

Mental Health in the Philippines: Schizophrenia

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Abstract

Family is the most basic unit of a community. Mendez and Jocano (1974) have said that “Ideally, the Filipino family is composed of the father, the mother, their unmarried child or children who are either biological offsprings of or adopted ones by the spouses and who are either living with them or not” (p. iv). There are cultural values and traditions that the Filipino families possess. These serve as multiple functions in the everyday lives of Filipinos. Yo Jackson (2006) wrote that “many Filipino cultural values, traits, and customs emphasize loyalty to and dependence within the family. For Filipinos, family remains central throughout life” (p. 217).

Literature Review and Background

The Filipino family is known to be overprotective wherein the observations and teachings of the parents to their children are passed down to generations. The families’ cooperativeness and supportiveness are clannish values that bring all the other families in a *baranggay* together which is the spirit of *bayanihan*. Moreover, with these numerous values of an ideal Filipino family, one of the most prominent values that the Filipino families acquire is the concept of shame in which the Chinese have influenced the Filipinos throughout hundreds of years of residing in the Philippines. The “feeling of shame” is abundant among family members for it is imperative that they do not tamper their images before the society or community, according to Jose Vidamor B. Yu (2000, p.129). With this concept of thinking of the members of a family, it

is inevitable that it would be applied on the different aspects of the way one regards or develops relationships among the members of the kin.

Truly, the Filipino family is consistent in the obedience of these traditional values. It has greatly influenced the way of living of the Filipino people. Their treatment and relationships towards other people vary on the tradition and culture they rely on. Family members have applied this way of thinking towards one another. According to Yu (2000), in the instances of treating a person in the family, values and concepts such as that of the “concept of shame” becomes existent among them. A member of the family is shamed and dishonored for executing unpleasant, unordinary, and, eccentric behaviours, therefore, being neglected as relatives (p.129).

According to the National Alliance on Mental Illness (n.d.), the “health conditions involving changes in thinking, emotion or behavior (or a combination of these).” is called mental disorders (See figure 1). The World Health Organization (2016) has said that mental disorders “are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others.”. According to the MedlinePlus (2014), some examples of these mental illnesses are the anxiety disorders (including panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and phobias), bipolar disorder, depression, mood disorders, personality disorders, and psychotic disorders (including schizophrenia). A statement from Ranna Parekh, M.D., M.P.H (2015) argues that regardless of age, gender, income, social status, race/ethnicity, religion/spirituality, sexual orientation, background or other aspect of cultural identity, anyone can be affected or diagnosed with a mental illness. It is a medical condition, just like heart disease, that can also be treated.

There are various conditions that a person may have acquired that led them to be diagnosed with mental disorder. As stated by the National Alliance on Mental Illness (n.d.), genetics can be considered one of the linked causes of a mental disorder. Along with this is the influence of the environment and lifestyle of the person diagnosed with a mental illness. One's mental health condition can also be affected by traumatic events like being a victim of a crime.

