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ORIGINAL ARTICLE

Experiences of Stress and Help-Seeking Behaviors in Filipino Americans

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Abstract

A qualitative study using basic interpretive design identified the experiences of stress and barriers to professional help seeking among Filipino Americans ($N=12$). Filipino Americans employed both engagement and disengagement strategies in response to stress characterized by Indigenous, religious, and cultural responses. Filipino Americans preferred to seek support from friends, family, and community leaders and described individual, cultural, and community barriers to pursuing professional mental health services.

Keywords Filipino · Indigenous · cultural experiences · help-seeking barriers · Asian American

Experiences of Stress and Help-Seeking Behaviors in Filipino Americans

According to the U.S. Census Bureau (2020), an estimated four million people of Filipino descent reside in the United States. With approximately 47,500 Filipinos migrating to the U.S each year (Zong & Batalova, 2017), Filipinos represent the third largest Asian American subgroup in the country (Jones-Smith, 2019; U.S. Census Bureau, 2020). Understanding the culturally embedded experiences of stress and barriers to help-seeking in Filipino Americans are of critical importance as individuals of

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Filipino descent report higher rates of perceived discrimination (Ai et al., 2016) and suicidality (Litam et al., 2022; Maramba, 2013; Wolf, 1997) compared to other major Asian American ethnic groups, and are among the least likely ethnic subgroup to use professional mental health services (see Abe-Kim et al., 2004, 2007; Gong et al., 2003; Martinez et al., 2020). Given the high population of Filipino Americans who reside in the U.S., counselors must be prepared to support this unique population.

Experiences of Stress and Coping Responses in Filipinos

The enduring presence of colonial mentality (David & Nadal, 2013; Tuazon et al., 2019) and cultural influences on wellness (Samaco-Zamora & Fernandez, 2016) affect experiences of stress and coping within Filipino communities. *Colonial mentality* is the "automatic and uncritical rejection of anything Filipino and an automatic and uncritical preference for anything American" (David & Okazaki, 2006, p. 241). The presence of colonial mentality has been socialized into the mindset of many Filipinos Americans following the paternalistic occupation of the U.S. in the Philippines. This oppressive mindset has been associated with lower rates of Filipino cultural practices, lower levels of ethnic identity, and low levels of social support (Tuazon et al., 2019), combined with feelings of inferiority, shame, and self-hatred (David & Nadal, 2013; David & Okazaki, 2006).

The damaging impact of discrimination on Filipino American mental health is linked to culturally specific stress (Chan & Litam, 2021; David et al., 2019). Due to aspects of colonial mentality, stress can be rooted in Filipino American communities through confusion about cultural values, histories of acculturation, and internal conflicts about identity (Ai et al., 2016; Chan & Litam, 2021; Napholz & Mo, 2010). Stress can also be tied to social networks and contacts within Filipino communities (Nadal, 2021). Indeed, Filipino American experiences of stress are intimately connected to family cohesion, and mental health researchers have identified how stress influences both isolation and social disengagement among Filipino communities (Martinez et al., 2020; Samaco-Zamora & Fernandez, 2016).

The ways in which individuals respond to racial discrimination and engage in coping strategies are influenced by their cultural values and beliefs (Author, 2020; Litam, 2022; David et al., 2019; Lazarus & Folkman, 1984; Tweed & Conway 2006). Similarly, coping mechanisms for stress among Filipino Americans may represent a unique combination of cultural, Indigenous, and Catholic traditions. Examples of culturally specific coping responses among individuals of Filipino descent include self-reliance (Shoultz et al., 2010; Thompson et al., 2002), patience and endurance (*tiyaga* in Tagalog), flexibility, inner-strength, resilience, and hardiness (*lakas ng loob* in Tagalog), humor, and prayer (Sanchez & Gaw, 2007). According to Sanchez & Gaw (2007), many of these values have evolved from the independence required to thrive in an archipelago with over 7,000 islands.

