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## Filipino Americans' Attitudes and Experiences With Mental Health and Help-Seeking Behaviors

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# Walden University

College of Psychology and Community Services

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Kelsey Guerrero

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Walden University  
2023

Abstract

Filipino Americans' Attitudes and Experiences  
With Mental Health and Help-Seeking Behaviors

by

Kelsey Guerrero

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

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## Abstract

Filipino Americans suffer from mental illness at an alarming rate and have a low rate of seeking mental health treatment. Because Filipino Americans are underrepresented in social science research, psychologists do not understand how to resolve this issue within the Filipino American population. The purpose of this generic qualitative study was to describe the experiences with mental health and treatment of Filipino Americans.

Bronfenbrenner's ecological model theory and Latane's social impact theory served as the theoretical foundation for the study. A sample of 12 Filipino Americans was interviewed using a semistructured interview design. Participants were asked 10 questions addressing their experiences with culture, family, and seeking mental health treatment. Findings from thematic coding and analysis indicated three themes: cultural identity, culture and family and coping mechanisms and help-seeking behaviors. Findings may be used for positive social change by integrating more culturally appropriate treatment methods for clinicians who treat Filipino American patients in behavioral health settings.

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## Dedication

This dissertation is dedicated to Jayleen Ruby and James Raiden: Watching you grow up has been one of the greatest joys of my life.

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## Table of Contents

Chapter 1: Introduction to the Study.....	1
Background of the Study .....	3
Problem Statement .....	4
Purpose of the Study .....	6
Research Question .....	7
Theoretical Framework.....	6
Nature of the Study .....	8
Definitions.....	9
Assumptions.....	11
Scope and Delimitations .....	12
Limitations .....	13
Significance.....	13
Summary .....	14
Chapter 2: Literature Review .....	17
Literature Search Strategy.....	17
Theoretical Foundation .....	18
Bronfenbrenner’s Ecological Model.....	19
Latane’s Social Impact Theory .....	20
History of the Population .....	21
History of the Philippines and Spanish Colonization .....	22
Colonial Mentality .....	23

Indigenous Filipino Psychology .....	24
History of Filipino Americans in the United States .....	24
Cultural Identity .....	26
Culture as a Microsystem.....	28
Enculturation and Acculturation .....	28
Resilience .....	29
Cultural Education .....	30
Culture and Family .....	30
Parenting as a Microsystem .....	31
Moderated by Parent–Child Relationship .....	31
Parenting’s Implications on Mental Health .....	32
Assimilated Parents.....	33
Immigrants’ Perception of Mental Health .....	34
Authoritarian Parents .....	35
Disempowering Parenting.....	36
Mental Health Risks and Protective Factors .....	37
Depression and Anxiety .....	38
Role of Enculturation in Mental Health.....	39
Colonial Mentality and Mental Health .....	40
Help-Seeking Behaviors of Filipino Americans .....	41
Relationships With Peers .....	43
Ethnically Heterogeneous and Homogeneous Friendships.....	44

Cultural Portals .....	45
Summary .....	47
Chapter 3: Research Method.....	49
Research Design and Approach .....	49
Rationale .....	50
Role of the Researcher .....	51
Methodology .....	53
Participant Selection Logic and Recruitment .....	53
Instrumentation .....	54
Data Collection .....	56
Data Analysis Plan .....	56
Issues of Trustworthiness.....	57
Credibility .....	58
Transferability.....	58
Dependability .....	59
Confirmability.....	59
Ethical Procedures .....	60
Summary .....	61
Chapter 4: Results .....	62
Data Collection and Management.....	62
Data Analysis .....	64
Evidence of Trustworthiness.....	65

Study Results .....	66
Cultural Identity .....	66
Cultural Education .....	68
Culture and Family .....	69
Religion.....	73
Coping Mechanisms and Help-Seeking Behaviors.....	74
Summary .....	82
Chapter 5: Discussion, Conclusions, and Recommendations .....	83
Theoretical Framework.....	84
Interpretation of Findings .....	84
Cultural Identity .....	85
Cultural Education .....	86
Culture and Family .....	88
Religion.....	89
Coping Mechanisms and Help-Seeking Behaviors.....	91
Limitations of the Study.....	96
Recommendations.....	97
Implications for Positive Social Change.....	99
Conclusion .....	100
References.....	102
Appendix A: Recruitment Flyer.....	117
Appendix B: Recruitment Survey .....	118

Appendix C: Interview Guide .....119

## Chapter 1: Introduction to the Study

Mental illness is a challenge that many people face around the world. According to the National Institute of Mental Illness (NIMI, 2022), roughly 20% of adults living in the United States live with a mental illness. With mental illnesses impacting around 20% of the adult population in America, more research on the topic is necessary. The United States is known as a “melting pot” of diversity, but there is the implication that immigrants should assimilate and metaphorically melt into American society (Jarczok, 2021). Immigrants may face a higher likelihood of mental illness or psychological distress because they must learn a new culture and adapt (De Luna & Kawabata, 2020). In addition, immigrants may also be coping with generational trauma due to their cultural backgrounds. For example, natives might emigrate from their homeland due to social or economic issues. However, others may have been brought to America for slavery or work. Indigenous Filipinos, for instance, were brought to America by Spanish settlers in the 1500s as part of Spain’s colonization of the Philippines (Constantino & Constantino, 2010). Not only were Filipinos forcibly removed from their home country, but they were then required to live within a new culture and society. Even today, Filipino Americans and other immigrants are expected to assimilate into American culture regardless of generational status. Immigrants may be dealing with historical trauma, their native culture’s toxic behaviors, and society’s expectation of immigrants’ assimilation; all may culminate in psychological distress and mental illness (De Luna & Kawabata, 2020).

As individuals deal with different obstacles, coping with psychological distress also varies. Some people may avoid mental health treatment despite struggling with

cultural beliefs or values. One reason racial minority groups in the United States avoid psychiatric treatment is the lack of accessibility (Kim & Park, 2015). In addition, according to Okamura et al. (2016), ethnic minority groups in the United States tend to have lower treatment outcome rates compared to White Americans, despite the similar referral rates by clinicians (Kataoka et al., 2002; Sue, 1977). Not only are immigrants more susceptible to mental illness, but they are also not receiving adequate treatment for their psychological disorders. Also, immigrants may also receive care based on Western values. Although American culture is more individualized, Filipino culture is centered around family, and treatment may not align with Filipino values (Bartolome et al., 2017). The therapist would be required to be culturally competent and treat the patient considering their culture. Although cultural competence should be a requirement for therapists, some therapists may not be trained or lack practice with patients of different ethnicities. With many different reasons why people have mental illnesses, there are also various reasons people, especially immigrants, do or do not seek mental health treatment.

Not only are Filipino Americans not consistently understood in clinical psychiatric practice, but they are also underrepresented in social science research (Castillo et al., 2020; Garcia & de Guzman, 2017). To better understand and appropriately treat Filipino Americans for mental illness, more research must be conducted on the population. Further research could ignite positive social change as a racial minority population gains more culturally appropriate mental health treatment. In the present study, I explored Filipino Americans' descriptions of their attitudes and experiences with mental health and their help-seeking behaviors. Chapter 1 includes the

study's background, problem statements, purpose, research question, theoretical framework, nature of the study, definitions of terms, assumptions, scope and delimitations, limitations, significance of the study, and a summary.

### **Background of the Study**

Although Filipino Americans are underrepresented in social science research, there was relevant literature to support the present study. Multiple factors have been shown to be associated with Filipino American mental health. First, recent studies have shown that studying Filipino Americans requires understanding the population's history, including Western colonization of the Philippines and Filipino migration to America (David, 2008; David & Okazaki, 2006; Poolokasingham, 2015). There are many toxic outcomes of colonization, including colonial mentality and lack of cultural identity (David & Okazaki, 2006; De Luna & Kawabata, 2020; Ferrera, 2017). However, Filipino traits include resilience and finding cultural portals and ethnically homogeneous friendships to continue their process of enculturation (Chang & Samson, 2018; Ferrera, 2017; Hufana & Consoli, 2020; Sun et al., 2016). Despite finding healthy ways of coping, Filipino Americans may still experience mental illness.

Because the history of the population includes historical trauma, Filipino Americans may experience psychological distress. According to Martinez et al. (2020), Filipino Americans are more likely to suffer from depression or anxiety than White Americans. Although one reason may be historical trauma, Filipino Americans may also experience mental health issues due to sociodemographic influences such as migration status and social status (Okamura et al., 2016). Because immigrants must assimilate to

American culture and economics, many newcomers may struggle with cultural identity and low socioeconomic status, thus impacting their mental health. However, there is a low level of receiving psychiatric treatment in the Filipino American population (Constantino & Constantino, 2010; De Luna & Kawabata, 2020).

One need for the present study was to fill the gap in the literature of understanding an underrepresented population's experiences with mental health treatment. As most Filipino Americans who suffer from mental illness will not receive treatment, researchers must explore why. Because Filipino Americans are underrepresented in social science research, the lack of representation in research may facilitate a lack of understanding for clinicians and behavioral health professionals. The present study was necessary as a first step and may elicit future research in understanding Filipino Americans' descriptions of experiences with mental health treatment and how to care for a racial minority population more appropriately.

### **Problem Statement**

Despite having a higher likelihood of suffering from mental illness, Filipino Americans are among the lowest ethnic groups to receive psychiatric treatment (Martinez et al., 2020). It is concerning that Filipino Americans are more susceptible to mental illness and have low rates of seeking help for mental illness. Research has shown that as other cultural groups are forced to assimilate to American culture, acculturation may lead to mental illness and the hesitation or unwillingness to seek mental health treatment (Ferrera, 2017; Yoon et al., 2020). The stigma behind mental health has been slowly deconstructed within American society but still has negative connotations for many

individuals (Coughlin et al., 2018; De Luna & Kawabata, 2020; Reyes et al., 2019).

According to De Luna and Kawabata (2020), the stigma around mental health is an essential component to take into account when studying cultural groups' descriptions of their experiences with mental health services.

Although there is evidence to show that Filipino Americans may experience psychological distress, the population as a whole is underrepresented in social science research. Although Asian Americans as a population are underrepresented, Filipino Americans have even less research conducted on their population (Garcia & de Guzman, 2017). Because the population may suffer from psychiatric illness, more research must be conducted to understand their members' descriptions of experiences. This will require more social science research, including approaches that consider cultural psychology theories. In addition, although there are many reasons why an individual would refrain from mental health treatment, there has been limited social science research to allow Filipino Americans to share their stories in their own words. The present study addressed the research problem of how Filipino Americans describe their experiences with mental health and mental health treatment. Providing Filipino Americans an opportunity to share their experiences with mental health and treatment allowed the participants to share their personal stories.

Not only did the present study address mental health and treatment experiences, but it may also facilitate further research that may inform issues associated with mental health treatment in this population. Filipino Americans suffer from mental health issues that may stem from their cultural values because the population is searching for mental

health solutions that align with their cultural identity (Constantino & Constantino, 2010). Researching Filipino Americans may lead to more culturally appropriate treatment for future Filipino Americans, helping them with mental illness.

### **Purpose of the Study**

This generic qualitative study was conducted to describe the experiences with mental health and treatment of Filipino Americans. Conducting this study was necessary because the population is more prone to suffering from mental illness, and further psychological research would be helpful in understanding Filipino Americans. In addition, this research a gap in which Filipino Americans are an underrepresented subgroup in social science research (see Garcia & de Guzman, 2017). The present study included open-ended interview questions so the participants could share their experiences and opinions. This format also provided an opportunity for participants to describe what they experienced, enjoyed, and did not find beneficial in experiencing mental illness and seeking and receiving mental health treatment.

### **Research Question**

Based on Bronfenbrenner's (1977) ecological systems model and Latane's (1981) social impact theory, the present study addressed the following research questions: How do Filipino American adults describe their experience with mental health issues and treatment?

### **Theoretical Framework**

While studying the mental health of Filipino Americans, researchers must consider the ecological systems and demographics of the societies in which they live (see

Bronfenbrenner, 1977; Latane, 1981). Bronfenbrenner's (1977) ecological models theory requires researchers to investigate an individual's growth within the various environments an individual is exposed to and participates in. Because the systems are interrelated, immediate settings can be influenced by larger social contexts and vice versa (Bronfenbrenner, 1977; O'Keefe, 2018). The systems included in the ecological systems model are an individual's microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1977). Because the present study addressed individuals' experiences, their ecological systems were considered. Filipino Americans may have different microsystems than White Americans because culture and beliefs differ. Because Filipino culture contrasts with American culture, Filipino Americans may struggle with assimilation and acculturation, leading to mental health issues. According to Oberle et al. (2011), individuals may feel psychological distress when functioning within microsystems with contradicting values and beliefs. Because the present study addressed Filipino Americans' descriptions of experiences with mental health and treatment, it was necessary to consider an individual's ecological systems to understand various aspects of their background. Whether a person has aligned microsystems may influence whether they have mental health issues or receive treatment.

Similar to the ecological model theory, Latane's (1981) social impact theory indicates the more social exposure a person has in a specific setting, the more impactful the environment may be. For example, a Filipino American raised in an ethnically diverse community will have a different experience than a Filipino American raised in a predominantly White area. In the present study, I considered a person's exposure to

ethnically homogeneous and heterogeneous relationships when researching this population. In addition, the ethnicity and culture of the social majority group may guide an understanding of whether an individual suffers from psychological distress or whether they would seek mental health treatment. Although mental health is stigmatized in the United States, other cultures and generations may be more willing to discuss psychiatric issues such as stress and anxiety. Latane's social impact theory provided a framework to understand Filipino Americans' experiences with mental health issues and treatment.

### **Nature of the Study**

To answer the research question in this qualitative study, I chose a generic qualitative design with semistructured interviews with Filipino Americans. The generic qualitative design allowed the participants to share their experiences with mental health and treatment. Because the interviews were semistructured, the questions allowed participants to describe their experiences using their own words. In addition, follow-up questions were asked as appropriate to gain clarity and depth in understanding the participants' experiences. Questions guided the participant to describe their mental health experiences.

Using Bronfenbrenner's (1977) ecological systems theory and Latane's (1981) social impact theory, I explored different influences, including culture, that may impact a person's mental well-being and their likelihood of seeking psychiatric treatment. The data included Filipino American participants' responses to interview questions regarding their experience with mental health and treatment. Protocols for recruitment and interview processes were created to address the study's problem and purpose. The research design

required recruiting up to 12 Filipino American participants for individual semistructured interviews. The interviews were semistructured with questions related to the study's problem and purpose, prompting the participants to elaborate on their responses.

Recruitment took place using social media outlets. The social media post included a brief description of the study and a link to the online recruitment form. The social media post was shareable so that others could share the information with their networks. The recruitment form included questions evaluating eligibility, such as the participants' ethnicity. The participants were required to be either first-generation Filipino Americans with at least one Filipino parent who emigrated from the Philippines to the United States or Filipino immigrants who immigrated to the United States before age 12. The interviews were conducted through online audio calls with no video conferencing to protect participants' privacy. The calls were recorded and transcribed.

### **Definitions**

*Acculturation*: The process of cultural adaptation to the host country's culture (Kim & Abreu, 2001; Yoon et al., 2011; Yoon et al., 2020).

*Asian American*: A person living in the United States with ethnic origins from the Asian continent (Greene, 2021).

*Assimilation*: The process of idealizing and encompassing the dominant or mainstream culture (Castles & Davidson, 2000; Ferrera, 2017; Kymlicka, 1995; Rodriguez, 2018).

*Colonization*: The process in which a group gains power over another group of people and their land (Mercadal, 2022).

*Cultural competence:* The conscious awareness of recognizing people are from different backgrounds and cultures (Piotrowski & Stark, 2021).

*Enculturation:* The process in which a person continues to retain their origin culture (Kim & Abreu, 2001; Yoon et al., 2011; Yoon et al., 2020).

*Filipino American:* A person living in the United States with ethnic origins from the Asian continent (David & Okazaki, 2006; Desai, 2016).

*First generation:* An immigrant who becomes the first in their family to settle in a new land (Ferrera, 2017; Heras & Revilla, 1994).

*Help-seeking behaviors:* The behaviors a person has based on seeking or utilizing mental health services (David, 2008; De Luna & Kawabata, 2020).