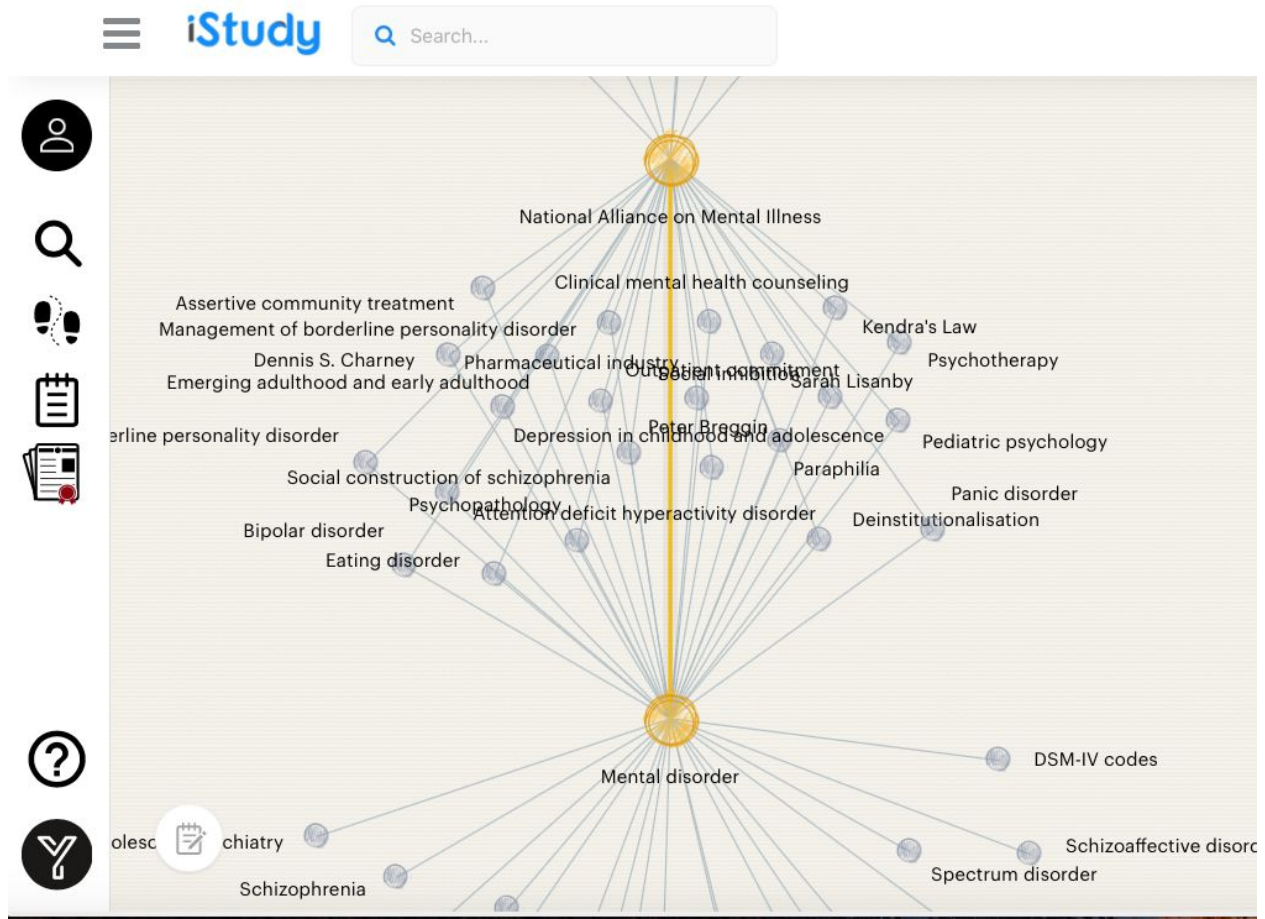


Figure 1: Yewno Knowledge Map: Mental Disorder and National Alliance on Mental illness

The most prominent mental disorder in the Philippines is Schizophrenia. It was recorded by the Philippine Health Information System on mental health (PHIS-MH), said Jocelyn R. Uy (2015), reporter, that Schizophrenia is the top brain disorder affecting mentally ill Filipinos who seek consultation and treatment in hospitals in the country. Patients with this illness suffer from hallucinations, delusions, social isolation, and cognitive effects. According to the National Institute of Mental Health, Symptoms of Schizophrenia usually start between the ages of 16 and 30.

According to Cohen (1990), most Filipino families experience difficulty in committing to taking care of their relatives with schizophrenia, so much so that they tend to abandon the relatives in the hands of mental health nurses in hospitals (p.58-59). The situation brought on to the abandoned patients affect their treatment in a way that the emotional support expected from the family is not evident. The family's involvement in the management of the patient's illness affect how the patient may get treated.

