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**PHENOMENOLOGIZING RESILIENCE IN OVERCOMING SEVERE LIFE EVENTS
AMONG FILIPINO MENTAL HEALTH PROFESSIONALS**

A Thesis

Presented to

The College of Graduate Studies and Teacher Education Research

Philippine Normal University

In Partial Fulfillment

of the Requirements for the Degree

Bachelor of Science Master of Arts in

Psychology and Counseling

Straight Program

Roxanne C. Reyes

January 2020

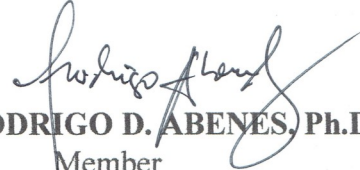
APPROVAL SHEET

This thesis entitled **“PHENOMENOLOGIZING RESILIENCE IN OVERCOMING SEVERE LIFE EVENTS AMONG FILIPINO MENTAL HEALTH PROFESSIONALS”** prepared and submitted by **ROXANNE C. REYES** in partial fulfillment of the requirements for the degree **Bachelor of Science – Master of Arts in Psychology and Counseling**, is hereby recommended for approval and acceptance


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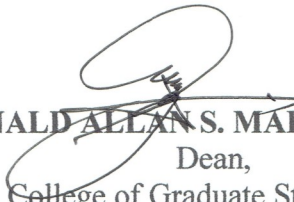

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All glory and honor to God!

ABSTRACT

Name : Roxanne C. Reyes

Title : Phenomenologizing Resilience in Overcoming Severe Life Events among Filipino Mental Health Professionals

Key Concepts : Resilience, Severe Life Events

Degree : Bachelor of Science – Master of Arts

Specialization : Psychology and Counseling

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The effort to destigmatize mental health issues and concerns in the Philippines has been supported by the implementation of Republic Act No. 11036 or the Philippine Mental Health Law. The role of mental health professionals in the realization of the objectives of this law is crucial for they directly interact with Filipino citizens with mental health concerns. However, it is also undeniable that these professionals also experience severe life events which may affect their overall functioning. Ten (10) mental health professionals who are currently practicing in Metro Manila were interviewed to generate the themes that constituted to the development of the whole framework, which includes *Severe Life Events*, *Definition of Resilience*, and *Contributing Factors to Resilience*. The *Tibay: A Resilience Framework* was formulated based on the mental health professionals' conceptions regarding the manifestation of their resilience in overcoming various severe life events.

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CHAPTER I

The Problem and Literature Review

Background of the Study

The effort to destigmatize mental health issues and concerns in the Philippines is undeniable. The Philippine Mental Health Law or Republic Act No. 11036 which has aimed to promote the well-being of its people had been signed into law on June 20, 2018 (Ager, 2018). This event signifies that Filipino citizens' mental health needs and rights would then be addressed more comprehensively at a national level. In addition, several support organizations have been established in the past such as the Youth for Mental Health Coalition which aims to decrease the social stigma attached to mental health illnesses.

Before the mentioned efforts were made by mental health advocates, mental health services in the Philippines were deemed underutilized because of factors such as the economic aspect of availing of such service, perceived inconsistency of mental health disorders with the medical model, and the attributed shame and stigma on mental health problems (Tuliao, 2014). However, at present, due to the efforts of mental health practitioners, researchers, and advocates, awareness on mental health has increased. As a result, individuals are now observed to seek professional help whenever they have mental health concerns, as evidenced by the 2016 statistical report by the Philippines' national suicide prevention hotline, HOPELINE, where 3,479 phone calls were received (Takumi, 2017).

Increasing awareness on mental health concerns may also imply an increase in the need for mental health practitioners to address the said concerns. In the Philippines, however, there

has been a significant lack of practitioners in the field (Takumi, 2017; Magtubo, 2016). Ideally, one (1) psychiatrist should be able to deal with 50,000 people. In the country, the psychiatrist to people ratio turns out to be 1:250,000. While there is a significant lack in the quantity of helping professionals in the mental health field, the quality of service provided by these professionals should not be jeopardized.

Mental health professionals such as general practitioners, psychiatrists, psychologists, counselors, and psychiatric nurses have varying specialties, education, and experiences (Haywood, 2017). They make use of different treatment options, techniques, and procedures depending on the needs of their clients and the nature of their work itself. If the needs of the client do not meet the scope of the services the professional is offering, the client is consequently referred to a more capable professional (Berger, 2005).

As a person's life span runs its natural course, adults may be exposed to at least one (1) potentially traumatic event (Kessler, Sonnega, Bromet et al., 1995). Furthermore, 7.8% of adults have been exposed to events such as serious injury and perceived or actual life-threatening experiences (Dunn, Nishimi, Powers et al., 2017). Negative stress like job stress and personal life stress also facilitate undesirable demands brought about changes in life events on people (Kumari & Mishra, 2009). Due to technological advancement, companies and institutions strive to meet diverse client expectations, therefore, resulting to change in workplace conditions. Such changes had caused severe challenges and adversity on individuals working in the said institutions (King, Newman, & Luthans, 2015). In this manner, Frajo-Apor, Pardeller, Kemmler, and Hofer (2015) argued that resilience is considered as one of the fundamental characteristics

mental health professionals must possess because they are often exposed to severe stress during work

Recent foreign and local literature have contributed to the existing knowledge on resilience and mental health professionals. However, most of the mentioned foreign studies on resilience focused on quantifying it (e.g., Gito, et al. 2013; Zheng, et al., 2017). If not, qualitative aspects of researches were usually conducted to assist quantitative results. This can be observed in Baniqued and Castronuevo's study (2016) where counselors who scored high on one of the areas in the administered Maslach Burnout Inventory (MBI) have been asked to participate in follow-up interviews in order to specifically find out the factors that led to their scores. Although these studies were conducted in Asia, cultural differences exist, making their findings not contextually aligned with the Philippines'.

A significant number of past researches on resilience relied heavily on empirical data, which had aimed to measure resilience quantitatively and to determine its relationship with other constructs. For example, Gito, Ihara, and Ogata (2013) have proven that Japanese psychiatric hospital nurses' resilience is positively related to their hardiness and self-esteem, and negatively related to depression and burnout. Gito and colleagues gathered their data by administering their instruments in their consequent Japanese forms. On the other hand, Zheng, Gangaram, Xie, et al. (2017) have discovered that there is a significant positive relationship between job satisfaction and resilience among psychiatric nurses in Singapore. They further concluded that strengthening the mentioned nurses' resilience can further improve their satisfaction with their jobs.

In the Philippines, resilience is most studied in the context of coping with the aftermath of natural disasters. For instance, Hechanova, Waelde, Docena et al. (2015) developed the “Katatagan” intervention program after typhoon Yolanda hit several regions of the country. From this event, several other researchers have aimed to examine resilience in the context of a disaster (e.g., Alcayna, Bollettino, Dy et al., 2016; Walch, 2017). These researchers often focused on how the disaster survivors cope with their experiences and its specificities.

Polachek, Wallace, Gautam et al. (2016) have pioneered the investigation on the look and feel of resilience among Canadian physicians. The findings of their study suggested that physicians tend to have unrealistic and unhealthy expectations on their own resilience. The present study was highly inspired by Polachek et al.’s study for the findings stated that individuals who assist others every day tend to expect much from themselves. These participants were physicians who tended to the physical and physiological needs of their patients. It could have been a different story if these professionals are those who tend to the mental well-being of other individuals. It is interesting to investigate how individuals who assist and care for other people’s mental health on a daily basis views their own ability to overcome adversity. Oftentimes, these individuals provide encouragement for others to get through their problematic situations while they themselves are also experiencing undesirable events. Through this study, more knowledge will be provided on the insights, perceptions, and motivations of mental health professionals in relation to resilience.

With the current status of mental health in the Philippines, the topic of this study has piqued the interest of the researcher. As a potential future mental health professional, the

researcher is aware of the trends and issues in the field and the corresponding challenges to the practicing professionals. In addition, recent statistical data show alarming numbers on individuals with mental health concerns and the number of professionals who attend to these concerns. However, no significant researches have studied the people who tend to these patients and their own mental health concerns.

Qualitative research views lived experiences as a representation of a specific population's experiences, choices, and options and how these influence one's perception on something (Mapa, 2008). The present study presents itself among existing resilience research in the field but goes beyond measuring resilience levels among mental health professionals quantitatively by further investigating its essence in the context of the said professionals' experiences. The importance of the present study relies on its contribution not only to the professionals and would-be professionals in the mental health setting, but also to the people surrounding them as well. With the primary purpose of devising a resilience framework that would address the needs of the said professionals by capturing the meaning of their experience, the researcher would rid of the biases held on conceptions of resilience in the mental health field. This would aid in the interpretation and analysis of data to provide the most meaningful report from the perspectives of the participants of the study.

By applying this method on the Philippine mental health setting, this study aims to find out mental health professionals' conceptions on resilience as influenced by their experiences. The study further purports to provide implications and suggestions on fostering resilience in future mental health professionals based on the findings.

Best efforts will be done to maintain the welfare of the respondents and to avoid ethical issues. Respect to the respondents by emphasizing their voluntary participation, assuring their benefits in participating and minimizing possible risks, and justice in the process of selecting respondents will be ensured.

Literature Review

This section discusses the literature and studies related to the present study which provide relevant and useful information in understanding resilience among mental health professionals. The selected citations on resilience, mental health professionals, resilience among mental health professionals, and resilience frameworks were reviewed to establish a common background to the readers for proper anchorage of the study.

Resilience

The present study views resilience as the process the Filipino mental health professionals undergo in adapting to significant stressors in their profession as experienced by them. It also encompasses the several factors that contribute to the said professionals' conception of resilience.

Notable researches on resilience were published in various fields, making resilience a well-studied construct. For instance, Coronado-Hijon (2017) aimed to contribute to transcultural resilience research by examining resilience among children, and the factors related to them, in the exploratory phase. Resilience in the said study was defined as the capacity to handle stress or pressure effectively in achieving personal, professional, and academic goals. On the other hand,

Cerkez (2017) examined the relationship of psychological resilience and perfectionism among adolescents. Cerkez adapted Fletcher (2013)'s definition of psychological resilience where role behavior and mental processes in promoting personal characteristics and protecting individuals from the possible effects of negative stressors are highlighted. These studies are just some of the many studies that examined resilience in various populations and settings.

Researchers also studied resilience in the context of potentially traumatic events through correlation of demographic variables and resilience and of other constructs. For example, Bonanno, Galea, Bucciarelli, et al.'s (2007) study reported that gender is a predictor of resilience. Furthermore, it was found that females tend to have reduced possibility of resilience following exposure to a severe life event. When it comes to age, it was reported that older individuals (at least 65 years of age) tend to be more resilient than younger ones (18 to 24 years old). Lastly, resilience and educational attainment were found to have an inverse relationship. However, the authors admitted that these findings may be unique to the experiences of the participants so they recommended further researching on these demographic factors.