*Internalized oppression:* The condition that oppressed groups may have in which they subconsciously believe their inferiority toward their oppressors (David & Okazaki, 2006).

*Mental health issues:* Psychological disorders including anxiety and depression (NIMI, 2022).

*Mental health treatment:* In American medicine, mental health treatment includes behavioral therapy and medication management. However, in Asian cultures, some mental health treatments include nontraditional treatments such as acupuncture, massage therapy, and folk nutritional therapy (NIMI, 2022; National Alliance on Mental Illness [NAMI], 2021).

*Psychological distress:* An emotional state an individual may feel after being triggered by a stressor (Ridner, 2004).

*Second generation:* A child of immigrants who becomes the first in their family to be born in the newly settled land (Ferrera, 2017; Heras & Revilla, 1994).

*Sociodemographic information:* Demographic information, including an individual's age, gender, religious affiliation, immigration, generation status, and socioeconomic status; sociodemographic status may influence a person's mental health (Okamura et al., 2016).

### **Assumptions**

The first assumption was that participants would share their experiences truthfully and honestly in depth. Because the study was designed with open-ended interview questions, there was an assumption that the participants would use their personal voices. However, with this assumption, I considered that Filipino Americans could be quiet and timid due to model racial minority behavior, which is the societal assumption that Asian Americans are well-adjusted (NAMI, 2021). Similarly, although all participants had at least one parent who emigrated from the Philippines, there was an assumption that their parents assimilated to American culture (see Baluyut, 1998; David & Okazaki, 2006; Ferrera, 2017).

Methodological assumptions were simultaneously shaping factors. Because I explored Filipino Americans' descriptions of their mental health experiences, there may have been more that influenced participants than culture. For example, according to the NIMI (2019), women are more likely to experience mood disorders such as anxiety and depression. Similarly, people in the LGBTQI community are more likely to experience mental illness than straight individuals (Kidd et al., 2016). Although Filipino Americans

may experience psychological distress, the assumption of various shaping factors must also be considered before coming to an evidence-based conclusion.

### **Scope and Delimitations**

The purpose of the study was to describe Filipino Americans' experiences with mental health and treatment. In this study, participants were defined as Filipino Americans above the age of 18 who had lived in the United States by the time they were 12 years old. The rationale for the focus was that Filipino Americans have a high rate of suffering from mental illness with a low rate of receiving psychiatric treatment. The population excluded adult Filipino Americans who moved to the United States after the age of 12 because they may have been less assimilated to American culture due to socialization in young adulthood (see Choi, Lee, et al., 2020; David & Okazaki, 2006). In addition, a delimitation of the participant selection included each participant having at least one Filipino immigrant parent.

The present study exhibits potential transferability. Transferability of the study could be possible with different participants, specifically ethnic minority groups. For example, although Filipino Americans are a subgroup of Asian Americans, the study's potential transferability could apply to many Asian Americans. Also, because Spain also colonized Mexico, there is potential transferability to Mexican Americans (see Constantino & Constantino, 2010). The present study also provides a rationale for future studies with potential transferability.

### **Limitations**

Because I conducted a generic qualitative inquiry, there were limitations to consider. First, interviews work most effectively when the interviewed participants feel safe in a trusting environment (Walden University Center for Research Quality, 2020). Researchers may sometimes self-disclose their experiences to encourage the participant to open up (Walden University Center for Research Quality, 2020). However, researcher bias was also a challenge to consider. It is critical to make the participant feel safe and comfortable, and the researcher must be unbiased and ensure their personal beliefs do not impact the participant or the study (Walden University Center for Research Quality, 2020).. The researcher must be able to separate themselves professionally (Walden University Center for Research Quality, 2020). Because I am a Filipino American, impartiality was required while ensuring the participants feel safe and comfortable sharing their experiences. Another potential barrier was possible difficulties recruiting participants for interviews. Because Filipino Americans are underrepresented in social science research, conducting a quantitative study requiring many participants would have been challenging. In this qualitative study, the small number of participants was more feasible to recruit.

### **Significance**

The study was significant because the population addressed was underrepresented in social science research. Diverse representation is critical in social science research. According to Javier et al. (2018), Filipinos' physical and psychiatric health have not been thoroughly researched and understood. As international mental health research grows,

psychologists must research different groups because no population is identical. Because Filipino Americans are underrepresented in health-related research, it was essential to conduct research to understand Filipino Americans better. The present study may elicit questions that may require further investigation for future studies on Filipino Americans and other groups of underrepresented people. Potential findings may lead to positive social change by describing and understanding Filipino Americans' mental health experiences.

NAMI (2021) stated that Asian Americans have a low rate of seeking mental health help despite their high susceptibility to mental illness. Because Filipino Americans suffer from cultural disparities, including internalized oppression through colonization, further research is necessary to understand the population's mental health perceptions and help-seeking behaviors (David & Okazaki, 2006). Although the reasoning behind not seeking care may differ between individuals, I explored Filipino Americans' descriptions of experiences with mental health and the likelihood of receiving help. Having a clearer understanding of the populations' beliefs on psychiatric issues may assist mental health professionals in providing more appropriate care.

### **Summary**

According to Tucci and Moukaddam (2017), mental illness is an international epidemic as over 300 million individuals suffer from depression globally. However, although suffering from psychiatric disorders may be common, the concerning number of people impacted globally is a call to action for further research on this public health crisis. In the United States, 20% of adults suffer from a mental illness (NIMI, 2022).

Because a concerning number of individuals experience psychological distress, researchers must consider what traits or values influence the likelihood of an individual suffering from mental illness, including a person's ethnicity and culture.

Many Filipino Americans struggle with mental illness. The population of Asian Americans is underrepresented, but there is even less of an understanding of the subgroup of Filipino Americans (Garcia & de Guzman, 2017). Filipino Americans are more likely to suffer from psychological distress but are less likely to seek treatment than White Americans, and there is limited research to understand their experiences with mental illness and psychiatric treatment. Using Bronfenbrenner's (1977) ecological systems model and Latane's (1981) social impact theory, I considered various influences such as an individual's culture and social environment. Not only did the present study fill a qualitative gap in research regarding Filipino Americans' description of experiences with mental health and treatment, but it could also facilitate further research to explore more culturally appropriate behavioral health interventions, thereby providing better health care treatment to a racial minority group. In addition, the present study has potential transferability to other ethnic and racial minority groups.

Because the purpose of the study was to describe Filipino Americans' experiences with mental health and treatment, the study's generic qualitative design allowed participants to share their voices and narratives. Participants were Filipino Americans above the age of 18 who had lived in the United States by the time they were 12 years old. Due to the nature of the study and its inclusion of semistructured interviews, there was an assumption that participants would share their stories using honest and in-depth

answers. In addition, the study's potential for future studies and transferability could provide a better understanding of ethnic minority groups' experiences and how to best treat various populations in a more culturally appropriate manner.

## Chapter 2: Literature Review

Although there is a high prevalence of mental illness in the Filipino American community, Filipino Americans have a low rate of receiving mental health treatment (De Luna & Kawabata, 2020). Filipino Americans may struggle with acculturation, cultural identity, and dysfunctional family dynamics, including authoritarian parenting (Choi, Lee, et al., 2020; David & Okazaki, 2006). With culture included in a person's microsystem, researching culture in the Filipino American community may provide insight into Filipino Americans' mental health experiences. Understanding the description of experiences of these individuals may bolster understanding of mental health treatment seeking in this population. Even though researchers have begun investigating this issue, mental health has not been deeply explored within the resilient Filipino American population. Quantitative data may provide some input on the high prevalence of mental illness in Filipino Americans but a generic qualitative study allowed Filipino Americans to describe their experiences using their own words. The present generic qualitative study was conducted to describe the experiences with mental health and treatment of Filipino Americans. The study may be helpful in future research to develop effective methods for getting racial minority groups, such as Filipino Americans, into mental health treatment. In addition, this research may also provide suggestions on how mental health providers can better treat Filipino Americans.

### **Literature Search Strategy**

When searching for relevant materials, I began with searching in the APA PsycARTICLES, PsycBOOKS, PsycExtra, PsycINFO, and Thoreau databases for recent

peer-reviewed literature. The databases were assessed through Walden University's Library search engine. First, the search began with using the keywords *Filipino, Filipino American, mental health, mental health treatment, and help-seeking behaviors*. The results indicated many prevalent risk factors but minimal recently published research on Filipino Americans' experiences in mental health treatment. The search was broadened to include the keyword *Asian-American*. The keywords *colonial mentality, culture, family dynamics, parenting styles, and resilience* were also used after being mentioned in relevant materials. The search for relevant articles related to the theoretical foundation included these keywords combined with *Bronfenbrenner's ecological model, Latane's social impact theory, and microsystem*. Additional keywords searched included *anxiety, authoritarian parenting, assimilation, cultural education, cultural identity, cultural portals, depression, enculturation, immigrants, indigenous Filipino psychology, and Philippines' history*.

### **Theoretical Foundation**

Bronfenbrenner's (1977) ecological model theory and Latane's (1981) social impact theory served as the theoretical foundations for the study. In Bronfenbrenner's ecology of human development, individuals are influenced differently based on external factors. For example, the ecological system closest to a person is the microsystem, including the individual's immediate environment, such as culture, family, and the society surrounding their geographic location. According to Latane's social impact theory, whether a person is responsive to social influences increases with the group's strength, immediacy, and size.

### **Bronfenbrenner's Ecological Model**

The ecological model provides a theoretical foundation to explain the extent of external factors' impact on an individual. Bronfenbrenner's (1977) theory, inspired by Leontiev, Lewin, and Dearborn, aimed to provide a new perspective addressing the ecological systems of human development. The ecological model explains that experiments might not have true ecological validity because the laboratory creates a different environment and impact on participants, influencing their answers to researchers. Bronfenbrenner's theory includes different systems that influence individuals: microsystem, mesosystem, exosystem, macrosystem, and chronosystem (added in 1986). The microsystem includes an individual's immediate environment and influences, and the mesosystem is composed of a person's interrelations. The exosystem involves societal institutions, while the macrosystem refers to large-scale institutional patterns such as political systems (Bronfenbrenner, 1977). In any individual, personalized influences included in the ecological model will impact them.

Many Asian Americans experience the struggle of conforming to contradictory Asian traditions and American customs. It can be challenging to see media portraying family cultures differently from others' experiences with parents from different cultures. Depending on the influences included in an individual's ecological model, their experiences in life differ. For example, Filipino Americans may experience the damage of colonial mentality and enculturation, impacting their concept of themselves in society (David & Okazaki, 2006). The individual's family's culture may factor into their colonial mentality. For example, a Filipino American raised in a diverse neighborhood may feel

less internalized oppression than a Filipino American living in a predominantly White neighborhood.

In addition, because the ecological model includes timing in the chronosystem, the timing of a person's life and exposure to cultures also changes (Bronfenbrenner, 1986). For example, a Filipino who immigrated to the United States when the United States occupied the Philippines would have a different experience than a Filipino who immigrated 50 years later. The outcome of these differences results in different experiences for Filipino American children. The time when Filipino parents immigrated to America would influence the extent of assimilation.

The ecological model has been used as a foundation for psychological research for decades. In recent literature, Vélez-Agosto et al. (2017) proposed that culture is included in the microsystem rather than the macrosystem. Vélez-Agosto agreed with Vygotsky's sociocultural theory in which culture influences everything because individuals internalize their cultural experiences. Because culture impacts others, considering culture as a microsystem may be helpful when examining Filipino Americans. With each Filipino American experiencing their own culture differently, it would be beneficial to understand different perspectives on cultural journeys.

### **Latane's Social Impact Theory**

Working in cohesion with Bronfenbrenner's ecological model theory, Latane's (1981) social impact theory suggests that the equivalent social impact drives social forces. Latane's theory explains that a person's status impacts social forces, strength, immediacy, and amount of impact. For example, when immigrating to America, Filipino

immigrants are influenced differently based on their location and community. Although some may assimilate to American cultures, others never change or progress their customs. In addition, Filipino Americans who have cultural support may have different responses than those in a predominately White area (Ferrera, 2017). Based on Latane's theory, Filipino Americans may be more likely to assimilate to American customs in areas where they are the racial minority with little heterogeneous Filipino support and involvement in the Filipino community. It is worthwhile to examine the level of social impact Filipino Americans have when studying the population.

Because mental health problems persist as an epidemic in the United States, understanding the description of Filipino Americans' experiences with culture is essential in studying their mental health. The different levels of social impact may influence their experience with mental health. Regardless of ethnicity, if a person struggling with mental health issues knows others receiving psychiatric treatment, the social impact theory would imply that the person would be more likely to receive treatment. However, when considering culture as an influence, a person must recognize the stigma of psychiatric illness in Asian American populations that may also impact many Filipino American social networks.

### **History of the Population**

With any research, the population studied must be understood. When exploring immigrant populations, there are considerations to make including the history of the population in their native country and their country of immigration. Because I used Filipino Americans as the sample population, both the history of the Philippines and the

history of Filipino Americans in the United States warranted consideration. In addition, aligned with Bronfenbrenner's (1986) ecological model theory, the different ecological systems, including the chronosystem, were considered. The chronosystems of immigrants throughout history will have vastly different impacts on each individual.

### **History of the Philippines and Spanish Colonization**

The Philippines has a long history of colonization. The nation was overtaken multiple times, and the country has been liberated four times (Constantino & Constantino, 2010). Because the islands are centrally located for international trade, controlling the land and surrounding waters was very appealing. Spanish colonization is evident even in the nation's name as the islands were named after King Philip II of Spain (Constantino & Constantino, 2010). According to Constantino and Constantino (2010), the Philippines was first invaded in 711 by Arab Muslims; the invaders took control of the southern Philippine islands, leaving the northern regions later invaded in 1521 by Ferdinand Magellan. Spain recognized how profitable acquiring the Philippines could be with mercantilism and justified the colonization of the islands to serve the Church; however, Constantino and Constantino noted that the Church was interested in commercial interest.

Spain's colonization of the Philippines created a revolution within native Filipinos because they were unhappy with the treatment of indigenous people, including forced Christianity and unequal social and economic statuses; revolutionaries such as Jose Rizal and Andres Bonifacio tried to help Filipinos have more of a voice in the government (Constantino & Constantino, 2010). However, Spain signed the Treaty of Paris and sold

the Philippines to the United States, and American colonization quickly began in the Philippines (Constantino & Constantino, 2010). With Spanish rule from 1521 to 1898, Filipinos were forced to lose their indigenous values and live culturally Spanish lives in their home country. Because colonization is a significant component of the history of the Philippines, it is essential to recognize the influence it carries. The Filipino population, both in the chronosystems at the time of colonization and modern-day chronosystems, is impacted by the nation's history.

### **Colonial Mentality**

David and Okazaki (2006) discussed colonial mentality and its implications for the Filipino American population. Understanding a population's cultural and historical context is vital when conducting research. As Filipinos were colonized, first by the Spaniards and later by the United States, colonization significantly influenced Filipino psychology. After outlining the frameworks of colonial mentality, including the psychological impact of oppression, David and Ozaki recommended three future research endeavors to address and work through colonial mentality. Overall, David and Okazaki's article provided insight into considering historical context and implications when researching the Filipino American population.

The present study addressed mental health experiences of Filipino American populations. David and Okazaki (2006) recommended that behavioral health providers consider colonial mentality when assessing and treating Filipino American patients. More research must be conducted on Filipino Americans, such as developing effective intervention programs that are population specific. In the present study, I aimed to

explore mental health experiences of Filipino Americans. Considering colonial mentality was crucial when developing tools to conduct research and interact with the participants.

### **Indigenous Filipino Psychology**

Social science research is appropriate to understand Filipino Americans' mental health. Hufana and Consoli (2020) mentioned that cultural values are essential to consider when studying the Filipino community. Specifically, Hufana and Consoli suggested using indigenous *Sikolohiyang Pilipino* (Filipino psychology) in future studies examining Filipino participants. Hufana and Consoli used the impact of *kapwa* or connectedness because *kapwa* is a foundational Filipino value and a cultural variable that could be beneficial to examine. Studying further *Sikolohiyang Pilipino* could provide input into new cultural aspects.