Beyond cultural coping, coping strategies are more broadly categorized into engagement and disengagement responses. Whereas engagement coping responses include approach-related strategies that mitigate stressful situations through direct actions, disengagement coping responses refer to moderating ones' behaviors,

thoughts, and feelings to avoid or limit exposure to stressful situations (e.g., social withdrawal and self-criticism; Tobin et al., 1989). Extant research on Filipino coping responses have yielded mixed results. In a study conducted by Alvarez & Juang (2010) with a community sample of Filipino adults ($N=199$), both engagement and disengagement coping responses were used to mediate the relationship between racism and psychological distress. Whereas some studies indicated Filipinos were more likely to use either engagement coping responses in stressful situations (Kuo et al., 2006; Liang et al., 2007), others found Filipinos primarily relied on disengagement coping strategies (Tuason et al., 2007) following experiences of racial discrimination. For example, one study conducted by Centeno & Fernandez (2020) indicated disengagement coping response (e.g., mindfulness exercises) were positively associated with increased life satisfaction via improved empathy and self-compassion among Filipino college students. A recent study with a sample of 246 Filipinos and Filipino Americans reported both engagement and disengagement coping responses significantly moderated the relationship between COVID-19 related racial discrimination with anxiety and depression (Litam, 2022).

Help-Seeking Behaviors

A systematic review of 15 studies conducted across seven countries with individuals of Filipino descent ($N=5096$) reported Filipinos demonstrated unfavorable attitudes toward professional help-seeking behaviors despite experiencing high rates of psychological distress (Martinez et al., 2020). Filipinos identified both logistical barriers (i.e., immigration status, lack of health insurance, language difficulties) and culturally specific barriers (i.e., social stigma, shame, concern for loss of face, and adherence to Asian values) as hindrances to professional mental health help seeking (Martinez et al., 2020). Although qualitative studies identified resilience, coping strategies, and self-reliance as barriers to help seeking (Straiton et al., 2018; Vahabi & Wong, 2017), quantitative research identified (a) stigma, (b) fears of being judged, (c) concerns of being labeled crazy, (d) shame, (e) embarrassment, (f) self-blame, and negative connotations on family or culture as commonly endorsed barriers (Martinez et al., 2020).

The influence of community and family may promote or hinder professional help seeking in Filipino families (Chan & Litam, 2021; David et al., 2017; Nadal, 2021). Witnessing friends seek help, having a community with a higher awareness of mental health problems, and having family members who encouraged help seeking behaviors served as positive influences to utilizing professional resources (see Bernardo & Estrellado 2017; Straiton et al., 2018; Tuliao et al., 2016; Tuliao & Velasquez, 2017; Vahabi & Wong, 2017). Moreover, support from friends and family can buffer experiences of distress (Coker et al., 2002; Gee et al., 2006), ultimately discouraging professional support. Spirituality and religion were also identified as both a hindrance (Bernardo & Estrellado, 2017; Straiton et al., 2018; Vahabi & Wong, 2017) and a supportive factor for professional help-seeking (Abe-Kim et al., 2007; Hermannsdóttir & Aegisdottis, 2016). Catholic Filipinos continue to draw strength from faith to endure difficult situations (Lagman et al., 2014), resulting in the Filipino mindset of *bahala na*, a sense of optimistic fatalism in the Tagalog language (Sanchez & Gaw,

2007). The extant body of research indicated individuals of Filipino descent used professional mental health services only when symptoms become severe, evidenced by somatic or behavioral problems (Gong et al., 2003), or in response to occupational consequences (Huang et al., 2007).

The Current Study

Examining the culturally embedded ways that Filipinos experience stress and identifying the culturally specific barriers to help seeking are important because Filipino Americans have a distinct history of colonization that are not shared by other Asian American and Pacific Islander (AAPI) ethnic subgroup. Thus, the culturally coping responses endorsed by Filipino Americans may represent a combination of Indigenous, cultural, and religious values (Chan & Litam, 2021; Litam, 2022). To contribute research that bridges the gap between experiences of Filipino American psychological distress and lower levels of professional mental health help seeking (David, 2010; Martinez et al., 2020; Tuliao, 2014), the following research question guided the current qualitative study: What are the experiences of stress and barriers to help-seeking for Filipino Americans?