Gillespie, Chaboyer, Wallis et al. (2007) stated that age, educational attainment, and years of work experience do not contribute to an individual's resilience. In a study on human services personnel, it was found out that job burnout contributes to the development of secondary traumatic stress. This longitudinal study on two (2) populations discovered that job burnout measured at time 1 lead to secondary traumatic stress but not the other way around (Shoji, Magdalena, Smoktunowicz, et al., 2015). These findings show the possible relationships between resilience and years of work experience and the factors that may foster or deter it.

In the Philippines, studies on resilience emerged when significant disasters hit the country. One of the disasters that drove researchers in their investigation of resilience in the Philippine setting was the occurrence of Typhoon Yolanda in 2013. It was deemed one of the strongest typhoons that hit the country, which made families evacuate their homes and be inconvenienced with power and communication interruptions (Inquirer.net, 2013). In 2015, Hechanova, Waelde, Docena et al. developed the “Katatagan” resilience intervention for the said disaster survivors. From this event, several other researchers studied resilience in the context of a disaster (e.g., Alcayna, Bollettino, Dy et al., 2016; Walch, 2017). This just shows that the trend in the Philippine research on resilience relies heavily on current events that significantly affect majority of the Filipino citizens.

As previously stated, resilience is an interdisciplinary construct that has been defined in various ways. Resilience as a trait is defined as the capacity that aids an individual in dealing with, and positively adjusting to adversities (Jackson, Firtko, & Edemborough, 2007; Tugade & Frederickson, 2004). On the other hand, researchers who conceptualized resilience as a process said that is in a constantly changing state that involves positive adaptation even with the presence of adversity through disruption and reintegration (Luthar, Cicchetti, & Becker, 2000). Luthar (2000) further argued that resilience should only be used when speaking of the process of adjusting positively in the face of adversity and the term “resiliency” should be used when referring to an individual’s trait. De Roon-Cassini, Mancini, Rusch et al. (2010) defined resilience as an outcome which refers to either a presence or absence of symptoms after the occurrence of a traumatic event.

Trait resilience views resilience as a personality trait that enables individuals to overcome and positively adjust to adversity (Hu, Zhang, & Wang, 2015). Several assessment instruments were created to measure trait resilience such as Wagnild and Young's (1993) Psychological Resilience, Block and Kremen's (1996) Ego Resiliency Scale, Connor and Davidson's (2003) Connor-Davidson Resilience Scale, and Smith, Dalen, Wiggins, et al.'s (2008) Brief Resilience Scale, among many others. These instruments sought to discover how individuals respond to negative events (Maltby, Day, Flowe, et al., 2017). Moreover, Maltby, Day, and Hall (2015) formulated a new trait resilience assessment instrument based on the Ecological Systems Theory (Holling, 1973, 1978, 2006; Walker, Holling, Carpenter et al., 2004). This identified three (3) resilience mechanisms which are: engineering resilience, ecological resilience, and adaptive capacity. Engineering resilience refers to the ability of a system to quickly and easily attain stability after a disturbance. Ecological resilience, on the other hand, involves the ability of a system to remain stable despite such disturbances while enforcing changes to an individual's functioning. Lastly, adaptive capacity pertains to repeatedly varying functions and processes in preparation to disturbances.

The differing opinions on the definition of resilience are rooted on the historical background of the construct. Richardson (2002)'s review yielded that there are three (3) waves of resiliency inquiry which are: resilient qualities, resiliency process, and innate resilience. The first wave mainly focuses on the study of the resilient qualities of individuals that contribute to their social and personal success. As a result, personal qualities such as self-esteem and self-efficacy emerged as the factors that help people go through adversity. The second wave, resiliency process, investigates the process of handling stressors, change, or adversities in life.

Through this approach in studying resilience, protective factors are identified and enriched. Lastly, the third wave, innate resilience, it was argued that there is an innate driving force towards self-actualization within individuals. Richardson (2002) identified the force as resilience. He further argued that this conceptualization helps clients in the discovery and application of resilience (the force) towards self-actualization.

Richardson (2002; Richardson et al, 1990) has developed a metatheory of resilience that contains a model of resiliency that describes the process involved when an individual encounters adversity. Richardson (2002) developed his theory to elaborate on his first work on resilient integration. According to the said theory, resilient reintegration results from the relationship among several factors within the individual and environment. These factors include individual, environmental, and spiritual characteristics.

The individual characteristics associated with resilient reintegration are those that emerged in resilient research such as self-esteem, self-discipline, intelligence, and more. Environmental factors, on the other hand, are those external opportunities available such as positive school climate, family support, and more. These factors were considered due to their impact on the resilience process which are either seen as indirectly, proximally, or distally affecting the reintegration experience.

The unique contribution of Richardson's theory is the inclusion of his "spiritual" factors. These factors include purpose in life, locus of control, belief in higher power, creativity, humor, and affect. Purpose in life refers to individuals' goals that lead or guide their lives. Locus of control pertains to individuals' internal locus of control or their capacity to possess self-efficacy and self-determination. On the other hand, belief in a higher power can be a belief found in

religion or a general belief in the existence of a force larger than oneself. Creativity is viewed as the ability to engage in the energy of living and the ability to generate new ideas, concepts, and works. Humor involves creativity and awareness of the self that serves to provide perspective in adversity that can facilitate optimism. Lastly, affect as a spiritual factor involves awareness of one's emotional experiences, ability to respond to the mentioned emotional experiences, and empathy as an understanding of the universality of people's emotional experiences.

Application of Richardson's theory of resilience involves finding the motivational center within each person. Furthermore, resilience occurs when individuals facing adversity, brings forth the resilient characteristics within themselves and within relationships to direct energy toward resilient reintegration.

Mental Health Professionals

In 2014, the World Health Organization (WHO) defined mental health as the state of being well that further permits people to realize their own potentials, enabling them to handle the stressors of life, and making them productive and contributing citizens. Mental health had been identified as one of the concerns that needs to be addressed by WHO as evidenced by their definition of health which is not limited to the mere absence of diseases. With this, countries from different parts of the world made efforts to conduct studies that can help contribute to the construction or improvement of their mental health systems.

In the United States, a longitudinal nationwide study revealed that more citizens are increasingly suffering from serious mental health conditions and the current system is unable to address the demand (Macdonald, 2017). In the case of Singapore, the Ministry of Health (2017)

reported that their government agencies, healthcare providers, and community partners have been working together to destigmatize mental health and encourage help-seeking among their citizens through the conduct of various researches and the implementation of community-based programs on mental health. The reports from the health departments of the said countries showed the importance of mental health and their efforts to address mental health concerns to their communities.

In the Philippines, the effort in providing a comprehensive mental health law for the citizens has been proven when president Duterte signed the mental health bill into law (Ager, 2018). However, the existing statistics on the mental health status of the Philippines is alarming. As reported by the National Center for Mental Health on its Mental Health Databank, there are 0.49 mental health facilities available for 100,000 outpatients. Moreover, 0.38 psychiatrists are available for 100,000 patients. Thankfully, the number of professionals that could attend to the mental health concerns of Filipinos steadily increased. The 2017 licensure examination results for psychologists and guidance counselors revealed that there would be additional 96 psychologists and 256 guidance counselors in their respective fields.

The figures regarding the status of mental health in the country are certainly alarming and the implementation of a comprehensive mental health law would seem impossible in its early stages but the increase in the number of professionals in the field of mental health is seen as a new light in the achievement of the goals of the said law.

Underutilization of mental health services were also attributed to how patients perceive mental health professionals. To illustrate, Ebsworth and Foster's study (2016) found out that

clients held stereotypes on mental health professionals congruent to their area of expertise. For instance, substance abuse and schizophrenia experts were viewed as less empathetic, less agreeable, and less predictable while depression experts were viewed as withdrawn. It is evident that the participants attributed symptoms of the disorders to the professionals treating them. In the case of Filipino mental health professionals, cultural norms such as the *Ibang Tao-Hindi Ibang Tao* dichotomy influenced patients' initiative to seek professional help (Tuliao, 2014). If patients view their therapists as *ibang tao*, it would be hard for them to open up. Although these cases are from opposite sides of the globe, similarities could be found in terms of the reluctance of clients in seeking help from mental health professionals based on biases they hold as influenced by their cultures.

A number of researchers about mental health professionals also sought to investigate the impact of stress and burnout. It was viewed that mental health professionals also face organizational stressors like other workers but with additional emotional factors brought about by the nature of the profession which is dealing with concerns of individuals for long periods of time (Moore & Cooper, 1996). Furthermore, it was reported that 21% to 67% of those working in the mental health services experience burnout (Morse, Salyers, Rollins, et al., 2012, as cited in Mateo & Salanga, 2018). It was further argued that counselors who experienced burnout were less engaged in work-related activities for they could not provide the best services for their clients due to their condition (Gutierrez & Mullen, 2016, as cited in Mateo & Salanga, 2018). Lastly, a study on Filipino guidance counselors' coping strategies extracted their findings from a burnout inventory which further revealed that these counselors made use of emotional adaptive and spiritual based strategies (Baniqued & Castronuevo, 2016). Studies on mental health

professionals emerged from the very nature of the profession and continued unto the strategies these professionals used in coping with them.

Resilience Among Mental Health Professionals

In the introductory statement of this study, it is mentioned that the present study is highly inspired by Polachek, Wallace, Gautam et al. (2016)'s study where the findings revealed that Canadian physicians tend to hold unrealistic expectations on their own resilience. A literature review by McCann, Beddoe, McCormick et al. (2013) was in accordance to the previously mentioned study. Their study further argued that all health professionals face stressors in their practice which includes but is not limited to workload, multiple roles, and emotional issues. They added that the said stressors could impact the physical and mental well-being of health professionals. Furthermore, the research explored literature from five (5) professions which identified individual and contextual qualities that enhanced resilience in their respective professions.

In this sense, this section only discusses the results of McCann, Beddoe, McCormick et al. (2013)'s study which are relevant to the present study. This includes literature reviewed on resilience of psychologists and counselors. The reviewed studies revealed that psychologists tend to rely on several factors to maintain resilience. The factors include age, gender, work-life balance, recreational activities, personal and professional values, and a sense of purpose (Benler, 2011; Martin, 2010; Rupert & Kent, 2007; Maldonado & Feliciano, 2006; Ganey, 2005; Hannigan, Edwards, & Burnard, 2004; Trimble, Jackson, & Harvey, 2000, as cited in McCann, Beddoe, McCormick et al., 2013).

On the other hand, the results of the literature review about counselors suggested that self-compassion plays a significant role in the enrichment of their well-being. It was further suggested that resilience may also affect contextual factors such as team involvement and maintenance of boundaries with clients (Lawson & Myers; 2011; Ringenbach, 2009; Evabs & Payne, 2008; Lawson, 2007; Rupert & Kent, 2007; Stephan, 2006; Neff, 2003, as cited in in McCann, Beddoe, McCormick et al., 2013). The reported factors show characteristics within and outside the self that help in fostering resilience among counselors.

Resilience Frameworks

Several researchers formulated frameworks and models as part of their respective researches in resilience in order to describe the mechanisms involved in resilient adaptation. There are three (3) general classes of resilience models – compensatory, protective, and challenge (Fergus & Zimmerman, 2005).