### **History of Filipino Americans in the United States**

Filipinos were first brought to the United States over 400 years ago. According to the Filipino American National Historical Society (n.d.), the recorded Filipinos arrived on October 18, 1587, at what is now considered Morro Bay, California. However, the history of Filipino Americans is also impacted by the U.S. control of the Philippines. In 1898, the United States bought the Philippines from Spain for \$20 million (Constantino & Constantino, 2010). As the United States continued colonizing the Philippines with Western values, they also brought an American education system, including teaching native Filipinos English. After socializing Filipinos through education, the United States sent Filipino natives to America to attend American colleges (Constantino & Constantino, 2010). Shortly after, Filipinos were then given the legal right to work in the

United States, working primarily in agriculture and farming (Constantino & Constantino, 2010). According to Ponce and Trinidad (1981), although Filipinos had the right to work in Hawaii's plantations in 1906, the Immigration Acts of 1917 and 1924 allowed Filipinos to work on the mainland of the United States.

Although Filipinos had the legal right to work, society did not always accept them. On January 19, 1930, Filipino immigrants were attacked in Watsonville, California (De Witt, 1979). American farmers in rural areas attacked Filipino farmers and business people, dragging them from their work and homes (De Witt, 1979). Anti-Filipino riots continued through January 23, 1930, in other California towns, such as Stockton, San Jose, and San Francisco (De Witt, 1979). Because of the Americans' violence, the federal Tydings-McDuffie Act restricted the number of Filipino immigrants to 50 per year (Office of the Historian, n.d.). In addition, the Philippines held protests in solidarity with the violence occurring to their people, creating tension between the United States and their colonization of the Philippines (Constantino & Constantino, 2010). As immigration decreased the farms hired Latinx workers to work alongside Filipinos (De Witt, 1979). Together, Filipinos and Hispanic farmers worked and protested for better employment treatment and working conditions through their Filipino and Mexican Labor Unions.

During World War II, the U.S. military offered Filipinos American citizenship in exchange for enlisting. In 1934, citizenship opportunities were repealed when California made Filipino immigrants ineligible for citizenship (Office of the Historian, n.d.). Then, in 1935, the U.S. Congress passed the Repatriation Bill to facilitate the removal of Filipinos from the United States (Office of the Historian, n.d.). After the bombing of

Pearl Harbor, Filipinos, alongside Chinese and Japanese families, were relocated to internment camps, such as Manzanar (Cruz, 2014). In 1946, President Harry S. Truman signed the Treaty of Manila, officially recognizing the Philippines as an independent nation (U.S. Department of State Bureau of Consular Affairs, n.d.). However, the negative impact of the United States remained in the Philippines (Constantino & Constantino, 2010). Despite the Philippines being an independent country, the Treaty of Manila granted the United States preferential trade tariffs, allowing them to take advantage of the Philippines' resources and trade location.

In 1965, the Hart-Cellar Act abolished immigration quotas based on nationality, leading to a large wave of immigration from Asia (U.S House of Representatives, n.d.). The U.S. Congress passed the Immigration Reform Act of 1990, which granted U.S. citizenship to Filipino WWII veterans resulting in 20,000 Filipino veterans taking an oath of citizenship (Howe, 1990). In 1991, the Filipino American National Historical Society (n.d.) board of trustees proposed the first annual Filipino American History Month. While it was not recognized until 2006 in California, it was not nationally recognized until 2009 (Filipino American National Historical Society, n.d.).

### **Cultural Identity**

Filipino people may struggle with their cultural identity given the Philippines' history. According to De Luna and Kawabata (2020), Filipino Americans may face various obstacles regarding learning American cultural values and practices while trying to remain enculturated. Finding one's cultural identity can be a challenge in itself. Filipinos lived in a colonized society for over 400 years. First, Filipino individuals living

in the Philippines may struggle with cultural identity as the Philippines was colonized and occupied by Spain, the United States, and Japan. With three influential cultures all impacting the society of the Philippines, they also impacted how Filipinos viewed themselves.

A critical component of cultural identity in Filipinos is internalized oppression. Because the Philippines was colonized for many years, the natives were socialized to internalized oppression. In a recent study by Tuazon et al. (2019), the authors note that counselors must acquire cultural competence to work with and treat Filipino American psychiatric patients effectively. Filipino American history includes colonization, which may cause internalized oppression; their historical past must be understood prior to working with them in a behavioral health setting. David and Okazaki (2009) describe internalized oppression as the condition that oppressed groups may have in which they subconsciously believe their inferiority towards their oppressors. As the Philippines was oppressed by Spain, Japan, and the United States, the following societies may feel inferior to many different people (Ferrera, 2016). As the United States built educational institutions to socialize the Philippines, their education may also have taught the inferiority of different nationalities.

When living in the United States, historically, Filipinos have not had power and experienced hate and prejudice. As Filipino immigrants are considered first-generation Filipino Americans, second-generation Filipino Americans are born in the United States. With second-generation Filipino Americans being born by immigrants into a country

with different cultural practices than their parents, their cultural identity may clash with their parents and influence their overall mental health and well-being.

### **Culture as a Microsystem**

As the different cultures that an individual is exposed to impact them, it is critical to consider culture as a microsystem. According to Bronfenbrenner's (1977) Ecological Model, the microsystem consists of influences directly interacting with individuals, such as their family, peers, religion, community, or school. O'Keefe (2018) suggests that Bronfenbrenner's (1977) model includes investigating cultural exposure within their immediate settings and social context. Considering how the Ecological Model influences one's mental health, it may be challenging for an individual when their microsystems function with contradicting beliefs and values (Oberle et al., 2011).

### **Enculturation and Acculturation**

As the Philippines' history includes colonization by multiple societies, enculturation and acculturation play significant roles in influencing Filipinos. According to Sun et al. (2016), acculturation is one's adaptation to mainstream groups, and enculturation is one's adherence to heritage culture (Kim & Abreu, 2001; Yoon et al., 2011; Yoon et al., 2020). Many Filipino Americans experience the challenge of balancing acculturation and enculturation. Latane's (1981) social impact theory can be evident in both acculturation and enculturation. For example, a Filipino American living in a predominantly Caucasian neighborhood may feel more pressured to fit more than a Filipino American who lives in a diverse area where enculturation is encouraged. The environment one lives in may impact an individual's levels of acculturation and

enculturation. However, both enculturation and acculturation pose challenges. If a person chooses to adapt to their environment and lose their cultural heritage, they may feel inauthentic to their heritage. In contrast, a person who does not adapt may experience bullying. Enculturation and acculturation are essential factors to consider when studying an immigrant population.

### **Resilience**

When examining a specific demographic, the population's culture is essential to consider. For example, as Filipinos were colonized by the Spanish and United States, the history and oppression had a psychological impact on the entire Filipino community. In Hufana and Consoli's (2020) article, the study's primary purpose was to understand how Filipino Americans have experienced resilience when facing adversities. With semi-structured interviews, nine participants who live on the West Coast of the United States, including first- and second-generation Filipino American individuals, provide their narration. As a result, there were two primary themes coded post-interview. One central theme was the participants' reliance on social support, including family, peer, and community-level support. In addition, the participants had overcome adversity from being a minority in America through reliance on personal initiative, mental reframing, and positive self-care.

Hufana and Consoli's (2020) article provides insight on resilience, which may impact individuals' experiences with mental health. Resilience can be considered a help-seeking behavior to cope with psychological distress (Hufana & Consoli, 2020; Ferrera, 2017). In addition, as Filipino culture suggests, individuals rely on social support,

especially from their family; it also provides insight into how Filipino Americans may manage their mental health. Following Latane (1981), the more Filipino culture one may be surrounded with may impact how much a Filipino American may utilize in enculturation. For example, an individual who grew up in a predominately Filipino American neighborhood may use resilience by relying on social support. In contrast, an individual who grew up in a predominantly white neighborhood may use other coping mechanisms for resilience through psychological distress.

### **Cultural Education**

Cultural education is also an essential factor to consider when researching minority populations. Beginning when Spain was responsible for education in the Philippines, the history of the Philippines was taught to favor Spain. According to Constantino and Constantino (2010), the Spanish called the Muslim Filipino's attack on Luzon and the Visayas an attempt of thievery despite the Muslims being in the Philippines prior to Spanish colonization. With education often having a European bias, the objective truth may be omitted. According to Friedman (2017), cultures must be included in education as each individual has unconscious biases, including culture and gender; the lack of cultural competence in education puts individuals who acculturate at an advantage. As biases can be included in educators and curriculum, the lack of cultural education may cause immigrants to acculturate to fit in.

### **Culture and Family**

Another factor to consider when researching immigrant populations is the differences in cultures and how they may influence immigrants regardless of generational

status. As each culture has different values, Filipino Americans' lives may look different from other Americans of various ethnicities. According to Bartolome et al. (2017), Philippine society views the family as a central and fundamental component of an individual's social networks. Family is an essential factor to Filipinos; families may be less family-oriented in more individualistic cultures. Parallel to history being part of one's chronosystem, culture is a part of one's microsystem. Culture will impact individuals and family dynamics differently.

### **Parenting as a Microsystem**

In addition to considering immigrant populations' culture as a microsystem, family dynamics must also be considered in the ecological model. As parenting is an immediate environment for a child, parenting and family are included in Bronfenbrenner's (1986) microsystem. With parenting being such a significant influencer on an individual, researchers must review populations' various ecological systems. Bronfenbrenner and Ceci (1994) note that understanding human development requires considering the entire] ecological system in which growth occurs. As culture may impact an individuals' family dynamics, it would parallelly influence how a parent raises their child.

### **Moderated by Parent Child Relationship**

Steele and McKinney (2019) examine the moderating relationship that the quality of a parent-child relationship has on parenting styles' impact on an individual's psychological problems in early adults. The authors used self-reporting questionnaires to measure: emerging adult internalization and externalization of issues, perceived parenting

style, and parent-child relationship quality. The study found that children whose parents utilized the authoritarian and permissive parenting styles had a higher likelihood of internalizing overall mental health issues, externalizing psychological problems, and suffering from mental illness and substance abuse in adulthood (Gershoff & Grogan, 2016; Piquart, 2017; Steele & McKinley, 2019). A significant limitation of the study is that the sample is not generalizable to most of the population. With the sample population from a university in the southern United States, 73% of the participants were Caucasian. As Filipino Americans' parents tend to utilize the authoritarian parenting style, it is no surprise that they have a higher likelihood of suffering from psychological distress (Ho, 2014).

Steele and McKinney's (2019) study included less than 100 Asian-American participants in a sample of 2732. The present study focused solely on the participants' descriptions of experiences with mental health. One moderating factor to explore would be the participants' parental relationship quality; parenting styles may directly impact their relationship with their parents. In addition, Steele and McKinney's (2019) article examines an individual's psychological problems. As the present research studies the experiences of mental health, Filipino Americans' stories of mental distress will be considered.

### **Parenting's Implications on Mental Health**

As research on mental health continues, psychologists are gaining a better understanding of illnesses' contributing causes. In a study by Mousavi et al. (2016), the authors examine the relationship between 227 adolescent students' anxiety and their

perceived parenting styles. Mousavi, Low, and Hashim used questionnaires to measure the variables of their parental rearing behaviors and their anxiety symptoms. After conducting a statistical analysis, the data concluded that anxiety in adolescents is connected to their parents' practicing overprotection, rejecting their children, or utilizing the anxious rearing style (Mousavi et al., 2016).

Mousavi et al. (2016) note that although literary evidence suggests that culture impacts parenting style, further research is necessary. The authors discuss that the authoritarian parenting style is frequently utilized in Asian cultures; however, Filipino Americans are a multicultural population with Western influences. The present study fills a gap in research that Mousavi et al. (2016) provided. Also, it expands to describe the family dynamics that some Filipino Americans experience. While many Asian-Americans may report having authoritarian parents, the present study provided a new perspective on the Filipino American subgroup.

### **Assimilated Parents**

Ho (2014) wrote a systematic review that examined parenting in Asian immigrant parents and acculturation's impacts on parenting. The study's primary purpose was to conduct a literature review to analyze evidence pertaining to acculturation and its implications on parenting in the Asian-American population. Ho's (2014) review is significant because Asian-American children are at higher risk of experiencing depressive symptoms. Although more studies on the Asian-American population need to be conducted, the limitation of lack of publications calls for future research.

As acculturation also has implications that may lead to family conflict, it is no surprise that it can be related to immigrant parents' parenting styles. Ho's (2014) review provides a framework for challenges immigrant families may have faced in the present study. Finally, the study notes that continued research is necessary for Asian-American families. As Filipino American families are underrepresented, the present study aimed to fill the gap in research.

### **Immigrants' Perception of Mental Health**

As the study examines the experiences Filipino Americans describe having with mental health treatment, one consideration is their populations' perception of mental health. According to Tuazon et al. (2019), Filipino Americans may have a colonial mentality, causing depreciation of Filipino culture; colonial mentality may cause individuals to denote social support, a key component in Filipino culture. In a recent study by De Luna and Kawabata (2020), the authors assessed the relationship between enculturation and help-seeking behaviors for mental health treatment; in addition, the study also examined whether self-stigma was used as a mediation variable in Filipino American college students located in Guam. De Luna and Kawabata's (2020) study concluded that higher levels of enculturation were positively correlated to higher levels of self-stigma; self-stigma was then found to be a predictive variable for lower levels of seeking mental health treatment. Filipino culture insists on social support for resilience, so they may be deterred from seeking mental health treatment to stay aligned with the culture. The authors note that recent research provides evidence that the process in which immigrants must culturally adapt is associated with poor mental health conditions,

including psychological distress; despite the risks of psychiatric distress, immigrants continue to seek behavioral health treatment at an alarmingly low rate (De Luna & Kawabata, 2020; Shea & Yeh, 2008). The low rates in the Asian-American community may be driven by negative stigma within cultural beliefs.

As a cultural microsystem may impact parenting, it will also influence the perception of mental health. For example, some Filipino Americans may not support mental health treatment due to Catholicism, while others may not value modern medicine (Stotts, 2019). The parental microsystem also influences the perception of mental health. Whether immigrant parents believe in psychiatric illnesses may sway second- or third-generation Filipino Americans away or towards believing in mental health, which is an important consideration in the present study.

### **Authoritarian Parents**

According to Park et al. (2010), Asian-Americans have a higher likelihood of parenting practicing the authoritarian style than Caucasian parents. Similarly, Bartolome et al. (2017) note that Filipino parents tend to utilize authoritarian parenting styles. Bartolome et al. (2017) conducted a qualitative study examining the literature on parental involvement during a child's education in the Philippines. The study found a range of parenting involvement, such as underinvestment and overinvolvement with high academic expectations; however, Filipino parents may engage with their children regarding their education, but Filipino culture may sometimes contradict individualistic needs, including education (Bartolome et al., 2017). For example, as parental involvement differs for each family, some parents may be verbally involved in their

child's education, ensuring they complete their homework while others may involve themselves by helping tutor the student. In addition, Filipino children may also struggle with education in adolescents and young adulthood as their parents require their families to be a priority when they have academic responsibilities and parental standards with education to uphold (De Luna & Kawabata, 2020). Although authoritarian parenting is popular among Asian-American parents, Baumrind (1971) noted that authoritarian parenting could harm a child's self-esteem. Baumrind suggests that parents should strive to parent using the authoritative style instead of using the authoritarian style as the authoritarian style has a higher likelihood of children having positive self-esteem (De Luna & Kawabata, 2020). As parenting is an influential component of an individual's microsystem, Filipino parents who utilize the authoritarian style may emotionally harm their children.

### **Disempowering Parenting**

In Choi et al.'s (2020a) article, the authors conducted a multivariate analysis to evaluate the relationship between disempowering parenting and Filipino American youths' mental distress. Using a scaled longitudinal study design, the authors found that Filipino American and Korean-American parents utilized disempowered parenting, which heightened adolescents' mental distress (Choi et al., 2020a). Disempowering parenting, which can also be characterized as the ABCDG model (abusive, burdening, culturally disjointed, disengaged), is common in Asian-American parenting. Choi et al. (2020a) suggest that more research on Filipino Americans' mental health is necessary to understand the Asian-American subgroup and develop culturally appropriate

interventions. One component of disempowered parenting that may heavily influence Filipino Americans is whether a family is culturally disjointed (Choi et al., 2020a). With Filipino Americans being raised to idealize Western culture, they may feel culturally disjointed from their families if they pursue Filipino culture over Western values.

