

Pakikipagkapwa: Filipinx-American Mental Health as Determined by Connectedness and the Self and the Other

***By Tala Justo, City College of San Francisco
Mentor: Rebecca Ancheta***

Abstract

Mental health is important for the functioning of society. For individuals in the BIPOC community, seeking mental health care can be complicated by the byproducts of historical and political contexts such as colonial mentality which is the loss of *kapwa* (shared inner self) for the Filipinx American community. This qualitative study explores the attitudes of a multi-generational cohort of Filipinx Americans toward mental health care. Findings reveal that these individuals hold therapy and psychiatry in a favorable light. Younger participants expressed admiration for people who go to therapy and seek psychiatry while the older generation acknowledged the stigma that still exists. Participants shared the significant and contrasting roles that family pressures and religion have on their mental health. All of the participants simultaneously identify family and religion as playing a critical role in their mental health. This qualitative data affirmed the collectivistic nature of Filipino culture, which focuses on relationships.

Introduction

My research topic is on the views and attitudes of Filipino Americans across generations toward mental health. I am interested in this topic because I am a mental health consumer and an aspiring social worker whose goal is to serve the Filipinx-American community and/or work in the Philippines. The reasons why this topic of the views and attitudes of Filipino Americans toward mental health is important is manifold. First, Filipino Americans have the highest rate of mental illness (David & Nadal, 2013; David & Okazaki, 2006a, 2006b) among racial and ethnic groups, and yet simultaneously the lowest rate of help-seeking behaviors among racial and ethnic groups (Abe-Kim et al., 2004). Second, unlike most Asian Americans, Filipino Americans are predominantly Catholics due to having been colonized by Spain for approximately 350 years. Third, because Filipinos have a contextual history of colonization by the United States in addition to Spain, they suffer from internalized oppression or Colonial Mentality (David, 2011, p. 12). Fourth, data on the Filipino American population in the field of psychology is historically scarce. It is only recently thanks to scholars like Leny Strobel, EJR David and Kevin Nadal that data in the field of psychology about Filipino Americans have come to light. Fifth, Filipino American adolescents have the highest rates of suicide ideations in the country (David, 2011, p. 13). Sixth, according to research by E. J. R. David, Filipino Americans have depression rates that are significantly higher than the rates of the United States' general population. Seventh, the United States is the most Filipino populated region in the world outside of the Philippines (Hoeffel, Rastogi, Kim, & Shahid, 2012) and so there is a higher demand for culturally competent mental health care. Lastly, the rate of use of mental health services by Asian Americans is already one third of what is expected given the size of the Asian American population (Tewari, 2009), and yet, moreover, Filipino Americans seek mental health services at even lower rates than other Asian American ethnic groups (Gong, Gage, & Tacata, 2003). All these reasons make this subject crucial and relevant in increasing the mental health of a large U.S. demographic – Filipino Americans.

To research the views and attitudes of Filipino Americans toward mental health, I read five articles. The first one is entitled “‘You Should Pray About It’: Exploring Mental Health and Help-Seeking in Filipino American

Catholics” by Sthefany Alviar and Alicia del Prado, which found that “psychologists are significantly less religious than the clients they serve,” and that the Filipino identity is intertwined with one’s Catholic identity; for example, Catholic traditions like Sunday Mass are seen as family bonding opportunities. Thus, according to the article, there is a need for mental health service providers of similar backgrounds to better serve the Filipino American population. Filipino Americans are already unlikely to seek help because of “hiya” (shame) or “losing face,” hence culturally competent providers could present one less barrier to accessing services.

The second one is called “Colonial Mentality and Mental Health Help-Seeking of Filipino Americans” by Victor E. Tuazon, Edith Gonzales, Daniel Gutierrez, and Lotes Nelson. This research began with the assumption that the following characteristics: 1) having the lowest poverty rate among Asian Americans, 2) having a median household income higher than White Americans, 3) having the second highest median household among Asian Americans, and 4) having high English proficiency – are all predictors or predictive of higher levels of mental health help-seeking. Instead, the research concluded that these characteristics were not significantly predictive of mental health help-seeking. “Filipino American demographic variables may not be related to mental health help-seeking attitudes. ... Perhaps it is more important to consider the level of Filipino Americans’ colonial mentality or internalized oppression in relation to mental health help-seeking. Regardless, the level of Filipino Americans’ internalized oppression may hinder them from having positive mental health help-seeking attitudes.” The article suggests that high levels of Colonial Mentality lead to lower rates of help-seeking.

Another article is “Resilience, Acculturative Stress, and Family Norms Against Disclosure of Mental Health Problems Among Foreign-Born Filipino American Women”. The study states that about 69% of Filipino adults living in the United States are foreign-born (Pew Research Center, 2013), and about 60% of Filipino immigrants are women (U.S. Census Bureau, 2011), which makes this study on foreign-born Filipino American women significant to the community and to mental health providers in America. After examining resilience, acculturative stress, and the influence of family norm, they found high levels of resilience and moderate levels of acculturative stress, a significant negative correlation between resilience and acculturative stress, and a significant predictive effect of resilience on acculturative stress, as well as significant negative relationship between resilience and family norms against disclosure of mental health problems.