First, the compensatory model views resilience as a factor that works in an opposite direction to a risk factor likewise neutralizing risk exposure (Ledesma, 2014; Fleming & Ledogar, 2008). In terms of the protective model, protective factors work to positively influence outcomes while resources aim to regulate the effects of risks on outcomes. This may result in the strengthening or weakening of the effects of risks in relation to producing outcomes (Fleming & Ledogar, 2008). Lastly, the challenge model suggests that risk factors that are not extreme can lead to the enhancement of an individual's adaptation (O'Leary, 1998, as cited in Ledesma, 2014). The challenge model reveals that exposure to low and high levels of risk may lead to

negative outcomes while exposure to moderate risk may lead to positive outcomes (Fleming & Ledogar, 2008).

Models, frameworks, and theories were further created to identify and describe the role of stressors in the emergence of resilience which includes Meichenbaum & Deffenbacher's (1988) stress inoculation, Lent's (2004) Model of Restorative Wellbeing, and Crane et al.'s (2018) Systematic Self-Reflection Model.

Stress inoculation suggests that exposure to stress enables the acquisition of new skills. Stress inoculation training is typically practiced on individuals experiencing distress. More importantly, the role of the psychologist is emphasized in order to ensure that such exposure to stressor actually leads to adaptation (Meichenbaum & Deffenbacher, 1988).

Lent's (2004) Model of Restorative Wellbeing, on the other hand, believes that individuals can cope from stressful life events. In this model, coping must be successful for resilience to be developed. Coping success is emphasized in order to improve an individual's coping repertoire, efficacy, and resources.

Lastly, Crane and associates' (2018) Systematic Self-Reflection Model describes the process that allows resilience to be strengthened in response to life stressors. As compared to Meichenbaum & Deffenbacher's stress inoculation, this model encompasses individuals experiencing different levels of stress – from mild to no psychological stress up to psychological distress response. Stress inoculation further emphasized the role of psychologist in the adaptive process but Crane et al.'s model relies on the individual to undergo self-reflective processes in order to strengthen their own resilience. As compared to Lent's model, the Systematic Self-

Reflection Model does not require coping success for resilience to be strengthened. The process of strengthening resilience is based on the individual's initial psychological response to exposure to stressors.

Synthesis

The background of the study reflects the findings of quantitative studies on the resilience of mental health professionals (e.g. Gito, Ihara, & Ogata, 2013, & Zheng, Gangaram, Xie, et al., 2017). In addition, a cross-sectional study conducted in Germany reported that mental health professionals such as psychologists, social workers, and psychiatric nurses are not more resilient than the general population. The resilience level of these mental health professionals was contrasted to those individuals whose jobs are non-health care related which led the researchers to conclude that mental health professionals are not more protected from stressors (Frajo-Apor, Pardeller, Kemmler et al., 2015).

Other than quantitative studies, resilience researchers also made use of literature reviews in studying the construct. Herrman, Stewart, Diaz-Granados et al. (2011) constructed an interactive model of resilience based on their review of its definition and the range of its contributing factors. The researchers also suggested concepts to explore in relation to resilience which include hardiness, benefit finding, thriving, and posttraumatic growth. In the end, the researchers concluded that clinical and public health interventions play a role in improving resilience in children and adults and that health and non-health sectors should work together to make this happen. On the other hand, Cam and Buyukbayram (2015) reviewed foreign literature on nurses' resilience and effective factors and contrasted the various methods used to Turkish

methods which were generally descriptive. The researchers recommended to conduct other studies in Turkey which would make use of qualitative, practice-oriented, and experimental methods, to name a few.

Several qualitative studies were also conducted to extract mental health professionals' definition of resilience. An example is Cohen, Pooley, Ferguson, and Harms' research (2011) which studied Western Australian registered psychologists' understanding of resilience through an open-ended questionnaire. The researchers contrasted participants' definitions to literature definitions in order to develop an industry-based definition of resilience. However, this study only made use of the psychologists' mere understanding and conceptions without the consideration of their significant experiences on being resilient.

Aside from these, studies on resilience strengthening did not stop in finding out the factors contributing to it. Frameworks and models are further developed based on the findings of their studies. For instance, Crane, Searle, Kangas, et al. (2018) developed the Systematic Self-Reflection Model of Resilience Strengthening which describes the process that allows resilience to be strengthened in response to life stressors. It proved that reflecting on one's response to a stressor (a meta-cognitive skill) develops individuals' insight on their personal capacities and limitations. Crane et al. also contrasted their work with other existing models on stress and coping and arrived at the decision of focusing on individuals' capacities that may be modified by the self-reflective process. Constructing models to describe a process is deemed helpful in fostering such qualities.

It is indeed evident in the surveyed literature that enrichment of resilience, did not only include cases of mental health professionals, but also focused on cases of other professions. These studies also provided gaps for the present study to address which requires employing a qualitative research design that would extensively study resilience among mental health professionals.

Statement of the Purpose

This study aims to examine resilience through the experiences of Filipino mental health professionals. Rooted from the findings, a resilience framework would be developed to aid the beneficiaries of the study.

Specifically, the study aims to:

1. Determine the severe life events Filipino mental health professionals experience in their practice.
2. Define resilience in terms of Filipino mental health professionals' conception on resilience based on their experiences in overcoming severe life events.
3. Identify the factors that contributed to the Filipino mental health professionals' conception on resilience.

Conceptual Framework

The surveyed literature supported the premise of the study that mental health is a growing concern in the world, most specifically in the Philippine context and the individuals who play a crucial role in addressing these concerns are mental health professionals. Literature suggested

that resilience is a prerequisite for mental health professionals because of the severe stress they encounter at work (Frajo-Apor, Pardekker, Kemmler et al., 2015). Although there are a significant number of researches on resilience among mental health professionals, these studies largely focused on quantitatively measuring it. In addition, qualitative studies conducted on resilience were unable to define resilience while considering the participants' experiences. The gaps in methods used by previous researchers and the difference in cultural understanding of resilience served as the basis of this research.

The framework proposed incorporates components that contribute first to understanding the phenomenon and further using inferences to develop a framework on the resilience of Filipino mental health professionals. **Figure 1** shows that mental health professionals have face severe life events and manifest resilience at the same time. Information on the specific severe life events the professionals experienced and the resulting conceptions on resilience were obtained through face-to-face interviews. The interviews were audio recorded and transcribed in preparation for data analysis. The main themes emerged through thematic analysis. The emergent themes, however, involves the identified essence of being a resilient mental health professional and the factors that contribute to this. Lastly, a framework was devised to describe how Filipino mental health professionals become resilient with the presence of both severe life events and work responsibilities.

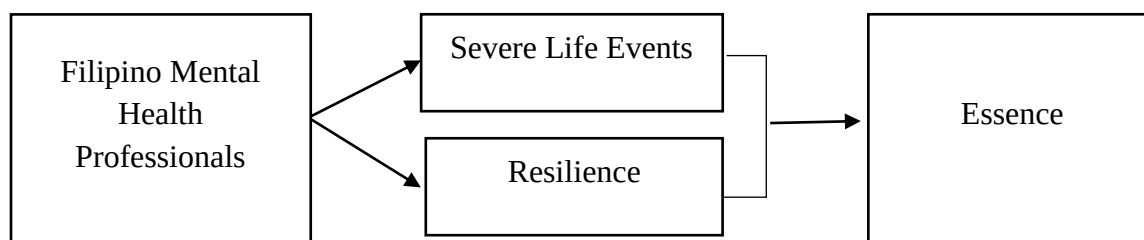


Figure 1. Conceptual Framework

Significance of the Study

The present study aims to determine the meaning of being resilient among mental health professionals. Thus, the present study is viewed to be beneficial to the following:

Mental Health Professionals

The participants of the present study are professionals in the mental health setting. The findings of the study may be helpful to them, for them to realize whether they have either healthy or unhealthy expectations of themselves. Consequently, the final output of this study, the framework, may also be utilized by them for it is contextualized on the needs they previously mentioned.

Parents

Oftentimes, parents do not have ideas on what their children are going through in their respective professions. The findings of this research may be helpful to the parents of mental health professionals for the study may provide them insights on the nature of their children's jobs. Parental support may be of help in the development of the said program for parents are part of the mental health professionals' environment.

College Students

College students working to be part of the mental health field may benefit from this study for they may learn of possible stressors of their future job and consequently know the possible attributes they can improve on in order to overcome these stressors. The framework does not only address those who are immersed in the field but also those who are working to become part

of the profession. Since there is a growing concern on the perspectives on resilience, it is therefore important to begin fostering it beforehand.

Allied Mental Health Professionals

The present study does not only focus on the meaning of the experiences of the mental health professionals. It may also provide details on their workload and the mental health profession's lifestyle. Allied professions to the mental health field may share similar experiences with the participants of the study. So, the results of the present study may be partially relevant to their experiences.

Guidance Counselors

The present study is concerned with practicing professionals in the mental health field. However, results of the study may also be of help to the guidance counselors of students in the college level who are studying to become a part of the mental health profession. Implications of the study may also be integrated to the students' lessons. The proposed resilience framework may be used by guidance counselors on their clients in the mental health profession.

Future Researchers

The results of this research will add to the existing knowledge on resilience research in the Philippines and in the whole world. Furthermore, findings of this study may be used by future researchers to enrich their respective researches. Anything that the present study fails to address may serve as other researchers' baseline to conduct their respective studies.

Community

The present study is significantly based on the current status of mental health in the Philippines. With the hope of enriching the quality of service the mental health professionals offer, the study seeks to contribute to the solution by attempting to improve on certain aspects in these professionals' situation. If the situation of these professionals does improve in the long run, the beneficiaries would be the Filipino community because they would then have competent professionals attending to their needs.

Definition of Terms

The following terms are defined as they are used in the present study. The terms would be first defined operationally or how they are defined in general. Then, they would be defined contextually or how the said terms are specifically utilized in the study.

Resilience

The American Psychological Association (2014)'s definition states that it is the process of adjusting well in the presence of adversity and other significant sources of stress. In the present study, resilience encompasses how the participants overcome severe life events in relation to their professional practice.

Mental Health Professionals

According to the Philippine Mental Health Law, mental health professionals refer to medical doctors, clinical psychologists, nurses, social workers or any other appropriately trained and any other qualified individuals with specific skills relevant to the provision of mental health

services. In this study, mental health professionals are medical doctors, clinical psychologists, counselors, or any other qualified and licensed persons who offer mental health services in Metro Manila.

Severe Life Events

According to the Life Experiences Checklist (LEC), severe life events are stressful events that happen to people. This includes natural disasters, physical assault, explosion, transportation accident, captivity, etc. In this study, severe life events are any events included in the LEC that the participants experienced in the past which co-occurred with their practice as professionals.

CHAPTER II

Methods

This chapter includes the research design employed and its setting. This is followed by the proposed research population and sampling method, data gathering procedure, and ethical considerations involved. The chapter focuses on the procedure and instruments that are beneficial in the attainment of the research objectives.