The article provides insight into the mental health experiences of Filipino American youth, but it also connects mental health to parenting (Choi et al., 2020a). The present study considered disempowering parenting experiences when interviewing for family dynamics, which may influence the individual's description of their mental health experiences. For example, Choi et al. (2020a) state that prior research has attempted to study tiger parenting in the Asian-American population. The ABCDG model of disempowering parenting could be a valuable reference for authoritarian parenting in Filipino American families.

### **Mental Health Risks and Protective Factors**

Multiple studies have found that immigrants' cultural adaptation may be associated with higher mental health risks, including psychiatric distress (De Luna & Kawabata, 2020). Regardless of the high mental health risk factor, Asian-Americans, especially the Filipino American subgroup, seek psychiatric treatment at an alarmingly low rate compared to Caucasians. While cultural beliefs and values could be mental health risks, aspects of Filipino culture may also be protective factors for the population. As Filipino family dynamics may be both mental health risks and protective factors, the culture must be considered in the same manner.

## **Depression and Anxiety**

Mental illness impacts many individuals, including minority groups. Filipino Americans may face psychiatric issues, such as depression, anxiety, and suicidal ideation (Hufana & Consoli, 2020). According to Martinez et al. (2020), over 10% of Filipino Americans suffer from psychological distress. Filipino Americans struggling with acculturation, enculturation, and potentially toxic family behaviors may be more susceptible to mental health risks. Mental health risks Filipino Americans may experience are related to sociodemographic influences (Okamura et al., 2016). As Filipino Americans are impacted by migration status, each generation has various challenges.

In a recent study by Choi et al. (2020b), the authors examined and investigated explanatory patterns in mental health trends within Asian-American adolescents. In the study's population of Filipino American and Korean-American adolescents emerging into adulthood, Choi et al. (2020b) note that the population may be more vulnerable to mental health problems than other ethnic groups. The study used quantitative surveys in a longitudinal data collection protocol (Choi et al., 2020b). After conducting a linear regression analysis, Choi et al. (2020b) found that levels of depressive symptoms were significantly related to the participants' family processes and peer influences. The family processes that Choi et al. (2020b) measured were parent-child conflict, bonding, and explicit affection, while peer relations included peer relation and antisocial behavior. As Asian-Americans tend to parent using the authoritarian style, parent-child conflict may be high within the population with low rates of bonding and explicit affection (Choi et al., 2020a; Choi et al., 2020b; De Luna & Kawabata, 2020; Park et al., 2010). In addition, the

authors also discuss that one potential reason that may influence adverse mental health in Asian-American culture is the lack of strong ethnic identity (Choi et al., 2020b). As cultural identity has been found to contribute to stronger confidence and a sense of self, Asian-Americans may be more vulnerable to higher levels of depressive symptoms due to low ethnic identity (Choi et al., 2020b). As minority groups may be more vulnerable to depressive symptoms, Filipino Americans whose colonized history impacts their culture to idealize Western culture may likely suffer from psychiatric distress.

### **Role of Enculturation in Mental Health**

In a recent study, De Luna and Kawabata (2020) examine the relationship between enculturation and mental health habits in Filipino American college students. The authors examined the association with mental health help-seeking attitudes and surveyed enculturation with a mediating variable of self-stigma (De Luna & Kawabata, 2020). De Luna and Kawabata (2020) define enculturation as an individual's socialization process to retain their traditional culture. One of the social issues that can cause Filipino Americans mental distress is the issues and disparities they experience with acculturation and enculturation. Acculturation, in contrast, is the process of assimilation.

Similarly, the present study researched Filipino Americans who may have been impacted by acculturation and enculturation first-hand. Not only is Filipino parenting a blend of traditional Filipino values and Western colonized values, but Filipino Americans also experience peer pressures to assimilate while receiving familial pressure to stay true to Filipino culture. When including familial questions in the present study, pressures of or

lack of acculturation and enculturation may involve all parenting styles. De Luna and Kawabata (2020) introduce influential factors impacting many Filipino Americans.

### **Colonial Mentality and Mental Health**

In a recent study by Tuazon et al. (2019), the authors examine Filipino Americans' relationships between colonial mentality, ethnic identity, acculturation levels, and social support. The authors also examined the impact of identity, predictive behaviors of mental health help-seeking attitudes, colonial mentality, and internalized oppression in Filipino Americans. The study concluded that the less acculturated a participant was, the less they had a colonial mentality (Tuazon et al., 2019). In addition, the study found that having a higher level of enculturation and social support correlated to a lower rate of colonial mentality (Tuazon et al., 2019). In tandem with Latane's (1981) social impact theory, it is no surprise that social support can be nurturing of an individual's enculturation. The study concluded that social support was negatively correlated to colonial mentality. In contrast, the colonial mentality was positively correlated to enculturation. The authors suggest that counselors must understand Filipinos' history of colonization and its impact on the reality of the psyche of Filipino Americans (Tuazon et al., 2019).

Tuazon et al.'s (2019) provided great insight into various considerations when researching Filipino Americans. First, as the findings show that social support can help with the challenges of colonial mentality, the present study must consider the participants' levels of social support (Tuazon et al., 2019). As Filipino culture traditionally revolves around social support, having a strong sense of social support may

be helpful not only in combating colonial mentality and practicing enculturation and in positive mental health practices. Finally, as Tuazon et al. (2019) discuss that cultural competence is necessary for mental health treatment, the present study considered cultural influences on mental health-seeking treatment in Filipino Americans.

As more research is conducted on Filipino Americans, more findings parallelly conclude the influence colonial mentality has on the Filipino population. Tuazon et al. (2019) stated that one issue in colonial mentality is that Filipino Americans denigrate Filipino culture and assimilate Western values. However, as colonial mentality is misaligned with Filipino values of connectedness and togetherness, Filipino Americans struggle with identity and mental health issues. Cultural identity is vital in any population. As the present study examined a multicultural population, acculturation, assimilation, and colonial mentality are essential influences that must also be examined.

### **Help-Seeking Behaviors of Filipino Americans**

Although Filipinos may have higher risks of psychological distress, mental health treatment may not be as prevalent within the population. De Luna and Kawabata (2020) note that traditional Filipino cultural values, which may not necessarily approve of seeking professional help for psychiatric distress, may cause some Filipino Americans to be less likely to seek mental health treatment. With the Philippines primarily being Catholic, religion plays a significant factor in the lack of seeking mental health treatment. Many studies show that places of worship may double as places to receive help with mental distress (REFS) (Papaleontiou-Louca, 2021). Although faith and religion can be

helpful coping mechanisms for many people, they may sometimes draw individuals away from mental health treatment.

In a recent study, Papaleontiou-Louca (2021) investigated the effects of faith, religion, and spirituality on an individual's mental health. The authors' purpose of the article was to summarize the published literature regarding the relationships between spirituality and mental health (Papaleontiou-Louca, 2021). While faith may have positive benefits, Papaleontiou-Louca (2021) notes that practicing religion may not always be beneficial as religious culture may include hatred and codependence and may focus on guilt rather than love. Stotts (2019) discusses that guilt has been used as a significant factor of Catholicism; the guilt of sins drives believers to practice confession and reconciliation. Unfortunately, upon the confession of sins to a Catholic practitioner, individuals may still feel guilt despite practicing a reconciliation ritual, which may create more mental distress for an individual (Papaleontiou-Louca, 2021; Stotts, 2019). Some individuals who practice religion may believe religion can be a replacement for mental health services, relying on prayer and the church community for support; while religion may provide benefits to a person's mental health, religious practices may help with but not replicate the work of a mental health clinician (Papaleontiou-Louca, 2021). Also, Lynch et al. (2018) note that some American Catholic males may fear seeking mental health treatment as it may be seen as weak and emasculating due to religious stigma. As Catholicism may still have a stigma against mental health treatment, it may influence one's decision to seek mental health treatment (Lynch et al., 2018; Papaleontiou-Louca,

2021; Stotts, 2019). As Catholicism and social support heavily influence Filipino culture, Filipinos may be less likely to seek treatment for psychiatric distress.

In addition, another reason that Filipino Americans may not seek out mental health treatment is the disconnect between Western and Filipino cultures. As American therapy is centered around Western values, therapists must acquire cultural competence for patients of migrant families. Constantino and Constantino (2010) note that “Filipinos [are searching] for truly Filipino solutions to Filipino problems” (p. 7). For example, Filipino American patients may discuss their familial issues with their psychiatric clinician. Their behavioral health practitioner must then consider Filipino values and the importance of family around the patients’ culture to find tangible and culturally competent solutions. Filipino Americans deserve treatment that is considerate of their culture, values, and lifestyle.

### **Relationships With Peers**

As Filipino culture centers family around one’s social life, building relationships is critical to Filipino American culture. With American culture being more individualized than Asian culture, Filipino Americans may find themselves building chosen families with friends. Depending on the individuals’ microsystem, they may or may not be exposed to a diverse community. A relationship with someone ethnically heterogeneous may provide a new cultural perspective, while a homogenous friendship may deliver comfort and familiarity.

### **Ethnically Heterogeneous and Homogeneous Friendships**

As the present study involved Filipino Americans' experiences with mental health, a study by Chang and Samson (2018) provides insight into the population's social and mental health habits. The study aimed to determine the association between ethnically heterogeneous friendships and symptoms of psychiatric distress and the mediation of friendship discord. Chang and Samson's (2018) methodology included measurement using a scale of depressive symptoms, the number of hetero- and homogenous friendships, friendship discord, and Filipino ethnic identity. The study concluded a higher likelihood of depressive symptoms for Filipino American participants who claimed to have other Filipino friends (Chang & Samson, 2018). As homophily, or the act of creating social ties to those similar to oneself, occurs, Filipino Americans' mental health may benefit from having friendships with other Filipino Americans. Although ethnically heterogeneous friendships may provide cultural exposure and understanding of a new perspective, friendships that occur within the same ethnic group may be able to provide cultural support more aligned with an individual's ethnic values and traditions. Unfortunately, because Filipino Americans are still a minority group in the United States, many cannot have homogeneous friendships and already have unmet mental health needs.

Filipino Americans' mental health may be impacted by not having homogeneous friendships. Filipino American children and adolescents may benefit from homogeneous support peers. For example, as Chang and Samson (2018) note, many Filipino parents tend to be strict, and authoritarian parenting is common. If another Filipino American

could connect with them and provide friendship, the perception of mental health may change. The present study may benefit from considering participants' heterogenous and homogenous friendships. Social support in any population could be a critical influence when studying mental health.

### **Cultural Portals**

In an article by Ferrera (2017), the author examined why Filipino Americans may experience obstacles, such as colonial mentality, ethnic identity formation, and issues with family dynamics. The study consisted of a mixed-methods approach, utilizing quantitative surveys and qualitative interviews, specifically investigating second-generation Filipino Americans (Ferrera, 2017). Ferrera (2017) found that most participants expressed insufficiency in the accessibility of Filipino culture and education and that all participants expressed the importance of understanding Filipino heritage. Ferrera (2017) also discussed that second-generation Filipino Americans might experience constrained enculturation, in which they are encouraged to idealize and assimilate American culture. Because Filipino parents may have a colonial mentality, Filipino American children may struggle with negatively biased racial socialization to American culture (Ferrera, 2017). There is increasing concern over immigrants' mental health, with more studies concluding that acculturation has negative psychological implications. More than half of the participants explained that they lacked accessibility to Filipino cultural education. Constrained enculturation, or the endorsement of assimilation, can be detrimental to immigrants and the children of immigrants' mental

health; however, it is common among those whose parents embrace the colonial mentality.

Individuals may use cultural portals to cope with constrained enculturation. For example, a Filipino American may confide in other Filipinos for resilience to assimilate (Ferrera, 2017). Immigrants may also congregate in communities for cultural and social support in some areas. For example, in metropolis areas, such as New York or Vancouver, the cities have their own Chinatown areas in which many Asian-Americans reside (Baffie, 2014). Cultural portals can be utilized for support and resilience for individuals who may come from a minority ethnic background. Following Latane's (1981) social impact theory, cultural portals can be powerful if the social aspect is large enough. Spending time in areas with heavily ethnic-specific populated areas could benefit Filipino Americans' mental health, with better accessibility to homogeneous friendships. By utilizing cultural portals, such as having ethnically homogenous friendships, Filipino American individuals can rely on other Filipinos in times of psychiatric distress or when experiencing challenges in cultural identity.

Cultural identity can be an influential factor in one's mental health. Under the Bronfenbrenner (1977) ecological model, the author notes that one's culture directly impacts individuals and their microsystems. The present study considered the implications of the Bronfenbrenner (1977) ecological model and how it frames the research question: how do Filipino American adults describe their experience with mental health issues and treatment? As culture and parents are included in an individual's microsystem, the ecological model also provides a theoretical framework to examine

Filipino Americans' descriptions of experiences with mental health. Culture and parents are in the microsystem, directly influencing individuals, reflecting their values, beliefs, and perceptions.

### **Summary**

When researching an ethnic-specific population's description of experiences with mental health, there are many cultural influences to consider. Following Bronfenbrenner's (1977) ecological systems model, microsystems may influence individuals differently. As culture may be included in one's microsystem, Latane's (1981) social impact theory notes that the more concentrated a population is, the more social influence it has. From the history of the Philippines and colonization, Filipino culture has been influenced heavily by values brought in by Arabs, Spain, Japan, and the United States. The culture has become heavily Western with colonial values while still upholding some Asian fundamentals.

Similarly, family values in Filipino American culture include authoritarian parenting dependent on parental and familial assimilation. As authoritarian parenting may lead to mental health risks, Filipino Americans may be more at risk for psychological distress than Caucasians in the United States. Unfortunately, despite Filipino Americans' high risk of mental illness, many do not seek mental health treatment. Whether Filipino Americans seek mental health treatment may also vary based on their ethnically heterogeneous surroundings. With cultural portals and strong relationships to help resilience among Filipino Americans, they may influence one's mental health and their likelihood of receiving mental health treatment.

The present study asked Filipino American adults to describe their experience with mental health issues and treatment, using cultural psychology themes. The present study fills a gap in research as Filipino Americans are underrepresented in social science research and provides an opportunity for Filipino Americans' to describe their experiences and what could change in mental health treatment to gain more Filipino American patients and better treatment.

### Chapter 3: Research Method

There was limited research exploring the mental health experiences of Filipino Americans. The Asian American population is underrepresented in social science research, and specific subgroups are even less represented (Garcia & de Guzman, 2017). However, existing research provided evidence that Asian Americans, more specifically Filipino Americans, are more likely to suffer from mental illness while having a lower likelihood of seeking or receiving treatment (Martinez et al., 2020). Using Bronfenbrenner's (1977) ecological systems model and Latane's (1988) social impact model, I examined Filipino Americans' description of their mental health experiences while considering the subgroup's culture.

I aimed to describe Filipino-Americans' experiences with mental health and the treatment of Filipino Americans. This study addressed the research problem of understanding Filipino Americans' descriptions of experiences with mental health and treatment using a generic qualitative approach. Chapter 3 includes the study's research design and approach, the role of the researcher, methodology, and issues of trustworthiness. The chapter concludes with a summary.

#### **Research Design and Approach**

The research question of the present study was the following: How do Filipino American adults describe their experience with mental health issues and treatment? The research question was designed for a traditional generic qualitative research study. A qualitative approach was appropriate because I aimed to describe a population's descriptions of their experiences, specifically to provide an underrepresented group of

people with the opportunity to share their narratives with their personal voices.

According to Cooper and Endacott (2007), generic qualitative studies are conducted to understand various phenomena and the different viewpoints of the people included in the study. Because the present study addressed Filipino Americans' descriptions of their experiences with mental health and treatment, the aim was to focus on how the participants viewed and described the phenomenon.

The phenomenon that I explored was Filipino Americans' descriptions of their experiences with mental health and treatment. Although Filipino Americans are more likely to suffer from mental illness, they have a lower likelihood of seeking or receiving mental health treatment (Martinez et al., 2020). Because Filipino Americans are underrepresented in social science research, the lack of research may indirectly impact the appropriateness and quality of care that the population receives. For example, a behavioral health clinician may lack information on treating ethnic or racial minority groups in their health care practice. In that case, the clinician may not effectively and adequately treat the patient. The practitioner may not have the education due to a lack of cultural competence education in addition to the lack of published research on the ethnic or racial minority group. The present qualitative study was intended to bridge the gap in research of limited publications addressing Filipino Americans' descriptions of experiences with mental health and treatment.