The love and support of family and friends play an important role in schizophrenia treatment. Anyone who is close to the mentally ill patient could play a big role in helping them build a fulfilling life free from the prejudice of society. Management of the illness is possible, especially with their support. The importance of this research is to inform the readers that schizophrenia patients need sensitivity and care; to realize that having schizophrenia is difficult; and to be aware of what these patients go through when dealing with themselves, with their family and friends, and with the society. Another significance of the research is to help emphasize the lack of mental health care education and services in the country that can be solved with the cooperation of medical psychiatrists to provide their services in their own country rather

than going abroad, and with the implementation of better laws regarding this by the Philippine government.

A primary beneficiary of this study is the family of the patient with schizophrenia. The family of the mentally-ill person serves as an influential figure in how a patient will deal with the burden of a mental illness. The study will explore the deeper relationship between a family's beliefs and how a family treats a relative with schizophrenia. In realizing the connection between these two, a family may adjust themselves to become a more ecstatic and participative support system for the mentally ill family member. Being reminded of the important *pakikisama* and loyalty attitude that Filipinos regard so highly, families may, hopefully, cease leaving their relatives with schizophrenia in public mental asylums.

Another beneficiary of this study is the Philippine government. Not until recently has mental health care been a priority in the Philippines. There are different types of mental health facilities in the mental health system and almost all of them need to be strengthened and developed. The research will provide a new angle that the government may look at to encourage a campaign for better health care for patients with schizophrenia. The study will enlighten the government of the cultural context of dealing with patients with schizophrenia (especially being the most prevalent mental disorder in the country), and will raise awareness towards the stigma related to it. More mental health laws, programs, facilities, services and funding support may be derived from a government that listens to its people's needs -- even, and especially from, the patients with schizophrenia.

Mental health care workers of the community may, also, benefit from this research. It is their duty and job to take care of the patients, they should be able to know and have enough

knowledge to do their task. A health worker is needed in the process of providing treatment and care while these patients are being neglected by their families. The research provides information that aims to conduct acknowledgement towards patients with schizophrenia that the mental health workers may gain knowledge from. An example of which is by establishing more mental health care services for the people who are diagnosed with schizophrenia located in the provincial areas of the country in order to impart a solution on the questionable priority of getting medical attention from *albularyo*'s and dismissing actual mental health disorders as a possession of evil spirits.

The research will make use of data that will predominantly discuss the culture of Filipino families from different social classes living in the Philippines. The research will also include examples of values ubiquitous to Filipino families. To be paralleled with these information are the data about the treatment of schizophrenia patients in the Philippines. The group then contextualizes a Filipino family's behavior towards their mentally-ill relative to their respective value system, traditions, and social class.

The study has been scaled down to give emphasis to the basic unit of the community -- the family. Also, being the most diagnosed mental disorder in the country, the researchers opted to give light to schizophrenia and its patients. Due to accessibility constraints, the study is restricted to Filipino families living in the Philippines. Special cases, such as the Overseas Filipino Workers and half-Filipino families living abroad, have been excluded in the study due to the inculturation of a different country's culture, thus risking an inconsistent result to the research.

With the perpetual influence of culture in a Filipino family's way of living, the group asks the question: How does a Filipino family's value system, traditions, and social class affect their behavior towards relatives who have schizophrenia?

Preliminary research has indicated that the value system, traditions, and social class of Filipino families have greatly influenced their behavior with regards to their relatives with schizophrenia. The group asks the question of how exactly does it affect their behavior and has organized the necessary methods to obtain information to answer the question. The team conducted interviews and surveys, and gathered sources from library materials and websites.

The team surveyed a sample population that consisted of respondents from all age groups with the majority being 20 to 29 year olds, having 40%. There were more female respondents, having 73% than male respondent, having 27%. The participants were composed of students (33%), individuals in the medical field (26%), office employees (22%), teachers (10%), dentists (3%), and coaches (3%). The researches have also conducted related interviews with Dr. Salvador Benjamin D. Vista, a psychiatrist, Dr. Dulce Lizza R. Sahagun, another psychiatrist, Prof. Wilfredo Cabrera, an Understanding Culture, Society, and Politics professor, and Dr. Maria Victoria Fojas Trinidad, a counseling psychologist.