Research Design

The study is qualitative and phenomenological in nature and is characterized by its distinct method which encompasses behavioral observation, interviews, documents, and even researchers' perceptions. Denzin and Lincoln (2005) defined qualitative research as the research method that focuses on the interpretation of phenomena in its natural setting. The present study particularly aims to investigate the experiences of mental health professionals as they were asked to share their specific experiences through interviews. Their responses were interpreted and given meaning in the context of their respective professions.

Edmund Husserl, the father of phenomenology, attempted to attack psychology as a pure science. He aimed to reach conclusions scientifically by emphasizing concepts related to human perception and intentionality of consciousness (Parodi, 2008, as cited in Padilla-Diaz, 2006). Husserl refused to understand reality in a single point of view and supposed that minds and objects co-occur within experience (Laverty, 2003). This entails that an individual is not separate from reality and that the individual himself experiences reality.

The word phenomenology was derived from the Greek and a meaning it holds include *apparition* or *manifestation* (Padilla-Diaz, 2006). Lichtman (2006) also defined phenomenology as the philosophy that explains consciousness on the analysis of observable phenomena.

The present study intends to investigate the lived experiences of mental health professionals regarding resilience in the context of overcoming severe life events. The participants are from a variety of mental health professions and the nature of their respective professions is identified through an in-depth interview. It is assumed that mental health professionals themselves feel and experience resilience, thus making them the most qualified people to define it. The point-of-view of several professionals is to check whether there are similarities in their perceptions in order to establish the phenomenon.

Research Setting

The research was conducted in Metro Manila or the National Capital Region (NCR). According to the Department of the Interior and Local Government (DILG) official website, NCR is the most populous region of the Philippines. It is also viewed as the center of culture, economy, education, and government of the country. It further houses the embassies of different countries, making it an important area for international diplomacy. Cities included in the NCR are Caloocan, Las Piñas, Makati, Malabon, Mandaluyong, Manila, Marikina, Muntinlupa, Navotas, Parañaque, Pasay, Pasig, Quezon City, San Juan, Taguig, and Valenzuela, while Pateros is the only Municipality located in the said region.

The research was conducted around NCR for most well-known mental health institutions are situated in the said area such as the National Center for Mental Health in Mandaluyong, the

Philippine Mental Health Association in Quezon City, and the Hospicio de San Jose in Manila. Manila as the capital and Quezon City as the most populated city of the Philippines further supports the need to study this population. In addition, the researcher is coincidentally a resident of Metro Manila which made the gathering of research data convenient.

The setting of the research is unspecified because mental health professionals are dispersed in this area. Another factor considered is the availability of the participants' and the researcher's time during data gathering. This area is viewed to be convenient to both participants and researcher which made it cost efficient and less time consuming.

Research Population and Sampling Method

The participants of the study consist of ten professionals who offer mental health services in Metro Manila, four of which are male and six are female. Specifically, one psychiatrist, three clinical psychologists, four guidance counselors, and two psychiatric nurses. Giorgi (2010) said that three (3) participants is a minimum for a phenomenological study. Since the study is aiming to establish the essence of the lived experiences of the participants as basis for the resilience framework, a sample of 10 participants is viewed necessary in order to achieve the said aim.

Specifically, the participants would be male or female mental health professionals practicing in Metro Manila with a minimum of three (3) years work experience. The presence of a severe life event that co-occurred with practice were verified through the Life Events Checklist (LEC).

However, participants who failed to give consent to participate in the study were excluded. In addition, individuals who practice in the mental health field without a license were excluded, as well; this includes life coaches, guidance associates, and more. Lastly, licensed mental health professionals with no actual experience in dealing with clients were also not included.

The participants of the present study were generated through purposive sampling. The purposive sampling technique is a type of non-probability sampling that is most effective when one needs to study a specific population which involves well-informed experts. In addition, it involves choosing participants for the characteristics they possess (Tongco, 2007). Since the researcher is an undergraduate psychology student, the researcher does not have a network of mental health professionals to contact for participation. Through this technique, it was more convenient for the researcher to meet the intended number of participants needed in the study.

Instrumentation

Life Events Checklist (LEC)

The Life Events Checklist (LEC) by Blake, Weathers, Nagy, et al. (1995) was used as basis for some interview questions. The LEC was developed at the National Center for Posttraumatic Stress Disorder in order to facilitate the diagnosis of Posttraumatic Stress Disorder. The LEC was found to be convergent with an established measure of trauma history, the Traumatic Life Events Questionnaire (TLEQ) Gray, Litz, Hsu, and Lombardo (2014).

One of the selection criteria for the present study is that a participant should have experienced a severe life event which occurred during the practice of his/her profession. This checklist was used in order to verify the type of event a certain participant went through. Aside from this, questions may also be generated from the participants' responses on this checklist in the subsequent interview.

Semi-structured Interview

One of the ways to collect data in qualitative research is using interviews. An interview is an exchange of information between two people on a certain topic (Kvale, 1996, as cited in Bhamani Kajornboon, 2005). In this study, the participants shared their experiences as mental health professionals to generate information on resilience. However, the information from the researcher was limited for the focus of the interview questions revolved around the experiences of the participants. The interviews were audio recorded with permission from the participants. These recordings would be disposed of five (5) years after the completion of the study.

Semi-structured interviews are non-standardized. There are key themes the researcher needs to address but no specific order of questions was followed. Follow-up questions may also be used aside from the validated interview guide (Corbetta, 2003). Semi-structured interviews are viewed as the most appropriate instrument for the researcher dealt with professionals who are experts in their respective fields. They are individuals who have much experiences to share and from where comprehensive data are gathered. They are not bound by specific questions they need to answer. The nature of the interview is also flexible to enable the researcher to ask follow-up questions on topics that need elaboration.

Researcher as Instrument in Phenomenological Research

The uniqueness of qualitative research is that it enables the researcher to go deep into the *why's*, and *how's* of a certain process/phenomenon (Fink, 2000). In the study, researcher isolated identified, and defined the phenomenon at question by coming up with themes that described it. The researcher served as an instrument to gain knowledge about the phenomenon by conducting interviews with the participants, verifying their answers, and with proper planning and design, by thematizing, and analyzing the data extracted during the data gathering.

Research Process

The researcher followed a specific process before the actual conduct of the study. First, the proposal was first approved in the title defense and colloquium before actually conducting the data gathering procedure. In addition, the researcher obtained a clearance to proceed from the ethics committee signifying that the basic ethical requirements to conduct the study were met. Data gathering commenced once these necessary steps were observed.

The first two (2) chapters of the study were constructed before data gathering. Consequent instruments were included in the proposal and were consequently validated after the proposal was approved. Based on the related literature and research questions, an interview guide was constructed. The interview guide was checked by the research adviser and validated by experts in the field of psychology. The purpose of validation is to ensure that the interview guide covered the research questions of the study.

The study was conducted within Metro Manila. The researcher generated participants through key networks and personally contacting mental health institutions for participation. An informed consent form was given to the participants which served as their agreement to participate in the study. In the consent form, the benefits that the participants would receive were stated and the purpose and nature of study was discussed. The participants were also informed that the entirety of the interview would be recorded. If they decline, the interviewer would have to take notes during the course of the interview.

In case the participants would like to discontinue their participation, they were allowed to do so. Upon the confirmation of their participation, the researcher and participants discussed the schedule and setting of the interview convenient to the participants' situation.

When the interview with all 10 participants ended, the whole interview was transcribed verbatim. The participants were assigned codes in the analysis of data. Afterwards, the data were analyzed and thematized to describe the phenomenon in general and to provide the essence of being resilient mental health professionals on overcoming specific severe life events, as experienced and described by the professionals themselves.

Data Analysis

For the data analysis, the participants were first assigned codes to ensure their privacy. Afterwards, the data were organized. Recorded interviews were reviewed and transferred into word document transcripts.

To make sense of the information provided by the participants, the transcripts were analyzed manually. The participants' responses were encoded into a code book for easier reference. The interconnection of words, their corresponding meaning, and their consistency with the researcher's observations were also considered.

Afterwards, coding and categorization of data commenced. The data were analyzed within-case and cross-case to further determine significant results. Data were then analyzed repeatedly until emerging themes were generated.

The method of validation applied was expert verification. The results were inspected by an expert in qualitative research to ensure that the interpretation of the participants' responses is correct.

Ethical Considerations

To avoid ethical issues in this study, the following ethical principles were considered for the welfare of the respondents.

The participation in this study is completely voluntary. To emphasize the importance of *respect* in the study, an *informed consent form* was given to each of the participants to inform them of the extent of their participation in the study. The consent form includes the nature, purpose, and method of the study, and the approximate length of the interview. The participants were given the liberty to withdraw participation at any point of the study.

The participants were informed of the knowledge that they will gain from the study for *beneficence* purposes. In addition, they were also entitled to the results of the study they

participated in. Furthermore, the researcher ensured that conducting this study would have an important contribution to the community the participants belong to.

To emphasize *justice*, this study employed criteria for the selection of participants, and these criteria were free from biases. The researcher ensured that the selection is fair and consistent to all participants.

The participants' identity would remain *confidential* and would be ensured through coding in the transcription phase. In the results and discussion part of the paper, the participants were given case IDs for appropriate narration of the results. The researcher respected their privacy; questions which might intrude their personal life were not asked.

The present study involves the sharing of severe life experiences and the participants are at risk of remembering things that may have hurt them. To ensure *non-maleficence*, the interview would be terminated immediately once a participant experience difficulty in managing his/her emotions. He or she would then be referred to a more qualified professional.

CHAPTER III

Findings and Discussion

This chapter presents the themes that have emerged from the data, the discussion of their interpretation, and the consequent framework formulated based on the findings. The findings were also compared and contrasted with existing literature and studies related to the topic.

Severe Life Events

Severe life events are circumstances that may affect an individual's psychological well-being likewise increasing the risk for depression and anxiety (Low, Dugas, O'Loughlin, et al., 2012; Gjesfjeld, Greeno, Kim, et al., 2010), examples of which include natural disaster, physical assault, unwanted sexual experiences, exposure to toxic substances, and more. The present study attempted to find out the severe life experiences Filipino mental health professionals went through as they practiced their profession. Three themes emerged from the participants' responses: *work-related events*, *death or illness of a significant other*, and *personal life events*.