The fourth is “Parental Enculturation and Youth Mental Health Functioning Among Filipino American Families.” According to this article, “Interpersonal norms were positively associated with harsh/inconsistent discipline, while conservatism was positively associated with appropriate discipline and praise/incentives. Connection with homeland was negatively associated with youth behavioral symptoms, while interpersonal norms were positively associated with youth behavioral symptoms.”

The fifth is “Losing Kapwa: Colonial Legacies and the Filipino American Family,” where the “discussion centers the indigenous and core value known as *kapwa*—a world- view wherein the self is not distinguished from others” (Enriquez, 1994). “Kapwa is the unity of the ‘self’ and ‘others,’ a recognition of a shared identity, an inner self that makes one connected with and equal to others” (Enriquez, 1994). The article talks about the loss of kapwa due to colonization. “The abundance of skin bleaching products and skin-whitening clinics in the Philippines (e.g., David, 2013) is evidence that the masses may have accepted the notion that Filipino physical characteristics are not as desirable as European physical traits.” “The discrimination against, and low regard of, non-Christians, non- Urban, and non-Westernized Filipinos send the message that the more Western you look, think, and behave, the better off and more accepted you will be “(e.g., David, 2013), and is a product of colonial mentality.

Data & Methods

I conducted semi-structured interviews with five participants. The guide consisted of 17 open-ended questions about how mental health services are viewed by members of the Filipinx American community. Interviews were

conducted in-person and on Zoom. Data were analyzed using open-coding, a method common in the Grounded Theory approach.

This qualitative study used a sample of five people of varying generations and all are female, Catholic and foreign-born or immigrants. One was age 26, another was age 18, another was age 49, another was age 79, and another was age 69. Three were first-generation immigrants, and two were 1.5 generation immigrants. Two are college students living in the San Francisco Bay Area. Another is a case manager at a large mental health organization. Another is a volunteer coordinator at another large mental health organization. Another is a licensed social worker supervising other social workers. The results from these individuals cannot be applied to suggest a larger trend. A larger sample size is needed to continue developing this body of research that depicts the attitudes and views of Filipino Americans toward mental health.

Findings

All the participants expressed favorable views to therapy and psychiatry in spite of not being current consumers of these services. The participants do not currently utilize mental health services; however, all the older participants have gone to therapy briefly in their past and expressed looking forward to utilizing these services again in the future if deemed necessary. One younger participant J (age 18) expressed a desire to seek therapy but has not found an access point yet.

Participant M remarked on how, prior to coming to the United States, mental health as a concept did not exist for her. It was not until she came to America that she received messages about the importance of mental health and its presence. She felt that in her Filipino family in the Philippines, mental health was not addressed, or “faced”. She also felt that there was a lack of integration of mental health services in the Filipino community here in the U.S. For example, in her opinion, in the Filipino community, academic counseling is separate from mental health rather than integrating the two, or “being whole”. Another sentiment that she shared is that mental health services are not provided in the Filipino community: “In Filipino communities, *hindi siya* [mental health services] *pino-provide*”. In Filipino communities, they [mental health services] are not provided. This sentiment goes to show that organizations that operate to serve the mental health needs of Filipino Americans still have yet to meet the need for more expansive outreach, service and funding so that sentiments like the above would no longer arise.

A common theme that occurred is the importance of relationships and its role in coping. Filipinos are very much about relationships. The participants shared about how their relationships with family help them cope with their mental health. Simultaneously, they shared contrasting roles of family such as that family pressures can put a strain on their mental health. Their choices reflect “not only my name, it’s about the family’s name”. And not only do relationships help the participants to cope, but they also prioritize good mental health for the purpose of having good relationships with people. For example, Participant L rhetorically asked: “if you're not mentally healthy ... How are you going to have good relationships with people?”

While one participant said therapy and psychiatry “are amazing”, a couple of participants reflected on the stigma that still exists today: Participant M said, “Some people say, when you go to therapy, it’s like admitting something is wrong with you.” Moreover, Participant L reflected on the work that still needs to be done to remove stigma in our society: “We have to educate people that it is not bad to go to a therapist. ... I'm already almost 79. Up to now there's still that stigma attached to if you go to a counselor or whatever.” If you seek therapy then the community may gossip: “People *tsismis* [gossip] that ‘so-and-so is going to *ano*”. On a personal level, the same participant says “I don't mind going to a therapist.” Another participant remarked on how stigma can affect one’s relationships, which is very important to Filipino-Americans: “it's super important to destigmatize mental health because the more you push it aside, and the more you avoid talking about it, the more it becomes harmful not only to you but to others around you.” Furthermore, participant J remarked: “It's [going to therapy] not something to be embarrassed of. And that is, you know, like when people are

embarrassed of going to therapy and seeing a psychiatrist that is a manifestation of the stigma, [internalized oppression].” Participant J reflected on how much more peaceful the world would be if everybody had a personal therapist: “Imagine if everyone had like a therapist. Like imagine how like, much more like less violent the world would be.” The younger participant expressed admiration for therapists: “I think highly of them like I know they can be very helpful.” Participant J expressed how sharing your mental health struggles with others around you can create a support system, not only for the person who reached out but as well as for the people who are offering support, because they may be going through a similar struggle and one wouldn’t know unless one reached out, further affirming the collectivistic nature of Filipinos and Filipino-Americans:

