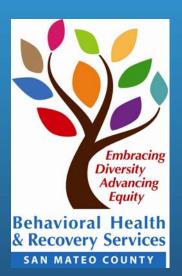
Cultural Considerations: Working with the Filipino Community



PRESENTATION TO KAISER SOUTH SAN FRANCISCO April 14, 2010

> Jei Africa, PsyD, MSCP, CATC Office of Diversity and Equity Behavioral Health and Recovery Services San Mateo County Health System

Statement of Disclosure

 Kaiser South San Francisco Continuing Medical Education has determined that the speakers and the planning committee for this program do not have any affiliations with any corporate organizations that may constitute a conflict of interest with this program.

Objectives

- To learn about the uniqueness of Filipinos/Filipino American experience (in the United States)
- To become familiar with cultural beliefs and values as it relates to health, wellness and help-seeking behavior
- To learn culturally responsive approaches in working with Filipinos/Filipino American clients and families

Why are you (really) here?

Why this particular training?

Acknowledge your work

- See many patients
- Limited time
- Pushed for efficiency and accuracy (and perfection?)
- Clients present with multiple issues (some contradicting information, at times)

Where is the largest concentration of Filipinos outside the Philippines?

- 1) San Diego
- 2) Daly City
- 3) Los Angeles
- 4) Sacramento
- 5) San Francisco

Which of these names are Filipino?

- 1) Juan Cruz
- 2) Joseph Ferrer
- 3) Francisco Sy
- 4) Maria Chu
- 5) Luis Kintanar

How many dialects and languages are spoken in the Philippines?

- 1) 15
- 2) 50
- 3) 100
- 4) 150
- 5) 200



Some teasers...

- Prevention is a new concept
- Stigma plays a role
- Authority as a double-edged sword
- Economic consideration
- Building rapport pays off
- Gift giving is a possibility

A little bit of Philippine History

- Pre-colonial
- Spanish (1565-1898)
- American (1898-1946)
- Japanese (1941-1946)

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Impact of Colonization

Spanish

- Strong influence of religion
- Catholicism in Filipino social customs and events
- Close relationship between church and state
- Gender roles
 - Machismo and Marianismo
- Regionalism

• Importance of education

US

- Use of English as the primary language
- Disestablishment of Catholic Church as the State religion
- Competition and individualism

Indigenous Health Beliefs

- A) Principle of Balance (Timbang)
 - Maintaining a balance (body, food, diet)
 - Rapid shifts from hot to cold
 - "Warm" environment good
 - "Cold" environment not so good
 - "Fat" is good; maintains warmth
 - No cold drinks in the morning
 - "Na-hanginan" (exposed to too much wind)

Indigenous Health Beliefs

• B) Theories of Illness

- 1) Mystical stronger life-force, retribution from ancestors, wandering or lost souls (when sleeping), "usog"
- 2) Personalistic punishment or retribution from supernatural beings such as witch, an evil spirit, sorcerer (mangkukulam); healer is needed; wearing of amulets, holy oils, etc.
- 3) Naturalistic range from natural events (thunder, lightning, etc.) to stress, incompatible drugs, genes; "pasma"
- 4) Inappropriate behavior, sensitivity to shame, conflict or violence and social irresponsibility

Mythical Creatures

Nuno sa Punso

Tikbalang

Indigenous Health Beliefs

- C) Cultural Healers
 - 1) Arbularyo herbalist but also traditional general practitioner
 - 2) Hilot (bonesetter) and magpapaanak (traditional midwife)
 - 3) Mangluluop/Manghihila/Mangtatawas (traditional diagnosticians)
 - 4) Faith healers use of psychic surgery

"Local" pharmacies

Cultural Values

- Kapwa sense of shared identity with others
- Pakiramdam shared inner perception; having a heightened awareness and sensitivity to others
- Accomodative
 - Utang na loob (gratitude/solidarity versus debt of gratitude)
 - Hiya (sense of propriety versus shame)
- Confrontative
 - Bahala na (determination versus fatalism)
 - Lakas ng loob (internal strenght)

Filipinos in the US

- Mariners in Morro Bay, CA
- Manila men
- Manongs: Sakadas, Pensionados, farm workers, factory workers, service workers
- "Brain drain": WWII vets, professionals
- Professionals, asylum seekers, seeking safety from political unrest

Filipinos in the US

- Land of opportunity
- Experienced
 - Discrimination
 - Isolation
 - Poor working and living conditions
- Spectrum of affinity to Philippines
- Spectrum of social class
- Diverse views
 - Generational

Implications for Help Seeking Behavior

- Authority as a double-edged sword
 - Advice seeking; medical model
 - Polite and (might) not be always truthful building rapport
- "I can speak English"
- Family member (can) play a huge role
 - Source of support versus burden
 - "Monitor" medication

Implications for Help Seeking Behavior

• When seeking help

- Might have "seen" someone else (or have tried something already)
- Most of the time, someone had "convinced" them to seek help
- Confidentiality
- When seeking medical help
 - Acute, severe
 - Experienced symptoms for a while
- When seeking psychological help (if at all)
 - Physical description of symptoms
 - AOD & MH "mandated"
 - "I'm not crazy"

Implications of being diagnosed

- Go back to their definition of the problems
- Go through the consequences
- Judgment about a behavior/lack of it
- Economic repercussion

"Folk Catholicism"

- Historical and/or indigenous practices/beliefs
 - Animism, rituals and dances
 - Folk healers arbularyos, hilots, spiritistas
- Religious (Catholic) practices
 - Penance, offerings, psychic healing
- Western medicine

• Blending of all these

Suggestions

Building Rapport

- Learn a Tagalog word or two
 - "Po" or "Opo"
 - Kamusta po?
- Start by using Mr. or Mrs.
- Consider using humor (if appropriate)

Intervention

- Use feeler statements
- Never ask "Do you understand?"
- Educational materials go through it with them
- Be ready to repeat, remind and ask a few times

Challenge: To try one thing from what you learned in this presentation.

Know if may (or may not) work.

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A Patient's Dream?

Contact Information

San Mateo County

- Behavioral Health and Recovery Services
- 650-573-2714
- jafrica@co.sanmateo.ca.us