Table 1. Severe Life Events Experienced by Filipino Mental Health Professionals

Themes	Description	Sample Responses
Work-related Events This pertains to negative circumstances in the workplace which involves clients/patients, work environment, work experiences, and more.		
Sexual Assault	Forceful sexual advances without consent.	<i>“When I was resting at the quarters, she came up to me. She chased me and said, “What is it to our child? To our test tube baby?” After that, we chased each other.”</i>
Physical Violence	When the participant is at the receiving end of an action or an attempt of harm through physical means.	<i>“A patient chased me while holding scissors. The patient’s relatives asked me to go into the patient’s room to pick him up. It turned out that the patient had big scissors in possession. We ran around the room until we caught the patient.”</i>
Legal Issues	Involves cases between client/patient and the mental health professional being resolved in court.	<i>“When somebody told me that I had to pay more than a million and it was not even my fault but they insisted it’s our fault that a patient was hit by another patient. It is draining, stressful, and I felt hopeless.”</i>
Death or Illness of a Significant Other	These are stressful events caused by the death or illness of significant others such as close friends and family members.	<i>“My father was suffering from stroke. After this, he became grumpier and easily angered which affected my mother. When my mother was affected, I was very much concerned also and it was difficult again to forgive my father, and this in a way affected my emotional health – that is very important in my practice.”</i>
Personal Life Events These are events in the participants’ personal lives deemed to have significantly affected their functioning as individuals and professionals.		
Marital Issues	Events or accumulation of events that cause a couple (participant and a significant other) to decide to separate.	<i>“You know, I’m a single mom. My husband is a womanizer. Tapos lagi pa siyang walang trabaho. Then, nag-decide ako to separate pero before I decided to separate, I talked to my children and I waited until my youngest was in high school.”</i>
Self Issues	Negative circumstances that occurred to the participants which are mainly focused on their personal lives.	<i>“The most significant event that happened to me is experiencing the so-called quarter life crisis. It really made a mark in my life because I never have thought that it would happen to me.”</i>

Work-related Events

In the Life Events Checklist, work-related events may be classified under serious accident at work, home, or during recreational activities. Work-related events, as discussed in **Table 1**, are negative occurrences that mental health professionals experienced in their workplace. Given the nature of the mental health profession, the participants deal with different kinds of situations and different kinds of people every day. They do not only deal with clients or patients, they deal with their guardians as well. The occurrences described in this theme involves interactions with clients, patients, and guardians, which resulted to sexual harassment, physical violence, and legal issues in the workplace.

Sexual Harassment

Sexual harassment involves any form of unwelcome sexual advances or favors, of verbal or physical nature that interferes with work (United States Equal Employment Opportunity Commission, 2011; cited in McLaughlin, Uggen, & Blackstone, 2012). Sexual harassment is also rampant in mental institutions. In a survey conducted among psychiatric trainees, 86% experienced unwanted sexual contact, 47% experienced deliberate touching, and 18% experiences unwanted communication (i.e., letters, calls, etc.; Morgan & Porter, 1999).

Ricardo: "This happened when I was working in the mental hospital. I was playing tennis prior to the incident with the deluded and schizophrenic patient. When I was resting at the quarters, she came up to me. She chased me and said, "What is it to our child? To our test tube baby?" After that, we chased each other."

In this situation, Ricardo, a psychiatrist, was the receiver or main subject of a patient's episode. The patient's impulses were displaced onto Ricardo. This situation did not only cause discomfort to him, it also interfered with his work.

On the other hand, when Lualhati had only started volunteering as a counselor for inmates in an urban prison, she would often be asked by inmates to be in a relationship with them. Being one of the few females in the environment and being one to support the inmates emotionally, she got these kinds of messages on a regular basis. This case shows transference because the clients shifted feelings and fantasies onto Lualhati, which might have been their supposed reactions to significant others in their past (Corey, 2013).

Although mental health professionals understand that incidences of sexual harassment may be manifestations of symptoms of patients in confused states, the undesirable effect of such incidences to working conditions is undeniable. In Ricardo's case, his supposed to be rest time turned into a struggle of breaking away from a patient. In Lualhati's case, on the other hand, the usual interactions with clients were often disrupted by love calls.

Physical Violence

Marisol: *"During that time, my patient was very angry at my co-nurse because of a certain issue that my co-nurse did not want to accept that fact that he had done something wrong. He was so strong that it took four aides and one nurse to pull him off his hold on my co-nurse."*

In this situation, Marisol witnessed the confrontation between her co-worker and a patient. She even assisted in pacifying the situation by helping the concerned parties break away from each other. She was not involved initially, but in her attempts to fix the situation, she had to risk her safety. She further expressed distress in experiencing similar situations because of the threat it offers.

Ricardo: *“A patient chased me while holding scissors. The patient’s relatives asked me to go into the patient’s room to pick him up. It turned out that the patient had big scissors in possession. We ran around the room until we caught the patient.”*

The situation shared by Ricardo involves him trying to keep others safe by stopping a patient in possession of a dangerous weapon. Mental health professionals do not only think of getting out of harmful situations, they also try not to escalate such situations to protect other patients from possible harm.

Violence inflicted by patients upon mental health workers is a worldwide concern (Hvidhjelm, Skovgaard, & Bue Bjorner, 2014). For instance, Marisol witnessed workplace violence when a patient attacked a co-nurse. She expressed that witnessing situations like this is one of the most stressful parts of her profession. Berger (2006) further stated that violent attacks not only cause physical injuries among the workers but can also cause stress among them.

Legal Issues

Majority of the professions in the mental health field are professionalized. These professions are governed by laws (e.g., Republic Act No. 9258 – Guidance Counseling Act of 2004, Republic Act No. 10029 – Philippine Psychology Act of 2009, etc.) and the corresponding Codes of Ethics to help in regulating the practice of the aforementioned professions. This also entails the professionals’ strict compliance with established standards in protecting the rights and welfare of clients and patients. The situations presented below involve disagreements between patients and/or their guardians and the participants which resulted to legal battles.

Ricardo: *“A patient, instead of thinking of being helped, was suspicious about the way she was managed and reported you at the PRC mismo di’ba? Isipin mo one in a million tinutulungan namin tapos yung pasyente mong paranoid ganun yung gagawin sa’yo.”*

("A patient, instead of thinking of being helped, was suspicious about the way she was managed and reported you at the PRC itself. Considering we help one in a million people and a paranoid patient does this to you.")

On the other hand, Ricardo's situation involved legal consequences when he issued documents to a patient's guardian. As a result, Ricardo has an ongoing discussion with the Professional Regulation Commission (PRC) regarding this case. According to the Code of Ethics by the Philippine Psychiatric Association (2013), a psychiatrist promotes patients' best interests by protecting them from harm. Ricardo provided the documents requested by his patient's family after careful consideration of the patient's best interests and those around her. However, the patient misunderstood and felt offended instead. This situation is a threat to Ricardo's professional practice. He is continuously feeling a lot of stress because in his perspective, he acted on a decision that would benefit more people.

Although the participants are from the same profession, their work experiences vary because of the differences in the scope of services they offer. Therefore, the ethical standards they follow are contextualized on their job specifications. As the mental health profession requires a lot of interaction with people, there are also more opportunities for professionals to be exposed to the situations discussed above.

"When somebody told me that I had to pay more than a million and it was not even my fault but they insisted it's our fault that a patient was hit by another patient. It is draining, stressful, and I felt hopeless."

The situation Beth shared involved physical violence among patients in the institution she manages. This event led to a legal issue with financial implications. Aside from being a practicing psychologist, Beth also manages her own institution. She faces daily struggles in her

profession and an additional threat emerged because of the financial implications of the above situation. The financial struggle may also affect the operation of her institution and her concerns may also escalate because other patients will be affected as well.

Although participants are from the same profession, their work experiences vary because of the differences in the scope of services they offer. In addition, the ethical standards they follow are contextualized based on their job specifications. As the mental health profession requires a lot of interaction with people, there are also more opportunities for the professionals to be exposed to situations discussed above.

Death or Illness of a Significant Other

Significant others referred to in this theme include family members, spouses, friends, and other people the participants received support from. The significant others play such an important role in the participants' lives that they are immensely affected when these individuals are faced with negative health conditions. It has been observed that death or illness of significant persons in the participants' lives significantly affected their overall well-being.

Amor's first experience of death of a significant other left a lasting impression on her, which affected at least two (2) aspects of her life. She admitted that she needed help at the time, which shows how severe the experience was for her. She experienced having emotional outbursts which resulted to loss of concentration at work.

Amor: "The death of a significant person in my life. It was the very first significant death. I was the one who needed counseling that time. There were times I just suddenly broke down into tears and became emotional. I could not focus and I was distracted."

Other participants also expressed changes in their physical and emotional states when they witnessed their loved one's suffering. Lualhati stated that the crisis that affected her practice as a mental health professional was when her mother had a stroke. At the time, she had to adjust her living and working conditions because of the circumstances within her family. She had to devote one hundred percent of her time to her mother because no one else in her family could. When things got too much for her to handle, she had to temporarily stop working.

Lualhati: So, it was a very big challenge physically because I have to take care of her 24 hours a day. I had been used to a life where I only take care of myself and I just help in the family but this is a very big challenge because I have become the mother of my mother. There was a change of role."

Wittenberg, Saada, and Prosser's (2013) study revealed that primary and non-primary caregivers reported having similar effects on emotional health. Lualhati took the role as the primary caregiver of her mother because she was the only single person among siblings. Ligaya, on the other hand, was a non-primary caregiver of her father still played an important role in easing the emotional burden of her mother, the primary caregiver. She said, *"I tried to help the family financially. I did my best to support my mother emotionally."*

Golics, Basra, Finlay et al.'s (2013) review revealed that illness among a family member affects different aspects of life such as emotional, social, education, work, financial, and more. Furthermore, Goldeck (2006) argued that family members of a patient with chronic illness has lower capacity for self-development, well-being, emotional stability, and daily functioning.

Personal Life Events

The mental health professionals who participated in the study are aged 27 to 57. In their respective life spans, they have experienced going through personal difficulties in different aspects of life at various life stages. This corresponds to severe human suffering in the Life Events Checklist (Blake, Weathers, Nagy et al., 1995).

Marital Issues

Choi and Marks (2008) suggested that marital issues and conflicts are midlife and older adults' psychological and physical health significantly. Being in an unhappy or unsuccessful marriage may not only affect one's perception on life, it may also impair one's functioning in other aspects of life like work and other interpersonal relationships. Furthermore, Western studies failed to prove claims that in marriage, men experience greater health benefits than women. It was further reported that in non-Western developing countries, specifically in India, there is a persistent gender inequality; females shared having experienced more mental health problems than males (Strohschein & Ram, 2016).

For instance, Minda experienced separation from a spouse who was a troublemaker. Since her situation presented a lot of difficulties, she shared having waited until her youngest child is in high school before deciding to separate.

Minda: Inintay ko na high school yung youngest ko. Even if laging may difficulties, inintay kong mag-high school siya, yung maiintindihan niya. How was I able to handle it? Yun nga, I talked to them. (I waited until my youngest was in high school. Even if we always had difficulties, I waited until she was in high school, until she could understand. How was I able to handle it? I talked to them.)

It was evident during the interview that this event in her life significantly affected her functioning. When she recalled her memories of the event, she could not help but cry. She was reminded of the decisions she had to take and how there was no easy way to get out of the situation.

Adults who underwent marital separation experienced emotional trauma and distress due to the loss of several sources of emotional support (e.g., significant other, children, family members, etc.). They often regain their sense of belonging by searching for meaningfulness in life through interactions with social resources (Clayton & Hopps, 2019). In this situation, Minda had to face the decision-making alone while she was waiting for her children to grow up. She was able to regain her emotional support, her children, when they grew up and were able to understand the situation better.