Methodology

For the study, we integrated tenets of constructivism to shape methodological decisions, tools for data collection, procedures for data analysis, and the final writing of the report. Constructivism draws upon multiple subjective interpretations to reveal a variety of social contexts and allow for varied meaning (Chandra & Shang, 2017; Lub, 2015). Because constructivism typically embraces multiple voices, the depth and elaboration of participants' experiences are paramount to provide a much more intricate description of social realities (Guba & Lincoln, 1994). To this end, constructivism relies on subjective meanings to connect similarities and differences and convey the uniqueness of each social reality (Kovàcs et al., 2019; Lincoln et al., 2011).

To meet the characteristics of a constructivist paradigm, we utilized a basic interpretive design (Merriam, 1998, 2002; Merriam & Tisdell, 2016) to formulate an inductive process for our procedures and to primarily highlight how participants individually made meaning through interpretation of their experiences. Given the basic interpretive design of the study, we sought rich, thick description to characterize individual meaning given to participants' experiences while drawing upon summative themes in response to the guiding research question (Kahlke, 2014; Merriam, 2002). Basic interpretive design also follows the subjective meaning attached to individual participants before drawing upon larger interconnected themes across data (Merriam & Tisdell, 2016; Thorne et al., 2004).

Participants

Filipino American participants ($N=12$) were recruited through AAPI listservs, social media sites, and community organizations. The mean age of participants was 35 and age ranged from 20 to 73. Participants in the study consisted of women ($n=9$), men ($n=2$), and non-binary ($n=1$) individuals. Two individuals were born in the Philippines, six identified as second generation, one identified as third generation, and one participant reported they were adopted.

Procedures

IRB approval was obtained before contacting prospective participants. A flyer outlining the research question and purpose of the study was posted on social media sites (LinkedIn) and AAPI community listservs and organizations. Prospective participants were asked to directly contact the lead researcher to obtain more information about the study, including the interview process, list of questions that would be asked, ethical concerns, and member check requirements. Participants who agreed to be interviewed through a HIPAA compliant videoconference platform completed an online consent form that included their name, ethnic identity, generational status, and age. On average, interviews lasted approximately 90-minutes with 15-minute member checks. To maintain the confidentiality of participants, only the audio file was recorded from interviews and pseudonyms were used. The lead researcher (Author) completed and transcribed each of the interviews and shared the audio recordings and transcriptions with the co-researcher (Author) for data analysis and coding.

Data Analysis

Using an inductive process to cogently examine raw data, we instituted a series of distinct steps that specifically responded to the research question, constructivist paradigm, and basic interpretive design of the study. To ensure flexibility and to honor the constructed meaning within participants' experiences, we identified open coding for the first cycle of coding and pattern coding for the second cycle of coding (Miles et al., 2020; Saldaña, 2021). Open coding offers a flexible coding strategy that allows for specific words, concepts, or interpretations to surface in response to the research question (Saldaña, 2021). Open coding also allowed for a provisional set of codes that we could alter as we continued refining the data analysis process and inspecting each data source (i.e., transcribed interview). Pattern coding builds upon the open coding strategy by distinguishing meta-codes that collectively includes and organizes the open codes through connections or patterns (Saldaña, 2021). Pattern coding culminated in the larger themes that linked several participants' experiences together.

To illustrate the inductive process taken by the researchers, Author and Author engaged in the data analysis process with all 12 transcribed interviews, which meant that each researcher coded 12 interviews separately. During the data analysis process, Author and Author developed a shared codebook to further refine and ensure consistency across coding strategies. With each data source, we participated in three major steps for analysis: (a) initial review of transcript while listening to the recorded audio;

(b) a second review with initial notes and no coding; and (c) a third review to initiate open coding. After each major step, we participated in analytic memoing to augment our personal reflections for refining our data analysis. Building upon the open coding, we met after coding the first six data sources individually to begin identifying pattern codes built from the open codes. We then met a second time to refine the pattern codes and to ultimately define the overarching themes within the findings.

Trustworthiness

To ensure consistency across the data analysis and to verify the proximity of the findings to the research question and participants' experiences, we participated in several steps to reflect on the potential impact on the data analysis. Author instituted member-check meetings with the participants after transcribing their interviews to verify the accuracy of statements and to ensure their permission with statements identified in the interview. We also developed a shared codebook to institute more consistency within coding strategies. As a third component of trustworthiness, each researcher individually engaged in analytic memoing after each step of the data analysis process to further interrogate personal biases within the study. Because we both participated in the data analysis process, we met a total of five times before, during, and after the data analysis process to identify inconsistencies, streamline coding procedures, and challenge each other on potential biases in interpreting the data.

