

*MALASAKIT: THE UNEXAMINED PEDAGOGICAL PRACTICES AND  
EMOTIONAL CARE WORK OF PIN@Y EDUCATORS*

A Thesis submitted to the faculty of  
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Master of Arts

In

Asian American Studies

by

Hillary Nicole Peregrina

San Francisco, California

August 2019

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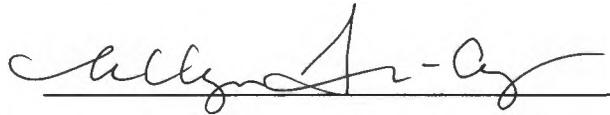
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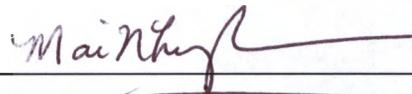
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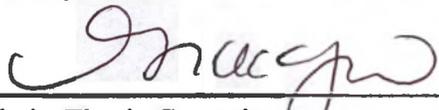
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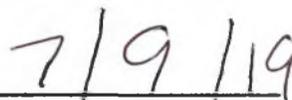
***MALASAKIT: THE UNEXAMINED PEDAGOGICAL PRACTICES AND  
EMOTIONAL CARE WORK OF PIN@Y EDUCATORS***

Hillary Nicole Peregrina  
San Francisco, California  
2019

Compared to other racial/ethnic adolescents, Pin@ys (Pinoy/Pinay) are at risk for various mental health issues. For adolescents, teachers play important roles in promoting academic outcomes, providing a sense of hope, and supporting the holistic well-being of students at-risk for mental health issues. This thesis explores how educators of Pin@y descent provide care and support to Pin@y students. This study asks the following questions: How do Pin@y educators provide support to Pin@y adolescents who experience mental health issues? Do cultural connections and cultural responsiveness play a role in the ways that they provide support? Ten educators in the state of California were interviewed. The findings of this study indicate the following themes around their approach to care and teaching including: building a classroom with trust and vulnerability, using cultural connections as an entry point, reflecting and acting towards socioeconomic accountability in curriculum, and mentoring, boundary making, and understanding limitations as an educator. Findings also include themes around how educators practice emotion work including: preventive care work, embodied knowledge and emotional labor, collaboration with the Pin@y family, and unconditional positive regard. Implications of this research illustrate how educators are often “first-responders” to the mental health concerns of their students. Future research should examine the role of educators in ethnic communities, and how they can serve as conveyors of needed information, such as the dissemination of culturally responsive mental health education programs for youth.

I certify that the Abstract is a correct representation of the content of this thesis.

  
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## ACKNOWLEDGEMENTS

“I want to be brilliant before I am ever beautiful. And I will create a world around me where it is hard to tell the difference.”

- Kim Davalos

This work is dedicated to all of the young Pin@ys (Pinoy/Pinay) who continue to experience and overcome mental health issues. May you find critical hope through the stories and perspectives laid out in this work.

To Nicole – Thank you for not giving up on yourself throughout all of those times that you did not believe that you would make it through. You deserve to make it through, despite a series of trapped doors.

To my committee – Thank you to Dr. Grace Yoo, Dr. Allyson Tintiangco-Cubales, and Dr. Mai-Nhung Le for your unwavering support. You have all served as such strong and inspiring examples for me, through which I would have never had the courage to accomplish this work.

To PEP (Pin@y Educational Partnerships) – Thank you for being my safety net and cheering me on to complete this work. The words on these pages serve as my gift to all of the Pin@y educators who have dedicated themselves to the liberation and empowerment of our community.

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## Chapter 1: Introduction

*“Alive and Running is an uplifting, life-affirming event that remembers loved ones lost to suicide, while raising funds and awareness for the Didi Hirsch Suicide Prevention Center.”*

In 2016, fresh out of my undergraduate career at Loyola Marymount University, I received my first job offer to work as a Fundraising and Development Coordinator at Didi Hirsch Mental Health Services, one of the largest community mental health agencies in Los Angeles County. I was thrilled and excited to make a difference in the nonprofit world. Soon, I was tasked to help coordinate one of the agency’s major fundraising events, *Alive and Running*, a 5K walk and run that is centered around suicide education and prevention. Little did I know that my critical inquiry and engagement with mental health would begin through this position.

Working for this organization, and contributing in efforts to coordinate this event, I was exposed to the human embodiment of the growing mental health crisis in our nation. At this event a large memorial is set up to honor loved ones who had died by suicide. Viewing this memorial, seeing images of Asian American youth, and seeing the familiar face of an old friend who had died by suicide, I became engaged in a process of critical reflection of my own life experiences and realized *I am lucky to be a survivor of suicide ideation*. According to a 2017 report from the Center for Disease Control and Prevention, suicide is the second leading cause of death among individuals aged 10 through 34. At this event, I realized how lucky I was to have had friends who were

courageous enough to engage me in dialogue regarding my mental health and pushed me to seek help for my condition. I am lucky to have had access to free mental health services through my college campus, when only 42.6% of all individuals in the US with a mental illness will receive some form of mental health service (National Survey on Drug Use and Health, 2017). *I am lucky to be a survivor.*

As a second-generation Pinay, my research is further guided and motivated by observations of the experiences of my community, and the specific experiences of Pin@y (Pinoy/Pinay) youth as they negotiate questions of identity and belonging within the US nation-state. Moving through the daily motions of my time at this agency, I soon recognized the absence of conversations about mental health within the Pin@y community. Within my own community at the Historic Filipinotown of Los Angeles, Pin@ys are reluctant to talk about mental health, a topic that is often held as taboo and stigmatized among Pilipinos (Nadal, 2010). Pin@ys are not talking about mental health or seeking services, despite studies which report high rates of diagnosed and undiagnosed mental illness (Wolf 1997; Gong et al., 2003; David, 2010; Kuroki, 2015). Reflecting on the experiences of the Pin@y community, I began to question what social, cultural, and economic factors determine our mental health experiences. Through this, I realized that my life's purpose was to understand determinants of mental health disparities among the Pin@y community, and to devise culturally responsive interventions to improve the delivery of mental health education and services, which may ultimately promote mental health outcomes.

My questions are also guided by my embodied epistemology, through the intimate witnessing of the struggles of young adolescent Pin@ys (Pinoy/Pinay) in the various educational and community-based spaces that I have entered. As an educator for Pin@y Educational Partnerships, an Ethnic Studies educational pipeline that teaches Ethnic Studies at selected schools within the San Francisco Unified School District, I witnessed first-hand how my colleagues and I became first-responders for our own students that were dealing with mental health issues. With little training on how to address mental health within our classroom, my colleagues and I were tasked with the challenge of supporting the mental health concerns of our young students and connecting them with supports that were both culturally appropriate and sustainable. Observing the own care that we placed in supporting the holistic needs of our students, I began to wonder if this type of care work is performed by other educators that serve Pin@y adolescents.

In conducting this research, I am motivated by my embodied, experiential, and communal knowledge, which reminds me of the urgency to address the mental health needs of the adolescent Pin@y (Pinoy/Pinay) community. I know the struggles of the adolescent Pin@y community because at different points in my life, I intimately shared in these same struggles as I confronted questions of identity, and overcame episodes of depression, anxiety, and suicide ideation. I have experienced a real desire to seek help, with the reality of not knowing what types of services and support were available for my use. Because of my personal experience and positionality as a young Pinay who has overcome mental health issues herself, I position myself as a subjective insider within my

research. While social science research continues to debate the validity and reliability of using insider knowledge (Chavez, 2008), I believe that my position as a subjective insider is an important contribution to the dialogue on mental health. As a stakeholder who is personally invested in this public health issue, I am purposeful in my desire to utilize theory to move toward practice in order to identify effective and culturally responsive interventions to promote mental health outcomes among Pin@y youth.

### **Magnitude and Scope of the Problem**

Looking at past research on the mental health of Filipino Americans over the past two decades, it has been documented that Filipino Americans experience a myriad of mental health issues. According to the President's Advisory Commission on Asian Americans (2001), Filipino American adolescents have one of the highest rates of suicide ideation. More specifically, the Centers for Disease Control and Prevention have found that 45.6% of Filipina American youth have experienced an episode of suicide ideation, an alarming rate in comparison to females of all ethnic groups (Wolf, 1997). More recent literature suggests that irrespective of gender, Filipino American youth may display more problematic behaviors such as delinquent offenses, sexual behaviors, and substance abuse in comparison to Chinese, Korean, and Vietnamese American youth (Choi, 2008). Filipino American adolescents may also be susceptible to mental health issues including depression, anxiety, and suicide ideation (Javier et al., 2010). There must be more studies which examine the mental health of Pin@y adolescents, as previous studies are dated, and may not fully consider the current status of Pin@y adolescent mental health today.

Despite the high rates of mental illness among the Pin@y community, few studies focus on processes of help-seeking and mental health service utilization among Pin@y youth, and ultimately, interventions to promote help-seeking behaviors and mental health outcomes. Previous studies suggest that ethnic minority youth may be more comfortable seeking help from within the school sector when they experience episodes of psychological distress (Burns et al., 1995; Hoagwood & Jensen, 1997). 70% of ethnic minority youth will receive some form of mental health service from within the school sector, which is not explicitly set up to address mental health problems. Cultural and contextual (socioeconomic status, gender roles, or regional differences) factors may also influence the help seeking attitudes and behaviors of ethnic minority youth and their families (Cauce et al., 2002). Educators who are not explicitly trained to conduct mental health work may be uniquely positioned in roles where they must perform a unique and unexamined care work, where they assume roles as first-responders for their students during times of emotional or psychological distress.

### **Research Question and Methodology**

Taking into account studies which describe the help-seeking attitudes and behaviors of ethnic minority youth and their families (Burns et al, 1995; Hoagwood & Jensen, 1997; Cauce et al., 2002), this study will explore the pedagogical strategies and care work performed by Pin@y educators who serve Pin@y adolescent students. Educators working with Pin@y youth may be uniquely positioned to take on roles as “first-responders” when their students turn to them during periods of psychological

distress, and may be key in providing insights on methods to conduct mental health outreach, education, and support that may ultimately improve mental health outcomes among at risk Pin@y youth. This study explores the following questions:

How do Pin@y educators provide support to Pin@y adolescents who experience mental health issues? Do cultural connections and responsiveness play a role in the ways that they provide support?

What are the *pedagogies of care* practiced by Pin@y educators supporting Pin@y adolescents? How do Pin@y educators develop relationships with Pin@y adolescents?

What is the unexamined *emotional care work* performed by Pin@y educators who support the mental health of their Pin@y students?

As concern over the mental health of youth in our nation continues to become a rising public health issue, few studies examine the supports that are available to this community. As both an institution and ideology, education is experientially salient in the lives of Pin@y youth and may be a valuable ecological site to observe the mental health of at-risk Pin@y youth, and the efforts of educators committed to supporting their mental health concerns.

Semi-structured interviews with 10 educators across the state of California were conducted in order to collect the testimonies of educators who have experience supporting the mental health of their Pin@y adolescent students. Educators who participated in the study were selected on the basis of their strong commitment to, and

participation in Filipino American community-based organizations. Furthermore, educators were selected on the basis of their experience working with Pin@y youth in various educational capacities. There are currently no standard definitions of adolescence. The American Psychological Association (2019) defines the period of adolescence as individuals between the ages of 10-18, and “*the period of time from the onset of puberty until an individual achieves economic independence*”. With this definition of adolescence in mind, educators serving youth between the ages of 12-19, and teaching at middle schools, high schools, community colleges, and lower division undergraduate courses were selected for the study.

Analysis of the pedagogy and care work of participants is guided by Bronfenbrenner’s *Ecological Social Systems Theory* (1992) and Hirschfeld’s *Emotion Work* (1979), in order to understand and describe the classroom ecological systems and relationships that may promote Pin@y students’ mental health outcomes. Results of the study suggest that there are two unique roles performed by Pin@y educators supporting Pin@y students: *pedagogies of culturally responsive care* and unexamined *emotional care work*. This thesis will describe the pedagogical practices and emotional care work performed by participants to educate their students about mental health, and to promote mental health outcomes. Finally, this study will discuss the directions that future research and interventions can take in order to continue efforts to promote the mental health of all individuals that are experientially salient within the ecological social systems that surround Pin@y adolescents.

### **Terminology: The Use of Pin@y**

For the purposes of this study, educators and students will be referred to as Pin@y (Pinoy/Pinay) in order to center their experiences as Filipinos in the diaspora who are living in the United States. Filipino American psychologist Kevin Nadal (2010) defines Pinoy as a slang term used to describe a person of Filipino descent, while a Pinay is specifically used to refer to a woman of Filipino descent. In her book *Little Manila is in the Heart: The Making of the Filipina/o American Community in Stockton, California*, the late historian Dawn Bohulano Mabalon (2013) uses the terms Pinoy (Filipino American male) and Pinay (Filipina American female) to refer to any Filipinos living in the US. In tracing the etymology of the use of “Pinoy”, she describes how Filipina/o immigrants in the 1920s first used the term as a nickname for Filipinas/os living or born in the United States. Furthermore, she describes how the terms are now used to refer to any Filipina/o in the Philippines and in the diaspora. For the purposes of the present study, educators and their students will be referred to as Pin@y (Pinoy/Pinay) to honor their experiences as Filipina/os in the diaspora living in the United States, spread across generations including recent immigrants, second, and third generations. Furthermore, the term Pin@y will be used, as not all participants and their students identified with being American.

### **Overview of the Thesis**

This research focuses on the experiences of Pin@y educators, and their efforts to create unique classroom cultures to support the mental health concerns of their Pin@y adolescent students. Chapter 1 serves as an introduction to the study, with a focus on describing the magnitude and scope of mental health issues among adolescent Pin@ys (Pinoy/Pinay), and presents an overview of the research questions and methodology. Chapter 2 serves as a literature review, which examines evidence-based interventions that support health outcomes among diverse populations. Chapter 2 reviews evidence-based interventions in the fields of education and healthcare that promote health and mental health outcomes among ethnically diverse populations, which a specific focus on pedagogy, cultural relevance, and social support.

Chapter 3 reviews the methods that were used in order to conduct the study. In-depth, semi-structured interviews with 10 educators across the state of California were collected, in order to elicit the perspectives of Pin@y educators who have dedicated themselves to supporting the holistic needs of their Pin@y students. Using a purposive recruitment strategy, educators who are professionally, personally, and emotionally invested in promoting mental health outcomes among the Filipino American community were selected. Through Grounded Theory Analysis procedures (Strauss, 1990), several themes emerged in the study that reflect the classroom pedagogy and care work of Pin@y educators.

Chapter 4 presents part 1 of the findings of the study and describes the pedagogical approaches that Pin@y educators use in order to educate their Pin@y students on mental health topics within the classroom. 4 practices emerged which include: building a classroom with trust and vulnerability, using culture as an entry point, reflecting and acting towards socioeconomic accountability in curriculum, and mentoring, boundary making, and understanding limitations as an educator.

Chapter 5 presents part 2 of the findings of the study and describes the emotional care work performed by Pin@y educators. Using the Filipino cultural value of *malasakit* (care, compassion, concern, and empathy) as a frame of reference, 4 themes emerged which encompass the emotional care work of Pin@y educators: preventive care work, embodied knowledge and emotional labor, collaboration with the Pin@y family, and unconditional positive regard. Overall, the results of the study indicate that Pin@y educators build caring relationships and engage in care work that often falls outside of the realm of duties of the classroom educator.

Finally, chapter 6 revisits the purpose of the study, and provides an overview of the key findings. This chapter serves as a discussion and presents contributions of the study to the fields of clinical psychology, teacher education, and Ethnic Studies. Implications of the study's findings are also discussed, with recommendations for the direction of future research on Ethnic Studies, student wellness, and educators' own sense of mental health.

## **Chapter 2: Literature Review**

Filipino Americans comprise 3.6 million of the total US population (U.S Census Bureau, 2013) and are becoming one of the fastest growing and diverse ethnic groups in the US. Filipino Americans are the third largest immigrant group in the United States, following the Chinese and Mexican American populations. In examining this growth, the specific population of Filipino Americans below the age of 18 is growing, with this group comprising 21% of all Asian American children in the US (Hoeffel et al, 2012). Despite their growing physical presence in the US, Filipino American youth are underrepresented in medical and psychological research, with few studies specifically focusing on interventions to address their mental health needs.

Building on past studies which advocate for interventions to support the psychosocial needs of youth from communities of color (Javier et al., 2014), few studies look at the methods utilized by educators who make tireless efforts to support the mental health of their Pin@y students. The classroom and its educators are ubiquitous in the lives of Filipino American adolescents, and may be essential in educating about mental health, encouraging help-seeking behaviors, and promoting positive mental health outcomes. In order to understand the support provided by educators serving Filipino American students, theoretical frameworks including Hoschild's *Emotion Work* (1979) and Bronfenbrenner's *Ecological Social Systems Theory* (1992) will be described and used in the study. Interdisciplinary interventions drawn from the fields of education, public health, and psychology will be described in this literature review in order to

understand how they may provide insight to improving mental health outcomes among adolescent Pin@ys. These interventions include pedagogy and care work, cultural relevance in education and healthcare, and social support that have been previously linked to positive health outcomes, and improved psychosocial well-being among communities of color. This study will examine the following questions:

How do Pin@y educators provide support to Pin@y adolescents who experience mental health issues? Do cultural connections and responsiveness play a role in the ways that they provide support?

What are the *pedagogies of care* practiced by Pin@y educators supporting Pin@y adolescents? How do Pin@y educators develop relationships with Pin@y adolescents?

What is the unexamined *emotional care work* performed by Pin@y educators who support the mental health of their Pin@y students?

### **Key Issues Facing Filipino American Youth**

Interdisciplinary research that examines the mental health issues which impact Filipino American adolescents are outdated. Though outdated, past research has identified issues that continue to put Filipino American youth at risk for a variety of mental health conditions. In one study, researchers sought to examine the rates of depressive symptoms among Filipino American adolescents in Hawaii in comparison to their White counterparts (Edman et al., 1998). 270 Filipino American adolescents from rural and small town Hawaii completed a self-report questionnaire with items from the

CES-D (*Center for Epidemiologic Studies Depression Scale*), and items measuring suicide attempt and sociodemographic information. Through multiple analysis of variance (MANOVA), researchers discovered that there were no significant differences between Filipino American and White adolescents in sum CES-D scores, suggesting similar patterns of depressive symptoms. Results of the study also indicate gender differences between Filipino American males and females, with females scoring higher on the CES-D than males. Results of the study may be attributed to the unique cultural mix found in Hawaii, where there are no ethnic groups that hold minority status. Despite this, the results of the study point to the need for continued research which looks at psychopathology among Filipino American youth who may be at risk for a variety of mental health issues.

In one study, fieldwork conducted in high schools and universities in Northern California sought to examine the issues and experiences which specifically confront second generation, Filipino American youth (Wolf, 1997). Interviews with students reveal that familial pressure to succeed is disproportionately placed on Filipino American daughters in regard to issues of academics and sexuality. Interviews with high school counselors revealed increasing concern about the mental health of Filipino American students as a whole, as they displayed alarming symptoms of psychological distress, but remained reluctant to seek counseling out of fear that their parents will find out.

As a whole, Filipino American adolescents experience a contradiction between ideology and practice within their families (Wolf, 1997) in which parents will encourage

their children to keep problems within the confines of the family, confide in their parents for help, and avoid seeking help from individuals outside of the family unit. The contradiction within this ideology takes place when children become reluctant to reach out to their parents for help, out of fear of punishment from their parents, and bringing shame and embarrassment to the family. Such familial practices may alienate adolescent Pin@ys from their families, which may exacerbate feelings of loneliness, unhappiness, despair, punishment, and suffering in silence. For these adolescents, such feelings of despair may lead to experiences of suicide ideation, as a means to re-exert control over their lives. Furthermore, 6 of the 22 focus group participants (27%) report having experienced suicidal thoughts or gave examples of loved ones who have contemplated suicide. This study underscores the need to examine the experiences of Filipino American youth, who may be at particular risk for mental health issues and suicide ideation.

Existing literature within the field has also made efforts towards identifying predictors of mental health among Filipino American adolescents. In one study, researchers Ying and Han (2006) sought to assess the cross-sectional (immediate) and longitudinal (long-term) effects of intergenerational conflict and school-based discrimination on experiences of depression and academic achievement. Using bivariate correlational analysis, researchers discovered that intergenerational conflict and school-based discrimination were associated with depression on the cross-sectional model, suggesting the immediate impact of the two variables on depression. Intergenerational conflict was also associated with depression in the longitudinal model which tracked

participants over a 3-year period, while no long-term association was found between school-based discrimination and depression. Through bivariate analysis, researchers discovered that both intergenerational conflict and school-based discrimination significantly reduced academic performance, in both the cross-sectional and longitudinal models. Multiple regression analysis reveals an interaction between intergenerational conflict, school-based discrimination, and the female gender in predicting higher depression scores, suggesting that Pinays may be at particular risk for mental health issues. All in all, this study calls for more culturally competent interventions to improve parent and child relationships among Filipino American families, and the need for interventions to educate young children about race and racism in order to reduce instances of discrimination and racism within schools.

More recent literature suggests that as a whole, Filipino American adolescents are susceptible to behavioral and mental health issues, including depression, suicide ideation, substance abuse, and teenage pregnancy. In one study, interviews with Filipino American students in grades 7-12 revealed that they may display more problematic behaviors including delinquent offenses, sexual behaviors, and substance use in comparison to Chinese, Korean, and Vietnamese American youth (Choi, 2008). Results of the study also reveal that Filipino American youth had lower educational outcomes, had significantly lower GPAs, and had more experiences being suspended or expelled from school. Overall, this study describes the problematic behaviors and educational disparities

experienced by Filipino American youth that may contribute to their experiences with their mental health.