### **Rationale**

For this study, a generic qualitative research design was used. According to Maxwell (2009), qualitative approaches are best suited when the researcher aims to find

the meaning behind a phenomenon, the people involved, and the social influences that are driving the phenomenon. A generic qualitative approach will allow the practicality and flexibility to answer the research question (Caelli et al., 2003). Because the research design requires only one interview per participant and does not include debating foundational theories, a phenomenological design was not (see Renate et al., 2014).

### **Role of the Researcher**

According to Given (2008), qualitative research designs can include contacting participants who agree to discuss their experiences or observational studies. In the present study, my role as the researcher was an observant-participant. As an observant-participant, I was present, conversing with and observing the participants (see Given, 2008). The present study's research design included open-ended interview questions that I asked when interacting with the participants. I observed the participants' responses and used active listening and follow-up questions provide participants with an opportunity to clarify or describe their responses in more depth.

To avoid conflict of interest within the study, I ensured there were no personal or professional relationships between me and the participants. Although the participant recruitment link was shared on social media, any participants with a personal relationship with me were disqualified. The social media platforms used were Facebook, Instagram, LinkedIn, Reddit, and TikTok. The aim of sharing the study's recruitment on social media was for friends, family, and my professional network to share with their networks. The flyers shared on social media included my Walden University email for recruitment. During recruitment, there was a disclosure in the flier that the study was a doctoral

dissertation and that I was a graduate student. Because I sought to explore participants' descriptions of mental health experiences, participants may have been vulnerable to traumatic experiences. I also needed to consider self-bias while making participants feel safe to share their personal voices truthfully and honestly (see Råheim et al., 2016).

One concern for researchers is potential researcher bias. Bracketing is one way researchers limit researcher bias. Bracketing includes the researcher being transparent about their background, connection, and interest in the topic (Billups, 2021; Denzin, 2001; Moustakas, 1994). I am a Filipino American, and I disclosed this to the potential participants. Because I identify as a Filipino American, I acknowledged that researcher bias that may occur and aimed for an objective study. Although self-disclosing my identity to the participants may have led to participant bias in which the participants provided responses to interview questions based on what they believed was the correct answer rather than reporting their honest experience (see Allen, 2017), the data collection process was objective. Bracketing also includes developing instrumentation that will allow participants to share their experiences in depth; with open-ended interview questions, the participants can describe their experiences without any assumptions from the researcher (Billups, 2021; Giorgi, 1994; Moustakas, 1994; Patton, 2002, 2015; Roulston, 2012). According to Brinkmann and Kvale (2017), social science researchers must remember that impartiality is not only a researcher requirement but also an ethical and moral duty.

## **Methodology**

### **Participant Selection Logic and Recruitment**

The present study focused on Filipino Americans' descriptions of their mental health and treatment experiences. Because the focus group was specific population, the study included purposeful homogeneous sampling. According to Emmel (2013), homogeneous sampling is a purposeful sampling strategy in which a specific and similar population is investigated in detail. The homogeneous trait that the sample shared was that they identified as Filipino American. The sample population did not include adult Filipino Americans who moved to the United States after age 12 because they may have been less assimilated to American culture due to socialization in young adulthood (Choi, Lee, et al., 2020; David & Okazaki, 2006). Potential participants were asked to fill out a recruitment form to ensure eligibility according to the following inclusion criteria:

1. Participants must be second-generation Filipino American adults with a Filipino parent who immigrated to the United States.
2. Participants must be first-generation Filipino American adults who immigrated to the United States by the time they were 12 years old.

Twelve participants were recruited through flyers and videos on social media and email. The social media platforms used were Facebook, Instagram, Reddit, LinkedIn, and TikTok. Flyers were initially going to be shared with Filipino associations, academic clubs, university research participant recruitment pools, and professional groups, but recruitment through social media was sufficient. In addition, the flier was shareable for others to share the study with their network. I also intended to use snowball sampling and

ask participants to share the study information through word-of-mouth with potential participants who met the criteria (see Allen, 2017). Because social media recruitment was successful, no snowball sampling was necessary. There was no theoretical saturation or sampling because all eligible participants were interviewed. The eligibility questionnaires and informed consent forms were delivered through email, and participants were contacted via email to schedule an interview for data collection.

The study included purposeful sampling and a qualitative research design, so the sample size was small. The study included 12 participants (see Beitin, 2012; Boyd, 2001; Thomas & Pollio, 2002). The sample size was purposeful to achieve saturation; saturation occurs when data collection ends due to redundancy in participant answers (Guest et al., 2006). The goal of the study was to ensure that the findings could provide an adequate and appropriate representation of the Filipino American population (see Maxwell, 2009). Because I explored different experiences of Filipino Americans, the goal was to explore similar and dissimilar experiences that each participant had. Although the sampling was homogeneous, the results showed heterogeneous experiences to illuminate participants' differences.

### **Instrumentation**

The primary data collection tool was an interview guide (see Appendix C). The interviews were conducted on an online video and audio-conferencing platform (Zoom) and lasted approximately 30 to 60 minutes. The calls were conducted and recorded on a private, password-protected internet connection and transcribed manually. Because the study included open-ended interview questions, the interviews took place using audio-

tape software. Although the platform had video-conferencing capabilities, I used only audio calls to protect participants' privacy. One challenge that came from interviewing participants without video-conferencing was the lack of availability to assess participants' body language. However, potentially placing the participant at privacy risk outweighed the challenge of not reading body language. Audio-based interviews are sufficient research instruments because researchers can evaluate the response hesitancy and tone of the participants. In addition, the interviews were recorded to refer to after the data collection to assess the call in an objective and unbiased manner.

Interviews were the primary form of data collection used in the research protocol. In qualitative research, ensuring content validity requires purposeful sampling while considering all perspectives within a topic, regardless of whether participants are considered typical within the population. The present study included participants who had experience with mental illness and treatment and some who did not. By having multiple perspectives, I was able to describe a multitude of experiences Filipino Americans may have faced. The recruitment flyers did not include mental health or mental health treatment information to establish content validity. However, participants were protected with informed consent. Prior to data collection, I provided the participants with informed consent forms, sharing that the study was based on mental health experiences and that they may leave the study at any point of discomfort.

Because Filipino Americans are underrepresented in research, there were culture-specific considerations to take into account. For example, according to NAMI (2021), Asian Americans may face the model minority stereotype: The population believes they

must be well-adjusted and conform to American social norms and stereotypes, including excelling in academia and socioeconomic success. Because of this, participants' responses may have been skewed. However, conducting a quantitative study using surveys with the same population may also have provided responses aligned with the model minority myth because participants may have submitted the responses they believed were correct rather than reporting their actual experience. I sought to make the participants feel comfortable sharing honestly by establishing a warm environment and avoiding researcher bias.

### **Data Collection**

The interview protocol included a single interview with open-ended questions and follow-up questions with the opportunity for clarification or further description. As the researcher, I was the only data collector and interviewer. Questions addressed participants' background in culture, perception of mental health, and experiences of mental health and treatment. The interviews were recorded on the conferencing call platform, and then calls were later transcribed for coding analysis. Upon completion of the interview, I conducted a verbal debrief. A written debrief was sent to the participants via email to ensure the participants were not harmed from the interview.

### **Data Analysis Plan**

There was a direct connection between the data and the research question because the design included interviews allowing participants to describe their experiences in their own words. After the data collection process, the interviews were transcribed manually and coded. Interview transcriptions were listened to and manually transcribed; these steps

were done twice to ensure accuracy. According to Maxwell (2009), coding analysis is used to break apart and categorize data to identify thematic patterns within the coded categories. The categories were descriptive and based on participants' responses. Although theoretical categorizing can occur in data analysis, I focused on thematic coding to find similar and contrasting themes (see Maxwell, 2009). Because I aimed to describe Filipino Americans' experiences with mental health, there were cases in which the participants' experiences may not have been aligned with emerging themes. Any discrepant cases were noted in the results to provide variation of the responses provided to answer the research question.

After manually transcribing responses, I sent the participants the transcription to confirm the correct responses. Then, I used Microsoft Excel to organize and cluster the data (see Meyer & Avery, 2009). The transcriptions were manually input into Microsoft Excel, and the data were sorted and coded. Codes were created inductively based on the participants' responses to interview questions (see Terry et al., 2017). Upon completion of categorizing and coding the data, I evaluated the data to find initial themes and patterns. After reviewing and organizing the initial themes and patterns, I constructed the final themes based on the data.

### **Issues of Trustworthiness**

The study has ethical considerations that were taken into account, such as internal and external validity. The following sections address the issues of trustworthiness that could have arisen during the study. In addition, solutions to external and internal validity threats are discussed.

**Credibility**

One attempt to establish credibility included the transcript review protocol for the interview transcriptions. According to Given (2008), member checks can help researchers confirm whether the participants' responses are accurate and that the researchers correctly captured the participants' meaning of their experiences. Although member checks can be seen as controversial, participants can assist researchers in confirming details and opinions that happened in their lives. Although participants may not be involved in research in their own careers, they are credible to discuss and confirm their own experiences.

Another method of establishing credibility includes triangulation. As there are multiple types of triangulations, theoretical triangulation was used in the present study. Through theory triangulation, researchers can gain a deeper understanding of the study by exploring different meanings behind the data (Given, 2008). Although there are two theories that the study's foundation is built upon, the results may cause discussion for other theories to both challenge and support the collected data. Theory triangulation will require considering other perspectives to gain a comprehensive understanding of answering the research question.

**Transferability**

Transferability is a critical aspect of both quantitative and qualitative research. In qualitative research, the participants in the study must be relevant to the population being researched while still considering the context and circumstances of the results. In the previous chapter, the history of the population was discussed as an essential consideration

for researching the specific population of Filipino Americans. The contextual and cultural boundaries of the sample population may have appropriate transferability to other subgroups of Asian-American and ethnic minority groups who are forced to assimilate to American culture. One method of establishing transferability was attempting to find variation in participants. Although participants were provided informed consent at the time of recruitment, flyers will be broad and not specify that the study was exploring mental health treatment experiences to find participants who have and have not had drastic mental health experiences.

### **Dependability**

When conducting qualitative research, the data collection may change based on the variability of the participants. For example, an interview protocol could be created and later altered because participants were not responsive to questions. According to Given (2008), “dependability in a qualitative study recognizes that the research context is evolving and that it cannot be completely understood a priori as a singular moment in time” (p. 208). Each new interview will provide more understanding of answering the research question. However, there is a possibility of evolving the study to be more appropriate. The study design and protocol was created, confirmed, and altered with the dissertation committee. When there were concerns to the study, questions were sent to faculty to work out and develop a more appropriate and effective protocol.

### **Confirmability**

As a Filipino American studying the population I am included, objectivity is necessary but not straightforward. According to Given (2008), studies like feminist

studies may be challenging to research as most individuals are impacted by feminism, regardless of their gender. Being included in the population can be challenging because I have my own experiences with mental health and treatment as a Filipino American. One recommendation provided by Given (2008), which I have implemented, is using a journal to document any feelings of bias and use reflection to examine the objectivity in my study. Objectivity includes knowing that individuals have had different experiences as me. The study goal was to describe a variation of experiences Filipino Americans face, similar and contrasting to my own experience. Like any study, objectivity will be challenged by peer review and faculty approval.

### **Ethical Procedures**

The study took place after gaining approval from the university Institutional Review Board (IRB). Upon meeting university ethical standards and gaining approval, the recruitment process began. During the recruitment process in which the participants are providing written informed consent, they were required to consent to record the audio-call interview. To protect the participants and minimize the intrusion of privacy, the data collection and recording will not include video-conferencing (American Psychological Association, 2017). Informed consent also described the study's mental health and treatment. As some potential participants may not have felt comfortable or safe disclosing their experiences, they were at liberty to leave whenever they feel necessary.

Because the interviews were conducted on audio-calling software, privacy is important. First, data was collected solely on a private internet network. Next, the data

was be stored on a secure, password-protected server. Upon completion of the study, data will be permanently deleted. Participants will be labeled using numeric values to protect the confidentiality of participants.

### **Summary**

In an effort to describe the mental health and treatment experiences of Filipino Americans, the present study included a generic qualitative research design. Using semi-structured interview questions and coding analysis, the study found themes and patterns within the Filipino American population. As interviews are an appropriate way for participants to describe their narrative, the research design allowed participants to share their opinions of an underrepresented ethnic group. Although there were ethical considerations to take into account, such as researcher bias, the study used member checks and other methods to establish credibility as a solution to internal and external validity. The IRB and faculty provided feedback and approval prior to data collection to protect participants fully.

## Chapter 4: Results

This study's purpose was to describe the experiences with mental health and treatment of Filipino Americans. I explored Filipino Americans' descriptions of their attitudes and experiences with mental health and their help-seeking behaviors. The study was conducted to answer the following research question: How do Filipino American adults describe their experience with mental health issues and treatment? The purpose of this chapter is to discuss the study's qualitative methodology, analysis, and thematic results. In this chapter, I review the data collection processes and protocol, including the participant demographics and interview process. I also discuss the evidence of trustworthiness in my study and explain how biases were monitored.

### **Data Collection and Management**

The data collection process began on September 19, 2022, and ended on October 14, 2022, lasting 3 weeks I recruited participants through social media sites such as Instagram and LinkedIn. The IRB-approved flier was posted on Instagram and LinkedIn and made public for viewing and sharing with people's friends, family, community, or business pages. The flier contained participant selection criteria and researcher contact information. The posts on Instagram and LinkedIn included my contact email. Upon emailing me for interest in participating in the study, potential participants were given a contact and demographic information survey with clarifying eligibility criteria (see Appendix B). Participants were required to complete a screening survey and confirm their eligibility via email before scheduling an audio-recorded interview over Zoom. The survey took approximately 5 minutes to complete.

All data were collected over email and Zoom. A total of 12 participants completed the study. All qualified participants were Filipino American individuals who either (a) had one Filipino parent who immigrated to the United States or (b) were Filipino American adults who immigrated to the United States by the time they were 12 years old. A screening survey was used to confirm whether individuals qualified and were appropriate for the study (see Appendix B). The screening survey asked the addressed prospective participants' preferred pronouns, age, and religious affiliation. The survey also asked "Are you (please specify): a. a second-generation Filipino American adult with a Filipino parent who immigrated to the United States? b. a first-generation Filipino American adult who immigrated to the United States by the time you were 12 years old?" Participants who did not meet the qualifying criteria were thanked for their interest and were not included in the study.

Out of the 12 participants, four participants' preferred pronouns were "she/her," seven participants' preferred pronouns were "he/him," and one participant's preferred pronouns were "she/they." Six participants' ages ranged from 20 to 29, four ranged from 30 to 39, and two ranged from 50 to 59. Eight participants were born and raised in the United States with at least one parent who immigrated to the United States. In comparison, four participants were immigrants from the Philippines who moved to the United States before they turned 13. Ten participants claimed they were raised in some form of a Christian denomination, including Roman Catholic. Many participants shared that they were no longer Christian despite being raised within a Christian denomination.

Six participants claimed to be Christian, while one was agnostic, one was atheist, one was deist, one was spiritual, and two no longer had religious affiliations.

Each audio interview lasted 15 to 60 minutes and was recorded on a personal, password-protected laptop and a private, password-protected internet network. After each interview, I sent a transcript to each participant for quality assurance before beginning the data analysis. The data collection process was supposed to include snowball sampling and reaching out to Filipino American organizations and Filipino American influencers to share the IRB-approved flier with their followers on social media. However, data collection was successful by solely sharing the flier on social media.

### **Data Analysis**

After the data collection process, the data analysis included coding and thematic analysis. The categories in themes were descriptive and based on participants' responses. Microsoft Excel was used to organize the data. The transcriptions were manually input into Microsoft Excel, and the data were coded. Codes were created inductively based on the participants' responses to interview questions (see Terry et al., 2017). After categorizing and coding the data, I evaluated the data to find initial themes and patterns.