Reflexivity Statement

As we participated in analytic memoing, we developed a reflexivity statement to augment the transparency of our data analysis. Author is a Filipina and Chinese immigrant and nationalized citizen who has actively worked to overcome her own experiences of colonial mentality. Author carries multiple heritages linked to Filipino, Chinese, and Malaysian ancestry as a second-generation Asian American. Given the connection to the research, the researchers frequently discussed their experiences with racism and colonialism and how these experiences may impact specific attention to portions of raw data. Situated as insider researchers, we also drew specifically from participants' words to seek common meaning that would not impose our experiences onto the data. In naming our biases, we continuously reflected on the possibilities of our in-depth knowledge of research on Filipinos and the crossroads with our own personal experiences of Filipino communities. We specifically understood the prevalence of family connection and kinship in our lives as an overarching aspect of our experiences of Filipino stress and well-being. Additionally, we identified the lack of literacy and attention to mental health within our own families.

Findings

The findings of the study revealed two themes of (a) Experiences of Stress; and (b) Barriers to Help-Seeking in response to the guiding research question: What are the experiences of stress and barriers to help-seeking for Filipino Americans? For Expe-

riences of Stress in particular, participants communicated a litany of responses that included *engagement, disengagement, and stress*. For some participants, the stress responses ranged from somatic changes to notable differences in activities of daily living. Related to Barriers to Help-Seeking, participants described specific *cultural*, *community*, and *individual* barriers that affected their willingness to pursue professional mental health help-seeking.

Experiences of Stress

Filipino participants described both engagement and disengagement coping strategies when responding to stress. Additionally, several participants noted how their experiences of stress became somaticized in ways that exceeded their immediate control and negatively affected their occupational or daily life activities.

Engagement

Engagement responses were characterized by direct attempts to respond to stressful situations or experiences through cognitive, physical, and social responses. Filipino American participants described engagement coping responses including rationalization, rumination, and seeking social support from family, partners, friends, and ethnic and religious communities. Another culturally specific approach many Filipino American participants described was employing mind-body strategies that mitigated the somatic responses to stress through mindfulness. Each participant described a litany of cognitive responses, such as rationalization and rumination, to cope with stress.

Rationalization. Rationalization encompassed engagement responses to stress wherein Filipino American participants used mental tasks, thought processes, or cognitive reframing to identify and challenge unhelpful thoughts. Amanda, a 50-year-old Filipina, illustrated how she often resorted to cognitive exercises when experiencing a sense of overwhelm:

> When I am stressed out, I do a lot of chopping up and blocking. It is like, putting anything that I am supposed to be doing into manageable pieces. Regardless of whatever it is, like personal goals, a task list, I get really overwhelmed if there is a lot of it but if I break it up into chunks and small manageable pieces, my day goes better and I am not as overwhelmed.

Conversely, Coco, a 28-year-old Filipina woman, divulged how she uses rationalization as a coping response when facing racial discrimination.

> When I see anything that upsets me or brings me anxiety, I just sort of step away from it and try to get a little more perspective. Unless it's something that is blatantly racist and divisive and angering, I try to just see it from their perspective as, you know, they just don't get it. They didn't come from a background or an upbringing where they realized their privilege. I try to step away and give

> myself some space and give the other person some space and then come back to it later.

Rumination. Several participants alluded to the presence of rumination as a coping response. Rumination served as a coping response when participants described intense focus, difficulty concentrating on other tasks, or a perseveration on some activity, event, or thought. Participants described "obsessing", "thinking nonstop", and "circular logic" following stress. Coco explained rumination occurs when, "… you let the first thought in your mind take over and then you obsess over it." Dominic, 29-year-old Filipino man explained, "My logic gets circular and I can't focus on things. Or, I hyper focus on a very small thing of a big picture."

