centrality of attractions in the conceptual definition of sexual orientation (APA, 2012; Diamond, 2003), the current paper reports on analyses based on this operationalization. As in other survey studies (e.g., Russell, 2003; Russell & Joyner, 2001), data from gay and bisexual respondents were pooled during analysis to form the sexual-minority classification for purposes of statistical analysis.

Normative risk factors. A number of items in the YAFS3 dataset were available for inclusion in the analytic model as general risk factors for suicide. These normative factors exist independently of sexual orientation (i.e., are not specific to gay and bisexual youth) and may operate across the entire youth population. The general risk factors included in this analysis were: (1) depression in the past 3 months, a three-item continuous scale (Cronbach's $\alpha = 0.7$); (2) peer suicide attempt, a dichotomous item, (3) experience of being physically threatened in the past three months, a dichotomous item, and (4) experience of being physically hurt by someone in the past three months, a dichotomous item. Note that the time frame for these items referred to the past three months prior to the survey, unlike the suicide risk and sexual attraction measures which were based on lifetime self-reports. Age, measured as a continuous variable (in years) was also included as a control variable, as is standard practice in suicide risk research (Russell, 2003; Russell & Joyner, 2001).

Analysis

Separate cross-tabulation analysis of sexual orientation and the two suicide risk indicators were conducted in order to determine the prevalence of suicide ideation and suicide attempt among gay and bisexual Filipino youth, relative to heterosexual counterparts, and to test the hypothesis of disparities in suicide risk across sexual orientation. In addition, to explore the influence of other factors to suicide risk, I ran a hierarchical logistic regression analysis. With suicide risk as the outcome variable, sexual orientation was entered in the first step, after controlling for age; normative risk factors were entered together in the next step, in order to determine if these general stressors could account for any effects of sexual minority status, as posited by the minority stress model (Meyer, 2003).

RESULTS

Risk disparities among gay/bisexual vs heterosexual Filipino men

As hypothesized, prevalence of suicide ideation was disproportionately higher among sexual-minority Filipino youth, compared to heterosexual youth (see Figure 1). Young gay and bisexual Filipino men had twice the proportion of suicide ideation compared to other male youth. About 16% of those who had crushes on other men reported having thought of suicide,

disproportionately higher than 8% of heterosexually attracted male youth, $\chi^2(1) = 24.0, p < .001$.

Furthermore, among those reporting suicide ideation, sexual minority youth also had disproportionately higher rates of suicide attempts than heterosexual peers. Young bisexual and gay Filipino men reporting suicide ideation had higher levels of suicide attempt (39%), versus heterosexual male youth reporting suicide ideation (26%). This disparity, however, was only marginally significant, $\chi^2(1) = 3.22, p = 0.073$.