Self Issues

Individuals undergo several crises at different stages of life depending on various factors and circumstances. Quarter Life Crisis, either locked-in or locked-out type, occurs when a person emerges into adulthood. It is marked by changes in one's identity, interpersonal relationships, financial capability, and overall lifestyle (Robinson, 2018). Lito, a psychiatric nurse, acquired professional experience in different industries. With so much knowledge about different nursing fields, he shared being conflicted with himself career-wise.

Lito: "The most significant event that happened to me is experiencing the so-called quarter life crisis. It really made a mark in my life because I never have thought that it would happen to me and that it will have a great impact on my life."

Lito had no idea that he was going to experience things he only saw his patients go through. He started questioning every decision he made and it caused him a lot of stress. He further shared that when he was a beginner psychiatric nurse, he was intrigued how patients suffer depression due to stress. When he experienced a stressful event himself, he confessed that this experience affected his profession, his interaction with his friends and family, and even his beliefs.

Minda: "I never thought I'll surpass that obstacle. To me, an individual who underwent a massively stressful experience. That is one of the most fatal events that could happen to anyone without attention. It could happen to anyone, even the people who almost have everything they could ever wish for in their lives."

Personal circumstances like these can affect an individual psychologically. Personal life stress was defined as a demand in one's environment that requires an individual to adapt through readjustments in personal life (Bhagat, 1989). Moreover, Carranza (1973, as cited in Kumari & Mishra, 2009) said that life stress can affect both psychological and behavioral outcomes like anxiety and depression and academic and work performance, respectively. In this sense both Lito and Minda made readjustments in their personal lives as they went through their respective life events. Although Minda was suffering because of the situation with her husband, she decided to adjust until her children had the maturity to understand her decision before acting upon it. Lito, on the other hand, experience the so-called quarter life crisis which was described by The Manila Times (2018) as a period in a mid-20s to early 30s' life characterized by doubt and insecurity on one's personal circumstances. Lito, a 27-year old, reported that he felt miserable and hopeless as he contemplated whether if he was on the right path and that he felt as if every decision he made

was a huge mistake. Although Lito's family and friends supported while he was experiencing difficulties, he adjusted to the situation by facing it himself and deciding on his own.

Resilience

The present study sought to provide a definition of resilience based on the experiences and perceptions of Filipino mental health professionals on the construct. All the participants claimed to be resilient. They further justified these claims by providing specific situations they personally encountered.

Southwick and colleagues (2014) argued that it is important to differentiate whether one is defining resilience as a *trait*, a *process*, or an *outcome*. The participants generally defined resilience as a process. Their definitions were further contextualized in their respective professions through the aspects they have provided which are: providing help, modeling, self-awareness and non-immunization.

Table 2. Definition of Resilience

Themes	Description	Sample Responses
Resilience as a Process	Enables individuals to positively adapt to adverse events and consequences.	<i>"Resilience is being able to bounce back in every difficult life experience and at the same time being able to continually help others effectively."</i>
Resilience as an Outcome	Resilience outcomes include positive experiences, maintenance of typical trajectory, or absence of negative experiences.	<i>"Resiliency is the product of knowing how to take care of yourself. Knowing how to ask for help so that you will know how to give help."</i>

Resilience as a Process

Leys et al. (2018) claimed that considering resilience as a process implies that it is something that can be developed. In addition, Luthar (2000) further postulated that resilience is a dynamic process that enables individuals to positively adapt to the consequences of trauma or adversity exposure.

Majority of the participants defined resilience as something that must be developed within oneself (Lualhati: *“Resiliency is something that must be developed.”*) Furthermore, Luthar’s (2000) definition implies that for resilience to be considered a dynamic process, both exposure to adversity and manifestation of positive adaptation to such adversity must be present, which is evident in the participants’ responses. For example, Ligaya said:

“Resilience is being able to bounce back in every difficult life experience and at the same time being able to continually help others effectively.”

In this definition, the presence of adversity or a difficult life experience is acknowledged and the manifestation of positive adaptation turned out to be the ability of a mental health professional to be able to effectively offer help. Another example would be Amor’s response which states that resilience is:

“Being able to persevere despite prevailing difficult circumstances.”

Amor’s definition is again consistent to the definition of resilience as a process because there is recognition of negative or stressful circumstances and an adaptive response, which is perseverance.

Aspects

The participants generally defined as a process that mental health professionals must possess in order to be effective in their work. However, the manifestation of resilience among mental health professionals may further be explained by four (4) aspects: *providing help, modeling, self-awareness, and immunization.*

Providing Help

Taylor and Shivers (2011) defined the helping profession as an occupation that primarily involves assisting individuals. The mental health profession is classified under the helping profession for it involves assisting clients and patients in their mental health needs. Barnett and colleagues (2007) argued that negative stressors significantly affect a mental health professional's ability to effectively assist others.

In the participants' definition of resilience, six (6) of them emphasized that their resilience is manifested especially when there are still able to positively affect a client or patient's productivity in life. For instance, Jose said that resilience involves: *"Helping a person to overcome this low self-evaluation or feeling of down."* The participants also believe that the very profession entails helping people with mental health concerns.

Bayani: *"Resilience as a mental health professional... I believe that we are all called to help people."*

The participants shared that they are able to demonstrate resilience when they experience stressful events themselves but are still able to offer help to those who need it. There is recognition of the importance of their respective roles in the needs of their clients/patients.

Table 3. Aspects of the Definition of Resilience

Themes	Description	Sample Responses
Providing Help	Mental health professionals believe that resilience in their profession entails being able to offer help despite going through adversity themselves.	<i>“Being able to help others and when I become an inspiration to somebody.”</i>
Modeling	Mental health professionals believe that in order to foster resilience among their clients/patients, they should develop it within themselves.	<i>“Yes, in order to help their clients/patients to overcome their issues/difficulties or whatever they are facing in their lives. The counselor must set the tone or model the desired behavior from the patient/client.”</i>
Self-Awareness	A resilient mental health professional recognizes that he/she also needs help when going through severe life events.	<i>“A mental health professional is someone who acknowledges that she is going through some challenges and that she might need time and support from others, and from here, she will bounce back again and help others more, gaining from all those struggles.”</i>
Immunization	Repeated exposure to stressful situations provides immunity.	<i>“Yes, because if not, I may not still be here in my work.”</i>

Modeling

Abaza and Nelson (2018) stated that demonstrating the skill of being resilient is beyond merely being understanding and supportive of clients’ needs. The clients need to see a model of a self-caring resilient individual in the shape of their mental health care provider for them to fully

understand what it means to be resilient. This is consistent with the participants' conception on the definition of resilience.

Amor: "In order to help their clients/patients to overcome their issues, difficulties or whatever they are facing in their lives, the counselor must set the tone or model the desired behavior from the patient/client."

This is particularly observed in Behavior and Cognitive Behavior Therapy where counselors or therapists function as teachers or mentors to help clients learn more effective behavior. In this manner, clients are able to observe and understand their problems better; therefore, enabling them to become more active and involved in the change process (Corey, 2013).

Self-Awareness

Self-awareness, a competency associated with resilience, is the product of reflecting on personal strengths and limitations (Grant & Kinman, 2015). It may further aid in the development of supportive interpersonal relationships that can decrease workplace stress. These ideas are consistent with the participants' view on the relevance of self-awareness in resilience.

Bayani: "Kasi kung 'di mo recognized yung weaknesses mo, how can these weaknesses be strengthened? Kung recognized mo yung weakness mo, kung alam mo ang mga kailangan mo, gagawa ka ng paaan para maging strength o maging strong ka." ("If you do not recognize your weaknesses, how can these weaknesses be strengthened? If you recognize your weakness, you would know what you need to do for it to be a strength or for you to be strong.")

Bayani emphasized the importance of recognizing one's weaknesses in developing oneself and cultivating one's strengths. Self-awareness also involves recognizing when one needs help in response to adversity. Ligaya: *"Resiliency is gained because the person knows how*

to ask for help when he needed help. That is why this person knows how to stand up and surpass the challenges and difficulties that will come his way because he is able to ask for help." Self-awareness is evident in Ligaya's statement in terms of accepting realities of one's psychological state, therefore knowing to ask for help.

Immunization

When an individual faces adversity, the balance within oneself becomes disorganized. Immunization happens when positive circumstances occur after such adversity and helps one to return to a healthy baseline; therefore, enabling one to have a more flexible emotional regulation system (Davydov, Stewart & Richie et al., 2010). The mental health profession involves a lot of stressful situations. In the same way, the participants recognized that if not for their resilience, they would not be practicing their profession for so long (Marisol: *"I believe I am resilient because if not, I may not still be here in my work."*) Marisol's statement may imply that being resilient helped her last in the profession for a long time. There is a recognition of how difficult the work circumstances are but her resilience helped her go through adversities in the profession. This may also mean that after experiencing several stressful situations, they have learned to cope, therefore, strengthening their resilience.

Lualhati: *"If I'm not resilient, I would have gone crazy or I would have committed suicide. Because at the peak of the most difficult time, those are the things that would come to your mind. And then I get to understand. Ah, kaya pala. Kaya pala may nagsu-suicide. Kaya pala may naloloka. Kasi minsan the pain is just too much. The suffering is just too much."* (If I'm not resilient, I would have gone crazy or I would have committed suicide. Because at the peak of the most difficult time, those are the things that would come to your mind. And then I get to understand. That's why people commit suicide. That's why people go insane. Because the pain is just too much. The suffering is just too much.)"

Lualhati talked about situations where negativity from different aspects of life happens at the same time, making it difficult for one person to handle. She further discussed how developing resilience prevented her from going crazy or committing suicide. Stress has been found to generally influence one's mood, well-being, and health. Stress experienced by young and healthy individuals may pose opportunities to develop adaptive responses. However, when older and overall unhealthy individuals are continuously stressed out, its effects are more long-term and health-damaging (Shneiderman, Ironson & Siegel, 2005). Marisol and Lualhati's responses reflected the consequences they personally think, may happen if they, as mental health professionals, were not able to develop resilience in their long work experience. The participants recognize and admit their vulnerabilities as humans. They were able to use their long work history and repeated exposure to the issues and concerns of patients and clients as an advantage in developing coping strategies. They were able to go through extremely stressful situation, ultimately deciding to stay in the profession.

Resilience as an Outcome

Harvey and Delfabro (2004, as cited in Hu et al., 2015) discussed that an outcome-oriented approach in defining resilience treats resilience as a behavioral outcome that can help people recover from traumatic or stressful events. Furthermore, Hilliard, McQuaid, Nabors et al. (2015, as cited in Rosenberg & Yi-Frazier, 2016) proposed that a resilient individual demonstrates normal emotional, behavioral, and physical outcomes despite being exposed to challenging life situations.

Different life experiences molded the participants into the kind of mental health professionals they are. The participants admitted that they were not as resilient at the beginning

of their professional practice but several factors came to play for them to become resilient. A resilient mental health professional is self-aware. He knows when he is facing severe life events. Despite the persistent and pervasive stressful situations, a resilient mental health professional is able to offer help to those who seek it. Resilience is beyond returning to one's original state after going through such situations, it is being able to prioritize the needs of others more than one's own and effectively offering help.