I feel like talking about it is very validating because not in not only helps you but it helps like the people you talk to ‘cuz there’s conversations when you talk about your traumas and like, just your stress levels and stuff like that and everything that’s going on and when you talk to other people, they validate you and they’re like, oh, yeah, I’m going through the same thing. And it’s like, if we didn’t even talk about this, we wouldn’t have a support system. When, like, we’ve, in a way like we’ve been having a support system, but it just so happens to be that we didn’t reach out.

It’s interesting to note the differences among the different generations. For example, Participant J reflects on the gap between her mother’s understanding of the world, and hers. For example, her mother is a victim of colorism and she explains that when she was an infant, she was whiter than her siblings and so her mother named her a name that was fitting for her skin color. She reflects that this is a manifestation of colorism by her mother:

I keep talking about my mom like, she’s a villain. I swear she’s not but I mean, like it’s not her fault that she acts this way. And that’s why I keep trying to like in the most respectful way possible to educate her. You know, because, I mean, I would have like, had these ideas too. I would have been colorist to people. I would have, like I would have had colonial mentality I still do. You know, we all still do, but I’m like, trying to work against it. But yeah, like I said, I’m trying to educate my mom.

As E.J.R. David et. al said: “The abundance of skin bleaching products and skin-whitening clinics in the Philippines (e.g., David, 2013) is evidence that the masses may have accepted the notion that Filipino physical characteristics are not as desirable as European physical traits” (David, 2017) which is a manifestation of colonial mentality.

People of the younger generation cope by spending time with friends, again affirming the collectivistic nature of Filipinos and Filipino Americans: “That’s also how I cope. By the way. I like go out a lot.” On colonial mentality–Participant J remarked: “We can’t keep thinking we’re inferior to white people like that harms us, right? Like our family members loving like American brands, like that just shows. You know, it speaks volumes.” On the different mental health concerns between first generation immigrants and American-born Filipinos:

For first generation Filipinos, they don’t think they’re American enough. And for American born Filipinos, are Filipinos who are born here. They don’t think they’re Filipino enough. And both of those things are valid. They’re very valid and they’re deliberate you know? These systems make us feel like we’re not enough. And that’s the way the 1% wants it.

As seen with Participant J’s remarks, the younger generation is leaning towards progressive and socialist views. It’s interesting to note that mental health begins in childhood, and the people who are raising the children are the *Lolos* and *Lolas*, or grandparents, who are at least two generations above the children. Participant L remarked that *Lolos* and *Lolas* are raising their grandchildren, and these grandchildren receive influences from their non-Filipino friends. Hence, “the environment at home is very significant to the mental health of youth.” Of the stigma, Participant L remarks: “I think we have to educate people that it is not bad to go to a therapist. And it’s, it helps.” Of seeing a therapist, participant L says: “if I have a problem. How can I solve it by myself? And how can my family if you know, if I don’t go, or maybe they can support me? While I go to a therapist?”

Overall, findings reveal that first, relationships are used as coping strategies. Second, Filipino Americans have a strong relationship with their faith or religious practices. And third, there's a value in seeking while there is a gap in not seeking mental health services.

Discussion

These findings are important because the United States is the most Filipino-populated region outside of the Philippines, which means that the mental health of Filipino-Americans is a public health issue in this nation. My interviews revealed that, in the same vein as the first article I read, Filipinos are predominantly Catholics and that their identity is intertwined with their being Filipino. This is especially true for the participants who were 69 and 79 years of age, who shared their strong faith in God or a higher power.

The research findings were consistent with the second article that states high levels of colonial mentality result in lower help-seeking rates. All the interviewees shared either admiration or a history of use of mental health services, and all presented with little to no levels of colonial mentality.

Conclusion

The researcher acknowledges that all of the interviewees lean predominantly towards a more progressive perspective, due to the fact that the interviewees were recruited through the snowball effect. In the future, the researcher would recruit interviewees through a more diverse method, such as putting out flyers at churches, cultural events and other means of recruitment other than the snowball effect.

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Appendix

Questions below were asked during in-person meetings for approximately one hour each.

- How do family pressures affect your mental health?
- How do you view or feel about mental health?
- What do you think of people who see a therapist and a psychiatrist?
- How do you feel about seeing a therapist?
- How do you cope?
- Does your family help your mental health?
- Where do you go for help with your mental health?
- What affects your mental health the most?
- Does the phenomenon of colorism affect your mental health?
- Are you Catholic? If so, how does being Catholic affect your mental health?
- Do you pray and do you go to church?
- Do the people around you talk about their mental health?
- How does colonial mentality affect your mental health?
- What is the most pressing issue when it comes to Filipinos and their mental health?
- Why is mental illness stigmatized?
- What creates mental health?
- What do you think are the different mental health concerns between first generation immigrants and American-born Filipinos?