Following the collection and analysis of the data, the team answers the research question with: Traditions, values such as *pakikisama* and concept of shame, and social class have affected the Filipino family's behavior and thought regarding their relatives with schizophrenia by how they perceive the cause of the schizophrenia, select the medical treatment, and deal with the mentally-ill relative.

The traditions, values, and social class affect the perception of the patient with schizophrenia's family relatives on the cause of disorder. Tuliao (2014) suggests that "mental health services in the Philippines are inaccessible and monetarily prohibitive, and beliefs about the aetiology and nature of mental illness are inconsistent with the medical model" (p.1). The Filipino's belief system on supernatural beings such as gods and spirits alter how the Filipino family's identify the real scientific cause of the illness. Judy M. Versola-Russo, Psy.D (2014) has stated that, "the perception of mental illness within the cultural dynamics may affect the diagnosis, treatment, and reintegration of an individual with schizophrenia."

Based on the survey conducted by the research group, 100% of the respondents have concurred that there is an inadequacy in Filipino society's general knowledge about mental disorders. Filipinos have acknowledged the fact that not everyone in the society possess enough knowledge about the intricate and complex circumstances of issues on mental health. This is also confirmed by the statement of Vista (2017) saying that,

Hanggang ngayon, there are people who are not educated on mental disorders. They are not educated. Itong mga sakit na ito hindi ito ibig sabihin na masamang tao ka o mababang klaseng tao ka. They need to understand the science. They need to understand that this is a brain that is just not functioning well because of some developmental problems.

The stigma against schizophrenia as caused by the lack of knowledge is identified as how family members perceive the mental disorder. The Mayo Clinic (2008) has also said that "As a result of such stigma, (schizophrenia) remains the butt of jokes in popular culture. Negative portrayals of people with mental illnesses fuel fear and mistrust and reinforce distorted

perceptions, leading to even more stigma,” thus inflicting problems toward patients of the disorder.

The Filipino society’s supernatural beliefs is associated with the social class of the families and the lack of knowledge on the mental disorder. This is supported by Sahagun (2017) who states that,

In rural areas, they think that mental illness is caused by supernatural beings like *dwendes*, and, of course, the *albularyos* feed in this. So, therefore, they have a wrong concept of what mental illness is about. They don’t even know that it’s treatable. So, there are also few rural mental health care workers, that is why it’s more difficult to reach the rural population to teach them about mental illness.

The struggle to efficiently disseminate the education on mental health in rural areas causes the society’s prevailing unfair labels on patients of schizophrenia. According to Pescosolido, Medina, Martin, & Long (2017), traditional stigmatizing has a high variable endorsement in the Philippines (p. 856). Misconceptions regarding the causes of mental disorders remain stigmatized and labeled as bad luck, bad character, and God’s will which was supported in their study regarding the backbone of stigma.

Filipinos are generally family-oriented. Because of this, many actions, plans & goals in life of an individual are either affected or is centered upon the family. It is their first priority. Trinidad mentions the ‘together-ness’ that exists among the members of the Filipino family. When asked about how traditions affect Filipino families decisions on their choice of medical treatment for their relatives with schizophrenia she claims,

Tradition that's still most true when a family member is sick or mentally ill, the family gets together, *kasi nga* the family is very close. They have to consult everyone, every

member of the family regarding the illness of the member on what they will do, whom to ask for help, specially to mental illness, whether to keep it a secret *kasi nga yung ayaw nila masabi ng tao na may mental illness sa family nila, nahihiya sila.*

Vista also mentions, “Filipinos seek out family and close kin first for help when they are ill. It is a tradition.” When illness is more defined, mobilization of support occurs within the family. Decisions about when, where, and from whom to seek help are largely influenced by the intimate circle of family.