After reviewing and organizing the initial themes and patterns, I noticed many similarities between the interviews. The following patterns were found upon data analysis. First, many participants noted that they were neither encouraged nor discouraged to experience their Filipino culture, and the most challenging aspect was having a Filipino immigrant as a parent in Americanized society. Family and culture were found to impact participants' mental health mostly negatively. Most participants claimed

to rely internally on themselves when experiencing psychiatric distress. The participants' parents mostly had neutral or negative generalized perceptions of mental health. Most participants stated they believe they have adequate social support as Filipino Americans. Most participants had attended therapy with a positive experience. When seeking mental health treatment, accessibility and parents' ideologies were the most common reason that deterred participants from seeking mental health treatment. Accessibility to mental health treatment included cost, insurance coverage, and the ability to find mental health resources in participants' geographic locations. The main themes found during data analysis included cultural identity, culture and family, and coping mechanisms and help-seeking behaviors.

### **Evidence of Trustworthiness**

The study protocol included ethical considerations to ensure the trustworthiness of the study. Evidence of trustworthiness includes credibility, transferability, and confirmability. For this study, there were strategies during data collection and analysis to optimize evidence of trustworthiness. Strategies included participant transcript reviews, theory triangulation, participant variation, and developing an effective study protocol.

For this study, credibility was established first through transcript review. Rather than using potentially inaccurate transcriptions created through Zoom, I listened to each interview after the completion of the interview. The interview was transcribed into a Microsoft Word document and sent to the participants for review. If there were any discrepancies, participants made the edits directly to the interview transcript before the data analysis began. The reviewed interview transcripts were then used for data analysis

and thematic coding. To ensure the study's confirmability and objectivity, I asked participants questions approved by the dissertation committee and the IRB. The IRB approval number was 09-19-22-0972073.

Additionally, a personal journal was used to reflect on ensuring objectivity. The journal was used for awareness and monitoring bias awareness. In addition to transcript reviews, credibility was also ensured through theory triangulation. Although there were many similar responses to each interview question, each response was unique and provided great insight into the phenomenon. One of the study's goals was to find various answers to provide full, transferable, and dependable results. The themes found were confirmed with the dissertation committee in another effort to limit researcher bias.

### **Study Results**

The study was conducted with the aim of describing Filipino Americans' experiences with mental health and treatment. The interviews were conducted to elicit rich descriptions of participants' experiences with mental health and treatment to answer the research question. The three general themes found were cultural identity, culture and family, and coping mechanisms and help-seeking behaviors. Within those three themes, different patterns were found in the participants' responses. In this section, I discuss the themes and patterns found as a result of the study.

#### **Cultural Identity**

With culture being included in a person's microsystem, the first interview question was geared toward understanding participants' relationship with their culture. For the first question, each respondent was asked, "What can you tell me about your

relationship with your culture? Were you encouraged or discouraged from experiencing Filipino culture? Please elaborate.” Out of 12 participants, five responded with answers related to their experiences of not being discouraged from experiencing Filipino culture but, at the same time, not being encouraged to experience the culture. Two respondents claimed they were not encouraged to experience Filipino culture, while five claimed they were encouraged to experience Filipino culture. Although there was variation in the respondents’ answers, most participants were either encouraged or neither encouraged nor discouraged. One participant stated

I would say I was more encouraged to assimilate. The whole notion of my parents coming to America and trying to get rid of their own Filipino-ness in terms of learning English, dressing less “fob-by” and assimilating to Westernized culture put that instinct in them and in turn, made me feel some type of way in terms of “Am I losing my own cultural identity?” I think that I need to get back to my own cultural roots because as a Filipino, I feel like the only thing that will be passed down to my kids is food. Food is a good part of the culture, but I want to bring more to the table than that.

In contrast, another participant said “I was definitely encouraged while I was growing up. After I moved away, there was no more encouragement. I was probably encouraged more to assimilate more. Where I’ve lived, it’s been all American culture that I witness.” Although two participants were discouraged from experiencing Filipino culture, seven were not directly encouraged to experience Filipino culture. With a participant’s cultural identity either being discouraged or not directly encouraged or

discouraged, it could be not clear for an individual to understand what their cultural identity is. In addition, individuals claimed to default to assimilating into Americanized society when either being discouraged or not directly encouraged or discouraged.

Another common theme in responses was the lack of cultural education participants had received. For example, one participant said “I think it was half and half. I was told a lot about different aspects of the culture that my dad liked, but for example, he never tried to teach me Tagalog or Pampanga.” It was common for participants to claim they were only directly encouraged to experience their Filipino culture with their family members. Next, multiple participants noted that they could not speak a dialect of the Philippines. One participant said

my parents immigrated and didn't teach me Tagalog at all. The only thing I know about Filipino culture is the food, TFC, and the things you would typically see in a Filipino household. When it came to the parties, I would have all the elders ask you, “How come your parents don't speak to you in Tagalog?” Me being Americanized, I felt like I was sort of an outcast. I would try to learn.

With language being a significant component of a person's culture, participants expressed that they would feel closer to their cultural identity if they knew more about their culture and the languages spoken in the Philippines. Because participants were either born in or moved to the United States before they were teenagers, they primarily spoke English. One participant stated he took classes in college, while another stated that she was not allowed to speak Tagalog at home and was forced to practice her English with her parents. With the United States lacking in cultural education, individuals from

Filipino backgrounds do not learn about their cultural history. In addition, they are generally encouraged to assimilate into Americanized culture rather than experiencing Filipino culture.

### **Culture and Family**

Family is a significant aspect of Filipino culture. It was not surprising that family influenced participants' cultural identity and perceptions of mental health. During the interview, participants were asked the following questions related to culture and family: "Can you describe to me how culture and family have related to your mental health?"; "Tell me what you found most challenging about having a Filipino immigrant as a parent in an Americanized society?"; and "How do your parents view mental health? What is their generalized perception of mental health?"

First, culture had primarily negatively impacted participants' mental health. Eight participants answered that their culture and family had negatively affected their mental health. In contrast, two respondents affirmed their culture and family related to their mental health. Two participants answered that their culture and family positively and negatively related to their mental health. A respondent stated

I think culture and family have been both amazing and also conflicting.

Culturally, I have a family that is very rooted in Filipino traditions and values and sometimes not as evolved or modern as life currently is for most of us. That's kind of a struggle, especially when there are some deeply religious people in the Philippines. I have some family members like that, so that's kind of a struggle with me is how to act around them, how to not offend them but still be my true

self, how can I support their opinion and their values and be respectful of it, but also ask the same in return. That's hard.

Generally, participants stated that their parents could not understand their mental health struggles. One participant stated

my mom would say to "Pray away the mental health" in a text when I told her I was going through rough stuff. She would tell me, "We go through dark phases in our lives, and we just have to pray for it to go away."

Another participant said "[my parents] just have the attitude of, 'You just have to tough it out.'" However, some participants stated that they had positive experiences, such as one who exclaimed

positively, the whole notion of family and how family is important. I think that me, as an adult, family is important to me. I get to see my family here and there. They are a FaceTime or call away. I can vent to them. That is a positive thing for my mental health.

Although one of the goals was to have variety in answers, it was interesting to see that despite having a general theme of the negative impact of culture and family on a participant's mental health, it can also be positive for some individuals. With family being such a significant aspect of Filipino culture, family and culture may directly relate to Filipino Americans' mental health.

Next, participants shared that being raised with differences in American and Filipino culture is the most challenging component of having a Filipino immigrant as a parent in an Americanized society. Two participants noted that they experienced the

challenges of being teased. However, the primary theme of challenges raised by a Filipino immigrant in Americanized society was the differences between American and Filipino culture. These challenges included whether a parent was assimilating too much or if they did not understand their children's experiences with peers due to enculturating Filipino culture. Participants claimed that their parents either assimilated or would not share Filipino culture with their children, which led to resentment and confusion within the participants' cultural identity. In contrast, participants also shared that their parents would often be strict, authoritarian parents, and communication could be challenging. For example, one participant said

I think the most challenging thing was that I almost felt like I was living split lives because I had to be a certain way with my family, with my parents, but I felt and acted differently outside of the home. I couldn't really be myself and I knew there were just certain things that they couldn't understand or respect as my own life and for myself. If I wanted to talk to them about something that was going on with school or whatever the case was - they wouldn't get it.

Another participant had shared that despite the cultural differences being a challenge, he found positivity in it, stating:

In terms of my parents, the world they grew up with is different and likewise, there are also cultural differences and sometimes, we don't always see things eye to eye. The important thing is that we are each other's social support: as long as we have the commitment, no matter what differences we have, we are here for each other, accept each other, and love and support each other. We know there is

a mutual benevolence, and we just need to figure out some sort of commonalities for concerns and solutions. It's interesting when they are able to contribute perspectives such that not even I would see. It's quite good. We help each other out and try to make our differences an asset. It's good.

While there are apparent differences in raising a child between the Philippines and America, parents may sometimes struggle with finding a happy median between the two cultures. This can be challenging for the parent and the children who are also trying to gain a better understanding of their family and cultural identity. In addition, another difference between the two countries is how mental health is most commonly dealt with.

A component of culture and family that impacts one's experience with mental health and treatment is a parent's perception of mental health. Out of 12 participants, seven shared their parents' view of mental health negatively, while five shared their parents' view of mental health neutrally. One participant shared:

My dad wants to get me the help I need though I think he has a more neutral stance on mental health whereas he likes to view it to or relate it to physical health because he can see when I'm struggling, and he doesn't want that for me. At the same time, I don't think he wants to admit that I may have mental health problems per say.

Another participant shared:

Mental health wasn't real. I wish I could come up with a better word, but it wasn't like if you're feeling sick physically, you're going to the hospital. If you feel something weighing down on you mentally, what exactly is there to do? The word

therapist or anything of that nature has never been brought up in my family and also growing up, I grew up in a religious household, so a lot of it was if you're dealing with something, read the bible and its principles are there to ease your mind on certain things.

Following the two quotes, most participants shared that their parents avoided discussing mental health topics or viewed mental illness negatively. While the seven participants had shared that their parents have a negative outlook on mental health, the five participants whose parents had neutral views included both positive and negative outlooks. For example, one participant shared that they were generally not encouraged to talk about their mental health. However, their parents encouraged them to see a professional rather than burdening their friends and family.

### ***Religion***

Religion was a common theme that came with one's parents' perception of mental health. While some participants shared that their parents had suggested confiding their mental health struggles to religion, only a few participants claimed to have benefited from it. One participant shared:

Growing up, for most of my childhood, we were Catholic. We were casually practicing. We weren't super devoted per say. I do think when I came to mental struggles or anything like that, it was kind of, "Just pray it away." I think there were a lot of spiritual bypassing types of phrases.

While some participants benefited from relying on religion for mental health struggles, many participants shared that despite growing up Christian or Roman Catholic,

they no longer practice Christianity or Catholicism. Participants claimed their parents had relied on religion to deal with their mental health struggles. Another reason parents cannot support mental health treatment positively is the lack of understanding of the mental health care system. One participant shared,

I do know they know it's an issue. I just don't think they know how to handle it. I've expressed to them before about my mental health issues and I have tried to talk to them about it, but I just didn't feel that support. I don't think they know how to deal with it.

As familial assimilation, acculturation, and enculturation are related to one's cultural identity, it is no surprise that they relate to one's experiences with mental health and treatment. In the next section, I will discuss the patterns of coping mechanisms and help-seeking behaviors that the interview participants shared.

### **Coping Mechanisms and Help-Seeking Behaviors**

Finally, the last concept that the interview guide discussed was the participants' help-seeking behaviors and experiences with mental health. Participants discussed their experiences with or reasoning behind not seeking therapy, their level of support within cultural portals and ethnically heterogeneous and homogeneous friendships, and their experiences with seeking and receiving mental health treatment. Many themes came from the discussion, including the social reliability to other people of color and feeling as though adequate social support was related to whether a person was exposed to other people of color and cultural portals. In addition, themes related to participants' help-seeking behaviors included internal coping with psychiatric distress, fear or hesitancy due

to parental ideologies towards seeking mental health treatment, and accessibility as the main deterrents from seeking mental health treatment.

### ***Ethnically Heterogeneous and Homogeneous Friendships***

The interview guide aimed to evaluate participants' experiences with ethnically heterogeneous and homogeneous friendships as a help-seeking behavior. Participants were asked, "Can you tell me about your experience with friendships with people, both Filipino and other ethnicities?" Most of the participants provided answers claiming that they had positive experiences with other Filipino individuals while also having positive experiences with other ethnicities, including Caucasian people. Six participants claimed positive experiences with friendships with Filipino individuals and people of other ethnicities, including people of color and people of Caucasian descent. In comparison, three participants said they had positive experiences with friendships with Filipino individuals and people of color. In contrast, two individuals claimed to have negative experiences with friendships with Filipino individuals but positive experiences with friendships with other people of color. One participant stated he had minimal friendships with other Filipino individuals due to lack of exposure but had positive experiences with friendships with people of color and white. When it came to having negative experiences with Filipino individuals, participants shared that they felt shamed for being more assimilated into American culture. For example, one participant shared, "With being Filipino and having Filipino friends, I'm more in tune with Americanized Filipinos. When I was in Filipino clubs growing up, they would speak Tagalog, and I don't know a thing about it." In addition, another participant claimed:

I would say my friendships with Filipinos have been great. It's been a little strained with certain relationships because the diaspora is so massive. Because I immigrated to the U.S. at such a young age and I still have family in the Philippines, so even relationships there. I feel there is a little bit of animosity or jealousy because maybe there is a feeling that I have turned my back on my culture.

While having homogenous friendships is not the only possible way for others to feel social support, one common issue for many people not having friendships with other Filipinos was explicitly because of the lack of Filipino population in their geographic location. One participant claimed that the closest Filipino community, with 300,000 Filipinos was around two hours away from her, but she made an effort to go every two weeks. Similarly, one participant claimed that he did not have any positive or negative experiences with friendships with Filipino individuals because there were not many Filipinos, stating, "Most of my friends were pretty much locals. Granted, there are some hospitals here and a number of Filipinos were there. We had some Filipino families that we'd have Thanksgiving and Christmas with, which was our group. Those are a handful of families." The lack of Filipino individuals in one's nearby community would be one reason that a person may not have friendships with other Filipino individuals in ethnically homogeneous friendships. One's geographic location, included in one's microsystem, can impact other aspects of their microsystem, such as one's friendships and relationships.

Similarly, participants were also asked, "Can you describe how you feel about your level of social support? Do you think you have enough social support as a Filipino

American? Please explain.” Nine out of 12 respondents claimed they believed they received enough social support, while three claimed they did not receive enough social support. One participant shared, “With non-Filipinos, yes. 100% yes. With Filipinos, not at all. I feel like I suffer from imposter syndrome in terms of me being Filipino because other Filipinos see me as an outsider.” Another participant shared:

I don’t think I have enough social support. I often times find myself living a bit of a reclusive life. It’s been a bit of a struggle to reach out to other people and make friends and finding friends who are Filipino American and may have similar experiences to mine – that’s a bit more difficult to find.

However, a majority of participants did note that they felt as though they received enough social support. For example, one participant shared: “Well, so long as my family is there, I feel like I’d have sufficient support. It would be nice if there were some other things as well. At least, in terms of survival and being able to set up a way for me to be able to thrive, then it seems to be good.” Another participant shared, “I think people with Asian backgrounds tend to understand me more and give me that support because they can relate. Growing up in a primarily white community, it wasn’t always understood, and I didn’t feel supported.” Social support is necessary for anyone’s life, whether family or peers. However, similar to ethnically heterogeneous and homogeneous friendships, cultural portals would also impact whether a person may feel socially supported. If they are not near their friends, family, and other people of color, Filipino Americans may not necessarily feel enough social support.

### ***Help-Seeking Behaviors***

While friendships can help cope with psychiatric distress, it is not the only available coping mechanism. While ten out of twelve participants had shared that they have been to therapy, two participants shared that they have not sought out mental health treatment before. One of the two participants claimed they had not been to therapy due to his lack of mental health issues, stating, “I don’t remember having any psychiatric distress in the near past. Maybe when I was in my 20s, there was stress of starting a new family. It wasn’t really that bad.” Participants were asked during the interviews, “How do you generally cope with psychiatric distress?” While most participants shared that they went to therapy, many still claimed that their coping mechanisms were primarily internal. One participant shared, “It’s not exactly the healthiest, but if I’m dealing with issues or a lot of problems, I tend to keep it to myself. I try to work on it on my own.” Outside of therapy, other mentioned coping mechanisms were breathing exercises, journaling, marijuana, physical fitness, reflecting internally, relying on religion, talking to their social support system, and playing video games.