Mind-Body Connection. The coping response of mind-body connection showed how some Filipino American participants described stress responses that calmed the mind and mitigated emotional and cognitive stress through physical activities. Each Filipino American participant described specific strategies included going on hikes, engaging in mindfulness, practicing yoga, doing deep breathing, and engaging in physical activity as helpful coping responses to stress. Lynn, a 33-year-old Filipina, elaborated on how practicing gratitude is an effective strategy to mitigate experiences of stress:

> I feel like in those spaces, whether it's yoga [or] meditation, I am more mindful and I can take the time to think about the things that I could be grateful for, like spending time with my partner and my dog. I am grateful for these relationships and I can feel gratitude is also a connected way to manage stress.

Although participants described the mind-body connection differently and used various coping responses to mitigate the somatic experiences of stress, the mind-body connection indicated a consistent trend of leveraging a holistic response to stress.

Community Engagement. Community engagement represented coping strategies wherein Filipino American participants sought support from partners, family members, friends, and the Filipino American community following experiences of stress. Movement towards the community to obtain mutual validation, support, and strength were present across multiple participants' experiences, especially following instances of racial discrimination. Gemma, a 25-year-old Filipina, highlighted how she often responds following instances of stress and racial discrimination:

> I text my friends immediately and that already helps me feel better because I am able to confide in someone who understands my experience. So that is always my first strategy. I just try and talk it out and vent and rant to folks that I know understand. It is relieving to at least tell someone about an experience you have had that completely understands and who may have experienced something similar. It means so much just to have the support system that understands and validates [my experiences].

Disengagement

Disengagement coping responses reflected strategies that moved individuals away from the community or that included actions or thoughts intended to avoid experiencing stressful situation directly. Participants in the study identified using humor, distraction, and social isolation as strategies to avoid stress.

Distractions. Distractions consisted of mindless activities that served as an emotional or physical escape for Filipino American participants in response to stress. Filipino American participants described coping responses that incorporated social media (i.e., Facebook, Instagram), streaming platforms (i.e., Netflix, Hulu, YouTube), and video games as resources for distraction. Although many participants used distraction as a primary coping strategy, participants consistently described these responses as unhelpful. Dominic reflected on the complications of his struggle with using the distraction response:

> If I need to escape whatever stressful reality I am in, I play video games or read a book or oversleep. Distracting myself is a strategy that I use. But I don't know if people would call it helpful. Is anything accomplished at the end of doing that? Not really. Like, you're not improved in some type of way. But it still improves the mental state, I think.

Humor. Humor surfaced as a disengagement coping response among Filipino American participants. The use of humor appeared to be helpful to alleviate tension and stress following stressful situations. Participants frequently described "laughing it off", "making light of things", and "joking" as effective coping strategies that alleviated experiences of stress. This coping response often resulted in creating distance from the stressor, which was consistently related to instances of racial discrimination or following relationship, occupational, or family-related stress.

Moving Away from Community. The response of moving away from community occurred when Filipino American participants described behaviors resulting in social isolation and active withdrawal from peers, family, friends, and other communities. Numerous Filipino American participants observed how community disengagement represents a common response in times of stress. Across several participants' experiences, community withdrawal was also combined with other disengagement coping responses, particularly distraction. Autumn, a 28-year-old non-binary Filipinx person, detailed the meaning of withdrawal:

> When I am really stressed, I tend to isolate myself. I binge watch [television shows] and distract myself. I am on social media a lot or I am in bed most of the time. I don't have energy to really do anything. I shut down. And yeah [I watch] a lot of Netflix and YouTube.

Similarly, Dominic expressed the following:

> I tend to isolate myself. I will usually try to stay in my apartment and if there is someone that I care enough about that asks, 'hey do you want to hang out?' if I

> do go meet them, I definitely feel a lot better having that social connection. But getting out of the apartment in the first place is very difficult.

Stress Response

Nearly all Filipino American participants in the study described somatic responses to stress that were beyond their control. These included somatic symptoms and changes to activities of daily living.

Somatic Symptoms. Somatizations of stress symptoms included experiences of shallow breathing, hyperventilation, pacing, pains in the body, and pressure on the chest. Lilly, a 44-year-old Filipina American woman, explained how stress embodies somatic sensations:

> I experience it [stress] very bodily. I experience stress in my body in a way that I wonder how in the world other people don't, because it's just so obvious to me. I begin to do shallow breathing. I will feel certain pricks in my body, like in different parts of my joints. It's not painful, it's just literally like someone took a pin and is just poking me. I have had a history of my shoulder not fully rotating because the knots are so deep in my tissues.