In one study researchers sought to identify predictors of depressive symptoms and use of counseling among Filipino American adolescents (Javier, Lahiff, Ferrer, & Huffman, 2010). Researchers in this study discovered that in comparison to white adolescents, Filipino American participants had higher mean CES-D8 (*Center for Epidemiological Studies Depression Scale*) scores and were more likely to report clinically significant depressive symptoms. Through regression analysis, researchers discovered that the Filipino ethnicity, female gender, increasing age, living in a single parent household, lower parental education, and poverty were associated with higher depression scores and clinically significant depressive symptoms. Researchers discovered a significant 2-way interaction in which Filipina adolescents who had family incomes below the federal poverty line, and parental education less than a college degree, were more likely to report having used counseling services in the past year in comparison to their white counterparts. Researchers also discovered that Filipino male adolescents with family incomes above the federal poverty line, and parents with a college degree or higher were less likely to report use of counseling in the past year. Overall, this study examines the mental health conditions of adolescent Pin@ys, with specific attention to gender differences.

*Recommendations to Address the Mental Health of Adolescent Pin@ys*

While literature continues to identify psychopathology among Filipino American youth, few studies have focused on identifying recommendations towards creating interventions that will help to alleviate these unmet needs. In one study, researchers Javier et. al (2014) conducted interviews and focus groups with key community stakeholders in order to discover the specific needs of the Filipino American community, and to identify strategies to implement mental health prevention programs for Filipino American youth. Researchers identified four strategies to develop prevention programs.

The first strategy raised by community stakeholders is to address the intergenerational gap between adolescents and their caregivers, which places emphasis on improving parent-child relationships, encouraging open communication and expression of feelings, quality family time, and setting limits as well as punishments for misconduct. The second strategy raised by key community stakeholders is to provide evidence-based parenting programs, as parenting styles that are adapted from the Philippines may be ineffective for later generations of Filipino American youth. The third strategy raised by community stakeholders was to collaborate with churches to overcome the community's stigma towards mental health, as religious clergy are often seen as credible authority figures by Filipino Americans. Finally, the last recommendation raised by community stakeholders was to address the mental health of parents, as parents are often unaware that they transmit various traumas to their children. Overall, existing literature within the field points to the need to move beyond deficit approaches used in psychopathology, and

towards identifying mechanisms and interventions to improve the mental health of at-risk adolescent Pin@ys.

### **Help Seeking Attitudes and Behaviors**

Despite the risk and prevalence of mental health conditions among the Filipino American community, Filipino Americans underutilize mental health services in comparison to white Americans (Gong et al., 2003). A variety of cultural and social factors act as barriers to mental healthcare access and use, including shame and stigma within the family, fatalism and religious attitudes, communication barriers, somatization of psychological symptoms, and lack of culturally competent services (Sanchez & Gaw, 2007). Filipino Americans may avoid seeking help during times of psychological distress in order to avoid bringing shame to themselves and their families (Nadal, 2010). Due to the cultural value of *hiya* (shame), Filipinos may avoid seeking mental health services, as this may be viewed as a sign of weakness and disgrace their family. Concerns over loss of face, or one's social integrity may lead to negative attitudes towards help-seeking (David, 2010). Furthermore, Asian cultural values including conformity to norms, family recognition of achievement, emotional self-control, collectivism, humility, and filial piety may also influence help seeking attitudes, and pose as barriers to psychological help-seeking. Filipino Americans may also exhibit cultural mistrust, and be suspicious of white Americans and institutions, which may impact their ability to seek help.

Although Filipino Americans may be reluctant to seek formal mental health services, past research suggests that they may turn to alternative figures within their

communities for matters regarding their mental health. Filipino Americans may be more comfortable seeking help from lay persons including religious leaders, or other folk leaders in their communities (Gong et al., 2003). Due to the historical influence of Catholicism on Filipino and Filipino American society, individuals may be more willing to turn to the church and prayer to alleviate symptoms of psychological distress (Nadal & Monzones, 2010). More traditional and conservative Filipino Americans may seek advice from religious figures, as well as folk healers and shamans when they experience mental health problems (Abe-Kim, Gong, & Takeuchi, 2004). Previous research also suggests that Filipino Americans may experience symptoms of psychological distress somatically and may be more willing to seek help from their primary care doctors. Filipino Americans may report symptoms such as stomach pain or headaches when they experience psychological distress (Nadal, 2010).

Although Filipino Americans may be reluctant to seek formal mental health services, a model of the help-seeking attitudes and behaviors of ethnic minority youth and their families may be helpful in understanding Pin@y adolescents' mental health experiences. Cauce et al. (2002) focus on the ways in which culture and context interact to influence mental health help-seeking attitudes and behaviors. According to this model, the adolescent's family and cultural values, as well as contextual influences such as socioeconomic status, gender roles, and regional differences, may influence help seeking attitudes and behaviors. There are 3 interrelated points within this model that include problem recognition (epidemiologically defined need or the individual's perceived need),

the decision to seek help (coercive versus voluntary processes), and type of service selection. During the process of service selection, adolescents and their families may turn to *informal support networks* that include family, friends, religious clergy, and folk healers, *collateral services* that include school counselors and juvenile justice, and *formal mental health services* which include psychiatrists, psychologists, and social workers. Steps in this model are not mutually exclusive, and do not follow a linear progression. Overall, this model is useful towards understanding the help seeking attitudes and behaviors of Pin@y adolescents and assessing the impact that educators may have towards their mental health.

Current studies in the fields of education and school psychology point to the increasing role of teachers in delivering support to address the mental health concerns of their students. Though written over 20 years ago, previous literature has identified that youth who come from communities of color may be more likely to receive some form of mental health service from within the school sector (Hoagwood & Jensen, 1997), and may be more comfortable confiding in their teachers when they experience symptoms of psychological distress (Burns et al, 1995). Classroom educators may play a key role in identifying mental health issues among adolescent students and connecting them with appropriate care (Jensen et al, 2011). Current trends in school psychology advocate for the use of ecological paradigms and call for the expansion of the role of teachers who are salient in the school context, and who hold potential as change agents in school-based mental health promotion (Atkins et al., 2010). A systematic review of school-based

mental health interventions between the years 1999-2010 reveal that teachers were involved in 40.8% of mental health interventions that were evaluated, with teachers serving as the sole provider in 18.4% of interventions (Franklin et al, 2012). Researchers found that interventions that were evaluated as part of this systematic review had teacher involvement in school-based mental health interventions that were concentrated at Tier 1 (universal, all-students are supported) and Tier 2 (selective, at-risk students are identified) levels.

### **Theoretical Frameworks to Approach Adolescent Pin@ys' Mental Health**

#### *Bronfenbrenner's Ecological Social Systems Theory*

Bronfenbrenner's *Ecological Social Systems Theory* (1992) may be key in understanding the roles played by educational figures that are salient to the adolescent Pin@y experience, as well as the potential of these sites to improve mental health outcomes. In this model, multiple spheres of influence that are defined by their proximity to the individual, interact and are interconnected, to shape the developmental experience of an individual. The *microsystem* is the closest sphere of influence, consisting of interconnections between persons in the individual's immediate environments such as the home, classroom, peer group, and other proximate communities an individual may belong to. The *mesosystem* consists of interconnections between microsystems such as the home, with other experientially salient environments such as school, church, and peer influences. The *exosystem* is the indirect, external environment that influences the development of the individual, including distant family members, the mass media, and

other distant environments. At the most distant level is the *macrosystem* where values, beliefs, ideas, political and economic systems, and social institutions of a given culture operate. Bronfenbrenner's *Ecological Social Systems Theory* will be used to understand the impact of the classroom, an ecological microsystem that is experientially salient in the lives of Filipino American adolescents, and that may inform our understanding of their mental health experiences, as well as methods to improve their mental health outcomes.

New directions in the field of school psychology point to the use of ecological paradigms in the development of school-based mental health interventions that integrate education and mental health. Atkins et al (2010) suggest an agenda for research which examines mental health programs and practices that are integrated within a school's natural ecology. Within this agenda, researchers call for more studies which examine teacher-student relationships, student to student interactions, and classroom support structures which may impact the learning and development of students and teachers. Building from Bronfenbrenner's *Ecological Social Systems Theory* (1992), Atkins calls for the use of indigenous persons and resources within the school environment as agents of change. Researchers call for more studies which examine the role of teachers as key informants in the promotion of classroom and school-based mental health.

#### *Hoschild's Emotion Work*

Emotion work is a sociological concept that describes the ways in which individuals attempt to manage their own emotions, or the emotions of those with whom they interact with (Hoschild, 1979). Emotion work refers to the act of trying to change in

degree or quality an emotion or feeling. Furthermore, the work involved in emotion work may include managing emotions and deep acting. Emotion work may also refer to “the act of evoking or shaping, as well as suppressing feeling in oneself” (p. 561). Emotion work may include two types of emotion work: *evocation* in which individuals hold cognitive focus on a desired feeling that is absent, and *suppression* in which the cognitive focus is on minimizing an undesired feeling that is present. Techniques of emotion work may include (Hochschild, 1979, p. 562):

- *Cognitive* - the attempt to change images, ideas, or thoughts in the service of changing the feelings associated with them.
- *Bodily* - the attempt to change somatic or other physical symptoms of emotion.
- *Expressive* - trying to change expressive gestures in the service of changing their inner feelings.

Emotion work may be guided by feeling rules, or social guidelines that direct how we should want to feel (p. 563). Hochschild describes feeling rules as:

“Delineates a zone within which one has permission to be free of worry, guilt, or shame with regard to the situated feeling. Such zoning ordinances describe a metaphoric floor and ceiling, there being room for motion and play between the two.” (p. 565-566).

Given a particular situation, individuals may engage in emotion work, or a deep acting in order to make their feelings, or those of others, consistent with feeling rules or

conventions that are socially acceptable, and appropriate within the context of a given situation.

In one study, researchers sought to describe the ways in which Korean American children of immigrants provide social support and perform emotion work for their parents from childhood through adulthood (Yoo & Kim, 2014). Through semi-structured interviews, researchers discovered that Korean American children provide different forms of social support and emotion work for their parents through different stages of their development as children, adults, and older adults. As young children, Korean Americans provide social support for their parents by taking on roles as language and cultural brokers, by helping their parents navigate unfamiliar American culture, getting good grades in order to repay their parents' hardships and sacrifices, working in family businesses, and managing family relations (Yoo & Kim, 2014, p.16). As adults, social support and emotion work may more clearly reflect the Korean cultural value of *anjong*, as adult children embark on efforts to provide their parents with a sense of establishment, stability, and security through their educational and career achievements, and by establishing their own Korean American family formations (p. 41). Finally, Korean American children may also provide social support for their aging and/or ill parents by helping their parents gain access to healthcare, coping with and managing illnesses, searching for information, communicating diagnosis and treatment information from doctors to family members, and by ensuring that their parents are heard and treated with kindness and respect in healthcare settings (p. 163). Emotion work may be a useful

theoretical lens to understand the ways in which Pin@y educators support their Pin@y adolescent students who turn to them during periods of emotional and psychological distress.

Few studies specifically focus on the emotion work that is performed by educators who support students of color. In one study, Dariotis and Yoo (2019) describe the emotion work of Asian American women faculty, as they perform uncompensated care work for students, colleagues, and the wider university. Findings of the study describe the care work of Asian American women faculty, which includes non-cognitive support to students through non-academic counseling, connecting students with jobs, helping students navigate financial aid, providing and directing students to psychological counseling, and providing writing instruction and skills development. Asian American women faculty also perform emotion work for their colleagues by providing emotional support through experiences of discrimination, building supportive networks, and positioning themselves strategically within university institutions related to hiring, retention, tenure, promotion, and student admission. The findings of this study highlight the ways in which Asian American women faculty engage in emotion work to comfort and support their students, which may have implications on their students' mental health.

### **The Care Work and Pedagogies of Teachers of Color**

Efforts have been made within the field of education to describe the care work and pedagogical interventions that have been used by teachers of color who work with youth who come from communities of color. Few studies look at the care work and

pedagogy used by these educators, and the ways in which pedagogy creates space to provide care and support for the mental health and well-being of at risk adolescent students. Within this body of literature, pedagogy has been described as:

Pedagogy is a philosophy of education informed by positionalities, ideologies and standpoints (of both teacher and learner). It takes into account the critical relationships between the PURPOSE of education, the CONTEXT of education, the CONTENT of what is being taught, and the METHODS of how it is taught. It also includes (the IDENTITY of) who is being taught, who is teaching, their relationship to each other, and their relationship to structure and power.

(Tintiangco-Cubales et al., 2010).

Classroom pedagogies of care used by teachers of color to support their students may include *authentic care* (Valenzuela, 1999), *radical healing* (Ginwright, 2010), *critical hope* (Duncan-Andrade, 2009), *humanizing pedagogy* (Franquiz & Del Carmen Salazar, 2004), and *community cultural wealth* (Yosso, 2005).

#### *Indicators of Effective Teaching and Student Achievement*

Before describing classroom pedagogies of care used by teachers of color, it is necessary to start with a discussion of indicators of effective teaching. Through a 3-year ethnographic study of the classrooms of 4 effective teachers in South Los Angeles, Duncan-Andrade (2007) conceptualized a framework of 5 pillars of effective practice used by effective teachers: critically conscious purpose, duty, preparation, Socratic sensibility, and trust. Educators that practice *critically conscious purpose* work to

develop a sense of critical awareness and analysis of structural and material inequities in their students' lives. Furthermore, educators who practice critically conscious purpose develop lesson plans that reflect and respond to the needs of poor and working-class children of color, so that students develop the capacity to think and respond critically. Effective educators also had a distinct sense of *duty* to their students and their community, and fully integrated themselves into the school community, and the lives of students and their families. Effective educators also practiced *preparation* by constantly seeking professional development opportunities and new pedagogical tools. Educators in this study practiced *Socratic sensibility* by engaging in a continuous process of self-reflection about their daily practices and relationships with students. Finally, educators made efforts to build *trust* with their students, and prioritized pedagogy that humanized their students, provided love, and raised high expectations which challenged them to do their best. These pillars of effective teaching may promote academic achievement among students by facilitating a sense of positive self-identity, purpose, and hope, elements that may be key to understanding the ways in which pedagogical practices and care may be linked with the goal of promoting the psychosocial well-being of Pin@y adolescent students.

### *Humanizing Pedagogy*

Humanizing pedagogy may provide a lens in understanding the academic outcomes of youth who come from communities of color, as well as their mental health and psychosocial wellbeing. In an ethnographic study of the educational structures and

pedagogies used in a Colorado high school, researchers Franquiz and Del Carmen Salazar (2004) sought to examine the types of school programs and pedagogical strategies that support the academic resilience of Chicano/Mexicano students. Researchers in this study came up with a framework for humanizing pedagogy which focuses on the linguistic and cultural resources that students bring to the classroom from their home communities. Humanizing pedagogy values students' cultural resources, backgrounds, knowledge, and life experiences. Humanizing pedagogy also prioritizes building relationships between teachers and students, which may facilitate the construction of positive student identities and academic resilience.

Franquiz and Del Carmen Salazar (2004) described a model for humanizing pedagogy, which was key in the academic success of Chicano/Mexicano students in their study. Their model of humanizing pedagogy is built on the foundation of *respeto* (respect) with the pillars of *confianza* (mutual trust), *consejos* (verbal teachings), and *buen ejemplos* (exemplary models). *Respeto* represents a moral code for students, which reflect their efforts to claim space within their schools and resist the erasure of their language and culture. *Respeto* also serves as the bonding agent within this model of humanizing pedagogy in order for Chicano/Mexicano youth to embrace trust, verbal teachings, and exemplary models in their lives. *Confianza* (mutual trust) represents classroom practices and tasks that allow students the opportunity to build trust and care for each other, and allows them to feel comfortable, valued, and trustworthy. *Consejos* (verbal teachings) serve as nurturing pieces of advice which positively influence

behaviors and attitudes, and reflects the values and interactions found within Mexican households. Finally, *buen ejemplos* (exemplary models) indicate the presence of an expert, caring person in students' lives. Interviews with student participants indicate that through the process of being connected with caring and supportive adults, *buen ejemplos* contributed to their sense of resilience and success in high school. Overall, results from this study indicate that educators who practice humanizing pedagogy may foster healthy educational orientations among their students, which may be key in promoting academic resilience, mental health, and psychosocial wellbeing.

#### *Aesthetic versus Authentic Care*

Frameworks of aesthetic and authentic care in the classroom may be helpful in understanding the pedagogies of educators who build relationships with their students and make efforts to promote their psychosocial well-being. Through a 3-year ethnographic study of a public high school in Texas, Valenzuela (1999) conceptualized a framework for subtractive schooling that differentiates between aesthetic and authentic caring in the classroom. Valenzuela describes *subtractive schooling* as a process which divests youth of important social and cultural resources, through assimilationist policies that disregard the linguistic and cultural knowledge that students hold from their home country. By negating the cultural resources that students bring from their home countries, assimilationist school policies leave immigrant and second-generation students at particular risk to academic failure. Extending this discussion of subtractive schooling, Valenzuela identifies that most educators operate under the guise of *aesthetic caring*,

prioritizing their attention on the technical aspects of schooling, including impersonal and objective goals, strategies, and standardized curricula. In contrast, students may more effectively respond to *authentic caring* which more closely reflects their vision of *educacion*, or education.

Valenzuela (1999) describes *educacion* as a cultural construct that provides instructions on how one should live in the world that emphasizes respect, responsibility, and sociality. Discussions with Mexican and Mexican-American students who participated in the study reveal that they more effectively respond to expressive education or *authentic caring* that takes into account students' different situations, affections, weakness and anxieties. *Authentic caring* is based on reciprocal relationships between teachers and students, unconditional love and connection, and provides opportunities for both students and teachers to realize their full humanity. Teachers who practice authentic caring make efforts to understand the socioeconomic, linguistic, sociocultural, and structural barriers that are experienced by their students, and will adapt the educational process to meet the material, physical, psychological, and spiritual needs of their students (p. 110). Ethnographic observations from the study indicate that for Mexican and Mexican American students, a key precondition to caring about school and ultimately, their academic achievement, is being engaged in caring relationships with adults from school. Pedagogical practices that integrate authentic caring may be key for educators to build relationships with their students, and ultimately promote positive mental health outcomes.

### *Radical Healing*

Ginwright (2010) conceptualizes a framework of radical healing, which may be important in understanding youth experiences with trauma and social toxins and restoring hope among communities of color. Before describing his framework of radical healing, Ginwright defines social toxins and the impact that they have on the psychosocial wellbeing of youth. Social toxins are the degree to which the social world has become poisonous to a person's wellbeing, which may result in experiences of depression, despair, hopelessness, fear, anger and pain (p. 82). When educators understand the social toxins that youth experience in their communities, the focus shifts from pathologizing youth behavior, towards understanding the challenges that youth must navigate. Educators can embark on a process of social detoxification with their students by effectively preparing them to confront their community's problems, and by building their capacity to become conscious of the root and systemic causes of their experiences.

Educators who are brave enough to embark on a process of social detoxification with their students and teach their students to focus on possibilities, practice radical healing. Radical healing is a process that rebuilds the collective identity of students and builds critical thinking skills and social activism (Ginwright, 2010). This process may help students to heal from their traumas by removing self-blame and building agency to confront the challenges that they face. Radical healing facilitates wellness at the individual, community, and social levels. *Individual wellness* focuses on strengthening youth's social consciousness, and building a sense of hope, optimism, and voice that may

ultimately facilitate resilience among youth. *Community wellness* focuses on collective power and control over local public policy. Finally, *social wellness* is the possibility for youth to engage in social movements and other forms of collective action. Ginwright calls for educators to adopt strategies that embrace long-term emancipatory visions and provide opportunities for their students to imagine the type of world that they want to see. Radical healing may thus promote a sense of hope among students, as well as collective possibility within their communities, which may be key in facilitating long-term and improved mental health outcomes.

### *Critical Hope*

Defining hope and its significance in education may be critical in understanding the roles that educators play in relieving suffering in our communities and promoting the well-being of our youth. Duncan-Andrade (2009) describes 3 forms of critical hope including material, Socratic, and audacious hope. Educators who practice critical hope participate in a committed and active struggle towards social justice with their students. *Material hope* encompasses efforts to help students attain a sense of control over their own lives, by providing them with the resources to help deal with the social, economic, and structural forces that impact their lives. Material hope includes pedagogical practices such as quality teaching that is geared towards social justice and is connected to the real material conditions of urban life. Educators who practice *Socratic hope* allow themselves and their students to examine their own lives within an unjust society and reflect on the ways in which their pain can lead to justice. Finally, educators who practice *audacious*

*hope* create a classroom culture of solidarity, share the burden of suffering, and manifest humanizing hope in order to build their collective capacity for healing. Critical hope may be key in relieving suffering among youth from communities of color and may help to inform the ways in which educators become producers of hope and healing for students and their communities. Critical hope may thus be an important pedagogical strategy used by educators who work with Pin@y adolescents.

#### *Community Cultural Wealth*

Yosso (2005) conceptualizes community cultural wealth, a pedagogical framework that builds on Critical Race Theory (Solorzano & Yosso, 2001) to understand the multiple strengths that students bring from their communities. Community cultural wealth shifts the analysis towards communities of color from a deficit view that focuses on disadvantage, to one that focuses on the cultural knowledge, skills, abilities, and contacts that are held by these communities in order to survive and resist oppression. Yosso identifies 6 forms of community cultural wealth: aspirational, linguistic, familial, social, navigational, and resistant capital. *Aspirational capital* is defined as the ability to maintain hopes and dreams for the future, even in the face of barriers. *Linguistic capital* is defined as the intellectual and social skills that individuals bring from their communities, including fluency in multiple languages and communication skills through forms of expressive art. *Familial capital* includes knowledge that is passed down through family ties that carry community history, memory, and intuition. *Social capital* encompasses networks of people and community resources that provide instrumental and

emotional support to individuals. *Navigational capital* acknowledges individual agency, and the capacity of individuals to overcome institutional constraints. Finally, *resistant capital* encompasses knowledge, skills, and oppositional behaviors that challenge inequality and social injustice. A framework of community cultural wealth may help to understand the strategies of educators who effectively promote positive academic outcomes and support the mental health of their students. A framework of community cultural wealth will also allow us a lens to understand the forms of capital that effective educators bring into the classroom to support their students.