### ***Experiences With Seeking and Receiving Mental Health Treatment***

Most participants shared that they had attended therapy at some point. To understand the participants’ experiences more fully, the interview guide included, “What has been your experience with seeking mental health treatment? Can you describe how your culture has impacted your experience with seeking mental health treatment?” While six individuals shared that they had a positive experience seeking mental health treatment, four had negative experiences, and two had not sought mental health

treatment. The primary reasons deterring people from seeking mental health treatment were accessibility and participants' parents' ideologies.

In terms of deterrents, participants shared that their parents were not necessarily supportive of their children wanting to seek mental health treatment. One participant said:

When I was depressed, I thought I could tough it out as my parents suggested. My friends and I realized that at the rate I was going, I wasn't going to survive. I really did try the old school approach how my parents were raised to deal with mental health problems. For me, it didn't work out that way.

Another participant shared that American culture accepting mental health treatment benefited him. He shared, "I guess the good part of the American culture is the ability to ask for help. That's been beneficial. There doesn't seem to be too much contradiction for Filipino culture so long as I don't abala ("ah-BAH-lah" 「hassle」 ) others too much, it should be fine." While most parents had previously shared that their Filipino parents viewed mental health negatively, it is no surprise that their perceptions would influence their children to both want to and avoid mental health treatment.

In addition, accessibility was a common theme in why participants did not seek mental health treatment, including costs, insurance, lack of appointments accessible during times participants were available, and the geographic location in which the participants were located. One participant shared, "Accessibility had been an issue in the past. When I was looking for low-income help, that was difficult. Now I can afford therapy through my insurance. In the past, it was difficult to find someone affordable and fit my schedule. "

Participants also shared that when seeking mental health treatment, they specifically sought mental health treatment from behavioral healthcare professionals who exhibited cultural competence. One participant shared:

When seeking mental health treatment, I tried to look for a therapist that blatantly stated that they specialized in cultural matters or if they themselves are also a person of color because I feel they may have more firsthand experiences related to what I'm looking for. If the therapist is white and lists [that] they specialize in integrating culture towards a treatment plan, then I understand that they value that within their patients and they understand that it is an important thing.

Similarly, another participant shared:

I've been to a therapist on and off for a year. I'm glad the therapist I got was a person of color because they know the struggle. White people don't have a struggle and if I had a white therapist, they wouldn't know my struggle. It's hard to relate. I've done that route. I've done a route where I joined a Filipino meetup. It was more of a support group for myself to be more in tune with my Filipino identity. I want to learn more traditions and stuff like that. I want to be more in tune with my Filipino identity, but it's hard.

The final question during these interviews was, "Can you tell me what would make you more inclined to continue receiving or seeking mental health treatment?"

While the common themes also included accessibility and availability, participants mentioned they would continue mental health treatment as long as they have psychiatric

distress. Participants also shared that they would like to gain their family's support to go to therapy. One participant said:

I know it would be a different experience if I had that from my parents. Having my parents backing, them wanting to talk about it and work through it, or even them wanting to seek help too because it's not just me going through it. If they sought out help for themselves, tried to want to do better to communicate with me in a way that works, that would push me so much. I would love to do therapy with them or have open conversations with them. In the times I've tried, in the one large instance it was good enough in the moment, but there was never any follow up. Definitely if I had the support of my parents because that's where a lot of my mental health issues stem from.

Other participants also said they would like to see more cultural-specific resources for Filipino Americans and easier access to establishing care with a practitioner. One participant shared:

It's a lot of work to go through the list, see if they accept your insurance or not, if you can afford their fees, to see if they have times available, to see if they are the style of treatment, you're into. After doing all that work, especially depending on that mental state, you may not be willing to take that first step. Let's say you find one and it doesn't work out, you're just exhausted.

While there are many reasons why participants would be more inclined to seek or receive mental health treatment, the most common reason to seek mental health treatment would be if participants are still experiencing psychiatric distress. The one participant

who claimed he did not have mental health issues shared, “I really don’t think I would ever seek mental health treatment. I don’t think I have any mental health issues.” Another shared:

I think as long as my emotions present issues in my life, treatment will always be a necessity. As long as I keep it with someone who understands the right medications and right approach when it comes to treatment, I have no intentions to stop.

Although there are many reasons why a person would seek or avoid mental health treatment, common themes from the participants included accessibility and emotional distress. The participants shared that they felt they benefited from therapy and would continue receiving mental health treatment as long as needed. In addition, participants who had stopped mental health treatment shared that they would receive mental health treatment again if they did experience psychiatric distress or a traumatic experience.

### **Summary**

This study aimed to describe the experiences with mental health and treatment of Filipino Americans. The study discussed Filipino Americans’ descriptions of their attitudes and experiences with mental health and their help-seeking behaviors. The study effectively answered the following research question: how do Filipino American adults describe their experience with mental health issues and treatment? In the next chapter, I will discuss the theoretical framework and study application, an interpretation of study findings, the limitations of the study, recommendations, and the study’s implications for positive social change.

## Chapter 5: Discussion, Conclusions, and Recommendations

The study was conducted to answer one research question: How do Filipino American adults describe their experience with mental health issues and treatment? To answer the research questions in this qualitative study, I chose a generic qualitative design with semistructured interviews with Filipino Americans. The generic qualitative design allowed the participants to share their stories regarding their experiences with mental health and treatment. Because the interviews were semistructured, the open-ended questions allowed participants to describe their experiences using their own words. Interview questions encouraged the participants to describe their mental health experiences.

The primary themes found in the participants' responses were struggles with cultural identity, culture and family, and coping mechanisms and help-seeking behaviors. One pattern found within cultural identity was the participants' lack of cultural education about their Filipino heritage. Participants' parents typically held negative attitudes toward mental health and treatment when discussing culture and family. A pattern found was that many participants' parents were heavily influenced by and reliant on religion to cope. The patterns regarding coping mechanisms and help-seeking behaviors included social support within ethnically heterogeneous and homogeneous friendships. In addition, outside of mental health treatment, participants commonly coped with psychiatric distress internally. Lastly, participants shared that most had positive experiences with seeking mental health treatment. The primary barriers deterring participants from seeking mental health treatment were accessibility and parents' ideologies. In this chapter, I discuss the

theoretical framework and study application, provide an interpretation of the findings, identify the limitations of the study, suggest recommendations for further research, and explain the study's implications for positive social change.

### **Theoretical Framework**

Bronfenbrenner's (1977) ecological model theory and Latane's (1981) social impact theory served as the theoretical foundation for the study. In the ecological model theory, Bronfenbrenner (1977) noted that individuals are influenced differently based on external factors. According to Bronfenbrenner's (1977, 1986) theory, the microsystem includes the individual's immediate environment, such as culture, family, and the society surrounding the geographic location. In the current study, it was evident that participants' microsystem impacts their attitudes and experiences with mental health and treatment. In Latane's social impact theory, whether a person is responsive to social influences increases with the group's strength, immediacy, and size.

### **Interpretation of Findings**

In this study, I analyzed the data by evaluating participants' responses to open-ended interview questions. The data analysis included thematic coding and assessing the patterns found within the 12 interviews. The three general themes found were cultural identity, culture and family, and coping mechanisms and help-seeking behaviors. The three themes included various patterns within the themes. In this section, I discuss the interpretation of the findings and how the theoretical foundation served as a framework for the study.

## **Cultural Identity**

As many Filipino Americans struggle with cultural identity, the participants of the present study also felt the challenge of cultural identity (see De Luna & Kawabata, 2020). When participants were asked if they were more encouraged or discouraged to experience Filipino culture, most participants shared that they were not encouraged or discouraged to experience Filipino culture. Although participants were not encouraged to experience Filipino culture, many participants shared that their family's lack of encouragement to experience Filipino culture translated to them as assimilating into American culture.

With cultural identity being such a significant factor in a person's microsystem and self-concept, the history of the Philippines was considered when discussing Filipino Americans' cultural identity. According to David and Okazaki (2009), internalized oppression may be an influential factor in Filipino Americans' cultural identity and one reason parents may not encourage their children to experience Filipino culture. With the Philippines historically oppressed by Spain, Japan, and the United States, Filipino individuals may feel inferior to Western cultures (Ferrera, 2017). Internalized oppression results from colonization and can influence whether parents acculturate or assimilate to Western culture rather than enculturate. Acculturation is a person's adaptation to mainstream groups, and enculturation is a person's adherence to heritage culture (Kim & Abreu, 2001; Sun et al., 2016; Yoon et al., 2011; Yoon et al., 2020). In addition, colonial mentality impacts an individual's mental health. In a study conducted by Tuazon et al. (2019), colonial mentality was correlated to a person's level of enculturation. People within racial minority groups may not enculturate or experience their culture because

they are too concerned with assimilating to fit into societal standards, thereby leading to a distressed cultural identity.

In this pattern, Bronfenbrenner's (1977) ecological model theory and Latane's (1981) social impact theory apply to a person's cultural identity. First, Bronfenbrenner's (1977, 1986) ecological model theory can be found within this pattern as parents' encouragement to acculturate or enculturate would impact the participants' experiences with Filipino culture. Although parents and immediate family members are included in a person's microsystem, the culture within their microsystem is also impacted by their parents' decision to encourage Filipino culture or assimilate into American culture.

In addition, Latane's (1981) social impact theory is relevant because a geographic location has impacted participants' experiences with Filipino culture. Five participants shared that they were directly encouraged to experience Filipino culture, and a typical pattern was that these participants shared that they either lived in or grew up in diverse populations or populations in which there was a heavy Filipino presence or a cultural portal (see Ferrera, 2017). With more Filipino American individuals within a particular area, a person would be more responsive to social influences, such as experiencing Filipino culture because the group's strength, immediacy, and size were more significant than those participants who lived in predominantly White populations.

### **Cultural Education**

Another pattern found during the discussion of culture was the lack of cultural education. Many participants shared that they did not speak Filipino dialects, including Tagalog or Pampanga. Although a few participants shared that their parents spoke to

them in Tagalog, many participants shared a disparity when experiencing Filipino culture. Language is one way that culture is shared, but many participants felt it was confusing not to be able to speak any Filipino dialects. In addition to parents not educating their children on Filipino culture, the school system also failed to teach Filipino Americans about their history. Even in history, records have shown a European bias in historical events. For example, when Muslim Filipinos attacked Luzon and the Visayas, the Spanish socialized the Philippines through education to believe that the attack was empty thievery despite the rebellion against the Spanish taking over the land of the natives (Constantino & Constantino, 2010). With a European bias in history, there needs to be a more accurate cultural history established in the education system. Friedman (2017) shared that cultures must be included in education because every student has unconscious biases, including culture and gender. The lack of cultural competence in education gives an advantage to individuals who assimilate or meet cultural standards and norms (Friedman, 2017). Teaching accurate history will not only help society understand the truth more clearly, but it will also elicit more cultural competence in the education system.

Next, participants who lived in cultural portals sometimes could experience Filipino culture because of their geographic location and the culture within their environment. In addition, if a participant was living in a cultural portal, they may have access to culturally diverse classes such as Tagalog. Ferrera (2017) noted that individuals might confide in people of heterogeneous ethnicity as a means of resilience to assimilate. A cultural portal is formed when cities have areas in which a specific ethnic group resides

(Baffie, 2014; Ferrera, 2017). Because cultural portals are used for support and resilience for Filipino Americans, residing in one may alter a person's cultural identity and the resources for cultural education. For example, cultural portals with heavy Filipino populations would be more likely to have educational resources such as Tagalog classes. Similarly, cultural portals would also have individuals who are against assimilation and instead celebrate their culture. A Filipino cultural portal may have individuals who could educate other Filipino Americans in an informal manner, such as by teaching their neighbors the dialects and traditions of the Philippines.

### **Culture and Family**

Because the family is a crucial aspect of Filipino culture, it was no surprise that it plays a substantial role in Filipino Americans' experiences with mental health and treatment. First, the most significant pattern was that eight of 12 participants shared that culture and family had negatively impacted their mental health. Many participants shared that their parents negatively influenced their mental health and treatment. Because parenting directly impacts a person's microsystem, a parent's perception of mental illness will influence an individual's experience with mental health and treatment (Bronfenbrenner, 1986; Bronfenbrenner & Ceci, 1994). In addition, if a parent has a negative perspective on mental health and treatment, this will impact the individual, according to Latane's (1981) theory. A person would be responsive to ideologies of mental health and treatment if their surroundings were strong and immediate. Because parents are immediate family and influence a person's microsystem, it is no surprise that parents influence a person's experiences with mental health and treatment.

Another factor to consider in culture and family is the moderating relationship that the quality of a parent child relationship has on parenting styles' impact on an individual's psychological problems in early adults (Steele & McKinney, 2019). In a study by Steele and McKinney (2019), children whose parents used the authoritarian and permissive parenting styles had a higher likelihood of internalizing overall mental health issues, externalizing psychological problems, and suffering from mental illness and substance abuse in adulthood. Asian American, including Filipino American, parents tend to use the authoritarian style; this may influence Filipino Americans' relationships with their parents (Bartolome et al., 2017; De Luna & Kawabata, 2020; Park et al., 2010). With cultural identity issues due to assimilation and self-esteem issues due to authoritarian parenting styles, it was no surprise that culture and family influence individuals' experiences with mental health.

### **Religion**

Another pattern found in culture and family was that many participants' families use religion as a coping mechanism. Spain colonized the Philippines in the 1500s, and the influence of the Christian and Catholic Church is still present in many Filipinos (Constantino & Constantino, 2010; Papaleontiou-Louca, 2021). Although 10 participants claimed they were raised in some form of a Christian denomination, including Roman Catholic, half of the participants shared that they were no longer practicing Christianity or Catholicism despite being raised in a Christian denomination. Two participants shared that they relied on their religion as a primary coping mechanism; however, both participants who relied on religion also shared that they attended therapy as a coping

mechanism. Although religion can be a beneficial coping mechanism, Christianity within the Filipino American population is evidence that Spanish colonialism is still evident in the population (Surzykiewicz et al. 2022).

Existing studies in numerous underrepresented groups have found religion to be a key source of coping. For example, Cruz et al. (2015) found that religious orientation and ethnic identity may influence religious coping. Cruz et al. found that ethnic coping strategies may be determined by an individual's ethnic background, including relying on religion. Because many Filipino Americans identify as Christian or Catholic, it is no surprise that coping mechanisms may also be related to their faith (Cruz et al., 2015). Although not every Filipino individual will identify their religious affiliation with Christianity or Catholicism, they may have had a religious upbringing that also may impact their coping mechanisms. In addition to ethnic background, mental health providers also need to consider a potential patient's religion when finding appropriate coping mechanisms for psychological distress (Cruz et al., 2015). Because religion can be included in a person's culture and religion has had a significant role in the Philippines due to Spanish colonization, cultural competence when treating Filipino Americans must include an understanding of an individual's upbringing and practices of religion.

Religion can also be evaluated with Bronfenbrenner's (1977) ecological model theory and Latane's (1981) social impact theory. First, if an individual's family practices religion, this would be included in their microsystem (Bronfenbrenner, 1977, 1986). In addition, religion's level of social impact may also depend on other aspects of their microsystem. For example, if an individual attends a church with little influence, they

may be less inclined to use faith as a coping mechanism than an individual in a heavily religious community (Latane, 1981). According to Papaleontiou-Louca (2021), many studies found that places of worship may be utilized as places to receive help with mental distress. Because religion is an influence in itself, its level of influence can vary, impacting individuals differently. Although faith-based counseling may be helpful for some Filipino Americans, it is not a blueprint for treating the entire Filipino American population. Religion should be considered a tool in guiding behavioral health patients in effective treatment.

### **Coping Mechanisms and Help-Seeking Behaviors**

Because the study focused on describing Filipino Americans' experiences with mental health issues and treatment, coping mechanisms and help-seeking behavior constituted the bulk of the interview discussions. The main themes from the data analysis included the social reliability to other people of color and feeling as though adequate social support was related to whether a person was exposed to other people of color and cultural portals. Other patterns related to participants' help-seeking behaviors included internal coping with psychiatric distress, fear or hesitancy due to parental ideologies toward seeking mental health treatment, and accessibility as the main deterrents from seeking mental health treatment.