Jessica, a 29-year-old Filipina, showed the immense depth of somatic responses to stress while discussing her experiences:

> If it's something that I've been thinking about too much or if it's an overwhelming type of stress then I might, not like, hyperventilate, but feel anxiety or a deep pressure on my chest. It affects me mentally and physically.

Changes to Activities of Daily Living. Many of the participants outlined how experiences of stress led to significant changes in their activities of daily living. A number of Filipino American participants alluded to significant changes to appetite and sleep schedules, feelings of fatigue, and lack of motivation. Mario, a 31-year-old Filipino man, recalled the indicators that surfaced during stressful experiences:

> I would be more negative, and people would say, "you're complaining a little bit more" or "you're not as animated or as present in our daily phone calls" or "you stopped doing your crafts". I start eating more unhealthily and I start lying in bed more…I would deny it, I would say, you know, it's self-care. I just want to take one day off, or I want to have a lazy day. And then when those lazy days start being like a week, it starts to take a toll on me. Or like, when my laundry is stacking up or when I would stop cooking, it was like, oh gosh, something's going on here.

Barriers to Help-Seeking

Filipino American participants in the study described barriers to professional mental health help-seeking that encompassed individual, cultural, and community barriers. Whereas each participant described the deleterious effects of shame as an individual barrier, cultural barriers included the influences of mental health literacy, cultural mistrust, cultural norms, logistical hindrances, and lack of representation in mental healthcare professionals. Community barriers related to the larger Filipino community included avoiding chismis (Tagalog for gossip).

Individual Barriers

Among participants, shame was described as a powerful individual barrier to seeking professional mental health services. Participants described how "stigma", "fear of being judged", being labeled "crazy", and concerns about stigma toward their family created hindrances to professional help-seeking. Participants communicated how they struggled to believe others could also be experiencing mental health symptoms and described overwhelming challenges with overcoming internalized stigma and shame. Coco explained, "I think a lot of us are scared to even bring up the topic at all [professional mental health services]." According to Anne, a 33-year-old Filipina woman:

> I think there is a lot of stigma associated with mental health issues. It is not often named and if it is named, there is sort of a slight judgment or large judgment surrounding it. Depression in conversations with my family has been talked about as a very selfish thing. There is definitely that stigma component of oh, you're damaged if you are seeking out mental health. There is something wrong with you. You are unable to cope with the world because you are receiving this kind of help.

Cultural Barriers

Cultural barriers were those that affected participants' families and often encompassed socialized beliefs and cultural notions from the family. Each of the five cultural barriers of mental health literacy, cultural mistrust, cultural norms, logistical barriers, and lack of representation, are outlined below.

Mental Health Literacy. Several participants identified how mental health literacy served as a barrier for professional mental health services. Mental health literacy related to the challenges with understanding the processes of locating mental health professionals. For some participants, lack of information and education about mental health services resulted in confusion around the ability to seek help. Mario, a 31-year-old Filipino man, described how cultural notions intersected with mental health literacy barriers:

> Because we are not taught a lot about our mental health and mental health services, I did not know how to pick one [a counselor] or what things meant. When I read about all these counselors and their bios, they were like, 'I go to this method, I do this method.' I was like, what are they talking about? I thought counseling was just talking.

Cultural Mistrust. Several participants discussed how the presence of intergenerational trauma and cultural mistrust were barriers to professional help seeking. Cultural mistrust demonstrated how participants alluded to concerns that white counselors would not be able to fully conceptualize, understand, or care about their culturally embedded experiences. For some participants, seeking mental health services was described as "unhelpful", "inappropriate", and a coping response used by *puti* (Tagalog for white people). Lilly, a 44-year-old Filipina American, stated the following:

> If you tell a white person your problems, they're not really going to understand them. Their sorrow is not the same as our sorrow. It is not as complex. It is not as historical.