#### *Ethnic Studies Curriculum and Student Outcomes*

In light of contentious political debates that threaten to remove Ethnic Studies curriculum, previous studies have documented the implications of culturally responsive curriculum on the psychosocial experiences of youth (O'Leary & Romero, 2011; Dee & Penner, 2016). Researchers in one study sought to examine the impact of Arizona's SB 1108 bill, which sought to remove Ethnic Studies courses and student groups based on racial or ethnic identity affiliation, on the stress and well-being of Mexican descent undergraduate students (O'Leary & Romero, 2011). Results of this study identified a significant correlation between students' stress regarding SB 1108, and their sense of well-being and self-reported depressive symptoms. Students who reported more stress due to SB 1108 had lower self-esteem and more depressive symptoms, which show the potential consequences related to the loss of Ethnic Studies courses on the well-being of Mexican descent students. In another study which is one of the first to examine the causal

effects of ES curriculum, researchers examined the impact of the Ethnic Studies Pilot Curriculum of San Francisco Unified School District (Dee & Penner, 2016) on achievement outcomes among 9th graders assigned to the ES course. Results of the study indicate that assignment to the ES course increased attendance by 21 percentage points, GPA (grade-point average) by 1.4 points, and credits earned by 23. Furthermore, the results of this study indicate that ES courses may reduce drop-out rates among at-risk students.

#### *Racial/Ethnic Match and Student Outcomes*

Previous research has sought to examine whether racial/ethnic match between students and their teachers would lead to more positive assessments of a student's behavior (Bates & Glick, 2013). Using data from the Early Childhood Longitudinal Study from the US Department of Education, researchers discovered that children who matched the race and/or ethnicity of their teacher received more favorable ratings and were not perceived by their teachers as having negative externalizing behaviors (ie. acting up). In another study, researchers sought to examine the influence of racial/ethnic match on students' academic outcomes (Egalite, Kisida, & Winters, 2015). Using datasets of standardized test scores from Florida public schools that were matched to their corresponding classroom teachers, researchers discovered that racial/ethnic match significantly influenced students' scores on math and reading achievement. Within this study, the largest impact was observed among Asian students in grades 6-10, in which

assignment to a same race/ethnicity teacher was associated with higher math achievement scores.

*Recommendations to Build Culturally Competent Classrooms for Filipino Americans*

Few scholars describe ways to build effective and caring classroom environments for Filipino American students. In examining educational outcomes among Filipino American students in Hawaii, Halagao (2004) offers 10 recommendations for educators to effectively support their Filipino American students:

1. Know your Filipino American students (ie. take an active role in learning about their history, cultural backgrounds, and experiences).
2. Connect the curriculum to your Filipino American students (ie. include significant cultural experiences, insights, and talents)
3. Help to decolonize the mindset of Filipino American students and parents.
4. Establish personal connections with your students (ie. assign getting to know you activities and autobiographies).
5. Build bayanihan or spirit of community in the classroom (ie. set up learning opportunities that promote collaboration).
6. Give voice to Filipino American students (ie. be explicit by encouraging Filipino American students to speak out in class and give constant affirmation).
7. Teach Filipino American students to speak their mind (ie. practice being direct and assertive).
8. Use art forms such as visual representation, dance, and music to teach and assess core subjects (ie. story mapping as a precursor to writing).
9. Involve Filipino Americans in non-traditional ways (ie. invite them to Parent Teacher Association meetings).
10. Provide a variety of resources and role models for students by tapping into all aspects of the Filipino American community as a resource.

Similarly, taking into account a context of racism, discrimination, and lower academic outcomes among Filipino American students, Nadal (2008) offers several recommendations for educators to create culturally competent classrooms for their Pin@y students. These recommendations include:

1. Increase knowledge about Philippine and Filipino American culture and history (ie. include cultural education about Filipino Americans into all aspects of teaching).
2. Encourage cultural and ethnic pride in Filipino American students (ie. encourage students to explore their family histories and backgrounds in the Philippines).
3. Validate and celebrate Filipino American experiences (ie encourage students to share their cultural traditions, foods, or momentos in the classroom).

For these scholars, building culturally competent classrooms may improve academic outcomes among Filipino American students, while addressing psychosocial factors which may impact their students' mental health experiences.

Educational studies and critical pedagogy may be important lenses to understand the approaches used by educators who support the mental health and psychosocial wellbeing of their students. While many studies focus on pedagogy used by effective educators who work with youth who come from communities of color, few studies look at the approaches used by educators who work specifically with Pin@y adolescents. Pin@y adolescents may have different experiences with schooling and hold different value orientations with regards to their education. Furthermore, social phenomena such as the Model Minority myth and neoliberalism may produce different educational circumstances for Pin@y youth that differentiate them from other youth of color. Taking into account the Model Minority myth, educational institutions may place assumptions about the needs of Pin@y youth and classify them as an ethnic group that is not at particular risk for low academic outcomes or poor mental health. Neoliberalism may also be an important social force that impacts the value that Pin@ys place towards education. Pin@y youth may see education as a place of opportunity to imagine possibilities for

better futures and may be driven by intense pressure to succeed which in turn impact their mental health. Educational institutions may be a critical system to examine in order to understand the mental health of Pin@y youth. It is critical to observe the pedagogies used by educators who are experientially salient in the lives of Pin@y youth, and who may be key in understanding and creating interventions to promote their mental health.

### **Culturally “Competent” Interventions**

#### *Cultural Competency in Healthcare Institutions*

Past research has linked cultural competence with improved mental health outcomes for ethnic minority populations. Researchers Betancourt et al. (2005) define cultural competence as:

“Understanding the importance of social and cultural influences on patients’ health beliefs and behaviors; considering how these factors interact at multiple levels of the healthcare delivery system; devising interventions that take these issues into account to assure quality healthcare delivery.”

In order to arrive at this conceptual definition of cultural competence, researchers in this study conducted a systematic review of existing research across academic, foundation, and government publications. Cultural competence is as a method to reduce racial and/or ethnic disparities in health and healthcare, by focusing on defining sociocultural barriers to care, identifying the levels of the healthcare system in which these barriers operate, and increasing efforts to provide more efficient care. Sociocultural barriers are characteristics of racial and/or ethnic groups that may lead to the receipt of lower quality

healthcare and treatment practices from healthcare providers. Sociocultural barriers exist at the organizational, structural, and clinical levels.

Researchers Betancourt et al. (2005) identify sociocultural barriers to care at the *organizational level* in the racial/ethnic composition of the workforce within healthcare institutions. Limited representation of racial and ethnic minorities in the healthcare workforce may impact patient health outcomes, as racial and/or ethnic concordance between patients and their service providers may be related to improved health outcomes. Additional organizational barriers to care that operate within the healthcare system include clinical hours that do not consider community working patterns, long wait times, and bureaucratic intake processes that are intimidating. *Structural barriers* to care reflect the lack of efforts to provide patients with more accessible care, including the lack of interpreter services, and culturally and linguistically incompatible health education materials. Finally, *clinical barriers* to care operate between patients and their service providers, when cultural and linguistic barriers hinder communication between parties. Overall, culturally competent care may be linked to increased patient satisfaction, improved communication between providers and patients, and patient adherence to medical regimes, which may ultimately improve health outcomes.

#### *Cultural Competence and Mental Health*

While research has focused on the relationship between cultural competence and patient outcomes for physical health conditions, research by Vega (2005) links culturally competent care with improved mental health outcomes. Through a systematic review of

existing literature on mental healthcare disparities among ethnic minority populations, Vega discovered that a lack of culturally competent care may increase misdiagnosis, may lead to the identification of inappropriate treatment options, miscommunication between patients and their providers, errors in clinical practice, poor quality of care, and early termination of treatment. Culturally competent mental healthcare may increase utilization rates of services, and shorten the time between making an informed decision, and taking actions towards seeking mental healthcare.

#### *Cultural Competence and Asian American Healthcare*

Cultural competence may be used as a framework to understand mental health disparities among adolescent Pin@ys, and to improve efforts to educate them about and promote mental health. In one study, researchers Park et al. (2011) conducted semi-structured interviews with mental health service providers in order to examine how they modified their treatment practices in order to better consider the needs of their Asian American patients. Researchers in this study identified three characteristics of culturally appropriate care that include cultural brokering, working with families in transition, and using cultural knowledge to enhance competent care. Cultural brokering reflects efforts by mental health practitioners to develop bicultural skills to help patients navigate between the cultural norms and values of their heritage culture and the US mainstream. Practitioners offered information to their patients on American healthcare practices in order to demystify these processes, and to address conflicts that may arise due to cultural differences. Mental health practitioners interviewed in this study also made efforts to

support families in transition, by taking into account the unique needs of individual family members who may play unique roles in the patient's recovery. Finally, mental health practitioners integrated their patients' cultural beliefs by being flexible and acknowledging the role that Asian cultural values may play on their patients' mental health experiences and integrating cultural solutions in their patient's cases.

Minimal efforts have been made within the field of clinical psychology to adapt therapy to be culturally competent for Asian Americans. Among these, clinicians Hwang, Wood, Lin, and Cheung (2006) adapted Cognitive-Behavioral Therapy (CBT) to be culturally competent to the needs of their Chinese-American clients. Operating under the cultural response hypothesis, clinicians advocated for the consideration of their patients' migration histories, immigration stressors, separation from friends and family, changes in family dynamics and intergenerational conflicts, ethnic identity issues, and processes of acculturation. Overall, these clinicians present a guide to adapt CBT for Chinese Americans, with the following principles:

- Orient clients to psychotherapy to prepare them to participate in, and demystify the therapy process, and facilitate adjustment to Western practices.
- Establish goals and identify markers of improvement early in treatment to reduce ambiguity and confusion.
- Learn about the client's cultural background in order to improve treatment outcomes.
- Integrate cultural bridging by connecting CBT concepts to Chinese cultural beliefs and traditions, in order to reduce shock towards treatment that may be culturally foreign and unfamiliar.
- Understand cultural nuances in verbal and non-verbal communication.
- Be aware of the cultural stigma and shame towards mental health issues.

Results of this study indicate that CBT was an optimal treatment choice for the clinicians' Chinese American clients, due to the structured and directive nature of treatment, which may align appropriately with Chinese culture and beliefs.

### *Filipino American Mental Health Initiatives*

Despite efforts to adapt interventions to the needs of specific ethnic groups, there are few efforts to provide culturally competent care specifically for Filipino Americans. The experiences of Chinese American clients in the previous study may be vastly different from those of the Filipino American community. Furthermore, the structured and directive nature of CBT may be perceived as intrusive when the cultural and familial contexts of Filipino Americans are taken into consideration. *Filipino American Decolonizing Experience* (FADE) is one of the few interventions specifically created to adapt to the experiences of the Filipino American Community (David, 2013). FADE is an intervention which combines Cognitive-Behavioral Therapy (CBT), with decolonization frameworks. FADE is comprised of didactic lectures and discussions about Filipino American history, and the participants' family stories. FADE integrates CBT through psychoeducation which teaches participants about Colonial Mentality, and its psychological and health-related consequences. Participants in the program reflected on their daily experiences and took part in cognitive restructuring of their negative and internalized beliefs about their heritage. Research indicates that FADE, and the use of psychoeducation and decolonizing frameworks, was effective in decreasing experiences with Colonial Mentality, and improving perceptions of ethnic identity among Pin@ys.

*Racial/Ethnic Match between Therapists and their Clients*

In one experimental study, researchers sought to examine the influence of racial match on counseling processes among Asian Americans (Meyer, Zane, & Cho, 2011). Participants from a local university were randomly assigned to view a recorded counseling session with a white therapist, or with an Asian therapist that matched the client's race. Participants completed measures which rated counselor credibility, the therapeutic relationship between the therapist and client in the recording, perceived similarity, perceived support, and ethnic identity. Results of this study indicate that racial match played an influence on perceived similarity and therapist credibility, where participants perceived that therapists facing similar stressors (ie. prejudice or discrimination) as their clients were more credible, and better equipped with experience to help their clients in need. Furthermore, Asian American participants who felt similar to the therapist in attitudes, values, and/or personality felt that the therapist was more supportive, which strengthened the therapeutic relationship and contributed to therapist credibility. Results of this study may provide insight into the mechanisms which contribute to the working alliance between Pin@y educators and their students. Pin@y educators may be better equipped to support their Pin@y adolescent students, as these students perceive their teachers to be experientially similar, thereby gaining their trust during times of psychological distress. Future studies may examine the influence of racial and/or ethnic match between Pin@y adolescent students and their teachers, and the implications of these on their mental health outcomes.

Cultural competence may be an important method to understand the mental health of adolescent Pin@ys, and to identify approaches to promote mental health outcomes among this population. More efforts must be made to understand cultural values which may impact mental health experiences among Pin@y adolescents, to address cultural and linguistic barriers to care, and to train educational practitioners to serve as efficient health brokers. Cultural values including *utang na loob* (debt of will), *hiya* (embarrassment or shame), and *pakikisama* (interpersonal harmony) may influence the degree to which adolescent Pin@ys will engage in help-seeking behaviors. Adolescent Pin@ys may be reluctant to seek help out of *utang na loob*, or their debt of will and obligation to their parents. Furthermore, adolescent Pin@ys may be reluctant to seek help in order to preserve their family reputations, and to avoid bringing *hiya* or shame and embarrassment to their families. Rooted in collective cultures, adolescent Pin@ys may be reluctant to engage in help-seeking behaviors in order to maintain *pakikisama*, or preserve interpersonal harmony within their families. Culturally competent service providers must take into account the unique social and cultural contexts of their patients' lives, in order to serve as effective health brokers and demystify mental healthcare among this population.

### **Social Support Interventions and Health Outcomes**

#### *Theoretical Foundations of Social Support*

Past research has linked social support to improved health outcomes and regime compliance. Researchers House and Kahn (1981) describe social support as the

functional content of relationships. Social support is classified into 4 categories including emotional support, instrumental support, informational support, and appraisal support.

*Emotional support* is defined as the provision of empathy, love, trust, and caring.

*Instrumental support* is defined as the provision of tangible aid and services that directly

assist a person in need. *Informational support* is defined as the provision of advice,

suggestions, and information that a person can use to solve problems. *Appraisal support*

is defined as the provision of information for self-evaluation purposes, which may

include constructive feedback and affirmations. These categories of social support cannot

be studied as separate constructs, as relationships that provide one form of social support

often provide multiple categories of social support. Providers of social support intend for

this to be helpful, and provide these in the context of care, trust, and respect for the

person.

#### *Mechanisms Linking Social Support and Positive Health Outcomes*

Although social support has been continuously linked to positive health outcomes,

few studies focus on identifying the mechanisms through which social support works to

improve health and well-being. Thoits (2011) identifies two broad types of support, as

well as two categories of supporters who provide social support. Social support may

come from *primary* group members that are informal, intimate, and enduring, which

include family members, relatives, and close friends. Primary support groups encompass

significant others, or persons that individuals are emotionally tied to. Social support may

also come from *secondary* group members including friends, and community members in

occupational, educational, voluntary or religious organizations who may have similar experiences as the individual under psychological distress but may lack emotional proximity to the individual. Secondary groups tend to be more formal networks, with membership being less personal, and varying from short to long-term duration. Primary and secondary group members may provide different degrees of two broad categories of social support which include *emotional sustenance* and *active coping assistance*.

*Emotional sustenance* includes signaling understanding towards the experiences of the distressed individual, expressing explicit concern and caring for the individual's well-being, listening to the person's worries, and accompanying the individual through upsetting times. *Active coping assistance* may include advice on problem-focused and emotion-focused coping strategies, instrumental aid, and coping encouragement.

Thoits (2011) identifies that social support may work to improve health outcomes through the following mechanisms: social influence/social comparison, social control, behavioral guidance, self-esteem, sense of control or mastery, belonging and companionship, and finally perceived social support. Through *social influence and social comparison*, psychologically distressed individuals may obtain information about acceptable or appropriate social norms and health behaviors by comparing themselves to similar others within their primary and secondary groups. *Social control* includes the ability of primary and secondary networks to monitor, remind, or pressure the individual to adhere to beneficial health practices. Primary and secondary support groups may bestow a sense of *behavioral guidance*, purpose, and meaning by reminding distressed

individuals of their responsibilities to their social groups, to avoid engaging in risky behaviors, and engage in self-care. *Self-esteem* may include self-evaluations and affirmations provided by primary and secondary support groups, which may lower symptoms of anxiety, depression and distress. Through *sense of control or mastery*, individuals in one's support groups bestow confidence in the distressed individual's capacity to face their challenges. Social support groups may also bestow a sense of *belonging and companionship*, and a network of individuals with whom one can engage in pleasant activities with. And finally, both primary and secondary support groups may serve as sources of *perceived social support* through emotional, informational, and instrumental support. Overall, social support may be viewed as a buffer to the harmful effects of social stressors on an individual's physical and emotional well-being.

Although highly theoretical, of interest from Thoits' (2011) research is the role of secondary support groups in improving physical and mental health outcomes. Group members within one's secondary support groups may lack the emotional closeness to the distressed individual but may become key to improving health outcomes due to their direct experiential knowledge. Adolescent Pin@ys may initially lack emotional closeness to their Pin@y teachers but may benefit from the presence of these individuals through social influence, behavioral guidance, belonging, and role modeling, which may affirm and validate their experiences. Pin@y educators may also bestow a sense of understanding that these adolescents may not be receiving from their experientially dissimilar networks that include parents, siblings, and other immediate family members.

Significant others in their primary support groups may not understand the social and psychological impact of the stressors that adolescent Pin@ys are experiencing, such as the pressures to assimilate into the US mainstream, while maintaining their ties to their ethnic heritage. Considering the potential impact of secondary support groups, it is important to further discover the mechanisms through which Pin@y educators may help to improve mental health outcomes among the adolescent Pin@y population.

*Social Support among Diverse Asian and Asian American Family Formations*

Previous research describes the forms of social support that Asian H1B migrant workers provide for their aging parents that remain in their country of origin (Lee, Chaudhari, & Yoo, 2015). In this study, researchers conducted semi-structured interviews in order to describe the experiences of Asian H1B migrant workers, temporary and highly-skilled workers who are allowed entry to fill employee shortages in the United States, and must provide for their families in India, Taiwan, China, and Korea. Researchers discovered that despite physical distance from their family members, Asian H1B migrant workers perform different forms of care work for their family members through regular communication (via text, phone, and video calls), regular return visits, sending letters and gifts, regular financial remittances, keeping in close contact with care networks that have been left behind to care for aging parents, and participating in family decision making. Such care work from afar comes at psychological, emotional, and financial costs to H1B workers, who must negotiate their feelings towards their duties in transnational caregiving, and experience negative emotions such as stress, guilt, sadness,

helplessness, and depression for not being able to physically care for their parents. H1B workers must also negotiate the financial costs of caring from afar, as participants reflect on the high costs of return visits and travel expenses, and the lack of protection from workplace policies that do not support transnational family and caregiving and put restrictions on extended vacations and family leave. This study adds to the body of literature on social support and describes the ways in which social support is provided in transnational family formations.

#### *Studies of Social Support and Improved Health Outcomes*

Previous studies on the relationship between social support and health outcomes focus on the role of social support from family and friend networks. Research by Sangalang and Gee (2012) examines the relationship between social support from family and friends, and experiences with depression and anxiety among Asian Americans. Researchers use data from the National Latino and Asian American Study (NLAAS) to conduct bivariate and logistic regression analysis to assess the relationship between measures of social support, and measures of major depressive disorder (MDD) and generalized anxiety disorder (GAD). Overall, respondents indicated that they had moderate levels of social support. Furthermore, results indicate that family support was related to decreased odds of being diagnosed with both MDD and GAD, and may serve as a protective factor against GAD. Researchers found no significant relationship between friend support and MDD, as well as GAD.

Past research has also examined the relationship between physical and mental health, and layered social connections between family, friends, relatives, and neighborhood communities among Asian Americans (Zhang and Ta, 2009). Researchers examined how family cohesion, relative and friend support, and neighborhood cohesion may be associated with better self-rated physical and mental health. Researchers utilized data from the NLAAS and conducted bivariate analysis to examine the relationship between social connection indexes and self-rated health. Results of the study indicate that all indexes of social connections were significantly associated with self-rated physical health. Self-rated mental health was significantly associated with family cohesion, relative support, and friend support, but not neighborhood cohesion.

Few studies examine the relationship between social support found in spiritual and religious communities, and health outcomes among Asian American patients. In one study, researchers sought to examine the role of spirituality and religion in the ways in which Filipina American cancer survivors coped with their breast cancer diagnosis (Lagman et al., 2014). Using semi-structured interviews, researchers asked Filipina breast cancer survivors to reflect on the types of social support that they received at diagnosis, treatment, and post-treatment, as well as their ways of coping through religion and spirituality. Three themes emerged in the study which describe the role of religion and spirituality in the experiences of Filipina breast cancer survivors: prayer for themselves, prayer by others and support from their Catholic beliefs and community. Spirituality-based support from prayer groups, and involvement with the Catholic religious

community emerged as a meaningful way to cope with breast cancer from diagnosis, treatment, and post-treatment. Filipina women who participated in the study reflected on the ways in which they were able to draw strength from spiritual support found in Catholic religious practices including mass, communion, rosaries, novenas, and other rituals. Furthermore, these women reflected on the social support that they found from religious figures including priests and nuns, who provided comfort, spiritual guidance, and encouragement in order to make peace with their cancer diagnosis. Overall, the results of the study indicate that social support found in religious communities may be an important factor that mitigates the experiences of Filipina breast cancer survivors as they navigate through their cancer diagnosis.

In one of the first studies to examine the relationship between familial support and adolescent Filipino American mental health, researchers Javier et al. (2018) conducted a qualitative study and interviewed key community stakeholders. Researchers conducted semi-structured interviews with adolescent youth and their parents, as well as community stakeholders including healthcare providers, social service workers, community leaders and caregivers. Grounded theory analysis of semi-structured interviews reveal that mental health issues were often discussed within the context of the family, with moderate or high levels of family cohesion facilitating communication, and low family cohesion correlating to experiences of psychological distress. Strong familial cohesion may be a protective factor against psychological distress, which may partially explain low utilization rates of formal mental health services. Low family cohesion may contribute to

behavioral health issues including gang involvement, substance abuse, and having multiple sexual partners. Low family cohesion may also be a predictor of low mental healthcare utilization. Overall, the family plays a significant impact on the mental health of Filipino American adolescents.