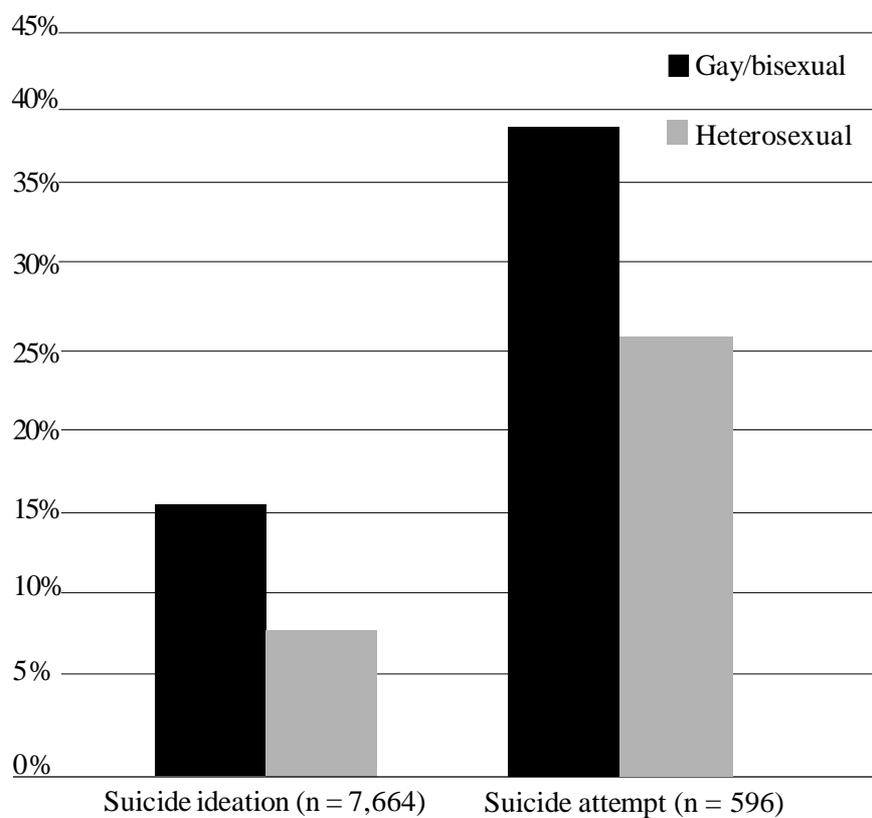


Figure 1. Disproportionately elevated rates of suicide ideation and suicide attempt among sexual-minority Filipino youth, versus heterosexual counterparts

Exploring predictors of suicide ideation

Results from the logistic regression analysis using sexual attraction and suicide ideation are presented here. In this analysis, a final analytic sample of $N = 7,703$ cases was used. The test of the full model with all predictors against a constant-only model was significant at $\chi^2(2) = 26.9, p < .001$, suggesting adequate fit with the data. Prediction success was relatively high (92%).

Odd ratios for the different predictors in the model are presented in Table 1. The initial model indicated that age and sexual minority status were both significantly associated with suicide risk among young Filipino men. Specifically, young Filipino men who were gay or bisexual had more than two times the odds of reporting having thought of committing suicide, compared to heterosexual counterparts, Wald $\chi^2(1) = 18.6, p < .001$, odds ratio = 2.09 (95% CI 1.50 – 2.93). This key finding supports the hypothesis of elevated suicide risk for sexual-minority youth.

Table 1. Predictors of suicide ideation among Filipino male youth (odds ratios with 95% confidence intervals)

Predictor	Model 1	Model 2
Age	1.05 (1.02-1.08)**	1.04 (1.01-1.07)*
Sexual Minority Status	2.09 (1.50-2.93)***	1.86 (1.31-2.64)***
Peer suicide attempt	-	2.18 (1.82-2.61)***
Experience of threat	-	1.55 (1.29-1.87)***
Victimization	-	1.25 (1.01-1.54)*
Depression	-	1.28 (1.23-1.34)***
<i>-2 log likelihood</i>	4387.72	4107.02

* $p < .05$, ** $p < .01$, *** $p < .001$

In addition to sexual-minority status as a predictor for suicide risk, normative stressors were significantly associated with thinking about suicide, namely peer suicide attempt, Wald $\chi^2(1) = 72.3, p < .001$, odds ratio = 2.18, experiences of being threatened, Wald $\chi^2(1) = 21.9, p < .001$, odds ratio = 1.55, victimization, Wald $\chi^2(1) = 4.3, p < .05$, odds ratio = 1.25, and depression, Wald $\chi^2(1) = 133.0, p < .001$, odds ratio = 1.28. That is, all Filipino male youth who knew of a friend attempting suicide, who had

experienced being threatened, who had been the victim of violence, or who were feeling depressed were more likely to consider taking their own life. The effects of these variables were significant over and above the influence of sexual minority status. In fact, examination of the odds ratios of sexual minority status before and after the normative risk factors were entered into the regression equation showed that the impact of being a sexual minority diminished slightly (from odds ratios of 2.09 to 1.86) when these other factors were taken into account. This suggests that sexual orientation per se is not solely responsible for the elevated suicide risk among sexual minority youth; factors such as threat, victimization, and depression partially account for the effect of being gay/bisexual on suicide risk, as suggested by the minority stress model (Meyer, 2003) and found in previous research (Russell, 2003; Russell & Joyner, 2001).

Despite the main finding that sexual minority status (i.e., being gay or bisexual) is indeed associated with elevated levels of thinking about suicide, at least among young Filipino men, it should be noted that majority of gay and bisexual Filipino youth reported no apparent suicide risk. Around 84% of young Filipino men with same-sex attractions indicated that they had never considered committing suicide. The data remind us that most young gay and bisexual Filipino men, as a minority group, are in no way essentially “suicidal” (Savin-Williams, 2008) and that, as pointed out by Saewyc (2007), being bisexual or gay does not cause suicide risk per se.