Cultural Norms. Each of the participants described how Indigenous Filipino values and cultural norms emphasized notions of resilience, hard work, and the need to overcome challenges. Austin, a 38-year-old non-binary Filipinx person asserted the following:

> There is a certain set of values placed on a 'push push push' and self-sacrifice approach to life. Part of that, I think, is religious-based and part of that, I think, is the notion that, if you push, push, push, you will be fine, you will succeed. And if you are successful in life, things will be okay.

Similarly, Lilly indicated how cultural Filipino norms venerate traits that espouse resilience:

> I was raised with the message to be strong. You can deal with it. It just was not an option to consider telling a stranger about how I felt. That is the mold of the Philippines. It is survival. That is the mold of the Filipino immigrant. It is to provide. We support and we survive. These messages do not leave much room for healing.

For some participants, Filipino cultural norms were described as the culprit for deleterious effects on the overall wellbeing of Filipinos. For example, Coco described the harmful impact of Filipino cultural norms in her response: "We never take for ourselves. We never think about ourselves or give to ourselves. It is always about giving to somebody else, or something else. I think losing that middle ground is really messing with our mental health."

Logistical Barriers. Several participants noted how the presence of logistical barriers created challenges to professional mental health help seeking. Specifically, lack

of health insurance, residing in a rural setting, and low socioeconomic status were identified as logistical barriers. Mary surmised:

> Is it that easy to see a therapist? Is it affordable? All these other factors exist, which could prevent somebody [from seeking professional mental health services] even though they understand they need help. Circumstances are different, logistics are tough. Are there enough therapists? Is it affordable? How will I pay for it? We can barely afford medical help, let alone mental health.

Lack of Representation. Participants indicated how challenging it would be to establish trust with mental health professionals who were not of Filipino descent. This lack of representation created significant barriers for participants who struggled to overcome the cultural mistrust of working with white therapists or who did not see other Filipinos in positions of support. Gemma, a 28-year-old Filipina, noted the frustrating limitations associated with lack of Filipino representation:

> We don't see our identities reflected in those that are helping us and so it's easy to get discouraged in the beginning and it's easy to just try and decide that it's not for you [professional mental health services]. So, I could see many Filipino people in my shoes who had the experience I had in the beginning. I remember the first few therapists that I tried out were these elderly white folks, both men and women, who just did not get where I was coming from.

Therese, a 28-year-old Filipina, additionally described the importance of representation among mental health professions:

> I think a lot of the counseling field is striving towards this, but a lot of theories and things are still being done off of studies with white communities. I think that experience is always very different. Counseling is really not promoted as a profession for Asian people in general. We need more people of color as counselors, and I think also doing more studies based off of communities of Color [would be helpful].

Community Barriers

Community barriers included hindrances that were grounded in the larger collectivistic Filipino community. These barriers included wider community influences and avoiding chismis.

Community Influences. Community influences included underlying Filipino values and notions that created barriers to professional help seeking. Each Filipino American participant noted how seeking professional mental health services violated cultural expectations about how Filipinos are "supposed to act." Mary, a 50-year-old Filipina, described how community notions create socialized barriers to Filipino help-seeking:

> I think as a Filipino, we do not want to talk about it [mental health problems]. Culturally, we are told just to be quiet, put your head down, don't respond, don't rock the boat, don't stand out too much. I know we have our own issues within the community, but it is very hard to discuss that.

Lilly explained how Filipinos traditionally rely on their community or religious authorities to address mental health concerns.:

> When it comes to outreaching for mental health, Filipinos do not go there. There is just a sense of vulnerability that intermixes with breaking too many codes of privacy and of pride. You just need to talk to your friends, you know, or talk to your priest. You don't need a real clinician.

Avoiding Chismis. Several participants described how avoiding chismis (Tagalog for gossip), was a primary barrier that kept them from seeking professional mental health services, even when symptoms had reached significant severity. Participants noted how avoiding gossip about themselves and their families represented a community influence that outweighed their need to seek mental health support.