Lualhati: *"Resiliency is the product of knowing how to take care of yourself. Knowing how to ask for help so that you will know how to give help."*

Lualhati's definition sees resilience as an outcome which rooted from being able to take care of oneself after exposure to such adversities. Lualhati further views this outcome as something beneficial in the process of helping others.

In the attempt to describe resilience in the context of Filipino mental health professionals' experiences, the participants were also asked to describe how they view resilience in others. The responses were similar to the responses when they were asked to define resilience within their profession.

Bayani: *"When a person can admit that work and the world is stressful but can still say, "All is well.""*

Amor: *"The strength of the Filipino spirit. Never losing hope and always being positive and choosing to be happy no matter what."*

Ligaya: *"A person who is able to stay strong in the face of challenges."*

These findings are consistent with Charles Horton Cooley's (2002) concept of the looking-glass self. Cooley developed a theory of the self which was highly social in nature and used a mirror to describe his theory. The theory involves imagining what one looks like into others and consequently incorporating what was imagined into one's own self-concept (Dunn, 2007). What the participants expect from clients, patients, or the general population are the same with what they expect from themselves in terms of resilience. However, greater expectations are put on themselves for the believe that they received the necessary training and education needed in order to overcome severe life events and daily life experiences. They also carry the responsibility of being role models that their clients and patients may learn adaptive behavior from.

Contributing Factors to Resilience

This section presents the factors that the mental health professionals reported to have contributed to their resilience. The following themes have emerged: *self-related factors*, *environment-related factors*, and *competency-related factors*.

Self-Related Factors

Self-related factors are the factors within oneself that the participants believe to be innate and should be strengthened or developed in order to be resilient. The participants enumerated characteristics such as self-care, self-love, self-orientation, optimism, and openness as the factors they think have contributed to their own resilience. Taking care of one's mental health is just as important as taking care of clients or patients' health. Adopting self-care strategies was found to encourage resilient qualities such as optimism, self-confidence, hardiness, resourcefulness, and more during stressful situations (Lloyd & Campion, 2017). Richardson (2002) further added that

resilient qualities or protective factors are considered strengths and assets that help and individual overcome adversity.

Belief in a Supreme Being

Four out of ten participants believe that their closeness to the church have helped them become resilient. Mober (2005, as cited in Manning, 2014) argued that every person has the capacity for spirituality. Furthermore, spirituality involves awareness of current happenings, belief in a Supreme Being, and the transcendence of the self.

The participants demonstrated their spirituality in their professions by establishing their relationship with God and recognizing their faith. Amor, a guidance counselor said that her resilience is because of her *“strong faith to the One up there.”* Lualhati, on the other hand, believes that it is her calling to help other people by being a mental health professional.

Lualhati: *“When I say vocation, this is not just for work, this is a response to the call of God... So, I’ll be answerable to God if I do not do well here.”*

Jacoby (2002) reported that 85% of Filipinos practice Roman Catholicism amongst diverse religions in the Philippines. A significant amount of Filipino citizens practice and live up to their religious beliefs which is also true for a number of participants. They treat their current profession as something that their Supreme Being has entrusted to them and their every action is dedicated in its realization.

Lualhati’s response refers to Lassi & Mugnaini’s (2015) concept of religious social life. Religious social life involves spending time and resources for other people as a response to the call of religion. As she said, she considers her work as a vocation because she believes that God

has given her this profession to be used productively. This is also consistent with Richardson's (2002) Metatheory of Resilience and Resiliency where the influence of the belief in God or Creative Force is included in one of its postulates. The theory states that resilience is about finding the motivational centers within clients and in this case, the motivational center is God or the Creative Force. Richardson further said that faith in such force strengthens an individual's immune system likewise increasing other resilient qualities as well.

Attitude towards Work

The participants expressed that recognizing their work and the challenges that come with it, as well as considering the profession as a vocation contributes to their resilience. Lualhati shared, *"Many will study psychology and will work along this field but I think that the personal contribution or the personal thing that has helped me in this, is my view that this is more than work, that this is my vocation."*

Bayani added, *"Bakit sila kaya pa nilang ngumiti despite na may mga problema sila? Bakit sila kaya pa nila maging productive? So, ito yung questions ko sa sarili ko. Kung kaya nilang bumangon, kaya ko rin. At kung babangon man ako, titingnan ko rin bakit ko ba pinili itong psychology, itong field na 'to. So, dapat meron silang panghahawakan."* (*"How can other people still smile despite having problems? How can they stay productive? Those are the questions I asked myself. If they can rise up from challenges, so can I. And if I ever rise up, I would also look back on why I chose this field, psychology. So, they should have something to hold on to."*)

Table 4. Contributing Factors to Resilience

Themes	Description	Sample Responses
Self-related Factors These are factors that are within the self or directly attributed to the self that affect one's resilience.		
Belief in a Supreme Being	Recognizing one's belief in a supreme being as something within the self that helps one to go through adversity likewise attaining resilience.	<i>"My faith in God and my clearness that this is my vocation. Other than this is the work... profession that I need to do, I am very clear that this is my vocation. When I say vocation, this is not just for work, this is a response to the call of God... So, I'll be answerable to God if I do not do well here."</i>
Attitude towards work	This involves how the participants act upon the profession and the challenges that come with it.	<i>Many will study psychology and will work along this field but I think that the personal contribution or the personal thing that has helped me in this, is my view that this is more than work, that this is my vocation</i>
Environment-related Factors When participants think that they attained their current level of resilience by receiving support from significant others (friends, family, etc.) or by using significant others as a source of strength.		
Support	This includes circumstances within the participants' environment where receiving support greatly encouraged them.	<i>"Supportive environments around me – people who believe in me and who accept me with flaws and shortcomings."</i>
Motivation	This is when participants view their significant others as their motivation to persevere in life.	<i>"Love for my family. All my goals or aspirations are not just for myself but also for those who matter most to me."</i>
Competency-related Factors This involves accounts of events and opportunities in the participants' lives that enhanced their competencies as mental health professionals.		
Education and Training	Taking one's education further and practicing the profession in a real-life setting contributes to mental health professionals' resilience.	<i>"My experience because I think that even you have all the education, if you are not exposed to people and real experiences, your education will not be enough."</i>
Work Experience	This refers to situations where a participants' work experience influenced how they handle challenges in life.	<i>"It is not easy being a psychologist especially when at the point there are no organizations or institutions yet that would give you special training or requiring you to be licensed before you can handle a certain case."</i>

White (2002, as cited in Williamson, Health, Proctor-childs, 2013) said that vocation refers to a strong belief that one has been chosen to be a part of a specific profession. Furthermore, in the nursing profession or any other helping profession, vocation entails compassionate, caring, and concerned assistance or help offered to disadvantaged patients. The participants shared that viewing their profession this way contributed to their resilience for there is a recognition of the needs of the clients or patients and the recognition of their role in their clients or patients' healing process.

The participants believe that the challenge of being a part of the mental health profession contributed to their resilience, that it is the driving force that makes them realize why they need to overcome adversity. There are different personal reasons why one chooses to practice in a specific profession. For the mental health professionals, when work gets challenging, they tend to go back to the reasons why they decided to be in the profession in the first place. This practice helps them overcome hardships in the profession and generally, in life – because they are reminded of their purpose.

Environment – Related Factors

Wilks and Spivey (2010) stated that helping professionals enhance their resilience through several mechanisms which include social support. Sarason and colleagues (1985, cited in Grant & Kinman, 2015) further reported that individuals in supportive relationships get involved in stressful situations less and live physically and psychologically healthy lives instead. In the context of *Sikolohiyang Pilipino*, the importance of *kapwa* is emphasized. Filipinos prioritize *pakikipagkapwatao* or maintaining harmony in interpersonal relationships which

permits them to genuinely care for others (Ilagan, Hechanova, Co et al., 2014). In addition, Jocano (2001, as cited in Ilagan et al., 2014) suggested that the family, relatives, and *barkada* significantly influence Filipinos. Five (5) participants emphasized the role of their significant others in cultivating their resilience. Two sub-themes emerged under environment-related factors: *support* and *motivation*.

Support

Another factor that affects one's resilience is receiving support from significant others such as one's family, friends, partners, and more. This occurs when the participants think that receiving support from their loved ones helped them overcome stressful life conditions.

Lualhati: *"My good support system are my friends. I have the luck of having good friends, real good friends. Most of them are older than me. I have an old soul so most of my friends are older than me. So, they can understand what I'm going through even if I'm not saying it."*

Ligaya: *"...feelings of security and support from significant others."*

Social support refers to resources such as family, relatives, friends, colleagues, neighbors, and other significant people an individual receives help, approval, consolation, and protection from (Vedder, Boekaerts, & Seegers, 2005; Yildirim, 1997). Jocano (2001, as cited in Ilagan et al., 2014) identified family, kin, and *barkada* as the three most influential social units to Filipino workers. Jocano described the father, mother, and unmarried children or the family as the group Filipinos can turn to when they are in need. This is followed by the distant relatives or the kin, which provides the Filipino worker support when the family is unable to do so. Lastly, the *barkada* or a group of friends where one gains support from outside the family. Jocano

further stated that the *barkada* is an avenue for individuals to feel socially approved and accepted.

Motivation

In addition, participants also treat their significant others as a motivation or inspiration to get by as they face adversities in life. Motivation, as a psychological force, directs an individual's effort and persistence notwithstanding difficulties Lockwood (2010). It further gives mental health professionals direction and a goal to follow. In this case, the mental health professionals' identified motivation pertains to their significant others. Bayani elaborated, "*At the end of the day, mayroon ka pa ring uuwiang pamilya. May inspiration ka, may motivation pa rin ako. (At the end of the day, you still have a family waiting for you at home. You have an inspiration, you still have a motivation.)*"

At the end of the day, mental health professionals go home in the comfort of the people they consider family. They integrate their families into their respective life plans and use them as inspiration to move forward.

Amor: "Love for my family. All my goals or aspirations are not just for myself but also for those who matter most to me."

Yao, Franco, and Hechanova's (2005) revealed that money motivates Filipino workers the most for they use it for their families' needs. In addition, they found out that Filipinos tend to spend more for their families than for themselves. This signifies the importance of the family to the Filipino worker, which is also observed to be true in the situation of the mental health professionals.

Competency-related Factors

The following discussion involves the aspects within the participants' professional practice that they reported to have contributed to their resilience. This includes *education and training as a mental health profession*, and *work experience*.

Education and Training as a Mental Health Professional

As discussed in **Table 4**, the participants' education affected their resilience positively by helping them become knowledgeable of various coping strategies. First, Bayani shared that a mental health professional undergoes training to equip him or herself to whatever cases he or she might handle: *"Required kang i-equip ang sarili mo. Required kang mag-undergo ng special training, mag-aral kang mabuti para pag na-handle mo ang ganitong case, kaya mong tumayo."* (You are required to equip yourself. You are required to undergo special training, study hard so when the time comes that you have to handle cases like this, you can stand tall.") He further implied that mental health professionals are trained to rise up from difficulties.