### **Conclusion**

This chapter begins by describing the magnitude and scope of mental health issues among the Filipino American adolescent population. Filipino American youth comprise 21% of all Asian American children in the US below the age of 18 (Javier et al., 2007). Taking into account the growth and magnitude of their presence in the United States, it is important to fully understand their mental health status and interventions to support these. Previous research suggests that Pin@y youth exhibit alarming rates of psychological disorders including depression, anxiety, and suicide ideation (Wolf, 1997; Ying & Han, 2006; Javier, Lahiff, Ferrer, & Huffman, 2010). Despite the prevalence of mental health issues among this demographic group, seeking formal mental health services is stigmatized within the Filipino American community, and seen as a last line of defense (Sanchez & Gaw, 2007).

This chapter also explored available research on interventions that may support the mental health of ethnic minority populations including educational pedagogy, culturally responsive interventions in healthcare, and social support that may have implications on the mental health status of Pin@y youth. While previous literature identifies interventions to support mental health, few studies assess the pedagogical

practices and carework of Pin@y educators who seek to support the mental health concerns of their Pin@y adolescent students. Future studies should look beyond the roles of primary support groups (immediate family members) and examine the support found in secondary networks including those of school teachers and other educational figures.

Jeff Duncan-Andrade (2007) writes:

“The perspectives of classroom teachers is sorely absent from the educational research community, and other university researchers and classroom teachers should know it is possible and important to have the voice of practitioners be heard in discussions about effective teaching.”

Extending this discussion, this study will examine the ways in which educators not only practice effective teaching but use their pedagogies to support the psychosocial wellbeing of the Filipino American students that they serve. As such, this study will examine the pedagogies of care and unexamined care work performed of educators who find themselves assuming roles as first-responders when adolescent Pin@ys experience psychological distress and cannot turn to their family networks. As a whole, new directions in the field of psychology should focus on the unexamined perspectives of educators who are called to provide care to their adolescent students. The next chapter will examine the methods that were used in this study to recruit participants, conduct data collection and data analysis, as well as the rationale for the research approach.

### **Chapter 3: Methodology**

The purpose of this study is to understand the pedagogical practices and the care work performed by educators to promote mental health outcomes among their Filipino American adolescent students. Though outdated, previous literature has identified that youth who come from communities of color may be more comfortable confiding in their teachers when they experience symptoms of psychological distress (Burns et al., 1995, Hoagwood & Jensen, 1997). Educators who come into frequent contact with Pin@y adolescents may be uniquely positioned to voluntarily assume roles as “first-responders” when their students turn to them for support regarding their mental health. This study is guided by the following research questions:

How do Pin@y educators provide support to Pin@y adolescents who experience mental health issues? Do cultural connections and responsiveness play a role in the ways that they provide support?

What are the pedagogies of care practiced by Pin@y educators supporting Pin@y adolescents? How do Pin@y educators develop relationships with Pin@y adolescents?

What is the unexamined emotional care work performed by Pin@y educators who support the mental health of their Pin@y students?

This chapter will describe the methods that were used to conduct the study including the rationale for the study’s approach, eligibility criteria and recruitment of research sample,

data collection procedures, data analysis, and strengths and limitations of the research method.

### **Rationale for Research Methodology: Grounded Theory Approach**

Utilizing a Grounded Theory Approach (Strauss, 1990), this study will be conducted using qualitative research methods in order to understand the pedagogical strategies and care work performed by Pin@y educators, and to gather participants' embodied testimonies. A grounded theory approach to studying Asian American health and the life course has been used in previous studies such as those examining carework of children of Korean immigrants (Yoo & Kim, 2014), care work of immigrants (Lee, Chauduri, & Yoo, 2010) and in studies of Asian American breast cancer survivors (Lagman et al., 2014). Interviews with experienced educators may provide a richness of data that can fully depict their efforts to provide caregiving and social support for their students and promote their mental health outcomes. Limited studies are available which focus on the perspectives of classroom educators when examining the mental health experiences of Pin@y adolescents. Such a richness in data may offer a plethora of ideas that other educators may replicate in their own practices.

### **Data Collection Procedures**

#### *Research Sample: Eligibility Criteria and Recruitment*

A purposive recruitment strategy (Javier et al, 2018) was utilized in order to reflect the representative viewpoints of key community stakeholders within the Filipino American community. The researcher purposefully selected educators to interview for the

study, a vocational group whose perspective are not traditionally included in discourses on the psychosocial wellbeing of youth (Duncan-Andrade, 2007). Potential participants were selected based on their experience providing forms of targeted support, outreach, or educational services for Filipino American adolescents that come from predominantly low-income communities of color. Participants who were selected to be interviewed had extensive experience as educators in underfunded public schools throughout California or had served as educators in higher education institutions that catered to predominantly working class, people of color demographics. Furthermore, selected participants were actively involved or worked within the Filipino American community, belonged to community-based organizations serving Filipino Americans, or belonged to communities with large geographic concentrations of Filipino Americans. Program coordinators or educational psychologists from university retention and pipeline programs were also invited to participate. In order to qualify for the study, educators must:

- Have experience working with Filipino American adolescents within the past 2 years.
- Educational service providers must be teachers with credentials, licensed school counselors or social workers, or working towards completing these.
- Be actively involved with the Filipino American Community

Overall, this sample is both reliable and valid as service providers who are part of Filipino American organizations, or are employed in schools with large populations of Filipino American students, are the individuals who will have the most access and

exposure to Filipino American adolescents who are experiencing psychological distress, and who may have low access to formal mental health services. Furthermore, service providers in community-based organizations have a stake in this public health issue, have engaged in outreach campaigns which specifically target the Filipino American community, or will be those who advocate for the use of culturally relevant methods and support. As service providers who have dedicated themselves to advocating for the needs of the Filipino American community, this sample is reliable and valid as these service providers will be the individuals who come into consistent contact with Filipino American adolescents.

*Data Collection Procedures: Qualitative, Semi-Structured Interviews*

After completing an online course on Human Subjects Protection and obtaining approval from the Institutional Review Board (IRB) at San Francisco State University, an initial set of 20 educators across the state of California were invited to participate in the study. For the purposes of this study, educators serving Filipino American youth (ages 12-19) in middle schools, high schools, community colleges, and 4-year public universities were invited to participate in the study. Semi-structured interviews were conducted over a 6-month period.

After receiving and accepting the invitation to participate in the study, the researcher contacted the participant to schedule the interview at a time and place that was most convenient for the participant. Participants had the option of completing the interview during the weekdays, between the hours of 9am to 6pm. Interviews also took

place at a public location that was convenient for the participant. Participants who resided in cities that were distant from the researcher were invited to schedule an interview over Zoom conference call. The researcher conducted informed consent procedures with participants who scheduled to complete the interview in-person by explaining all study procedures, providing the participant with ample time to read the informed consent forms, and providing digital copies of all signed forms. Participants who completed the interview over Zoom conference call were emailed a digital copy of the informed consent form prior to beginning the interview, with the researcher beginning the interview only when the signed informed consent form was provided. Over the course of the interviews, the researcher ensured the confidentiality of the participant's responses, and assured them that they did not have to answer questions that may elicit any negative emotional responses. Furthermore, the researcher ensured participants that they did not have to share stories of their students if this could compromise the student's privacy. All interviews were transcribed in verbatim using digital apps that included Zoom Conference Call and Voicea. Interviews conducted over the course of the study ranged from 20-60 minutes in total duration.

### **Research Questionnaire Construction**

#### *Key-Informant Interview Tool Construction*

Qualitative, semi-structured interviews were selected as the study's data collection method in order to extract personal testimonies from educators who had experience working with Pin@y adolescents. Through semi-structured interviews,

participants were asked a series of open-ended questions where they were called to reflect and speak on specific instances when they supported a student experiencing psychological distress and were undergoing a mental health crisis. Educators were asked to reflect on the ways they addressed the student's concerns and provided social support.

Interdisciplinary constructs including *culturally responsive pedagogy* (Tintiango-Cubales et al., 2014), *social support* (House, 1981), and *emotion work* (Hoschild, 1979) were integrated into the interview tool in order to describe the approaches of Pin@y educators to support the mental health of their Pin@y adolescent students. Interview questions specifically asked educators to reflect on their efforts to integrate their students' cultural backgrounds into their pedagogical practices and the ways in which they provide social support. Furthermore, participating educators were asked to reflect on specific instances where an adolescent Filipino American turned to them for help when they were experiencing psychological distress, and to describe the ways in which they responded to that student. A comprehensive list of questions included in the key-informant interview tool can be found in Appendix 1.

### **Data Analysis of Semi-Structured Interviews**

Interviews conducted throughout the course of the study were recorded in verbatim. All participants were assigned a pseudonym in order to protect their identity and ensure anonymity. Using grounded theory procedures (Strauss, 1990), 10 transcripts from in-depth, semi-structured interviews were independently coded by the researcher. According to Strauss, grounded theory is a data analysis method that is concerned with

psychosocial processes of behavior, that seeks to describe how and why people behave in similar and different contexts. Using this method, the researcher conducted constant comparison between the 10 interview transcripts. Interview transcripts were thematically analyzed and broken down into significant indicators that included words, phrases, or quotes that corresponded with conceptual themes that were arising from the data. Using open coding procedures, interview transcripts were compared for arising themes that included classroom pedagogy, building relationships, social support, and care work. Finally, through selective coding, the researcher identified the core categories that represented the experiences of the 10 educators who participated in the study. Core categories that emerged from the data include *pedagogies of culturally responsive care* and *cultural care work*. Using qualitative data analysis methods, the researcher was able to describe the pedagogical approaches used by educators to support the mental health concerns of their students, and to explore the unexamined cultural and emotional care work that coincided with their efforts to support their Filipino American students.

#### **Limitations of the Study**

As an exploratory key-informant study, this research poses a few weaknesses. For the purposes of this study, the researcher explored the pedagogical practices and care work that Pin@y educators perform in order to support the mental health concerns of their Pin@y adolescent students. Educators may have different definitions, trainings, and understandings of the roles towards their students, specifically in their roles in supporting students' mental health. Such diversity in pedagogical training and philosophy may

comprise replicability of findings, as participating educators may not be utilizing the same processes to provide support to their Filipino American adolescent students. Educators who participated in the study may also have different philosophies that reflect boundaries on their roles within their students' lives.

In addition, the researcher employed a non-random, purposive sample of educators who have been explicitly chosen for their expertise and contributions to the Filipino American community, a sampling procedure which may potentially be biased. In this study, the researcher interviewed educational service providers who have been introduced to the researcher through professional and personal networks. Through snowball sampling methods, additional participants were also recruited based on recommendations made by past interviewees. In describing qualitative interviewing, Fielding (2006) cautions concern for the relationship between researcher and research subjects, warning that subjects may respond based on their interpretation of what the researchers want to hear (p.100). The rapport between the researcher and participant may impact the validity of the study, due to the potential for bias and suggestibility. As such, this research project is exploratory in nature, and does not seek to provide a one-size fits all, step by step handbook that educators must follow in order to support the mental health of their Filipino American students. This project may serve as a first step to promote culturally responsive mental health education, increase social support, and improve mental health outcomes for adolescent Pin@ys.

## Conclusion

This chapter outlines the methods that were used to complete this research study including the rationale for the study's approach, eligibility criteria, recruitment of the research sample, data collection procedures, data analysis, and the strengths and limitations of the study. It is hypothesized that educators who participated in the study will be knowledgeable about and respond to the social and cultural contexts which inform the adolescent Pin@ys decision to seek psychological help and use pedagogies of care and social support to promote mental health among this specific adolescent ethnic group. This study aims to describe the pedagogies used by educators to be culturally responsive and build care within the classroom, provide social support, and promote adolescent' psychosocial wellbeing. This study will also examine the care work that is assumed by educators who must respond to their students concerns regarding their mental health. This study is unique in that it will include the perspectives of key community stakeholders within educational communities to shed light on the ways in which pedagogy and care work may impact mental health outcomes among the adolescent Pin@y demographic group.

## **Chapter 4: Results** **Pedagogies of Culturally Responsive Care**

*“I think it takes a lot for youth to really reach out to an adult and ask for support or advice. Even if I am not always able to provide any support or resources, I just reassure them that if they ever need to talk, or just need space to hang out, I’m here for you.” - Amihan, high school teacher*

This chapter will describe the unique pedagogical practices that Pin@y educators utilize to support the mental health of their Pin@y adolescent students. Few scholars focus on classroom pedagogies and practices that are culturally competent to serve the multi-dimensional needs of Filipino American students (Halagao, 2004; Nadal, 2008). Data from semi-structured interviews reveal that Filipino American educators utilize distinct *pedagogies of culturally responsive care* within their classroom practices in order to promote mental health outcomes among their at-risk Filipino American students. Pedagogies of culturally responsive care respond to students’ ethnic and cultural backgrounds in efforts to promote mental health within the classroom, and include the following 4 practices: building a classroom with trust and vulnerability, using cultural connections as an entry point, reflecting and acting towards socioeconomic accountability in curriculum, and mentoring, boundary making, and understanding limitations as an educator. Such pedagogical practices reflect the efforts of participating Pin@y educators to validate the experiences of their students, provide multiple forms of social support, educate their students on mental health topics, and promote mental health outcomes among their Filipino American adolescent students.

### **Study Participants**

A sample of 10 educational service providers (5 male identifying, 5 female identifying) were interviewed in the study. Using a purposive recruitment strategy, participants were selected on the basis of their experience educating Filipino American youth in middle school, high school, and institutions of higher learning (ie. community college and undergraduate institutions) Participants were also selected on the basis of their roles as community stakeholders through their involvement in Filipino American community organizations. Pin@y educators who participated in the study had received or were working towards a teaching credential or license in school social work and/or counseling. Identification with the Filipino ethnicity was not an explicit criterion for eligibility. 4 participants are teachers from public school districts in LAUSD (Los Angeles Unified School District) and SFUSD (San Francisco Unified School District). 2 participants are school counselors from a community college in Northern California. 1 is a high school counselor in San Francisco. 1 participant was a middle school athletics coach. 1 participant was a university lecturer. 1 participant is an Associate Professor at a large state university. 9 participants identified as Filipino American, while 1 participant identified as Chinese-Filipino American.

*Bayani: Former High School Ethnic Studies Educator*

Bayani is a current Masters student in Social Work at a large public university in Northern California. Prior to entering graduate school, he was an Ethnic Studies educator at a public high school in San Francisco that had a large Filipino American student population. In this role, he taught a Critical Pilipinx American Studies course, and was able to educate his students about mental health by regularly integrating such topics within the lesson plans of his curriculum. He identifies as a second-generation, Filipino American with Kapampangan and Ilocano roots.

*Malaya: Academic Counselor*

Malaya is a college counselor at a San Francisco Bay Area community college with a predominantly Filipino American population. As a college counselor, she advises a mostly Filipina American (Pinay) population on topics that include choosing a college major and mapping career plans. As a trained counselor, she integrates social and emotional counseling within her students' academic advising appointments. In addition to her work as a college counselor, she teaches a Leadership and Civic Engagement Class for a Hip Hop Education Learning Community. Malaya has also taught college success and critical thinking courses at a public university in the San Francisco Bay Area that serves a large Filipino American population. She is the Associate Director for a Hip Hop Education Conference that conducts outreach to middle and high school students. She will begin a doctoral program in Educational Leadership in the Fall. She identifies as a Pinay, 3rd generation Filipino American.

*Honesto: High School Ethnic Studies Educator*

Honesto is the coordinator of a program at a local community college that teaches Ethnic Studies to a local high school of a predominantly Filipino American population. Through this program, high school students take a course on Filipino American history and are paired to be mentored by a student who is currently enrolled at the local community college. Honesto is also a counselor within the college's learning community that is culturally tailored to suit the needs of Filipino American students who comprise the majority of the student body. Prior to beginning his career as a Community College Educator and Academic Counselor, Honesto taught Ethnic Studies at local San Francisco high schools for 8 years. He identifies as a Filipino American who was born in the Philippines but raised in the US.

*Makisig: Middle School Athletics Coach*

Makisig is a pastor at a San Francisco Bay Area Presbyterian Church. In addition, he serves as a youth soccer coach at a public middle school. Makisig has served an advisor role to various youth and parent organizations at local public and independent schools. He is actively involved with youth groups at his church, where he serves ethnically diverse families. He identifies as Filipino-Chinese, and reflects that through his experiences, he has come to identify more as Filipino American than Chinese American.

*Mayumi: Academic Counselor*

Mayumi is a college counselor and educator at a San Francisco Bay Area community college that serves a large Filipino American population. Along with serving

as an academic counselor, she is an educator within the college's Filipino American learning community, where she teaches a College Success course. Outside of her role as a counselor and educator at this community college, she coordinates a middle college program that allows local high school students to take college courses at their local community college. She identifies as a Pinay, Filipino American.

*Isagani: Assistant Professor*

Isagani is an Assistant Professor of Teacher Education at California State University, Dominguez Hills. In this role, he primarily teaches pre-service and in-service teacher candidates in the Masters in Curriculum Instruction Program. He has decades of experience as an Ethnic Studies educator within SFUSD (San Francisco Unified School District) and LAUSD (Los Angeles Unified School District) middle and high schools. He identifies as Filipino American, an identity that he reflects has changed over time.

*Amihan: High School Ethnic Studies Educator*

Amihan is an educator at a local San Francisco high school where she teaches a course on Hip Hop and Activism. Prior to teaching at this high school, she taught Ethnic Studies through the Filipinx American lens at a public high school in the San Francisco Bay Area. While working towards her teaching credential at a large public university in Los Angeles, she was able to teach at various high schools in LAUSD. She is part of a service-learning program that connects university students, local public schools (elementary, middle, and high school), and Filipino community organizations for

opportunities to teach and learn critical Filipino American studies courses at select schools in SFUSD. She identifies as a second-generation Filipino American.

*Kidlat: Middle School Educator*

Kidlat is an Instructional Coach, and English and Social Science teacher at a local San Francisco Bay Area Middle School with a large Filipino American population. Prior to teaching at the Middle School level, he taught Ethnic Studies through the Filipinx American lens at the elementary, middle, and high school levels. He also serves as the Filipino Club advisor at his middle school. He identifies as a first-generation, Filipino American who grew up in Oakland in the San Francisco Bay Area.

*Mayari: Former High School Ethnic Studies Educator*

Mayari is the current Program Director of a non-profit organization that is centered around promoting the mental health of Filipinos in Northern California. Prior to taking on roles in mental health work, she was an educator for 10 years where she served in public high schools in SFUSD and LAUSD. As part of her experience, she taught Ethnic Studies through the Filipinx American lens at a local high school in San Francisco. In addition to her part-time work with the Filipino American community in the Bay Area, she is a full-time student studying Chinese medicine to become an acupuncturist. She identifies as a Pinay who is very much both Filipino and American.

*Pinay: University Lecturer*

Pinay has 20 years of experience as a mentor and educator in Ethnic Studies at various high schools and institutions of higher learning across the Bay Area. Her

experience serving Filipino American youth began in 1999 when she took on a role as a peer educator in a collegiate organization that serves the Filipino American community. She has taught a variety of courses in Ethnic Studies, specifically Asian American and Filipino American studies. She identifies as a second-generation Filipinx American.

### **Pin@y Educators' Pedagogies of Culturally Responsive Care**

Semi-structured interviews with participants reveal that educators serving Filipino American students perform unexamined emotional care work for their students as “first-responders” and utilize distinct *pedagogies of culturally responsive care* to educate their students about mental health within the classroom. For the purposes of this study, pedagogy will be understood as:

“Pedagogy is a philosophy of education informed by positionalities, ideologies, and standpoints (of both teacher and learner). It takes into account the critical relationships between the PURPOSE of education, the CONTEXT of education, the CONTENT of what is being taught, and the METHODS of what is taught. It also includes (the IDENTITY of) who is being taught, who is teaching, their relationship to each other, and their relationship to structure and power.”

(Tintiangco-Cubales et al., 2010)

Four themes emerged from the interviews that encompass *pedagogies of culturally responsive care*: 1) building a classroom with trust and vulnerability, 2) using cultural connections as an entry point, 3) reflecting and acting towards socioeconomic

accountability in curriculum, and 4) mentoring, boundary making, and understanding limitations as an educator.

### **Building a Classroom with Trust and Vulnerability**

Building a classroom with trust and vulnerability arose as a significant theme and pedagogical strategy used by the educators who participated in the study. All 10 educators who participated in the study noted the importance of setting a classroom culture of trust and vulnerability as a stepping stone towards creating relationships with their students and supporting their mental health concerns. Mayumi, a community college educator and counselor who provides both emotional and academic counseling, defines such a classroom environment as:

*“There’s always this emphasis that we are a family or community and that we have to take care of one another and that we see one another. And part of that is setting a classroom culture where we see each other and take care of each other.”*

Educators who participated in the study prioritized creating a unique microsystem within their classroom that could support the psychosocial needs of students. For both teachers and students, the classroom became an important microsystem to receive emotional support, a sense of understanding, and validation for their psychological experiences, a supportive environment that is often not met within the Filipino American family that may stigmatize mental health issues.

Honesto defines his vision for a classroom environment that enables his students to build caring and authentic relationships with one another:

*“When I think of being sensitive and being responsive, I think about the culture, to be able to create a culture where students are able to trust each other. But also, be vulnerable to talk about these really hard issues. The way I like to bring this is, I like to use my own narrative first. I use my own experiences of being oppressed, of feeling doubt in myself I use myself as a way to connect to other people by putting myself in that vulnerable state.”*

Honesto reflects that he strives to create a classroom culture where his students are able to trust each other in order to engage in dialogue about tough conversations such as mental health. As part of his efforts to create this classroom, he will use his own stories in order to model trusting communication dynamics and relationships for his own students. Furthermore, he will speak about his own struggles with his mental health in order to normalize dialogue on mental health in his classroom. He reflects that for his Filipino American students, the classroom space becomes one of the few spaces where they are able to dialogue about mental health, in contrast to their homes where such dialogue is discouraged or held as taboo.