### ***Ethnically Heterogeneous and Homogeneous Friendships***

With Filipino culture revolving around community and togetherness, friendships are a huge factor in Filipino culture. However, individualism is more celebrated in American culture than in Filipino culture. Half of the participants shared that they had

positive experiences with friendships with Filipino individuals and people of other ethnicities, including people of color and people of Caucasian descent. A minority of the participants said they had positive experiences with friendships with Filipino individuals and people of color. Individuals claimed to have negative experiences with friendships with Filipino individuals but positive experiences with friendships with other people of color. One participant stated he had minimal friendships with other Filipino individuals due to lack of exposure but had positive experiences with friendships with people of color and white. Upon analysis, there is evidence of both Bronfenbrenner's (1977) Ecological Model Theory and Latane's (1981) Social Impact Theory.

First, Bronfenbrenner's (1977) Ecological Model Theory would categorize friendships as an aspect of the microsystem. As friendships can be influential, Latane's (1981) Social Impact Theory would explain that if a person were in a diverse area or a cultural portal with many Filipino Americans, a person would be more exposed to and influenced by other Filipino Americans. While friendships can help cope with mental health, many Filipino Americans do not necessarily have the opportunity to confide in ethnically homogeneous friendships with fellow Filipino Americans (Chang & Samson, 2018; Ferrera, 2017). According to Ferrera (2017), Filipino Americans' homogeneous friendships with other Filipino Americans may help establish cultural identity and resilience to assimilation. With resilience to assimilation and a foundation for cultural and social support, homogeneous friendships can then build up positive self-esteem and cultural empowerment (Ferrera, 2017).

While ethnically homogeneous friendships may benefit some people cannot create in-person connections due to their location. However, participants shared that they felt other people of color culturally understood them. Having friendships with people of color may not necessarily be considered ethnically homogeneous. However, Filipino Americans may still feel understood and heard by their peers who identify as people of color.

### ***Help-Seeking Behaviors***

In addition to seeking social support as a coping mechanism, there are other options for help-seeking behaviors for mental health. Most participants shared that they have been to therapy, while two participants shared that they have not sought mental health treatment. Besides speaking to a mental health professional, participants also shared that other coping mechanisms they used included: breathing exercises, journaling, marijuana, physical fitness, reflecting internally, relying on religion, talking to their social support system, and playing video games.

In accordance with Latane's (1981) ecological model theory, participants' help-seeking behaviors are also influenced by their surroundings. For example, as most participants had shared that they have attended therapy in the past, it is apparent that Americanized cultures' shift in destigmatizing mental illness has influenced Filipino Americans. As participants were influenced outside of their Filipino families, attending therapy is a coping mechanism that is more apparent in American society than in Filipino culture (Constantino & Constantino, 2010). With participants spending either their entire life or adolescence in the United States, American culture would impact their

microsystem (Bronfenbrenner, 1977). Thus, participants are more likely to seek mental health treatment than their parents who were raised in the Philippines.

One reason that Filipino Americans may not proceed with help-seeking behaviors is due to the disconnect between Western and Filipino culture. With American therapy being centered around Western principles, behavioral health clinicians focus mostly on Americanized ideals and values. Constantino and Constantino (2010) state that Filipino solutions are required to resolve Filipino problems. If a therapist is not culturally competent, they may make suggestions to their patients that do not align with a patient's cultural values. For example, if a Filipino American patient discusses their problems within their family that bring them psychiatric distress, a clinician who is not culturally competent may not respond with solutions that are aligned with how community and family based Filipino culture is and instead portray importance in individualism, which is more celebrated in Western cultures than in Eastern cultures.

### ***Experiences With Seeking and Receiving Mental Health Treatment***

Finally, the two themes found when participants were asked about their experience with seeking and receiving mental health treatment were that accessibility and their parents' ideologies had deterred them from seeking mental health. First, recent research shows that the process in which immigrants must assimilate is associated with poor mental health conditions, including psychiatric distress; despite the struggles they face, immigrants continue to seek behavioral health treatment at a lower rate than Caucasian Americans (De Luna & Kawabata, 2020; Shea & Yeh, 2008). With parents' perception of mental health being negative and parents being included in one's

microsystem, an individual's parents' perception of mental health would impact their experience of mental health and seeking treatment. De Luna and Kawabata (2020) state:

Several studies have documented that immigrants' cultural adaptation is associated with poor mental health outcomes such as stress, anxiety, and depression. Despite these mental health risks, Asian Americans, especially Filipino American immigrants, seek mental health services at a lower rate, presumably due to stigma, cultural beliefs and values, and religiosity (p. 84).

Following De Luna and Kawabata (2020), the present study found that stigma, cultural beliefs, and religion were reasons participants were deterred from seeking or receiving mental health treatment. Despite having higher levels of depression and anxiety than Caucasian individuals, Filipino Americans seek mental health at a lower rate. In the present study, many participants shared that they could not go to their parents regarding mental health issues. In addition, participants also shared that one of the reasons that deterred them from seeking mental health treatment was their parents' negative beliefs regarding mental health and its stigma. With mental illness levels so high for an underrepresented group, there needs to be cultural competence in marketing mental health resources specifically to ethnic groups that may feel negatively about Western behavioral health care.

Next, as immigrants or children of immigrants, mental health resources may not be as accessible to Filipino Americans as it is to Caucasian Americans (Kim & Park, 2015). In addition, accessibility directly influences one's microsystem and mental health (Bronfenbrenner, 1977). If an individual does not have insurance or money to pay a

mental health provider, that may be a trigger that can cause psychiatric distress. Mental health treatment can be costly, but it can also not be effective due to cultural differences. Some participants shared that they prioritized clinicians who specialized in cultural issues when seeking mental health treatment. As American and Filipino cultures differ, Western treatment may not align with Filipino values (Bartolome et al., 2017). However, participants in diverse areas of the country may have better access to culturally competent clinicians. While most participants had positive experiences with seeking mental health treatment, there are still cultural components that clinicians must consider when treating patients.

### **Limitations of the Study**

Like any study, the present study did have limitations. First, there is a possibility that the sample used in this study is not representative of all Filipino American adults in the United States. The qualifying criteria included Filipino American individuals who either had one Filipino parent who immigrated to the United States or Filipino American adults who immigrated to the United States by the time they were 12 years old. However, not all participants had two Filipino parents, which may have impacted their experience with Filipino culture. Per Latane's (1981) social impact theory, having two parents of the same culture would have been more impactful towards one culture than individuals who experience more than one culture directly in their family.

In addition, participants' responses were based on their comfort with answering the questions. The study purpose and topic were shared with participants in the consent form to prevent any surprises and potential psychiatric distress when asking questions

related to mental health. If participants had felt uncomfortable answering these questions, they might have been more reserved to share the complete truth. One way to ensure comfort was to let the participants know when they answered that another participant had previously said that. During interviews, I shared, “You are not the only one to say that” to make participants feel more comfortable when it was accurate and appropriate.

One concern of this study was researcher bias as I, myself, am a Filipino American. One way to limit researcher bias was to stick directly to the IRB-approved interview guide and not to probe for questions that may lead to bias (Walden University Center for Research Quality, 2020). Instead, for probing more complete answers, I would ask participants to tell me more about what they previously said or to clarify what they meant. In addition to being unbiased during interviews, one way to monitor researcher bias was to keep a personal journal to reflect on any biases that come up during data collection and analysis. Finally, researcher bias was monitored by outlining themes and sharing them with the dissertation committee for review.

### **Recommendations**

It is recommended that further research should be conducted on Filipino Americans. First, many participants shared that they would have liked to have some education on Filipino culture. First, educational systems can be implemented to require students to fulfill ethnic studies courses to help educate students on ethnic history (Kondratieva, Maslikova, Turenko, Kolotylo, Vlasenko, and Cherniahivska, 2022). Filipino American history is either briefly mentioned or not mentioned at all in most American history courses (Nadal, 2008). Cultural education should be reevaluated with

improved notions of teaching students different cultures (Kondratieva, Maslikova, Turenko, Kolotylo, Vlasenko, and Cherniahivska, 2022). Many American history books are written about the United States in a positive and patriotic light (Vella, 2020). As the United States was also a reason the Philippines was colonized, the mention of colonization and American imperialist socialization is not wholly shown to include the disparities colonization has caused the Philippines for centuries. Students should be able to learn the truth about history without a patriotic filter (Vella, 2020). History courses should be more focused on accuracy (Vella, 2020). In addition, educational systems can also improve their foreign language systems to provide more languages for students to learn different languages, which would also teach students different parts of culture (Fox, Corretjer, Webb, and Tian, 2019). As countries, including the Philippines, have multiple dialects, American schools' limited foreign language options may also play a part in students not knowing their ethnic background's language.

As this study allowed Filipino Americans to describe their experiences with mental health and treatment, it only briefly discussed what could have been more effective therapy treatments. Further studies could specifically study the most effective treatment options for Filipino Americans. Results showed that most participants had a positive experience seeking mental health treatment, but studies could be done on improving Filipino Americans' experiences with mental health treatment. In addition, it is recommended that more culturally specific mental health resources are created (Haskins & Appling, 2017). These mental health resources must be affordable and accessible to the populations that require them, including Filipino Americans.

Finally, this study should ignite more research on cultural competence training of behavioral health clinicians. As this should be a requirement for all licensed mental health providers, more culturally specific studies should be done for practitioners to understand their patient population better (Aggarwal, Cedeño, Guarnaccia, Kleinman, and Lewis-Fernández, 2016). Practitioners should also have continuation credit requirements specifically for cultural competence training. Practitioners in cultural portals could also benefit from researching the population. Clinicians may also benefit from completing culturally specific training on the patient population's culture and its historical implications (Naz, Gregory, and Bahu, 2019). For example, as Filipino Americans were colonized for centuries, the historical context may be beneficial in knowing and understanding when treating Filipino American patients.

### **Implications for Positive Social Change**

This study may have implications for positive social change. It may contribute to the literature that addresses the topic of mental health experience, stigma, perceptions, and help-seeking behaviors of Filipino Americans. The findings from this study have implications for future researchers to understand the population comprehensively. As Filipino Americans are underrepresented, the study allows social science to understand an underrepresented population better. Filipino Americans have high rates of mental health issues and low rates of seeking mental health treatment. This study also has positive implications for clinicians who treat Filipino American patients. Clinicians could find more culturally appropriate treatment options and engagement in advocacy and recruitment efforts to get more Filipino American individuals who need mental health

treatment the help they need (Haskins & Appling, 2017). As results have shown that cultural identity is a typical issue that can impact one's mental health, helping patients understand and develop their cultural identity may be helpful in treating patients of ethnic backgrounds.

### **Conclusion**

This generic qualitative study described Filipino American adults' experiences with mental health issues and treatment. Findings from my study included the three general themes: cultural identity, culture and family, and coping mechanisms and help-seeking behaviors. While the study was of qualitative design, there was no hypothesis, but rather the aim to provide Filipino Americans' the opportunity to share their experiences. The participants in the study shared that Filipino culture and family had a negative impact on their mental health. In addition, it was a typical pattern that participants had expressed a want for more cultural education, especially for Filipino culture. Participants shared that the differences in Filipino and American culture were a typical challenge in being raised by a Filipino parent in American society. Finally, most participants sought mental health therapy and had positive experiences. However, accessibility and their parents' perceptions of mental health had initially deterred them from seeking mental health treatment. Bronfenbrenner's (1977) Ecological Model Theory and Latane's (1981) Social Impact Theory were the theoretical foundation, providing support for each theme found in the study results. The study has positive implications for social change, including contributing to social science research for an underrepresented population that needs to be understood due to their high rates of mental illness and low

rates of seeking mental health treatment. It is essential to continue researching Filipino Americans to better understand and treat the population for mental health.

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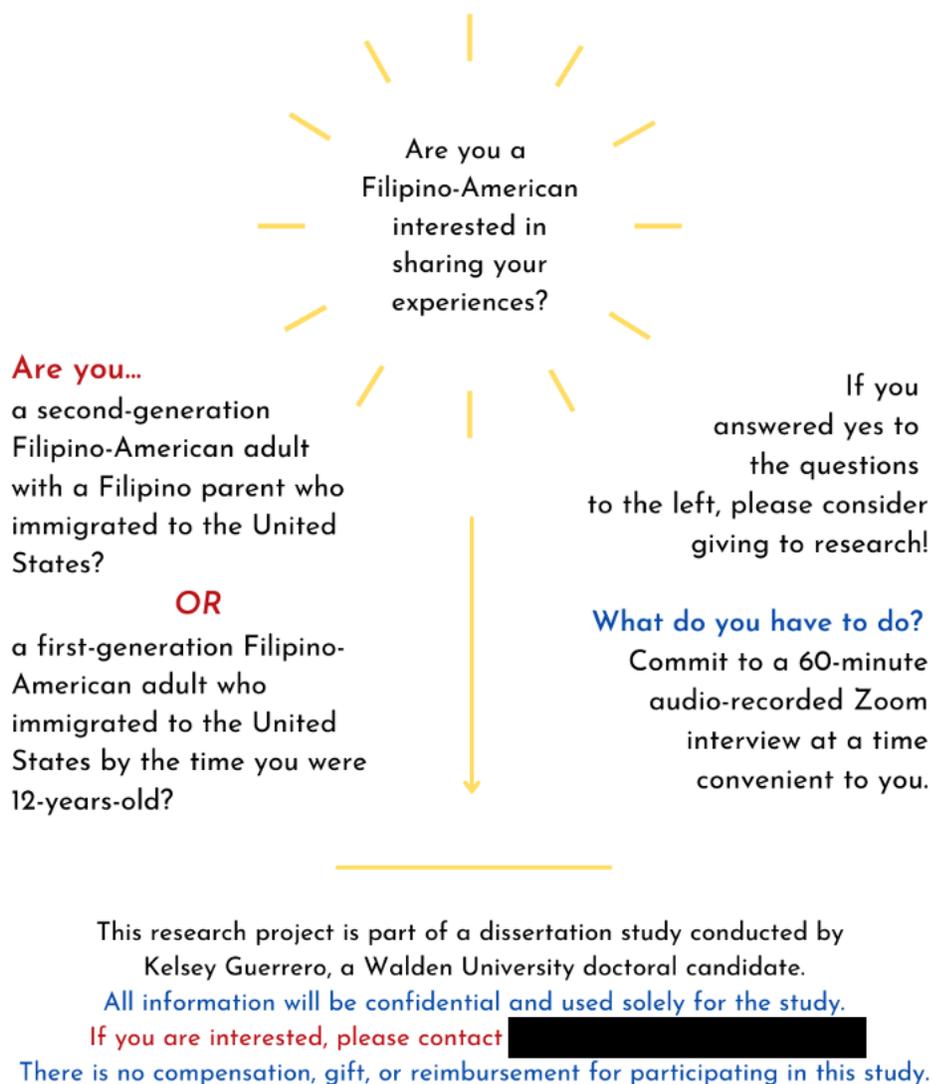
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## Appendix A: Recruitment Flyer

## Recruitment Flyer



## Appendix B: Recruitment Survey

1. Contact Name (Please note that your name will not be shared and the study will not include your name, but rather participant objective identifying numbers.. This is solely for contact communication.
2. Contact Email
3. Preferred Pronouns
4. Age
5. Are you (please specify):
  1. a second-generation Filipino-American adult with a Filipino parent who immigrated to the United States?
  2. a first-generation Filipino-American adult who immigrated to the United States by the time you were 12-years-old?
6. What is your religious affiliation?

## Appendix C: Interview Guide

1. What can you tell me about your relationship with your culture? Were you encouraged or discouraged to experience Filipino culture? Please elaborate.
2. Can you tell me about your experience with friendships with people, both Filipino and other ethnicities?
3. How do you generally cope with psychiatric distress?
4. Can you describe to me how culture and family have related to your mental health?
5. Tell me what you found most challenging about having a Filipino immigrant as a parent in an Americanized society.
6. How do your parents view mental health? What is their generalized perception of mental health?
7. Can you describe how you feel about your level of social support? Do you think you have enough social support as a Filipino-American? Please explain.
8. What has been your experience with seeking mental health treatment? Can you describe how your culture has impacted your experience with seeking mental health treatment?
  1. If experience in seeking treatment:
    1. Can you tell me about your treatment experience?
  2. If not seeking treatment:
    1. Are there any particular reasons deterring you from mental health treatment?

9. Can you tell me what would make you more inclined to continue receiving or seeking mental health treatment?
10. Is there anything else you'd like to tell me?