Discussion

The results of this qualitative study provide empirical evidence supporting the extant body of research that posits how individuals engage in coping responses that are influenced by cultural values, beliefs, and socialized messages (Lazarus & Folkman, 1984; Tweed & Conway 2006). Supplementing the limited research on Filipino coping, Filipino participants in this study described complex interplays of coping strategies that incorporated aspects of Indigenous, religious, and cultural notions espousing self-relance, hard-work, resilience, humor, and endurance (Litam, 2022; Thompson et al., 2002; Sanchez & Gaw, 2007; Shoultz et al., 2010). Following experiences of stress, participants in the study employed both engagement and disengagement coping responses. Consistent with the body of research on Filipino coping (Kuo et al., 2006; Liang et al., 2007; Litam, 2022, Filipino participants in this study described engagement responses that mitigated stress through direct action including rationalization, rumination, and moving towards community. Focusing on the mind-body connection and the positive effects of mindfulness exercises as coping strategies further supplements findings from Centeno & Fernandez (2020). Filipino participants in the study also described similar disengagement coping responses identified in literature (Chan & Litam, 2021; Litam, 2022; Tuason et al., 2007), included the use of humor, distraction, and moving away from community.

Participants identified barriers to help-seeking that included individual, cultural, and community barriers. Similar to findings identified by Martinez and colleagues (2020), Filipino American participants in the study described unfavorable attitudes associated with professional help-seeking that included logistical barriers and cultural issues. Consistent with findings identified by Straiton and colleagues (2018) and Vahabi & Wong (2017), participants in this study described cultural notions of resilience and self-reliance as significant barriers to professional help-seeking. Individual

notions surrounding shame, stigma, and community barriers related to avoiding chismis were similar to findings identified in a systematic review of studies conducted by Martinez and colleagues (2020). Finally, the presence of community and family influences were described by participants in this study as having the ability to promote or hinder Filipinos from seeking professional mental health services. Filipino American participants noted how family attitudes about mental health, cultural mistrust, and the support from family and friends can either promote help seeking behaviors (see Bernardo & Estrellado 2017; Straiton et al., 2018; Tuliao et al., 2016; Tuliao & Velasquez, 2017; Vahabi & Wong, 2017), or hinder help-seeking (see Coker et al., 2002; Gee et al., 2006). The present study additionally provides empirical support for the Filipino mindset of *bahala na* (Sanchez & Gaw, 2007), as evidenced by participants who described moments of optimistic fatalism.

Limitations and Future Directions for Research

The current qualitative study must be interpreted within the context of methodological limitations, especially in light of transferability. Given the exploratory nature of the basic interpretive design, the study did not encompass relationships among stress responses, coping, and mental health symptoms. Future areas of study may also consider the use of quantitative or mixed methods approaches to compile more comprehensive information and examine the relationships between various factors such as levels of anxiety, depression, and acculturation status on coping responses among Filipinos. Next, the ethnic identity and acculturation status of participants were not explicitly examined in the study. Thus, the findings presented do not consider the ways that Filipino identity salience and acculturation levels influenced coping responses and help-seeking behaviors. These factors have been identified in research as contributing to help-seeking tendencies in Filipinos (Tuazon et al., 2019). Future areas of research are therefore needed to clarify the ways in which the critical factors of Filipino identity salience and acculturation levels may influence coping responses and help-seeking tendencies in Filipinos. Combined with these factors, researchers can implement future research studies that address racial identity salience upon help-seeking behaviors, given that Filipinos may be navigating the effects of whiteness and internalized racism (David et al., 2019). Although the study casted a wide net for Filipinos in the sample, future researchers can dedicate more attention to multiracial Filipinos, especially as aggregate data may omit a number of pressing health disparities (Adia et al., 2021). Lastly, the study did not distinctly explore intersecting forms of oppression (e.g., genderism, heterosexism, homonegativity) that could have been tied to stress, culture, and discrimination experiences of the participants.

Conclusion

Filipino Americans are a unique subgroup of the AAPI community who experience culturally bound responses to stress based on their history of colonization (David & Nadal, 2013; David et al., 2017). Findings from the present study identified the use

of culturally specific coping strategies that included engagement and disengagement responses. Filipino Americans in the study also experienced somatic experiences of stress that were out of their immediate control and that interfered with their activities of daily living. When considering barriers to professional help-seeking, Filipino Americans described the enduring presence of individual, cultural, and community barriers that impeded on their ability to pursue professional help services. Rather than professional mental health services, Filipino Americans described preferences to seek support from friends, family, and community leaders, including priests.

Conflict of interest We have no known conflicts of interest to disclose.

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