Other educators who participated in the study reflected on the ways that they create trust in their classrooms in order to create an environment where they are able to build supportive networks within their students. Kidlat reflects on the ways that he

creates a classroom culture that allows his students to express themselves honestly, and without fear of judgement towards their mental health concerns. He responds:

*“I set up my classroom, I set up my relationships in ways that students don’t feel apprehensive about being honest about their feelings and honestly expressing themselves. A lot of it is making sure that they feel like their story is valued and that they have a space for them to actually talk about things that are going on with them because I know there’s a lot of stigma around sharing our stories or even mental health in itself.”*

In order to build relationships in the classroom, Kidlat will assign projects that allow he and his students to learn more about each other and build a sense of compassion and understanding. He reflects that through such projects, students have been able to learn more about each other’s personalities, as well as events that are occurring in each students’ home life. By allowing his students opportunities to know one another on more personal levels, students have been able to grow in compassion and understanding for one another and have received validation for their mutual experiences. All in all, by sharing such knowledge in the classroom, students have been able to find a supportive environment to speak about their mental health concerns.

In addition to Kidlat, other teachers integrated opportunities for their students to be able to get to know each other and develop relationships in the classroom. Amihan, a high school Ethnic Studies teacher, creates opportunities for her students to get to know

each other by including classroom projects that allow them to share about their life histories within curriculum:

*“Allowing them to do projects where they share about themselves. There’s Soundtrack of Life, where they talk about songs that relate to their past, present and future, and also Road of Life.”*

Amihan reflects that through such classroom assignments, students are asked to share about their life stories, which allows their classmates the opportunity to be able to humanize each other, and to contextualize the life experiences that motivate and drive their actions and life decisions. She reflects that her students have appreciated these opportunities to share their life histories, as these have given them the opportunity to get to know and understand each other, and to build supportive classroom environments. Furthermore, she reflects on the importance of such curricular activities as opportunities to validate her students’ lived experiences, opportunities which may destigmatize and normalize dialogue about mental health.

### **Using Cultural Connections as an Entry point**

Culture as an entry point arose as a significant theme within the pedagogical strategies used by educators serving Filipino American students. Within this theme, educators used elements of traditional Filipino culture (ie. ethnic identity and cultural traditions) and popular culture (ie. music, television, and mainstream media) as a way to build relationships with their students, validate their students’ viewpoints and worldviews, and create environments of trust and respect. Furthermore, educators using

this pedagogical strategy used culture as an entry point to gauge the worldviews and vantage points of their students in order to understand and validate the contexts which informed their students lived experiences.

*Providing Language Support to Students and their Families*

Educators who participated in the study reflect on the importance of establishing effective communication with both the student and their parents and responding to their language and communication patterns. Interviews with study participants reveal that educators provide take into account language in their classrooms by using effective cross-cultural communication with their students and their parents by integrating the family's preferred language and being conscious of culturally dependent verbal and non-verbal cues. Bayani reflects on the importance of integrating Tagalog into his practice:

*"There is a shift in communication when Tagalog and other Filipino references are used. You can hear this in their tone, and they become more open to you, and you are better able to gain the parent's trust and support because they are needed in this process."*

For Bayani, language becomes a common ground and entryway towards building trust with not only his student, but the parents who must become involved in the process.

Other educators who participated in the study reflect that using Tagalog, or asking students to teach them words and phrases in Tagalog, may signal to the student that as a teacher and authority figure, you value their culture and are consciously making an effort

to understand their background, a process which may validate the students' experiences and facilitate trust building.

Incorporating students' native languages may also aid in efforts to build trusting and caring classroom cultures and relationships with students. Mayumi, a college counselor at a local community college, uses the Filipino language to create a sense of home in her classroom and build relationships with her students. She responds:

*“Language is such a sense of home for them. Even if our students don't speak it [Tagalog], but they have it in the home, I definitely love when they could bring that to the classroom to create that sense of home.”*

As a second-generation Filipino American, Mayumi responds that although she does not speak Tagalog conversationally, she uses the language in order to create bonds with her students. She brings the language into her classroom by asking her students to teach her words and conversational pieces, a practice that shows her students that she cares, respects, and recognizes the linguistic capitals that they bring into the classroom. Furthermore, she uses language to connect to her students by affirming their shared culture and ethnic experience. Such efforts to validate her students' cultural and linguistic capitals affirm the experiences of her students, which may enhance their sense of self-esteem and contribute to their mental health outcomes.

Beyond understanding the linguistic needs of students and their families, effective educators were those who were aware of the importance of non-verbal cues. Bayani reflects on his own experiences teaching high school students and responds that educators

must pay attention to the communication processes that they use, and the tone of their communication. According to Bayani, the process of communication includes noticing body language and the manner in which the student may be trying to convey their needs.

He reflects:

*“You want to meet them where they are at. You want to level with somebody, you want to use the language that they’re using and approach them in a non-judgmental way. You want to match their energy.”*

In responding, Bayani recalls specific instances where his Pin@y students approached him with concerns regarding their mental health or occurring familial conflicts. He reflects that it is important to match the student’s energy, and to use their language in order to gain their trust. He responds that such efforts signal to the student authentic concern in their mental well-being, as opposed to superficial care through exaggerated responses. Overall, educators took into account language in order to tailor their support to the needs of students and their families, utilize effective non-verbal communication, and to be genuine in communication styles.

#### *Kuwento as Entrypoint - Sharing Your Own Narrative*

Educators who participated in the study reflect on the importance of using one’s own narrative as a means of connecting with students and imparting important lessons. Educators in the study used *kuwento*, or storytelling as a means of sharing stories of growing up as Filipino American in the United States to normalize common struggles including mental health. *Kuwento* is both a noun (the story) and a verb through the act of

telling, listening, and participating in a story (Jocson, 2013, p. 185). As a culture that is rooted in oral traditions and histories, *kuwento* may be a means of transmitting life lessons, and communicating experiences with family and community intergenerationally (Eugenio, 1981). Through the process of *kuwento* we are able to learn from the experiences of others and incorporate this knowledge into our own.

Educators sampled in the study used storytelling or *kuwento* as a way to share stories of common struggle and to encourage healing. Pinay reflects:

*“I incorporate my ethnic identity in my teaching practice by using storytelling as a way to not only engage discussion, but to encourage a pathway to a journey of healing where I believe telling our stories as Filipino Americans, we’re telling stories of coming or processing that identity formation through life.”*

In reflecting about the importance of using *kuwento* as a pedagogical strategy, Pinay describes an instance in her classroom where she shared personal stories of her time in the US Army to teach her students about racial microaggressions, and the impact of this on her psychological well-being. She goes on to describe the importance of sharing her embodied experiences with her class, specifically her experiences in a distinctly Pinay body wearing the uniform of a US Army soldier and becoming the target of racist and sexist comments. Within this specific *kuwento*, Pinay not only educates about her experiences with racial microaggressions but uses her own stories of ethnic identity formation and healing as real sources of knowledge and evidence.

Pinay also shares with her students' stories about her personal experiences dealing with anxiety in order to educate them on mental health, and to normalize and validate their experiences. She shared an instance where a Pinay student turned to her for help when she experienced symptoms of anxiety:

*"I'm right there next to them so that when they talk about it [anxiety], I'll be like, "You know I'm hella anxious. I have all of this anxiety, let's talk about that together." So, we share experiences about how that anxiety comes up, how to identify our triggers. How to recognize an early onset of symptoms or things that could increase our anxiety, practices that held it down."*

By sharing her own narrative, Pinay takes advantage of the opportunity to educate her students about mental health, and to exchange coping mechanisms to manage their symptoms of anxiety. In this particular scenario, she affirms the normalcy of experiences with anxiety, teaches that particular student ways to recognize her symptoms, and provides the space to dialogue about her mental health experience. Furthermore, Pinay served as a first-responder for her student who was under psychological distress, by performing roles as pseudo health educator and counselor through the ways in which she actively responded to her student's needs.

Other educators used *kuwento* as a means of validating their students' experiences and struggles growing up in a bicultural world as Filipino and American, and navigating a world of whiteness. Kidlat reflects:

*“It’s important to humanize myself and for my students, and I tell them a lot of things about my own experiences growing up Filipino-American in Oakland, California and sort of navigating through the educational system, dealing with my own mental health issues, and dealing with a lot of racism growing up. I feel like the most relevant text that I can provide for my own students is to relate it to my own life.”*

Using *kuwento*, Kidlat is able to share stories of his time as a Filipino American youth that had to navigate larger systems of racism and oppression. Kidlat uses storytelling as a means of sharing his own life experiences, and imparting lessons that he has had to learn in order to validate the experiences of his students and evoke a sense of hope and possibility for future healing. In this specific instance, he reflects on the ways that he has had to overcome his experiences as a young immigrant student navigating American educational institutions, identifying his own mental health issues, and dealing with racism.

Participating educators also used *kuwento* as an entrypoint to building relationships with their students, humanizing each other through their shared struggles, and encouraging mental health help-seeking behaviors. Malaya reflects:

*“Sharing a lot of my own story, it helps to humanize myself and I see a breakdown of the power differentiation between the two of us, and it allows them to open up more and feel like I can be incredibly vulnerable to share with someone, a counselor especially, these things and they feel like they’re just taking*

*it in. So when I'm able to share my own story and pieces of my own life, it's a form of not only empathy, but connection and identity."*

Malaya reflects that she shares her own experiences as a third generation Pinay and her specific struggles with her mental health and self-harming behaviors in order to build relationships of trust and care with her students. Within these relationships, Malaya uses *kuwento* to educate her students on mental health by sharing her own struggles as well as the support that she has found in order to cope and models a classroom culture of trust and vulnerability. Furthermore, she encourages her students to open up about their own struggles by breaking down power differentiations between herself and her students, and creating relationships of mutual support, understanding, and validation.

### *Expression Pedagogy*

In addition to *kuwento*, popular culture may also be an important entrypoint to building relationships with students and understanding the diverse contexts which inform their lived experiences. Popular culture including music, television, social media, and other forms of mainstream media may be an important lens to understand the motivations and experiences of Filipino American youth. Many of the educators who participated in the study used hip hop pedagogy as a means of encouraging expression among their students, and to connect their students to sources and mediums that may validate their own experiences. Malaya describes expression pedagogy as:

*"Poetry and writing has become a medium and channel for me to connect to students on a deeper way, which is really to me what hip hop pedagogy is. It's an*

*element of using art, using different mediums of expression to help students express themselves, to process their emotions. It's about processing intersections of identity. How else are they being bent? It means asking what does it mean to be a woman? What is their sexuality? What is their gender? It's about seeing the student for everything that they are. Because hip hop doesn't have one identity."*

Educators who use hip hop pedagogy, an emerging pedagogical strategy, use music and other modes of expression to facilitate their students' ability to communicate about and process their own struggles. Mediums such as hip-hop music and poetry may help students express their emotions, by allowing them to connect their personal stories to songs and poems that may resonate with their lived experiences. Educators who use hip hop pedagogy also use this strategy to understand their students' struggles and affirm their sense of resilience. Educators who use this method reflect that their students are able to open up about their personal experiences and challenges to mental health, important components to personal healing.

### **Reflecting and Acting Towards Socioeconomic Accountability in Curriculum**

An important theme that arose in the pedagogical practices of participants is the responsibility of educators to reflect upon socioeconomic accountability as a component of their curriculum and practices of care in the classroom. Socioeconomic accountability was understood by participating educators as efforts to understand how contextual influences such as immigration status, gender, sexuality, education, and the socioeconomic status of students and their families may influence their lived experiences.

Beyond notions of merely understanding the influence of these contextual factors on their students' experiences and corresponding mental health outcomes, these educators made efforts towards action by understanding the communities in which their students are rooted and linking them to support that is accessible and sustainable.

Educators that serve Filipino American students, or more broadly, youth who come from communities of color, must begin by understanding the contexts that influence the educational and psychological experiences of the individual student. For educators who participated in the study, an important component of socioeconomic accountability is shifting their view of the student to consider the individual nuances that inform their experience. Isagani responds:

*"I had to shift my focus to be more empathetic and understanding about what I could do to really support that child. Not just as an academic endeavor. How do I really think about that? What about the structures and systems of schooling that's not allowing the student to thrive, and that might be looking at the curriculum I'm using, that might be looking at the strategies that I'm using. How do I shift my focus to an asset-based lens?"*

Furthermore, Isagani interrogates aspiring teachers to reflect on the following question when considering their interactions with students who come from disadvantaged communities:

*"What does it mean to be a minoritized person? How do you experience that fully, and how does that show up in the ways that you engage and serve students?"*

Isagani is a former Ethnic Studies high school and middle school educator, who is now an Assistant Professor who educates teacher candidates in a Master's program in Curriculum Instruction. Building on his experiences and the shifts in his roles, Isagani urges teachers to be mindful of their relationships with their students, and the types of racially and politically charged tropes and ideologies that may unconsciously influence teacher-student interactions. Isagani reflects that educators have a responsibility to support their students, which may involve looking at structural forces within the system of education that have historically set up "minority" students for failure. In examining such forces, Isagani asks his teacher candidate students to be mindful of their interactions with their students, the types of language that they use with their students, and the ways in which the curriculum that they have created may not respond to students' realities, and may set them up for failure. Furthermore, he calls on his aspiring educators to be mindful of the ways in which systems of education may contribute to the poor mental health status of students who come from communities of color. He calls on his teacher candidate students to use an asset-based lens in order to recognize the strength and resilience of each individual student, and to critically question and move beyond the ways that they have been characterized by racial and political tropes.

Educators who participated in the study reflected on the influence of immigration status, an important indicator of socioeconomic status, on the mental health and experiences of their Filipino American students. Educators who participated in the study note that their students may range from those who have newly immigrated and are trying

to get accustomed to American customs and ideals, to the 1.5 generation who immigrated to the US as young children, and to those who belong to the 2nd or 3rd generations and were born in the US. A student's immigration or citizenship status may pose as an important factor that educators must understand in order to contextualize their students' experiences. Honesto, a high school educator and academic counselor, reflects on the importance of understanding family immigration histories:

*"I incorporate their experiences and talk about themes like immigration. This past week, they just did their immigrant story, so they had to do a project where they had to do their family tree. They had to learn about who they are in their lineage, they had to interview somebody on their family tree, and then they had to create a book on that person that they interviewed. So I like to use their own experiences as a means to teach them something and connect."*

For these educators, understanding a student's generational status and the history of their family is an important lens to support and respond to their student's psychological experiences. By understanding generational and immigrant status, these educators are able to comprehend their students' levels of acculturation, and the challenges that accompany newly arrived immigrant students as they strive to balance the demands of trying to acculturate into the American mainstream, while maintaining ties to their home culture. Efforts to understand the experiences of the 1.5 through 3rd generations of Filipino American students may also shed light on the unique demands and psychological challenges that accompany efforts to navigate bicultural worlds,

hoisted between the demands of both their Filipino and American upbringings. Educators who participated in the study reflect that they are able to understand the experiences of their students because they position themselves within these same struggles and lived experiences. Because of their history of shared experiences and cultural understandings, Pin@y educators are equipped to respond to their students that exhibit signs of psychological distress and are able to appropriately and empathetically respond to their students' needs by linking them to needed supports or services.

In addition to understanding the contexts that inform students' experiences, an important component of socioeconomic accountability is understanding and humanizing the student and their community. Similar to Isagani's call for teachers to use an asset-based lens in their interactions with their students, Makisig a local pastor and middle school athletics coach, calls for teachers to expand their understanding of the student's whole life. He responds:

*"Often, what I find myself doing is communicating to young people and parents in a way that is about expanding my understanding of their whole lives. And I want to make sure that we're engaging them in their lives. We look at celebrations that are happening in their world, and we share when things are going difficult. I'll make sure that the adult staff know so that they're aware of some of the dynamics on the field. And so I try to bring a lens of the overall person and their community."*

Beyond understanding contextual (ie. class, occupation, gender, education, socioeconomic status) factors, educators who participated in the study strove to fully understand the different contexts and environments that compose their students' lives. Participating educators made efforts to be embedded in their students' communities by being conscious of positive and negative events that were occurring in their students' lives and within their communities. In considering these contexts, educators were able to view their students in their full humanity, understand the communities in which they are rooted, and effectively respond to the contextual influences that informed their students' lived experiences. Beyond the capacity to understand the influence of such contexts on their students' lives and mental well-being, these educators also made efforts to recognize the active resilience that students held amidst the difficult situations that were co-occurring in their lives.

Educators who incorporate socioeconomic accountability into their efforts to support and provide care for their students perform praxis by reflecting upon and understanding the communities that their students belong to, and act by identifying the resources that are within arm's reach and connecting students to those community-based sources. For these educators, it is important to identify the neighborhoods that students belong to, and the traumas that influence the experiences of these communities. Mayari, a former educator of a decade who is transitioning into mental health work reflects on the following:

*“Before going into a space, I do a lot of work in identifying the community that I’m serving. Contextualizing the community that you’re serving is also very important.”*

She further reflects that an important component of contextualizing the community that you will be serving involves understanding the unique culture that has been built by that community. As a former educator in high schools in SFUSD (San Francisco Unified School District) and LAUSD (Los Angeles Unified School District), she explains how the culture of each school may be different as a result of the unique racial and ethnic groups that comprise the student body, as well as the neighborhood in which the school is rooted, the community’s history of past trauma, and the social toxins that community members must work to overcome.

Mayari reflects that in order for educators to adequately serve students and provide them with sustainable solutions, educators must work with the resources that are within the student’s own communities. She responds:

*“We also have to think about how these communities are able to not just survive but also thrive within what is in arm’s reach. And then connect them to other people or programs that will continue to sustain them.”*

As a seasoned educator with experience in mental health work, Mayari reflects that it is not enough to provide students with band-aid solutions such as occasional school-based mental health workshops to alleviate the psychological distress that students may be experiencing. In order to provide sustainable solutions, educators must work to connect

their students to key stakeholders that are within their students' communities in order to build their support networks. Community stakeholders are personally invested in the well-being of the community and can collaborate with schools to create long-term solutions that are mutually beneficial for all, strategies that are sustainable and can impact youth and their communities in the long run. Mayari reflects that such efforts made by educators may build the agency of students and their communities, as they collaborate to create sustainable solutions within their own communities, and break reliance on short-term, band-aid solutions. Such practices also support efforts of educators to more effectively support their students' needs, as they are able to dialogue about the limitations of their own capacities to serve their students,

### **Mentoring, Boundary Making, and Understanding Limitations as an Educator**

Educators who participated in the study reflected on their efforts to implement mentorship opportunities for their students, and to address the boundaries and limitations of their own roles as educators. Pin@y educators who participated in the study tapped into their own personal and professional networks in order to provide their students with skilled mentors who were able to support their academic, social, and psychological concerns. Honesto, a high school educator, takes the opportunity to link his students with college students from the local community college, or with colleagues within his own trusted networks:

*“Often, students seeking support need a mentor who can guide them, and I will personally connect them with a mentor from my own networks.”*

Through this practice, Honesto acknowledges that as an educator, he is not a trained therapist or counselor, and may not necessarily have the training and tools to be able to help his students who are undergoing intense periods of psychological distress. Due to these limitations, Honesto will link his students to trusted colleagues who may have gone through similar experiences as the student in need, or who may match a student's academic, personal, or professional interests. When applicable, Honesto will also connect his students to colleagues who are professionally trained and are able to provide therapeutic services to his students. Honesto reflects that it is his approach to link a student to a trusted colleague and maintain contact with both parties in order to follow up on the student and monitor their progress.

Furthermore, as part of his classroom practice in working with high school students, Honesto will link his students to a student mentor. Through such practices, high school students are linked with a student from the local community college in order to provide his students the opportunity to learn from relatable, and experientially similar students who can serve as role models for a young youth in need. Through such practices, Honesto reflects that often, students seeking his help yearn for a mentor who has overcome similar life experiences in order to validate their own experiences and provide a sense of hope for future life outcomes. He reflects that his students have welcomed the opportunity to be connected to a young mentor with shared life experiences, who can give different perspectives on their lived experiences.

Educators who participated in the study also integrate role modeling in their pedagogical practices by providing their students with examples of healthy behaviors and positive interactions to engage in. Pin@y educators who participated in the study reflect that part of their role as educators is to serve as role models and be courageous examples for their students. Bayani reflects on his efforts to serve as a role model for his students, who may not necessarily find healthy interactions within their own families or social circles:

*“Just showing them that you are a healthy adult. It’s not just being healthy, but a safe adult to engage with. We try to model what it looks like to have a healthy relationship with an adult, especially when too often, they’re coming to us because their relationships with adults aren’t so healthy.”*

Bayani reflects that in order to role model healthy interactions with his students, he will educate them about the importance of setting boundaries and being honest and authentic with each other. In order to set boundaries with his students, he will communicate his limitations as an educator, as well as his capacity to offer support to his students. Bayani emphasizes that in order to build healthy and sustainable relationships with at-risk Pin@y students, educators must be transparent in communicating their limitations in order to avoid students relying on them for support that is outside the scope of their work and capacity.

Pin@y educators who participated in the study reflected on the ways in which they support their Pin@y adolescent students when this was outside the scope of their

work as teachers. Kidlat, a middle school educator and instructional coach, reflects on his role as a mandated reporter, and the ways in which he supports his students through difficult family and life situations:

*“And of course, I’m a mandated reporter. As students sort of relay these things to me, I connect them with counselors, social workers, and sometimes there are CPS (Child Protective Services) calls that have to be made, and I’m with the kids throughout that whole process.”*

In reflecting on his own limitations as an educator, Kidlat reflects on a specific instance where classroom dialogue with a student lead to revelations of parental neglect within the child’s household. In this instance, Kidlat reflects on his limitations as an educator who could not directly assist a student whose home life began to affect his mental health and performance in school. Furthermore, Kidlat reflects on the ways in which his school district had trained teachers to serve as mandated reporters, and to recognize signs of abuse and neglect among their students.