The stigma of having a relative with schizophrenia is present in all social classes because of degradation of the family’s pride and reputation. Sanchez & Gaw (2007) mention that Filipinos possess *amor propio* which is the sensitivity to criticisms. If the relative with schizophrenia is exposed to the public, stigmatized labels of the family will be thrown at them. The choice of treatment of the Schizophrenia patient’s family would most of the time depend on their position in society. There is a difference between the upper class and the lower class in how the family get treatment for their mentally ill relative. In the upper class, family members usually experience the feeling of denial because of the shame that they would have to deal with. Sahagun (2017) states, “They would deny it or they would hide it, or sometimes, all together, ignore it if there is an on-going mental illness in the family.” As a result, there is a delay of treatment, or just fully ignore it, having no treatment at all. This is strongly related to the fact that keeping an untainted reputation in the public eye is what the Filipino family prioritizes. Vista (2017) confirms,

So the tendency to delay treatment or delay bringing to a doctor, but I would guess that the lower class, the lower socioeconomic classes, will try the *albularyos* first. The upper socioeconomic class, these are the ones who will not, probably, bring the patient to the albularyo, but will postpone bringing the patient to a psychiatrist. *Pupunta yan ng*

general practitioner, pupunta yan ng internal medicine specialist, pupunta yan ng neurologist, pupunta ng family ng med specialist, bago psychiatrist kasi, syempre, upper class sila ayaw nilang pagsabihan na mayroon silang pasyenteng ganyan. At mapagsabihan ng kultura ng komunidad na mahinang klaseng genetic pool kayo na mayroon kayong kamag-anak na ganyan.

Some families in the upper class go to general practitioners first, seeking professional help from doctors in different fields before going to psychiatrists because they do not want to be seen in their office with the chance of being humiliated by other people, knowing that there is a mentally ill relative in the family. On the other hand, the choice of treatment in the lower class is by going to the *albularyos* first because of spiritual and financial reasons. Cabrera (2017) states,

Power of healing through God and they believe that of course, God is the one healing and with these *albularyos*, of course they would believe na, okay, the *albularyo* is an instrument or powerful instrument by God or someone to be healed. *Pangalawa, siguro yung konsepto ng socio-economics*. Specifically, economics, they go to the *albularyo*'s simply because it's economical – *mura*. *Pero mataas ang paniniwala* because yung sense of spirituality. *Financially of course, tipid sila*.

In the rural areas, there are only few mental health care services available and there is a great number people in the province that desperately needs financial support. The page “Living in the Philippines” (n.d.) affirms that people who live in the rural areas are more cultivated about home remedies, traditional healing techniques, and supernatural ailments. Meanwhile, medical interventions in the urban areas are Westernized. People see mental disorders in a different perspectives which is why people seek for *albularyos* than going to a hospital. Many people feel safer if they are treated by their traditional healers in a way they are used to than if they go to

hospitals. Although, some disorders can be treated in traditional ways, others can only be cured through the constant intake of prescribed medicine and procedures.

In discussing how the Filipino family deals with their family members with schizophrenia, the three factors also exhibit influences towards it. Davis (2004) explains that certain labels that use scare terms such as “suffering from ...” and derogatory stereotypes could dehumanize individuals. He reasons that a person’s identity is not wholly the disorder, but actually consists of the different aspects of a person. The group’s survey present some of the different labels the respondents had for people with mental disorders with the results being 7% as people with special needs, 7% as normal people with their own problem, 7% as persons with disabilities, 7% as *baliw/sira-ulo*, 3% as “lost” souls, and 3% as *kawawa* or need help. Most respondents used varieties of the politically correct term for these patients with schizophrenia called “People First Language.” Some also utilized labels that had sympathetic or demeaning undertones. Although, psychiatrists have mentioned the more negative side of the spectrum of labels given to patients with schizophrenia in the Philippines. Sahagun (2017) cites, “the family members of the mentally-ill call them *buang, baliw, topaks, niyerbos, sinasapian*.” Not only do these convey the lack of formal education in the developing country, but show the unpleasant side Filipino families could reach when it comes to addressing their relatives with schizophrenia -- apart from the renowned hospitable values that is present in these families.