DISCUSSION

As in other parts of the world, being gay or bisexual was related to elevated suicide risk in the Philippines. Results from this analysis of national data indicate that, although majority report no ideation or attempts at taking their own life, a significant number of young Filipino sexual-minority men may be at elevated risk for suicide compared to heterosexual peers. This disparity was partly accounted for by normative risk factors beyond sexual orientation and potentially affecting all youth regardless of sexual orientation (Meyer, 2003; Russell, 2003). Experiences of threat and violence, having a peer try to commit suicide, and depression were all significantly associated with suicide risk, and in fact, partially accounted for the influence of sexual minority status on suicide risk, similar to what has been found in other studies of lesbian, gay, and bisexual youth (Russell & Joyner, 2001). These findings are the first evidence that in the Philippines, gay and bisexual populations do experience critical disparities in mental health outcomes that require serious attention by psychologists and allied professionals.

Normative stressors can serve as intervention points for programs designed to address the mental health and well-being concerns of LGBT people. The data here suggest, for instance, that NGOs, mental health professionals, and community stakeholders who successfully target the violence and threats to safety experienced by Filipino gay and bisexual youth can address a small but significant proportion of the observed elevation in suicide risk. Interventions need to include and address the concerns of gay and bisexual young people, who bear the double burden of being a minority in a heterosexist culture that places little value on their romantic relationships and identities (Jackson, 2006; Manalastas & del Pilar, 2005; Tan, Ujano-Batangan & Española, 2001), as well as having to cope with the general stressors of life experienced by all Filipino youth. Filipino psychologists are in a position to take the lead in developing evidence-based, sensitive, and LGBT-affirmative interventions and programs that foster mental health and well-being for LGBT Filipinos, such as gay and bisexual youth (PAP, 2011).

Future research can build on the current study by investigating two lines of inquiry. One is to determine to what extent the link between sexual orientation and suiciderisk also exists for lesbian and bisexual Filipina women, as well as for the Filipino transgender community, especially as mental health outcomes tend to intersect with gender and sexuality in complex ways (IOM, 2011; Mustanski, Garofalo, & Emerson, 2010; Reyes & Reyes, 2004). A second and equally important research direction is the examination of protective factors that may shield Filipino LGBT youth from the negative effects of stigma and discrimination. Initial work on minority stress buffers (e.g., Eisenberg & Resnick, 2006) have identified family connectedness, adult care and concern, and school and work safety as potentially important resources for moderating the impact of stigma on LGBT well-being. Similar investigations in the Philippine context are needed to build a more complete picture of not just LGBT vulnerability but also LGBT resilience.

Finally, as in all research in LGBT psychology and on suicide, a number of caveats accompany the current analysis. Single-item self-reports were used to measure suicide risk, as well as sexual minority status, making reliability estimates unavailable. Though I attempted to explore the data using various operationalizations in the dataset, ultimately the conclusions in this secondary analysis are limited by the quality of the items and more importantly, by the variables included in YAFS3 which may not fully capture the normative and minority stressors posited in the literature. Nevertheless,

given the strengths of population-based data (Saewyc, 2007), this initial exploration of an increasingly recognized global LGBT mental health issue is a step forward in research into the experiences and well-being of gay and bisexual Filipinos.

REFERENCES

- American Psychological Association (APA). (2012). Guidelines for psychological practice with lesbian, gay, and bisexual clients. *American Psychologist, 67*, 10-42.
- Austria, C. S. R. (2004). The church, the state and women's bodies in the context of religious fundamentalism in the Philippines. *Reproductive Health Matters, 12*, 96-103.
- Cantor, C. H. (2000). Suicide in the Western world. In K. Hawton & K. van Heeringen (Eds.), *The international handbook on suicide and attempted suicide* (pp. 9-28). Chichester, NY: John Wiley and Sons.
- de Graaf, R., Sandfort, T. G. M., & ten Have, M. (2006). Suicidality and sexual orientation: Differences between men and women in a general population-based sample from the Netherlands. *Archives of Sexual Behavior, 35*, 253-262.
- Diamond, L. M. (2003). New paradigms for research on heterosexual and sexual minority development. *Journal of Clinical Child and Adolescent Psychology, 32*, 490-498.
- DiStefano, A. S. (2008). Suicidality and self-harm among sexual minorities in Japan. *Qualitative Health Research, 18*, 1429-1441.
- Eisenberg, M. E., & Resnick, M. D. (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health, 39*, 662-668.
- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S.D., D'Augelli, A. R., & Clayton, P. J. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality, 58*, 10-51.
- Hegna, K., & Wichstrøm, L. (2007). Suicide attempts among Norwegian gay, lesbian and bisexual youths: General and specific risk factors. *Acta Sociologica, 50*, 21-37.
- Institute of Medicine (IOM). (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press.