Amihan, a high school Ethnic Studies educator, reflects on the training that she has received in order to ethically support her students in need. Amihan describes the ways that she will find support for her students when this is outside of her capacity as a teacher:

*“At our school, we have this team called Coordination of Services. There is a survey that teachers or any staff member can fill out. If they have tried interventions, or check ins with students, but it is still not working out, then they’ll*

*refer someone through that survey. A lot of times, our students are struggling with attendance, being motivated in the classroom, or emotional, personal, or mental health issues. So we make sure to try to figure out what is the best support for that student. And I think that really helps, really just sitting and talking."*

In this quote, Amihan describes coordinated efforts among teachers at her high school to holistically serve their students in need. She further reflects that as a smaller high school with fewer teachers and staff, all teachers are able to closely monitor and assist at-risk students. Through these efforts, teachers are able to support one another by sharing information on interventions and processes that have worked to support their students, while relaying information about the conditions of particular students that have been identified as at-risk. Amihan reflects that through such coordinated efforts, teachers at her high school are able to identify figures who would be able to best support their students in need, as well as refer them to professional support that is outside of their high school when needed.

### **Conclusion**

Interviews with participants reveal 5 strategies that comprise the *pedagogies of culturally responsive care* that are used by Pin@y educators in order to support the mental health concerns of their Pin@y adolescent students. The first of these pedagogies of culturally responsive care is *building a classroom with trust and vulnerability*, where students are able to share the stories of their lived experiences and receive emotional support and validation from both their teacher and their fellow students. Educators who

used this strategy treat personal narratives as a lived textbook and integrate regular opportunities for their students to share their histories within the curriculum. The second pedagogical strategy used by educators is *using cultural connections as an entrypoint*, whereby elements of their students' cultures are integrated into the curriculum in order to build relationships and create opportunities for students to understand each other's worldviews. The third pedagogical strategy used by educators is *reflecting and acting towards socioeconomic accountability in curriculum*, in which educators made conscious efforts to understand the ways in which systemic influences such as race or socioeconomic status influence the mental health outcomes of their students. The final strategy used by educators is *mentoring, boundary making, and understanding limitations as an educator*, in which Pin@y educators addressed the boundaries and limitations of their roles as educators, and made efforts to link students with skilled experts who were able to provide support and other mental health services, as well as validate their lived experiences.

While these educators strive to use *pedagogies of culturally responsive care* and create nurturing and caring classroom environments, they also reflected on their roles as mandated reporters in the classroom. Many of the educators who responded in regards to their efforts to create supportive classroom environments also spoke of instances where students shared experiences of harming themselves, or experience of violence in their homes or communities, events that were promptly reported to school social workers and other administrators who made the calls for CPS (Child Protective Services). Within

these instances, educators reflected on their need to follow appropriate rules and protocols, by bringing in experts, trained professionals, and other resources who can promptly help the student in need when these were beyond their capacity and boundaries as an educator.

All in all, such pedagogical strategies affirmed the experiences of Pin@y adolescents and created regular opportunities for students to dialogue and learn about mental health. While this chapter describes the *pedagogies of culturally responsive care* used by Pin@y educators, the following chapter will describe the unexamined emotional care work of Pin@y educators to support the mental health of their Pin@y adolescent students.

## Chapter 5: Results

### ***Malasakit: The Unexamined Emotional Care Work Performed by Pin@y Educators***

*“I have a lot of experiences where students feel like they can’t turn to their families, because that’s their primarily location of them feeling the most anxiety, or the cause of how they’re actually feeling. So I set up my classroom, I set up my relationships in ways that students don’t feel apprehensive about being honest about their feelings, and honestly expressing themselves.”*

*- Kidlat, middle school educator*

The notion of “care” has been defined as *caring about*, which involves emotional support through comfort, advice, and validation, as well as *caring for* which may entail direct, hands on, and personal caregiving through kin-keeping, domestic help, and financial assistance (Wong, Yoo, & Stewart, 2006; Yoo and Kim, 2014; Lee, Chaudhuri, & Yoo, 2015). Care may also involve emotion work or “the act of evoking or shaping, as well as suppressing feeling in oneself” (Hoschild, 1979, p. 561). Previous studies have examined emotion work in communities of color in the context of self-disclosure of breast cancer diagnosis among women of color (Yoo et al., 2010), and in the carework between generations within Korean American families (Yoo & Kim, 2014). Previous studies have also shown that educators may be entailed to perform care work in order to support the mental health of at-risk adolescent students (Burns et al, 1995; Hoagwood & Jensen, 1997; Franklin et al, 2012; Moon, Williford, & Mendenhall, 2017). Few studies focus on the emotion work of educators. In the first study to examine emotion work among Asian American women in academia, Dariotis and Yoo (2019) describe the ways

in which Asian American women faculty function as a “catch-all” of care work by supporting the emotional well-being of their students, colleagues, and the broader university. In all of these studies, emotion work is a complex, nuanced form of care work. The purpose of this chapter is to explore the emotional care work performed by Pin@y educators supporting Pin@y adolescent students who may be at risk for mental health issues.

Semi-structured interviews with Filipino American educators reveal that they perform an unexamined and distinct care work in order to support the mental health concerns of their Filipino American students. The emotional care work of Pin@y educators includes the following acts of care: preventive care work, embodied knowledge and emotional labor, collaboration with the Pin@y family, and unconditional positive regard. Pin@y educators perform emotion work by building caring relationships and emotional bonds that fall outside of the prescribed realm of duties of the traditional classroom teacher. Furthermore, the emotional care work of Pin@y educators may build from the Filipino cultural value of *malasakit*, in which relationships are built in the context of care, compassion, concern, and empathy for others, and are rooted in deep commitments to the Filipino American community.

### **Preventive Care Work: Checking In Before They “Check Out”**

Preventive care work arose as an important component of the emotional care work of Pin@y educators serving Pin@y adolescent students at risk for mental health issues. Preventive care work can be defined as efforts to check in with their students who begin

to exhibit signs of emotional distress, normalize mental health help-seeking behaviors, and support students as they navigate mental health institutions. Educators who participated in the study reflect that preventive care work encompasses efforts to proactively check in on the mental health of their students. Bayani, a former educator transitioning into social work defines preventive care work, and urges educators to be cognizant of changes in their students' mental health:

*“Take it upon yourself to check in with the youth before they reach out for help. Sometimes the signs are there before they reach out to you. When I’m noticing that something is off I’m noticing the process unfold. You don’t want to wait for the youth to check in with us necessarily because just a lot of things are coming up”*

In sharing this piece of advice to educators serving at-risk Pin@y adolescent students, Bayani recalls an instance where he noticed changes in the demeanor of a Pinay student who was experiencing issues at home with her grandparents and father. Bayani reflects that by watching the process unfold, he began to notice changes in the emotional state of his student, who had become more withdrawn than usual. He urges educators to check in with students regarding their mental health, as students often have anxieties and worries that accompany their desire to confide in someone regarding their mental health struggles. For Bayani, part of his emotional care work includes efforts to be conscientious of the status of the mental health of his students. Within such emotional care work,

educators must make emotional space for their students amidst the myriad of competing issues and demands that are co-occurring in their own personal lives.

Amihan, a high school Ethnic Studies teacher, describes the preventive care work that she must perform in order to provide emotional support for her Filipino American students that are beginning to display signs of emotional distress. She describes the importance of conducting regular and personal check-ins with her students:

*“Personal check-ins. If I see them and they’re kind of isolating themselves or they’re not talking to people. Then I’ll just check in with them to see how they’re doing. If I know a resource or someone who would be beneficial to them, I will personally introduce them.”*

As part of her pedagogical practices, Amihan dedicated her classroom as an open space for her students where they will be able to build relationships and find community with one another. In creating this classroom space, Amihan reflects on a specific instance where she noticed changes in a Pinay high school student who appeared more anxious or upset than usual. Amihan conducted a personal check-in with this student and discovered that there were problems within the home that were influencing the student’s mental health. Amihan reflects on the importance of conducting regular personal check-ins with students and acknowledges that it is an act of courage for students to be able to turn to adult figures in their lives to seek psychological help. By staging regular personal check-ins with her students, being empathetic with their emotional struggles, and affirming their

personal experiences, Amihan performs emotional care work that is outside the typical realm of responsibilities of the classroom educator.

Preventive care work performed by Filipino American educators may also encompass efforts to normalize mental health conversations and help-seeking behaviors. Rooted in collectivistic cultures that often place shame and stigma towards mental health issues (Nadal, 2010), Pin@y educators must perform a distinct emotional care work in order to promote the mental health of their Pin@y students. Isagani describes his effort to normalize experiences of mental health among his Filipino American adolescent students:

*“I also normalize mental health help seeking behaviors. I talk about my experiences with therapy. I talk about what my therapist tells me. I make that very explicit. So it kind of demystifies the idea that teachers and caregivers. They’re trying to do all of this amazing work but at what cost. How do we take care of ourselves mentally?”*

Isagani performs emotional care work for his students by placing himself in a position of vulnerability by being transparent about his own struggles with his mental health, and the ways that he has tried to overcome this. Isagani reflects that he has been open to sharing his mental health journey with his students and shares specific instances of receiving therapy and being placed on medication for his anxiety. Within this emotional care work, Isagani works against culturally and socially ingrained notions of shame and stigma among his Pin@y students, in order to encourage his students to take care of themselves.

Such emotional care work is performed voluntarily, and for the benefit of his students' mental health, labor that is outside of the typically understood responsibilities of a classroom educator.

As part of this preventive care work, educators who participated in the study reflected on their efforts to connect their students to services and community gatekeepers who may also be able to support their mental health needs. Malaya, a community college counselor, describes the emotional care work that she must perform in order to gauge her students' psychological states, assess methods to support their needs, and connect them to services. She reflects on the process that she must use in order to perform preventive care work:

*"It really comes into supports for Filipino Americans and communities of color, it really comes down to the best resources and support are in the community itself. I'm basically trying to assess and to guide students in that if they are in situations where they're feeling depressed or sad or harming themselves or dealing with anything, it's best helping them work through by building that support system. I can give them resources all day, but will they actually call? Will they actually do it and are those services the right ones for them? Are they going to be culturally responsive and empathetic to their needs?"*

Malaya describes the emotional care work that she must perform as she walks her students through their mental health journeys. As part of this emotional care work, she considers the frame of mind of her students, and interrogates what she can do to build

their capacity to engage in mental health help-seeking behaviors. She describes the care work that she must perform to identify appropriate supports for her students, and to determine whether they are accessible and sustainable solutions for her students' needs. As part of this preventive care work, she will identify the supports that are readily available within her students' communities and partake in efforts to build their support networks. She will ensure that her students receive the supports and services that they need by maintaining her network of contacts across various communities and working in collaboration with students' families when necessary.

### **Embodied Knowledge and Emotional Labor: Responding to Filipino Culture and Values**

Educators' efforts to respond to the culture and values of their Filipino American students arose as a significant theme in the emotional care work that they perform for their students. Educators sampled in the study made efforts to understand and respond to the cultural experiences and values of their students, which may reflect experiences that encompass their cultural worldviews, community historical experiences, and religious traditions. By understanding the cultural contexts which inform their students' experiences, educators who participated in the study were able to effectively respond to their students' needs and connect them with the appropriate resources to build their support networks.

### *The Influence of Filipino Culture and Values on Mental Health*

For educators who participated in the study, understanding the values that are ingrained in Filipino culture may be an important way to humanize the struggles of their students, provide support, and encourage them to take care of their mental health. Kidlat reflects on the importance of understanding the nuances of Filipino cultural values:

*“Reflecting on my own upbringing, I think one of the most difficult parts of Filipino culture is that it’s so very a shame-based culture. Dealing with my own family, I remember the times where a simple redirect or being called out by my family really triggered high levels of anxiety in myself feeling like I’m a failure or that I’m not good enough. And so I think in my approach with dealing with students, I’m very mindful about how authority figures can be very triggering with the words that they use.”*

Kidlat explains the ways in which Filipino cultural values may impact the psychological experiences and identities of Filipino American students. Growing up as a youth, Kidlat remembers the ways in which being shamed by his own family members triggered negative psychological experiences and relates this to the family dynamics experienced by his own students. In experiencing a history of negative comments, or *hiya* (shame) imposed on him by his own family members, Kidlat is mindful of the ways feedback may be triggering for his students. In understanding the dynamics that are inherent in Filipino American families, Kidlat is able to understand and practice ways of effectively and compassionately communicating with his Filipino American students.

In addition to being mindful of Filipino cultural values, educators who participated in this study also recognize cultural stigmas that may influence the family and the youth's perception of mental health issues and prevent mental health help-seeking behaviors. Kidlat reflects on attitudes towards mental health in the Filipino American community:

*"The inability to sort of articulate their feelings, because I think so much of our culture is this quiet stoicism, or like mental health problems aren't real. Filipinos are attuned to thinking about problems as material things. So, families sort of dismiss the feelings of Pinays. And because it has nothing to do with money or it has nothing to do with being successful in education, I think they tend to minimize the issues that Pinays face."*

Kidlat reflects on familial experiences that may prevent conversations about mental health among the Filipino American community, and impact help-seeking behaviors among Filipino American youth. Educators who are knowledgeable about, and understand cultural stigmas around mental health, are able to carefully and empathetically communicate with their students. With such knowledge, these educators are able to strategically introduce and educate their students about mental health, through trusting relationships where they are able to facilitate open dialogue with their students and validate their experiences.

Educators who participated in the study have also made efforts to understand the colonial history of their students, and the implications of this on mental health within the

Filipino American community. Pinay reflects on the ways in which colonial trauma has produced generational practices of silence within Filipinos in the diaspora:

*“I’ve been talking a lot about this practice of silence. Silence over time, over centuries. Silence as a practice of empire, of colonization. How have we been silenced as a people, our histories, our stories, our value, our representation, our visibility. But also because of war, trauma, and pain, how have we too across generations as Filipino Americans practiced different forms of silence. So, hiya (shame), or lihim (hiding), or burying things under the rug, or bahala na (leave it up to God). And then actually confronting or addressing the very things that are hurting us. We can really sit together and talk because we don’t talk.”*

In this quote, Pinay analyzes the ways in which histories of colonization created a culture of silence among Filipinos that has impacted their ability to share their stories. In doing so, she reflects on the impact of such silence on Filipino cultural tendencies such as *hiya* (shame), *lihim* (hiding or denying), burying things under the rug, and *bahala na* (leave it up to God) that prevent Filipino Americans from addressing mental health problems and actively seeking help. Pinay reflects that educators must make efforts to understand this silence which may be indicative of their students’ worldviews. Students may be reluctant to come to terms with their mental health because of factors including *hiya*, where one may be ashamed of having a mental illness. Filipino American youth may also grow up observing practices such as *lihim* (hiding or denying) or burying things under the rug and adapt by refusing to confront their mental health issues. Filipino American youth may

also be ingrained with a belief in *bahala na*, or the tendency to put personal matters in God's hands, in order to avoid decision making and action, thereby negating their own agency. Educators must understand the influence of Filipino cultural values, and the implications of these on attitudes and mental health help-seeking behaviors among their Filipino American adolescent students.

#### *The Influence of Religiosity on Mental Health*

Educators who participated in the study reflect on the emotional care work involved in understanding their students' sense of religiosity, and how this may impact their mental health experiences. As a country that was historically colonized by Spain and the United States, Filipino Americans may follow either Catholic or Protestant religious traditions (Nadal, 2009). Though a minority of the population, as a country with indigenous Moro people in Mindanao, Filipino Americans may also follow Islamic religious traditions. Religious traditions and ethnic identity may be woven into meanings of personal identity, family and community. Furthermore, religious traditions may influence the Filipino American community's perception towards mental illness, and their willingness to seek formal mental health services.

Educators who participated in the study reflected on their responses to their students during specific instances where religious beliefs influenced decision making and attitudes towards mental health experiences. Malaya recalls the experiences of a student who was involved in her church, and the ways that this involvement compromised her sense of identity, and mental and emotional well-being:

*“She says in the church even if it goes against her sense of identity, she stays in it, even though for her, seeing the influence of the mindset from her religious background, even the way that she says things about herself like, “I know I’m not a bad person.” And I know that she’s getting that kind of language from her religious background, and I have to respond empathetically.”*

Malaya reflects on the experience of a student who was actively involved in the church and participated in the choir together with her mother. She recalls how this young Pinay experienced periods of significant psychological distress because of the conflict between her religious beliefs, and her own personal values and ethics that she had learned through her bicultural Filipino American life. Malaya responds that educators must work to understand what brings their students to the point of wanting to harm themselves, as she reflects on this particular student who developed a coping mechanism of picking her hair to the point of baldness. Educators must make efforts to understand how religious values may influence the decision making and sense of self of Filipino American students, and how these may negatively compromise mental health outcomes among their students.

In examining the influence of religious values and traditions on the mental health outcomes of members of the Filipino American community, Makisig reflects on the nuances of Filipino American religious life. As an educator who is also a pastor at a local Presbyterian church that serves a large Filipino American population, Makisig reflects on the differences in experience among Filipinos who have chosen the Catholic tradition,

over those who chose the Protestant tradition. He reflects on the experiences of Filipino American families at his church:

*“So keep in mind that I’m not Catholic. I’m Protestant, which adds another level for the rest of the Filipinos who have chosen not to be Catholic. So that connection to their Protestant faith is pretty strong. These are folks who are not only dealing with being a religious person in the world today, but also to a lot of their Filipino friends, they’re not Catholic. So, it’s kind of weird for them. Some of the conversations that we have are around what does it mean to not be Catholic.”*

Makisig reflects on the emotional care work involved in his interactions with the Filipino American youth that he serves as both an athletics coach and local pastor. In looking at the experiences of these youth, he reflects on the influence of traditional and conservative Protestant values on experiences of Filipino American youth and their families. He further explains that many of the students and parents who seek his guidance often do so as a result of intergenerational family tension that arises due to conflicting levels of adherence to Filipino and Protestant values:

*“Say, I have parents that’ll come to me saying, “My child, what do I do? How can I send you?” And young people might come to me, and say they’re not feeling well, you know, maybe it’s around issues in their sexuality that they’re struggling with.”*

In sharing this specific instance of mediating between a Pin@y adolescent and their parents, Makisig reflects on the ways in which Filipino parents turn to educators as authority figures who are equipped to provide them with solutions to solve intergenerational conflicts within their families. In describing his approach to providing care, Makisig explains that he will create a space of trust for his students, in order for them to feel like they can come to him as a figure that they can engage in dialogue with in regard to their mental health. He further explains that as an educator, it is his job to offer a space to listen, and not to offer solutions, or fix his students' problems. Makisig reflects that as part of his emotional care work, he must be transparent in communicating his limitations on the support that he is able to provide and will link his students and their families to services that will be able to more adequately support their needs.

### **Collaboration with Parents and the Pin@y Family**

An important component of the emotional care work performed by Pin@y educators are efforts to work collaboratively within their Filipino American families in order to support their mental health. Educators who participated in the study made efforts to understand their students' family histories and dynamics, and the influence of parental expectations. Malaya, an academic counselor and educator at a local community college, begins to support her students by understanding the influence of the student's familial background:

*"Because we come from an individualistic, capitalist society, it's hard to get trained to think about the student, and we forget that sometimes, when a student*

*comes into the room it's not just the student, but they bring their families with them. So I'll explore with these types of students. We have to ask, "Why are they here? What is the reasoning?"*

Malaya responds that when educators attempt to support the mental health of Pin@y students, they must acknowledge that Pin@y students carry familial backgrounds that may influence their emotions and decision making. She specifically recalls an instance where she supported a Pinay student who became a nursing major in order to satisfy her parents' wishes. Rooted in a Filipino culture with collectivistic values, Pin@y students do not just think of themselves when in the emotional process of decision making but are also motivated by their family histories and parental expectations. Such familial contexts may pose as unique stressors for adolescent Pin@ys, who must negotiate a bicultural upbringing by balancing Filipino cultural and familial expectations, with American values that reflect individualism and independence. As individuals who have also experienced the struggles of negotiating a bicultural Filipino and American identity themselves, part of the emotional care work performed by Pin@y educators is understanding these contextual influences on their students' lives, while managing their own emotions in situating themselves within their students' struggles.

An important aspect of the emotional care work performed by Pin@y educators are their efforts to understand the immigration histories of their students' families, and the implications of these on their students' mental health. 8 educators who participated in the study identified as belonging to the second generation and were children of

immigrants. 2 of the educators who participated in the study identified as belonging to the 1.5 generation and immigrated to the United States as young people themselves. Due to the salience of immigration and its accompanying struggles within the lives of participating educators, Pin@y educators must perform emotional care work in managing their own emotions, while supporting the needs of their students. Immigration, and its accompanying challenges, may pose as a stressor on the mental health on Pin@y youth. Pinay, a university lecturer, describes the care work that she conducts in the classroom in order to show care for the mental health of her Pin@y students:

*“Currently, a lot of what I teach rests on the experiences of second generation, Filipino Americans and what it means to be the children of immigrants, parents who had to struggle economically and find their way through US institutions, while their children, we’re trying to assimilate, balance, and juggle Americanness.”*

As a second generation Filipino American herself, Pinay identifies with the struggles of her students, who must balance bicultural identities as they maintain connections to their Filipino families while developing a sense of Americanness. She describes the experiences of her adolescent students who must navigate American institutions, and cultural and linguistic barriers for their immigrant parents in order to survive within the US nation-state. Pinay describes the emotional care work that is performed by her Pin@y students to support their immigrant parents, which is similar to that done by Korean American children who must act as cultural brokers for their immigrant parents (Yoo &

Kim, 2014). Pinay performs emotional care work for her students by sharing stories from her own life as she supported her own immigrant parents, thereby empathizing with and validating the experiences of her Pin@y adolescent students. As part of this emotional care work, she must manage her own emotions in order to fully support her students, understand their mental health concerns, and appropriately respond by linking them to available supports and resources.