When it comes to the Filipino family’s involvement in dealing with the relative with schizophrenia, Vista (2017) acknowledges, “one nice thing about Filipino families is, although there is stigma, *alagaan naman nila yang mga yan*. Although I have seen cases where they kick the person out of the family *na talaga tapos gumagala nalang sa community yan na parang*

taong grasa nalang siya o pagala-gala nalang siya. In fairness *naman* to the Filipino family, they will take care, but, of course, the level of care will be different family per family.” In cases like this, it could be perceived that, although the stigma creates hindrances in the Filipino family participating fully in the management of the disorder, there is still the hints of family values that motivate them to involve themselves with the matter. Cabrera (2017) cites examples, “it’s part of the family which was mentioned a while ago, earlier, concepts of *pakikisama*, *pakikisalamuha*, and *pakikipag-ugnayan*, and of course the concept of being hospitable...these traits define ‘*Filipino-ness*’ in the system of our culture.” On the other hand, Vista also shares, “there are families, for example, who do not really believe *na magagamot yan so ang ginagawa nila gagawa nalang ng selda doon sa likod ng bahay doon nalang nila ilalagay yung mga pasyente nila*. I have gone to the provinces as a psychiatrist, and I have seen people with schizophrenia chained to a post like a dog!” This shows how culturally stigmatized schizophrenia and mental disorders are within Filipino families that it could overpower those hints of family values that shy away when it comes to the disorders. They are “taken care” of instead of being abandoned in hospitals, but it is done in such a way that strips off their values as human beings. This maltreatment could be associated with the Filipino family value of *utang na loob* wherein the family member “owes” their relatives for providing them with love and shelter sometimes even for giving birth to them (Celestino, 2014). If the family member is diagnosed with schizophrenia and exhibits its symptoms, the Filipino family may see it as a betrayal of this *utang na loob* for it brings about shame and the risk of tarnishing its reputation. It seems like the mental disorder is seen as a baggage that the family has to carry around secretly, which asks of an expensive commitment that they could not afford.

The group concludes that in relation to how the traditions, values, and social class affect the behavior of the Filipino family towards their relatives with schizophrenia; the perception of the mental disorder, choice of medical treatment, and management of schizophrenia individually discusses the different areas in which the behavior is affected. The way the family relatives perceive the mental disorders such as not having enough knowledge about this affect their behaviour towards the patients of schizophrenia in such a way that they are led to misconceptions about the causes of the illness thus stigmatizing patients of schizophrenia.

Relative to how they perceive the mental disorder is the spiritual traditions Filipino families have been embedded with. This can also be brought up by the family's level of social class especially in the rural areas who have limited access to proper mental health care services. Such circumstances withhold Filipino families access to proper medical treatments thus giving them no options other than the spiritual healers such as the *albularyo's* and *mambabarang's*.

The Filipino's beliefs on different faith healers cause family relatives to choose treatments in which the science of the brain disease is not discussed professionally and medically. Such beliefs lead to the family's improper actions regarding the proper treatment of the mental disorder because the patient is not brought to a professional in hopes that it is not anything serious and that they will improve on their own. The value such as the concept of shame is evident in the family relative's incarceration of the patient with schizophrenia for such revelation would affect the way the family and the patient is perceived by others.

Filipino families have different ways of dealing with their relatives with schizophrenia. The involvement of the family in the management of schizophrenia would differ from each

family depending on their value systems, priority of keeping an untarnished reputation, and their economical status.

Conclusion

The group highly recommends that researches similar to that of the Filipino families and Schizophrenia be conducted in such a way that surveys rely efficiently to statistical reports in order to conclude accurate results of the study. Respondents of the preferred survey are suggested to be Filipinos who have family members who have schizophrenia. This would greatly improve the quality and accuracy of the study to be done by the future researchers.

The researchers also suggest that future studies regarding Filipino families and schizophrenia be assessed with the traditions, value systems and social classes that affect the behaviour towards the relatives with schizophrenia in more specific areas of the region or by ethnic groups. The group acknowledges that regions in the Philippines have different cultures which would ultimately affect the assessment of these influential factors. This is also to ensure that the research's conclusions would be more specific to a region which could help them come up with contextualized solutions based on that region's beliefs and socioeconomic standing in the country.

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