- Jackson, S. (2006). Interchanges: Gender, sexuality, and heterosexuality: The complexity (and limits) of heteronormativity. *Feminist Theory*, 7, 105-121.
- King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*, 8, 70-87.
- Manalastas, E. J., & del Pilar, G. E. H. (2005). Filipino attitudes toward lesbians and gay men: Secondary analysis of 1996 and 2001 national survey data. *Philippine Journal of Psychology*, 38, 53-75.
- Mathy, R. M. (2006). Suicidality and sexual orientation in five continents: Asia, Australia, Europe, North America, and South America. *International Journal of Sexuality and Gender Studies*, 7, 215-225.
- Meyer, I. H. (2003). Prejudice, social stress and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-697.
- Mustanski, B. S., Garofalo, R., & Emerson, E. M. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal of Public Health*, 100, 2426-2432.
- Pinhey, T. K., & Millman, S. R. (2004). Asian/Pacific Islander adolescent sexual orientation and suicide risk in Guam. *American Journal of Public Health*, 94(7), 1204-1206.
- Psychological Association of the Philippines (PAP). (2011). Statement of the Psychological Association of the Philippines on non-discrimination based on sexual orientation, gender identity and expression. *Philippine Journal of Psychology*, 44, 229-230.
- Raymundo, C. M., & Cruz, G. T. (Eds.). (2004). *Youth sex and risk behaviors in the Philippines*. Quezon City: UP Population Institute.
- Redaniel, M. T., Lebanan-Dalida, M. A., & Gunnell, D. (2011). Suicide in the Philippines: Time trend analysis (1974-2005) and literature review. *BMC Public Health*, 11, 536-545.
- Reyes, M. V. T., & Reyes, B. V. Jr. (2004). Engendering Philippine mental health. *Review of Women's Studies*, 14, 1-14.
- Russell, S. T. (2003). Sexual minority youth and suicide risk. *American Behavioral Scientist*, 46, 1241-1257.
- Russell, S. T., & Joyner, K. (2001). Adolescent sexual orientation and suicide risk: Evidence from a national study. *American Journal of Public Health*, 91, 1276-1281.

- Saewyc, E. M. (2007). Contested conclusions: Claims that can (and cannot) be made from the current research on gay, lesbian, and bisexual teen suicide attempts. *Journal of LGBT Health Research, 3*, 79-87.
- Savin-Williams, R. C. (2006). Who's gay? Does it matter? *Current Directions in Psychological Science, 15*, 40-44.
- Savin-Williams, R. C. (2008). Then and now: Recruitment, definition, diversity, and positive attributes of same-sex populations. *Developmental Psychology, 44*, 135-138.
- Sexual Minority Assessment Research Team (SMART). (2009). *Best practices for asking questions about sexual orientation on surveys*. Retrieved November 18, 2009, from http://www.law.ucla.edu/williamsinstitute/pdf/SMART_WI_FINAL.pdf
- Skegg, K., Nada-Raja, S., Dickson, N., Paul, C., & Williams, S. (2003). Sexual orientation and self-harm in men and women. *American Journal of Psychiatry, 160*, 541-546.
- Tan, M. L., Ujano-Batangan, M. T., & Española, H. (2001). *Love and desire: Young Filipinos and sexual risks*. Quezon City: UP Center for Women's Studies.
- van Heeringen, C., & Vincke, J. (2000). Suicidal acts and ideation in homosexual and bisexual young people: A study of prevalence and risk factors. *Social Psychiatry and Psychiatric Epidemiology, 35*, 494-499.

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