Educators who participated in the study also reflect on their efforts to understand students' reluctance to speak about mental health, as a result of taboos that may be held within their families. Honesto describes the importance of addressing these cultural taboos around mental health in his classroom:

*"We talk about what their parents are like, their expectations, all these common themes that they deal with. We like to talk about these in class, so we normalize these discussions, and do away with stuff like the taboo of "No, we're not going to talk about this." Everything's on the table, as students are respectful and confidential with what we are talking about."*

Honesto reflects that educators must be cognizant of different cultural and familial taboos that stigmatize mental health among Filipino American families, and impact students' capacity to engage in dialogue about mental health. He explains that as a result of these taboos, students may be discouraged from discussing mental health, out of fear of disappointing and inflicting shame upon their families. In order to facilitate discussions on mental health, he ensures that he sets a classroom culture of trust, understanding, and

confidentiality in order for his students to engage in sensitive and vulnerable discussions. As part of his emotional care work, Honesto will disclose his own experiences of dealing with taboos around mental health within his own family, in order to affirm the experiences of his students. Within this act, he performs emotion work by placing himself in a vulnerable position of speaking about his own experiences and emotions, in order to encourage dialogue among his students.

Educators who participated in the study also reflect on the emotional care work that they must perform in order to understand the influence of intergenerational trauma within their students' families, and how this may impact their mental health. As part of these efforts, educators will attempt to understand and respond to their students' family dynamics, specifically their relationships with their immediate caregivers (ie. parents and grandparents) and extended family members. Honesto describes the ways that he will engage his students in dialogue about intergenerational trauma within his classroom:

*"I always tell them, "You know, you've got to take care of yourself " We do some work on mental health. We talk about the intergenerational trauma that we inherit from our parents, and we talk about our parents' expectations and how this affects us."*

As part of these classroom discussions, Honesto will encourage his students to take care of themselves by asking them to reflect on mental health within their own families. Furthermore, Honesto describes the intergenerational gap that may exist between his students and their families, which may prevent them from engaging in dialogue to

understand one another. He responds to obstacles faced by members of the Filipino American family as a result of intergenerational tensions, by reflecting on his own experiences:

*“The big thing that I think that’s going on in our Filipino communities is this disconnect when students grow up. And they don’t become about their mom and dad anymore. I kind of relate to that intergenerational gap because their parents don’t understand what’s going on.”*

Within these classroom discussions, Honesto will create a caring classroom environment where his students are able to freely and safely dialogue about mental health, a space that they may not necessarily find within their own homes.

Filipino American educators’ emotional care work may also be comprised of efforts to understand the influence of intergenerational family dynamics on their students’ mental health. Kidlat, a middle school teacher, describes the importance of contextualizing the experiences of his students’ entire families:

*“Understanding the Filipino American family structure. I think for a lot of adolescent Pinays, especially the ones who aren’t raised in a nuclear family, a lot of them definitely struggle with being raised by their grandparents or being raised by their auntie or uncle, and that sort of family dynamic is sort of tough for them to figure out. They don’t turn to their family.”*

Kidlat urges educators to make efforts to understand the intergenerational familial dynamics that are occurring in their students’ homes. He reflects that his Filipino

American students may experience unique stressors that are different from that of other youth, as a result of living in households with multiple generations of family members. He responds that many of his students may live in packed, multi-family households together with their parents, grandparents, and extended family members. Such family dynamics may pose as unique psychological stressors for Pin@y students, who may feel that they have lost privacy or freedom within their home lives. As part of his emotional care work, he will create a classroom environment where his students are able to freely dialogue about their mental health and other issues that are of concern to them, spaces for dialogue and emotional support that may not be met within their families.

**Unconditional Positive Regard: Recognizing Self-Advocacy, Agency, and Resilience**

The final component of the emotional care work performed by Pin@y educators working towards promoting the mental health of their Pin@y students is unconditional positive regard, or recognizing and affirming self-advocacy, agency, and resilience. Carl Rogers, an American psychologist who followed humanistic schools of thought, defined unconditional positive regard between a therapist and their client as follows:

“It involves as much feeling of acceptance for the client’s expression of negative, “bad”, painful, fearful, defensive, abnormal feelings as for his expression of “good,” positive, mature, confident, social feelings as much acceptance of ways in which he is inconsistent as of ways in which he is consistent.” (Rogers, 1957, p. 243).

Bayani, a former Ethnic Studies high school teacher who is preparing to transition into school social work defines unconditional positive regard as the following:

*“Understanding that people have the capacity to do good things, to do morally good things and also that people are trying to do their best within the context of their circumstances. That people know what’s right for them. It’s just circumstantially, there are different things, different systems internally working on them, internally and externally that kind of cause issues for them.”*

Bayani performs emotional care work for his students by acknowledging the life experiences, and the social and structural systems, which may positively and negatively impact their developmental experiences. Furthermore, he reflects on the nature of our current educational system, which may penalize students who come from disadvantaged social and economic backgrounds. He reflects that by using unconditional positive regard, educators may move from seeing students’ communities as sites of disadvantage, towards recognizing the strength, resilience, and fight that are inherent in these communities. Educators who use unconditional positive regard, and recognize the strength of students and their communities, may use pedagogical strategies and perform care that align with the discourse on community cultural wealth that students bring into the classroom (Yosso, 2005)

Bayani moves on to describe an interaction with a past student who had reached out to him regarding their mental health:

*“You have to be real. I recognize that there is a fight inside of you. We use the word resilience a lot, right? But it’s real, a lot of these youth are coming to us because they want to change.”*

Bayani describes the emotional care work that he performs for his students by recognizing their personal agency and affirming their life experiences. He reflects that in these specific instances, educators must hold emotional space for their students, who often turn to them believing that they are safe and trustworthy figures who are capable of listening to their struggles. He further comments that students who turn to their teachers regarding their mental health may not always be turning to them for answers but are looking for a safe figure to share dialogue with about their mental health struggles. He responds that in these instances, teachers may show care for their students, and affirm their experiences by simply asking, *“How was that for you?”*

Mayari, a seasoned high school Ethnic Studies teacher who is now making the transition into community mental health work, affirms the importance of unconditional positive regard in the emotional care work that she performs for students and their communities. She responds:

*“Recognizing that our young people have agency in making more positive choices for their life because that is part of mental wellness. We feel like when we hit rock bottom, it just feels as if everything’s out of control, like we don’t have control over anything. And sometimes, we just need someone to validate us. “Yeah, I know you, I know what you are doing. Everything’s gonna be fine.” Reinforcing*

*that our young people have agency and have already been resilient is an important part of showing empathy.”*

Like Bayani, Mayari reflects on her previous efforts to support her students, and responds that often times, students who turn to her for help are seeking a figure who is able to hold emotional space and truly listen. She reflects that as an educator, her role is to affirm her students' life experiences, and encourage them to keep fighting throughout their life battles.

Unconditional positive regard may also play a role in the ways in which educators perform emotional care work and provide constructive feedback to facilitate their students' personal growth. For these educators, constructive feedback is an important component of encouraging holistic wellness in their students, by encouraging personal growth from a place of critical love. Pinay, a university lecturer, describes the ways that she provides feedback for her students, while recognizing their strength and courage as individual persons:

*“Feedback always begins with gratitude. Feedback always begins with saying thank you. Especially when you say something like, “Thank you for being courageous. Thank you for being vulnerable.” Gratitude for their willingness to step out of a comfort zone, or to go to new places for the sake of not only what is required of the course, but for the sake of themselves.”*

Pinay reflects on the instances in her life where feedback from teachers and other educational figures resulted in anxiety and distress, and notes that teachers should be

conscientious of the ways that they provide feedback for their students. For Pinay, part of the emotional care work that must be performed is validating the experiences of each student and expressing gratitude for the ways in which that student is consciously trying to improve their own life. She also reflects that expressing gratitude, and affirming the strength of each student, is an important component of building relationships with students.

### ***Malasakit: The Pin@y Educator's Emotional Care Work***

Pin@y educators who participated in the study perform a unique *emotional care work* that reflects *malasakit*, a Filipino cultural value that reflects understanding, care, concern, compassion, and empathy (Redona, 2018). As a culture that is collectivistic and family oriented, *malasakit* may be a means of relating to one another, through caring or concerned relationships that are characteristic of bonds found among family members. Within these caring relationships, a person may assume another as a member of their own family and take ownership of the other's struggles and trials as if they were their own. *Malasakit* has been observed in contexts outside of familial roles, including Filipino religious groups who make efforts to serve their *bayan* or community (Redona, 2018), as well as in efforts by the Philippine government to provide more compassionate and comprehensive healthcare (Asia News Monitor, 2018). The Filipino cultural value of *malasakit* may drive the emotional care work that is voluntarily performed by Pin@y educators serving Pin@y students undergoing psychological distress.

Honesto, a high school counselor and educator, describes *malasakit* in the context of understanding his students' struggles, by positioning himself within these shared histories and experiences. He responds:

*"For me to understand my students, I have to remember that I was one of them. I always remember that I was a former student, and that student is always in my head every single time that I teach and to always remind me like "What would you do in this situation as well? What were you trippin about? How did you handle things? What was your mindset?"*

Building from the cultural value of *malasakit*, Honesto begins the process of supporting and understanding his students' struggles by reflecting on his own time growing up as a Filipino American youth and experiencing and overcoming similar struggles as his students. By positioning himself in the struggles of his own students, he seeks to understand and empathize with the different factors that motivate his students' actions and emotions. By connecting his own struggles in belonging to the 1.5 generation and growing up as a Filipino immigrant navigating an American world of whiteness and racial oppression, he shows understanding, empathy, care and concern for his students. Within these efforts, he not only shows care but performs emotion work by positioning himself within and absorbing his student's struggles.

Other educators use *malasakit* by building relationships with students that are characteristic of the relationships that they have within their own families. Bayani describes the love and care that he received from his mother while growing up, and how

this largely informs the ways that he interacts with his students. Bayani reflects on his relationship with his mother, and how he has learned to use cooking as an entry point to build mutual and caring relationships with his students. He responds:

*"My mom loves to cook, that was kind of ingrained into my culture, or at least in my formative identity. I take a lot of that identity with me because like with my mom, cooking is a way of showing love and care. This is important to me because we don't get into this kind of work without it being personal."*

In this response, Bayani reflects that his motivations around becoming an educator and transitioning into school social work lie in his family history, and the relationships that he observed growing up. He hopes to show his students the same love and care that he received from his own mother as a way to nurture his students and provide space for them, especially as they share histories and experiences of trauma. He shares that because of his own personal history, he has developed a human desire to want to take care of others and use personal narratives as a jumping point of connection. His desire to understand and respond to his students' personal histories by connecting these to his own family history, make up the emotional care work that he must perform in order to build caring and compassionate relationships with students that he does not necessarily have familial ties with.

Other educators who participated in the study reflect that the Filipino value of *malasakit* becomes apparent for them during times that they must assume familial roles for their students. A core component of *malasakit* is treating other individuals who may

be outside of your family as if they were your own and absorbing the struggles that they may be going through. Kidlat, a middle school English and Social Science teacher, recalls a time that he had to assume the role of a parent for his student who had lost both parental figures, and was now under the immediate care of his grandparents. In narrating this specific instance, Kidlat describes the emotional care work that he had to perform by recognizing the familial problems that were influencing the student's academic performance, and the ways in which he supported the student and his mother as he walked them through social welfare processes after the father had abandoned his family. Furthermore, Kidlat describes having to assume the role of a parent, by staging regular check-ins with the student after his mother suddenly passed just months after losing his father and being placed under the care of his grandparents. Kidlat reflects:

*"Am I really just a teacher in this kid's life or am I something more to him. Now he lost his father, mom's gone, and now just in the care of his grandparents. Now he sort of has to figure life out on his own."*

Within this specific instance, Kidlat assumed the role of a "first-responder" having recognized first hand that there were familial problems impacting his student's ability to perform in school and maintain his mental health. Kidlat also walked his student and his mother through processes of social welfare, making sure that they were connected with food banks and employment services after the father had abandoned them, emotional care work that is outside the scope of care that classroom teachers are called to do. With the loss of both of the student's parents, Kidlat assumed his student's struggles as if they

were his own, widened his role in the student's life, and assumed responsibilities to nurture the student when he lost both parental figures. Within this specific scenario, Kidlat shows care, concern, and empathy for his student while assuming the responsibility to care for his student when he loses important figures in his life.

In examining these findings, it is important to note that such emotional care work arises from Pin@y educators who are invested in the Filipino-American community and participate in community-based organizations that serve large pockets of Filipino American populations. Pin@y educators who participated in the study were recruited using a purposive recruitment strategy (Javier et al., 2018), in which educators who held roles as community gatekeepers or stakeholders within their respective Filipino American communities, were invited to participate in an interview. Pin@y educators who participated in the study were well connected to Filipino American community networks throughout Northern California and the Greater Los Angeles area, and were thus knowledgeable about the services and supports that were available in their communities. Through a purposive recruitment strategy, the researcher was able to collect the perspectives of Filipino American community members who are committed to issues which impact their community and had a deep personal and emotional investment in mental health promotion among young Filipino Americans. Furthermore, the researcher was able to collect a unique sample of Filipino Americans with a deep commitment to and involvement with the Filipino American community, characteristics which may not be generalizable to all Filipinos in the US, or all Filipino and Filipino American teachers.

Furthermore, 9 out of 10 of the educators who participated in the study had a background in having learned Ethnic Studies in their undergraduate or graduate training or were currently Ethnic Studies teachers themselves. Ethnic Studies teachers may be uniquely equipped to perform more compassionate and culturally responsive care for their students by virtue of their training and commitment to the liberation of their students. Dariotis and Yoo (2019) argue that Asian American studies, and by extension the broader discipline of Ethnic Studies, is an important locus for care work in the academy, through the focus on self-determination, holistic education, and community-based liberatory education. By valuing their students' narratives, Ethnic Studies faculty inherently perform care work by validating and humanizing the experiences of their students and create safe spaces which value individual differences and provide emotional support for all students. Such emotional care work is voluntarily and naturally performed by educators with a background and training in Ethnic Studies, that do not separate their care work from their pedagogy, and responsibility in the liberation of their students.

### **Conclusion**

Interviews with participants describe the unexamined emotional care work that must be performed by Pin@y educators in order to support the mental health of Pin@y adolescent students who may be at risk for mental health issues. Pin@y educators who participated in the study are individuals who have grown up in the United States, and through their embodied experiences, understand the emotions attached to navigating American institutions and experiences of racial oppression. The emotional care work of

Pin@y educators reflects the Filipino cultural value of *malasakit*, which emphasizes understanding, care, compassion, and empathy towards others. *Malasakit* reflects a cultural value which describes the ways in which Pin@ys relate to one another, through caring or concerned relationships where individuals care for each other as family members and assume one another's trials and tribulations.

The emotional care work that comprises *malasakit* includes the following components: preventive care work, embodied knowledge and emotional labor, collaboration with the Filipino American family, and unconditional positive regard. *Preventive care work* encompasses efforts of Pin@y educators to proactively check in with students who began to exhibit early signs of psychological distress, by staging regular personal check-ins and normalizing mental health dialogue among their students. *Embodied knowledge and emotional labor* reflect efforts of educators to use their own personal experiences and knowledge in order to be cognizant of the influences of cultural values and religious influences on their Pin@y students' mental health experiences. *Collaboration with the Pin@y family* reflects the emotional care work of contextualizing students' mental health experiences by understanding their parents' own experiences and worldviews. Finally, *unconditional positive regard* includes efforts of educators to recognize self-advocacy, agency, and resilience in their students, to acknowledge the social and structural systems which impact their students' lives and show gratitude for their students' emotional resilience.

Pin@y educators perform a distinct, unexamined emotional care work for their Pin@y students by positioning themselves within the emotional experiences of their students, using their own experiences as a frame of reference and source of knowledge, and holding sacred space for students to express their emotions. Despite their active involvement in efforts to support the mental health concerns of their Pin@y adolescent students, educators who participated in the study also understood the boundaries and limitations of their roles as teachers, complied with mandated reporter protocols, and made efforts to connect their students to proper supports and services. In examining the available research, few studies exist which examine the perspectives of classroom educators who support the mental health of their adolescent students. Findings of this study may hold important implications in efforts to create interventions to support the mental health of at-risk adolescent Pin@y students. The next chapter will summarize the key findings of the present study, explain the contributions of the study to the fields of Psychology, Teacher Education and Ethnic Studies. The next chapter will also discuss the implications of the study and future directions of research on Filipino American mental health.

## Chapter 6: Discussion

Previous studies have documented that Filipino American youth may be susceptible to mental health issues (Wolf, 1997; Javier et al., 2010) such as anxiety, depression, and suicide ideation. Despite these mental health conditions, Filipino Americans underutilize mental health services (Gong et al., 2003). Previous literature suggests that youth who come from communities of color may be more comfortable confiding in their teachers during episodes of psychological distress (Burns et al, 1995). Studies have shown that teachers of color may perform care work for their students through the use of authentic care (Valenzuela, 1999), humanizing pedagogy (Franquiz & Del Carmen Salazar, 2004), community cultural wealth (Yosso, 2005) and critical hope (Duncan-Andrade, 2007). Overall, there have been limited studies on the ways in which teachers of color respond to the mental health concerns of their students of color. This study uniquely examines how Pin@y (Pinoy/Pinay) educators teach and practice care work for their students. This study asks the following questions:

How do Pin@y educators provide support to Pin@y adolescents who experience mental health issues? Do cultural connections and responsiveness play a role in the ways that they provide support?

What are the *pedagogies of care* practiced by Pin@y educators supporting Pin@y adolescents? How do Pin@y educators develop relationships with Pin@y adolescents?

What is the unexamined *emotional care work* performed by Pin@y educators who support the mental health of their Pin@y students?

Results of the present study indicate that when young Filipino Americans experience psychological distress, teachers who are co-ethnics may be the first to respond to their needs. Findings of this study highlight *pedagogies of culturally responsive care* that Pin@y educators utilize to educate their students about mental health topics and increase help-seeking behaviors. Findings of this study also highlight the *emotional care work* performed by Pin@y educators as they utilize Filipino cultural value of *malasakit* and their own embodied experiences to support their Pin@y adolescent students. This chapter will discuss significant findings of the study, and how they contribute to the fields of Clinical Psychology and Asian American Studies. Furthermore, this chapter will discuss implications of the study towards efforts to institutionalize Ethnic Studies curriculum and create interventions in mental health education that are culturally responsive. Finally, this chapter will highlight future directions of research on the mental health of Filipino American adolescents.

### **Key Findings: Pedagogies of Culturally Responsive Care**

This study identified the pedagogies of culturally responsive care that Filipino American educators utilize in the classroom in order to integrate ethnicity and cultural backgrounds in order to support and educate their Filipino American students on topics and issues that surround their mental health concerns. Four themes emerged from interviews with participants that make up components of culturally responsive care:

building a classroom with trust and vulnerability, using cultural connections as an entry point, reflecting and acting towards socioeconomic accountability in curriculum, and mentoring, boundary making, and understanding limitations as an educator. Results of the study indicate that Pin@y educators are experientially salient in the lives of Pin@y youth and create unique classroom microsystems that enable them to support the mental health concerns of their Pin@y students.

*Building a Classroom with Trust and Vulnerability*

Pin@y educators who participated in the study emphasized the creation of a classroom culture of trust and vulnerability as an important pedagogical practice in order to support the mental health concerns of their students within the classroom. In applying Bronfenbrenner's *Ecological Social Systems Theory* (1992), the classroom may be examined as an important microsystem with distinct relationships between students and teachers, and students with their fellow students. Within this classroom, teaching methods allow for students and teachers to build caring and authentic relationships with one another, and receive emotional support, understanding, and validation for their mental health experiences. This classroom provides Pin@y students to opportunities to get to know their fellow students in order to build their capacity to express themselves honestly, and without fear of judgement towards their mental health concerns. These findings go hand in hand with previous studies which describe humanizing pedagogy, authentic care, and reciprocal relationships in the classroom (Franquiz & Del Carmen Salazar, 2004; Valenzuela, 1999). Receiving emotional support and validation within a caring classroom

environment may be beneficial for the mental health of at-risk Pin@y youth, as they are afforded opportunities to dialogue about their mental health outside of their homes and communities that may stigmatize mental health discussions.

#### *Using Cultural Connections as an Entrypoint*

Pin@y educators emphasized the importance of appraising culture as an entry point, in which elements of students' cultures, (language, ethnic culture, and popular culture interests) are used in order to initiate relationship building within the classroom. Within this pedagogical strategy, educators used their own and their students' cultural knowledge and narratives as a way of sharing and imparting knowledge through storytelling, in order to share their experiences navigating bicultural Filipino and American worlds. Furthermore, through storytelling educators and students shared their methods of self-care to manage their mental health symptoms, thereby validating each other experience. Such pedagogical strategies are reinforced by previous literature on community cultural wealth (Yosso, 2005) in which educators utilize students' multiple forms of strength or wealth including their aspirational, linguistic, familial, social, navigational, and resistant capital. These findings also coincide with research on culturally responsive pedagogy (Tintiango-Cubales et al., 2014) in which Ethnic Studies educators build upon their students' experiences and perspectives, develop students' critical consciousness, and create caring academic environments. Such findings highlight the importance of validating students' knowledge and experience in the classroom as an

important method of developing students' sense of self-efficacy, and thereby promoting their mental wellbeing.

*Reflecting and Acting Towards Socioeconomic Accountability in Curriculum*

Pin@y educators who participated in the study made conscious efforts to reflect on the role of socioeconomic accountability in their curriculum, and to act by understanding and integrating the contextual realities of their students' lives within the classroom. Socioeconomic accountability is understood by participants as efforts to understand how contextual influences such as class, occupation, immigration status, gender, education, and the socioeconomic status of their students and their families may influence their lived experiences and mental health. Participating educators also made efforts to understand the communities in which their students are rooted, and to connect them with support that is accessible and sustainable. Efforts to reflect and act towards socioeconomic accountability may be consistent with research on Socratic sensibility as an indicator of effective teaching and student achievement (Duncan-Andrade, 2007). Educators who practice Socratic sensibility engage in a process of self-reflection regarding their pedagogical practices and their relationships with their students. Research on educators' understanding of social toxins and their efforts to understand the challenges that youth must navigate further support the findings of the present study (Ginwright, 2010). Efforts to reflect and act toward socioeconomic accountability in curriculum may promote the mental health of Pin@y students by improving relationships between

teachers and their students, and by connecting students to support that is sustainable for their communities.

*Mentoring, Boundary Making, and Understanding Limitations as an Educator*

The final pedagogical strategy used by Pin@y educators to support their Pin@y students' mental health concerns are efforts to implement opportunities for role modeling and mentorship within course curriculum. Through this pedagogical practice, Pin@y educators linked their students with skilled mentors that matched the student's life experiences, as well as academic or career interests. Pin@y educators also made efforts to link their students to skilled experts who were able to provide treatment and other mental health services when this was outside the scope of their training and skills as educators. Furthermore, Pin@y educators who participated in the study modeled healthy interactions and mental health help-seeking behaviors as a component of their lesson plans and classroom practices. This pedagogical practice is consistent with research on humanizing pedagogy (Franquiz & Del Carmen Salazar, 2004) in which educators serve as *buen ejemplos*, or expert and caring persons in students' lives. Participating educators reflect that such efforts validated their students' experiences and provided them with a sense of hope and direction in their lives.

**Key Findings: *Malasakit* - The Emotional Care Work of Pin@y Educators**

This study identified the *emotional care work* that Pin@y educators perform in order to support the mental health concerns of their Pin@y adolescent students. Hirschfeld (1979) defines emotion work as managing emotions or trying to change in degree or

quality an emotion or feeling (p. 561). Previous studies have described emotion work in the context of Korean American families (Yoo & Kim, 2014), Asian migrant workers caring for aging parents (Lee, Chaudhuri, & Yoo, 2015) and in the self-disclosure of breast cancer diagnosis (Yoo et al., 2010). The present study adds to this body of literature by describing the emotional care work of Pin@y educators, who build from the Filipino cultural value of *malasakit* that encompasses care, concern, and empathy. The emotional care work of Pin@y educators includes the following components: preventive care work, embodied knowledge and emotional labor, collaboration with the Pin@y family, and unconditional positive regard.

*Preventive Care Work: Checking in Before They Check out*

Results of the study identified *preventive care work* as an important component of the emotional care work of Pin@y educators. Preventive care work encompasses efforts of Pin@y educators to proactively check in with students who begin to show signs of emotional distress, and to normalize mental health help-seeking behaviors and support their students as they navigate mental health institutions. Through these acts of care, Pin@y educators create emotional space for their students by monitoring their students' mental health and normalizing mental health experiences by sharing their own experiences with navigating their mental health. Pin@y educators expend significant amounts of emotional labor through these acts of emotional care work, by reflecting upon and using experiences that may be emotionally sensitive or bring to light painful or difficult memories. Such efforts to conduct preventive care work with Pin@y students

may encompass efforts to facilitate radical healing at the individual level (Ginwright, 2010). Efforts of Pin@y educators to provide preventive care work may encourage mental health help-seeking behaviors and instill a sense of hope and optimism among their students.

*Embodied Knowledge and Emotional Labor: Responding to Filipino Culture and Values*

Malasakit, the emotional care work of Pin@y educators, may also encompass embodied knowledge and emotional labor that are involved in responding to their students' Filipino culture and values. Educators who participated in the study reflect on their use of their own embodied personal experiences, and their expenditure of emotional labor in contextualizing and responding to their students' cultural experiences and values, community historical experiences and religious traditions. By contextualizing and understanding their students' and families experiences, Pin@y educators were able to understand factors in their students' lives which may prevent dialogue on mental health and impede access to services. Such emotional care work may be similar to the emotion work found in intergenerational Korean American families (Yoo & Kim 2014). Korean American children provide emotion work for their parents as language and cultural brokers, in order to mediate between their families and their American environments. Within these efforts, Korean American children must understand their parents' emotional experiences in the context of the legacy of the Korean American war, displacement, downgrading of their professional attainment, and discrimination and racism. Similar to Korean American children, the emotional care work of Pin@y educators may allow them

to more fully understand the experiences of their students and appropriately respond to their mental health concerns.

#### *Collaboration with Parents and the Pin@y Family*

Educators who participated in the study reflect on collaboration with their students and their Filipino American families as a component of their emotional care work. Pin@y educators reflect that collaboration with the Filipino American family reflect efforts to understand their students' family histories and dynamics, as well as their parents' expectations upon their children. Here, emotional care work involves contextualizing family backgrounds in order to understand their influence on the youth's emotions, decision making, and overall mental health. Such emotional care work may be particularly taxing for Pin@y educators who must reflect on their own family histories and experiences, and position themselves within the experiences of their students.

Previous studies have raised recommendations to address the mental health of Filipino American youth by addressing the intergenerational gap between adolescents and their parental caregivers, and parents' own mental health status (Javier et al., 2014).

Researchers in the study identify that parents themselves may transmit various traumas to their children, which are reflected in their parenting styles and expectations upon their children. This study confirms the emotional care work of Pin@y educators in contextualizing the experiences of their student and their family as a whole in order to effectively respond to the mental health concerns of their Pin@y adolescent students.

#### *Unconditional Positive Regard: Recognizing Self-Advocacy, Agency, and Resilience*

The final component of the emotional care work of Pin@y educators is unconditional positive regard, or care work in which they recognize their students' self-advocacy, agency, and resilience. Pin@y educators who utilize unconditional positive regard in their care work acknowledge their students' life experiences, and the social and structural systems which may impact their developmental experiences. Educators who perform this type of emotional care work posit that their students are attempting to do the best that they can, recognize their students' agency amidst challenging social and economic contexts, and affirm their students' life experiences. This emotional care work by Pin@y educators may reflect unconditional positive regard that is characteristic of humanistic schools of thought (Rogers, 1957), as well as humanizing pedagogies which are built on pillars of respect, mutual trust, verbal teachings, and exemplary models (Franquiz & Del Carmen Salazar, 2004). Unconditional positive regard involved in Pin@y educators emotional care work may enable them to build caring and authentic relationships with their Pin@y adolescent students, which may support their students' mental health outcomes.

### **Implications of the Study**

#### *Ethnic Studies: Student Achievement and Psychosocial Wellness*

Results of the study describe the *pedagogies of culturally responsive care*, or the pedagogical strategies that Pin@y educators utilize in order to educate their students about mental health, and support help-seeking behaviors. Though not a specific criterion in order to be eligible to participate in the study, 9 out of 10 participating educators had a

background in having learned Ethnic Studies throughout their undergraduate or graduate education, or are currently teaching Ethnic Studies courses. Educators who participated in the study use practices and care work that align with *culturally responsive pedagogy* in which students' cultures are used as a basis for classroom practice to enhance social and political awareness (Ladson-Billings, 1992). Previous studies have defined culturally responsive pedagogy as:

“A type of teaching that responds to students' cultures and needs, assists in the development of their agency as producers of culture, and places great value on de-essentializing ethnic identities and subjectivities by acknowledging the heterogeneity and multiplicity in people of color's epistemologies.” (Barnes, 2006; Gay, 2010; Ladson-Billings, 1995; Sleeter, 2005).

Tintiango-Cubales et al. (2014) describe three aspects of culturally responsive pedagogy: building upon students' experiences and perspectives, developing students' critical consciousness (an understanding of structural forms of domination and subordination), and creating caring academic environments. Ethnic Studies educators who use a framework of culturally responsive pedagogy are particularly well-suited to develop classroom environments that foster care, value students as whole beings, and encourage success within and outside the classroom. Using a culturally responsive pedagogy may be linked to positive mental health outcomes, by building a sense of positive self and ethnic identity and fostering a sense of care and hope. Culturally responsive pedagogy may be helpful in understanding the ways in which Pin@y

educators who participated in the study build relationships with their students and promote their psychosocial well-being.

Although the present study is qualitative and exploratory in nature, describing the practices of classroom educators rooted in a background in Ethnic Studies may have widespread implications on policies that seek to institutionalize Ethnic Studies among educational institutions. The present study demonstrates that Ethnic Studies curriculum may have implications on the mental health and sense of well-being of ethnic minority youth, which may contribute to efforts to expand Ethnic Studies within K-12 schools. While previous studies describe the impact of Ethnic Studies on student achievement outcomes, future studies can be directed towards finding empirical evidence on the effectiveness of Ethnic Studies in supporting students' mental health and sense of well-being.

*Racial/Ethnic Match between Students and Teachers: Distinctive Care Work*

The present study demonstrated that Pin@y educators utilize distinct *pedagogies of culturally responsive care* and perform *emotional care work* in order to support the mental health concerns of their Pin@y students. Educators who participated in the study identified as Pin@y or Filipino American, with one educator specifically identifying as Filipino-Chinese American. It is important to note that Filipino ethnic identification was not part of explicit criteria that determined eligibility to participate in the study. In order to qualify for participation in the study, participants were selected based on their experience serving the Filipino American community through experience in education

and community-based services. Pin@y educators who participated in the study were able to effectively respond to the mental health concerns of their students by utilizing embodied knowledge of Filipino culture, values, histories, and experiences. Furthermore, by sharing their personal experiences as part of their narrative textbook, Pin@y educators were able to build caring bonds with their Pin@y students on the basis of mutually shared experiences. The present study, which utilized the unexamined perspectives of Pin@y educators, demonstrates the potential of racial/ethnic match between students and their teachers in improving academic and mental health outcomes. Such findings are important, due to the relative underrepresentation of Pin@y educators in teacher training programs in K-12 education.

*Psychosocial Costs of Emotional Care Work: Compassion Fatigue*

The present study described the forms of emotional care work that Pin@y educators voluntarily perform in order to support the mental health concerns of their Pin@y adolescent students. As part of this emotional care work, Pin@y educators tap into their reserve of often painful and difficult personal life experiences in order to serve as a narrative textbook for their Pin@y students. Pin@y educators perform unique emotional labor for their students and may be repeatedly exposed to stressors and the traumatic experiences of their students. Previous studies have documented that individuals in care-giving professions are particularly vulnerable to forms of compassion fatigue (Joinson, 1992; Figley, 1995), a form of burnout in which prolonged exposure to compassion stress associated with helping those in suffering may lead to biological,

physiological, and emotional exhaustion and dysfunction in the care provider. Those who provide care for such individuals may be susceptible to secondary traumatic stress (STS) or compassion fatigue (Stamm, 2002). Compassion fatigue (CF) has been examined among individuals in caring professions including nurses (Joinson, 1992), special education teachers (Hoffman, Palladino, & Barnett, 2007), frontline mental healthcare professionals (Ray et al., 2013), and diverse healthcare workers (Smart et al., 2014), with a lack of specific attention on educators who serve ethnically diverse youth at risk of mental health issues.

In one of the few studies to focus on compassion fatigue among teachers, Hoffman, Palladino, and Barnett (2007) identified compassion fatigue among a cohort of novice special education middle school teachers. Special education middle school teachers who participated in in-depth, semi-structured interviews experienced symptoms that were characteristic of compassion fatigue (CF), with specific themes including a sense of loss of control in their job duties, a sense of moral responsibility to their students, and empathy. Despite the negative feelings and symptoms associated with compassion fatigue, special education teachers who participated in the study felt a moral responsibility to continue their employment, and to serve students in dire need.

### **Contributions to Clinical Psychology**

Previous studies across disciplines have described the status of Filipino American youth who may be at risk for mental health and behavioral issues (Wolf, 1997; Choi, 2008; Javier et al., 2010). Dated studies have also identified that irrespective of ethnic

background, ethnic minority youth may be more likely to receive some form of mental health service from school sites that are not explicitly set up to support students' mental health issues (Burns et al., 1995; Hoagwood & Jensen, 1997). Adding to this body of literature, the present study identifies the pedagogical practices and emotional care work of Pin@y educators to support the mental health concerns of their Pin@y adolescent students who may be at risk of mental health issues including anxiety, depression, and suicide ideation (Javier et al., 2014). Such findings suggest that the classroom microsystems of Pin@y educators who have a background and training in culturally responsive pedagogy and Ethnic Studies, may be effective sites to support the mental health concerns of Pin@y adolescent students who are at risk for mental health issues. Such classroom microsystems may be important sites for the dissemination of culturally responsive mental health interventions that seek to educate youth about mental health topics and increase help-seeking behaviors, and to reach youth who may be at risk for mental health issues. Furthermore, the findings of the study highlight and expand the traditional role of classroom educators to include pseudo social workers and health educators.

Interdisciplinary fields including psychology and public health continue to hold dialogue about the importance of adequately serving ethnically diverse communities within healthcare systems. Dialogue in these fields have advanced *cultural competence* (Betancourt et al., 2005), which emphasizes the importance of healthcare providers' understanding of the social and cultural influences on patients' beliefs and behaviors

regarding their health. Results of the present study depict the ways in which Pin@y educators move beyond cultural competence in understanding the influence of Filipino cultural values on their students' help-seeking attitudes and beliefs, and towards cultural connection and responsiveness. Pin@y educators who participated in the study prioritized finding connections with their students, building trusting relationships, and adapting their support to fit the lived experiences and needs of each individual student. Adding to the present dialogue on cultural competence, the present study demonstrates the efficacy of using approaches that move beyond cultural understanding, and towards building relationships with patients, responding to their culture and values, and validating their experiences. Such elements may improve the therapeutic relationship between service providers and their patients, and ultimately improve mental health outcomes.

### **Contributions to Teacher Education**

The present study described the unexamined emotional care work of Pin@y educators who have dedicated themselves to supporting the mental health concerns of their Pin@y adolescent student. Within these efforts, Pin@y educators integrated mental health within the regular curriculum of their courses and the ways in which they build relationships with their students. The care work of Pin@y educators who participated in the study fall outside of the duties and responsibilities prescribed to classroom educators, which may pose unique challenges in teacher-student relationships, mandated reporter protocols, and teacher training. Participants in the present study reflected on instances where they supported a Pin@y student under psychological distress, acts of care which

Pin@y educators may not have been properly prepared for. As such, the present study provides evidence of the expanding role of educators in tackling the students' mental health, responsibilities which may not be adequately covered in teacher training programs.

New directions in teacher training should examine the roles that teachers play in supporting the mental health of their students, in order to create interventions that more adequately train these educators to support the psychosocial needs of their students. Teacher training programs should more adequately prepare teachers to address their students' mental health needs by including courses on mental health within teacher credential programs. Credential programs may also benefit from active collaboration with mental health providers in order to bridge the gap between schools and mental health institutions. Furthermore, the results of the study point to the role of teachers of color serving as de facto first-responders for students of color, experiences that may be associated with fatigue and burnout. Teacher training programs may also benefit from the inclusion of interventions that are designed to promote self-care among educators, in order to manage teachers' symptoms of stress and prevent burnout.

### **Contribution to Ethnic Studies**

Filipino Americans are one of the fastest growing ethnic groups in the United States. According to the 2013 US Census, there are 3.6 million Filipinos in the US, forming the third largest immigrant community following Chinese and Mexican populations. Despite their physical presence, Filipino Americans are underrepresented in

health research (Javer et al., 2007). Scholars in Asian American studies have become increasingly interested in the ways in which racial and ethnic minorities experience health disparities in the US. This study adds to this body of literature by describing the mental health status of Filipino American youth, and the efforts of Pin@y educators to address these mental health needs. Furthermore, this study is grounded in the experiences of Pin@y educators who relied on their own epistemological knowledge and embodied experiences in order to reflect on the mental health experiences of at-risk Pin@y students, an important perspective and knowledge base that has not been traditionally included in research in psychology and public health. Furthermore, Pin@y educators who participated in the study reflect the mission of Ethnic Studies, through their tireless efforts to serve their communities and their commitment to social justice.

### **Future Directions of Research**

#### *Student Perspectives on Racial/Ethnic Match*

While previous research describes the influence of racial/ethnic match on teachers' ratings of students (Bates & Glick, 2013) and academic test outcomes (Egalite, Kisida, & Winters, 2015), future studies can more fully examine the influence of such relationships on the mental health outcomes of students. Furthermore, while the present study holds implications on racial and ethnic match, such findings are described from the perspective of Pin@y educators. Future studies should be directed toward examining the perspectives of at-risk Pin@y adolescent students, in order to more fully gauge the implications of racial/ethnic match on their sense of well-being. Moreover, future studies

can also be directed towards explaining the underlying mechanisms through which racial/ethnic match between students and teachers positively influences mental health outcomes among teachers and students.

*Promoting the Mental Health of Educators as Caregivers*

While the present study shed light on the perspectives of Pin@y educators supporting the mental health of their Pin@y adolescent students, important implications on the mental health of these caregivers were also discovered. Pin@y educators who are repeatedly exposed to chronic stressors related to helping students in suffering may be particularly at risk for compassion fatigue, which may impact their job performance and overall sense of personal well-being. Future studies should be directed towards examining the experiences of ethnically diverse educators who support their students who may be at risk of mental health issues and developing interventions to prevent experiences of burnout and compassion fatigue.

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## APPENDICES

### APPENDIX A: Research Study Interview Questions

#### **Research Tool: Semi-Structured Interviews with Key Informants**

1. What is your current occupation? Can you describe the work that you have conducted with the Filipino American adolescent population (ages 12-19)? What type of help or services have you provided?

#### *Questions to Address Cultural Relevance/Sensitivity*

1. How do you identify your ethnic identity? Is this important in your practice? How?
2. What is your understanding of the cultural and linguistic background of the Filipino American students that you serve? How do you incorporate your students' backgrounds in how you serve them?
3. How do you communicate to Filipino American adolescents in sensitive, responsive, and empathetic ways?

#### *Questions to Address Social Support Towards Adolescent Pinays*

1. Has an adolescent Pin@y turned to you when they needed someone to talk when they were feeling anxious or depressed? How did you respond to them? What types of support, tangible aid, information, resources, and services do you provide?
2. How do you show emotional support, empathy, and understanding? How would you show an adolescent Pin@y that you care about their well-being?
3. How would you provide feedback for an adolescent Pin@y? How do you provide affirmations?
4. How do you ensure that an adolescent Pin@y will get the services or treatment that they may need? How do you encourage adolescent Pin@ys to take care of their mental health?

5. How do adolescent Pin@ys respond to the types of support that you provide to them?

*Ethnic Match*

1. Does being Filipino matter when serving Filipino American students?

## APPENDIX B: Informed Consent to Participate in Research

### **(*Malasakit*: The Unexamined Pedagogical Practices and Emotional Care Work of Pin@y Educators)**

#### **A. PURPOSE AND BACKGROUND**

The purpose of this research is to explore the approaches used by the diverse communities of care that provide social support for adolescent Pin@ys towards mental health promotion. The researcher will look at educational and religious communities of care to discover how approaches of individual service providers to provide culturally relevant and sensitive social support may increase mental health help-seeking behaviors, promote mental health regime compliance, and manage experiences of psychological distress for adolescent (ages 12-19) Filipina Americans who may experience anxiety and depression.

The researcher, Hillary Peregrina, is a graduate student at San Francisco State University conducting research for a master's degree thesis at the department of Asian American Studies. You are being asked to participate in this study because of your extensive experience working with the Filipino American population in educational and religious settings. Furthermore, you are being asked to participate in this study because of your experience in providing services of targeted support, outreach, and education for Filipina American adolescents.

#### **B. PROCEDURES**

If you agree to participate in this research, the following will occur:

- You will be interviewed for a maximum of 1 hour about the practices that you use to aid Filipina American adolescents when they may turn to you for help regarding their mental health.
- The interview will be audio recorded to ensure accuracy in reporting your statements.
- The interview will take place during the hours of 9 am - 6 pm and at a public location convenient to you.
- The researcher will ask you for permission to audio record the interview. It is optional to have the interview audio recorded, and you may opt out at your discretion.
- The researcher may contact you later to clarify your interview answers for approximately fifteen minutes within *one month of the interview*.
- Total time commitment will be up to 1 hour and 15 minutes

#### **C. RISKS**

There is a risk of loss of privacy. However, no names or identities will be used in any published reports of the research. Only the researcher will have access to the research data. In addition, there is a risk of emotional discomfort, as the nature of the questions may prompt you to recall scenarios which may be of a personal nature. The researcher will not ask you to recall any scenarios of a traumatic nature. You may choose to answer only those questions that you are comfortable to answer and can stop participation in the research at any time.

**D. CONFIDENTIALITY**

All research data will be removed of any identifiable information and kept anonymous. The research data will be kept in a secure location, and only the researcher will have access to the data. All research data will be stored in an encrypted document, on a password protected computer.

Audio or video recordings will be destroyed at the end of the study. All data will be stored in a password protected hard drive. If data must be kept, data will only be used for research purposes consistent with the original purpose of the research stated in this consent.

**E. DIRECT BENEFITS**

There will be no direct benefits to the participant. Participants may indirectly benefit from the research which seeks to explore effective and culturally competent practices that could be used to treat Filipina American adolescents.

**F. COSTS**

The only cost to participants may be transportation to the research site. The researcher will choose a time and location that is convenient to the participant.

**G. COMPENSATION**

There will be no financial compensation for participating in this research. Participants may receive a small gift card.

**H. ALTERNATIVES**

The alternative is not to participate in the research.

**I. QUESTIONS**

You have spoken with *Hillary Peregrina* about this study and have had your questions answered. If you have any further questions about the study, you may contact the researcher by email at [hperegrina@mail.sfsu.edu](mailto:hperegrina@mail.sfsu.edu), or you may contact the researcher's advisor, Professor Allyson Tintiangco-Cubales at [aticu@sfsu.edu](mailto:aticu@sfsu.edu).

Questions about your rights as a study participant, or comments or complaints about the study, may also be addressed to the Human and Animal Protections at 415- 338-1093 or [protocol@sfsu.edu](mailto:protocol@sfsu.edu).

**J. CONSENT**

You have been given a copy of this consent form to keep.

**PARTICIPATION IN THIS RESEARCH IS VOLUNTARY. You are free to decline to participate in this research, or to withdraw your participation at any point, without penalty. Your decision whether or not to participate in this research will have no influence on your present or future status at San Francisco State University.**

Signature \_\_\_\_\_  
Research Participant

Date: \_\_\_\_\_

Signature \_\_\_\_\_  
Researcher

Date: \_\_\_\_\_