Bayani: *"Darating sa point, may problema din ako. Darating sa point na nalulungkot din ako. Pero ang lagi kong iisipin dito, paano ako babangon. So, nagkataon lang siguro na trained tayo bumangon sa mga pagsubok. So, para sa akin, magandang senyales 'yun na ang mental well-being ko bilang psychologist ay attuned pa."* (There will come a point in time when I will have problems. There will come a point when I'll be sad. But I'll always think about how I can rise up again. Maybe it's coincidental that we (mental health professionals) are trained to rise up from challenges. So, for me, it's a good sign that my mental well-being as a psychologist is still attuned.")

Contrary to the participants' claims that mental health professionals are educated and trained to handle stressful situations due to the nature of their profession, Frajo-apor and colleagues (2015) determined the relationship of demographic factors to the resilience of mental

health professionals and non-healthcare-related professionals and found out that there is a positive relationship between one's education (measured in years) to one's resilience. Considering the years immersed in training or education for work, the general population is just as resilient as mental health professionals. This may be attributed to the difference in mental health awareness between Austria, where Frajo-apor et al.'s study was conducted, and the Philippines. Mental health awareness was just recently observed in the Philippines in the year 2016 when HOPELINE, the Philippines' suicide hotline was introduced for public use. In Austria, however, a decrease in suicide rate was already observed in 2009 when there was a reported increase in the number of psychotherapists in the country from 1991 to 2005 (Kapusta, Posch, Niederkrotenthaler et al., 2010).

Work Experience

In this study, the participants view work experience as a contributing factor to their resilience especially when a professional is exposed to real-life setting. Schein (1978, as cited in Kodama, 2017) stated that new employees experience reality shock when they start working. Reality shock is characterized by the discrepancies in the expectations and realities once an individual enters employment. Itomine (2013), however, reported that training in medical institutions as part of the internship program prevented reality shock. Bayani particularly expressed his doubts early in his career when his profession as a psychologist was not professionalized yet.

Bayani: *"It is not easy to be a psychologist lalo na kapag dumating ka sa point na wala pang masyadong organization or institution that would give you special training o kailangan licensed ka muna bago ka mag-handle ng ganitong case. Hindi nare-regulate. Parang, "Okay, dahil BS Psych graduate ako, may MA units ako, I can call*

myself a psychologist.” Pero the question here now is, “Am I equipped that time?” Di’ba parang everything is first time, wala akong experience. Pero ang tanong dito, kailan ka magkakaroon ng experience kung wala kang first time?” (It is not easy being a psychologist especially when at the point there are no organizations or institutions yet that would give you special training or requiring you to be licensed before you can handle a certain case. It was not regulated. It’s like saying, “Okay, because I am a BS Psychology graduate, I have MA units, I can call myself a psychologist.” But the question here now is, “Am I equipped that time?” It’s like everything is happening for the first time, I have no experience. But the question is, when will you gain experience if you don’t have a first time?)

The same was experienced by Beth, a Clinical Psychologist. The status of the mental health professionals who experienced practicing without a license due to the late professionalization of their respective professions is a relatively understudied topic on psychological research. This is another aspect of work experience viewed to be a contributing factor that may set different mental health professionals’ experiences apart.

Tibay: A Resilience Framework

Presented below is the proposed framework formulated based on the findings of the study. Almario (2010) defined *tibay* as “kakayahang makatagal o makatiis sa sakit, dusa, pagod, at iba pa” (“the ability to withstand or endure suffering, tiredness, and others”) and “kahigpitan o katigasan na hindi nagbabago o hindi sumusuko sa gitna ng presyon” (“unchanging firmness or strength in spite of pressure.”) The word *tibay* encompasses the experiences of Filipino mental health professionals in overcoming severe life events. Despite encountering grave and unexpected life circumstances, they were able to withstand and overcome such adversity.

Generally, studies are conducted either to contribute to existing knowledge about certain subject matters or to create a whole theory or proposition entirely from scratch. Studies are often

based on the observable patterns of behavior and are often carried out to contribute to the subjects' life situations. Studies on resilience, in the mental health context, frequently focus on psychologically diagnosed individuals. Only few aimed to uncover the mental health state of the individuals who help the patients function again. The proposed framework came to be with the goal of understanding the situation of Filipino mental health professionals better. It also offers ways to help them understand themselves and their colleagues better so they can strengthen resilience within themselves, therefore positively influencing their interaction with patients and clients as well.

The framework presents that Filipino mental health professionals' severe life events co-occur with their work responsibilities. These, in turn, facilitate their resilience which is also affected by contributing factors which include *self-related factors*, *environment-related factors*, and *competency-related factors*. Severe life events, work responsibilities, and the mentioned contributing factors work together in developing the participants' resilience likewise enabling them to become resilient mental health professionals.

The proposed framework sets itself apart from the compensatory, protective, and challenge models on resilience as the said models describe the mechanisms involved in the interaction between and among risk and protective factors which may either produce positive or negative outcomes. Models, frameworks, or theories such as Meichenbaum & Deffenbacher's (1988) stress inoculation, Lent's (2004) Model of Restorative Wellbeing, and Crane et al.'s (2018) Systematic Self-Reflection Model, on the other hand, sought to describe the role of stressors in the development of resilience.

First, the proposed framework is only applicable to Filipino mental health professionals including psychiatrists, clinical psychologists, counselors, and psychiatric nurses with a minimum of three years' work experience in Metro Manila. The mentioned resilience models focused on individuals experiencing distress, individuals who experience moderate daily life stress, or a combination of both.

Katatagan (Hechanova et al., 2015), an intervention program which consist of six (6) modules reflecting the processes the Filipinos must go through after such exposure to natural disaster. *Katatagan* and *Tibay* both reflects the Filipino culture as they both reflect an individual's belief in a Supreme Being and the drive obtained from social support.

Next, the models discussed above involves identifying risk and protective factors in order to describe resiliency process but the factors mentioned in the proposed framework solely refers to the factors that the mental health professionals believe have contributed to their resilience.

Lastly, all frameworks and models discussed aims to explain the mechanisms or processes that lead to the development of resilience within an individual in relation to various risk and protective factors and stressors. The proposed framework, however, aims to describe resilience in the context of overcoming severe life events as experienced by the mental health professionals themselves. The resulting framework is entirely based from their responses and experiences and was formulated accordingly.

Being a resilient mental health professional extends beyond merely maintaining strength in the process of overcoming severe life events. Being a resilient mental health professional

means recognizing and accepting that one is in fact not immune to stress, may it be in work or personal life. It also involves being able to provide help to those who need help despite undergoing stress themselves. These implications lead to the mental health professionals modelling resilience for their patients and/or clients to see and hopefully learn from.

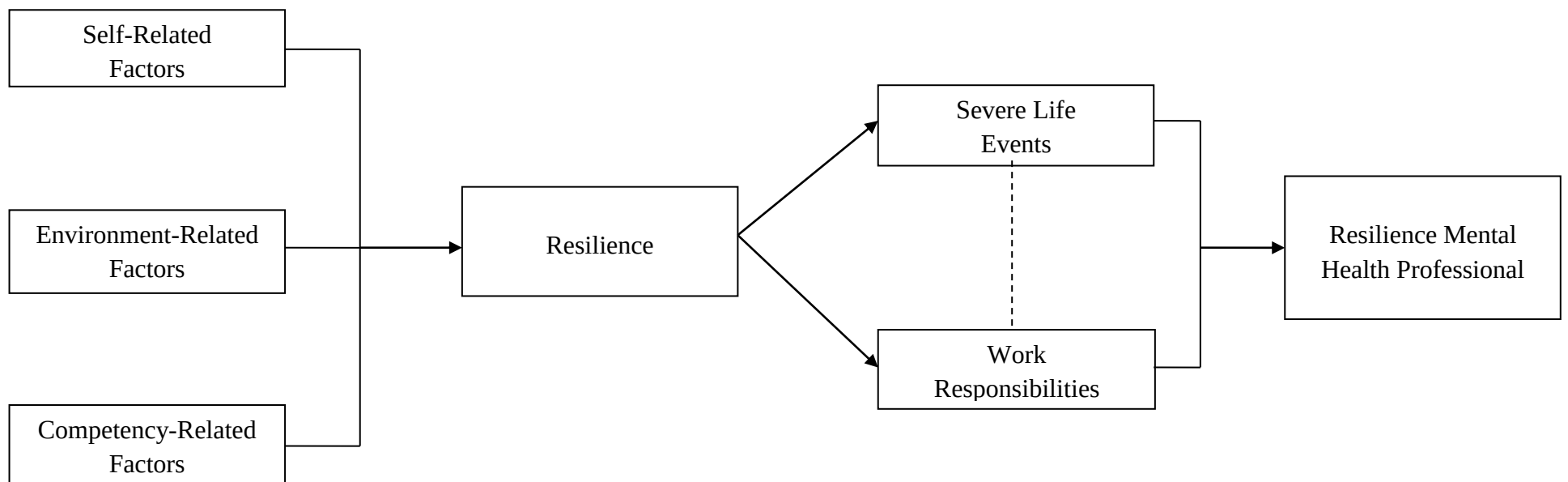


Figure 2. *Tibay:* A Resilience Framework

CHAPTER IV

Summary, Conclusions, and Recommendations

This chapter presents the summary of the study and its findings, conclusions and recommendations, and the limitations future researchers may address.

Summary of the Study

The present study aimed to construct a resilience framework based on the lived experiences of Filipino mental health professionals by first identifying their definitions of resilience as supported by their experiences. As a person who aspires to be a part of the mental health profession, the researcher chose this area to study in order to understand more about the profession itself and the respective professionals who breathe life into it. There are also few studies conducted on the said topic both locally and internationally. This research aimed to look deeper in the experiences of mental health professionals not only on actual practice but also the other aspects of their lives that affect their own well-being. The findings of the study shed light on the realities of the profession and give future professionals an idea what lies ahead.

The mental health professionals were aged 27 to 57 years old, all appropriately trained and licensed to practice their profession. All of them practiced their profession for more than three (3) years in Metro Manila. Their severe life events were verified through the use of the Life Events Checklist (LEC). Their experiences were analyzed through qualitative means, specifically through the phenomenological research design. Four areas were explored in order to fully understand their lived experiences; (1) severe life events, (2) work responsibilities, (3) definition of resilience, and (4) contributing factors to resilience. A total of 10 mental health professionals

participated in the study, one (1) psychiatrist, three (3) clinical psychologists, four (4) guidance counselors, and two (2) psychiatric nurses. The participants were interviewed in order to generate the necessary data which were consequently transcribed for analysis purposes.

Summary of Findings

The findings revealed that Filipino mental health professionals experience severe life events in practice. The themes that were generated are as follows: *work-related events*, *death or illness of a significant other*, and *personal life events*. Aside from the participants' original work responsibilities, majority of the participants reported being affected by other work-related events in their practice.

All participants claimed to be resilient mental health professionals and majority defined it as a skill that enables them to function normally despite facing stressful life occurrences which is further explained by four (4) aspects: providing help, modeling, self-awareness, and immunization.

Lastly, the factors that positively contribute to the participants' resilience were identified and they are as follows: *self-related factors*, *environment-related factors*, and *competency-related factors*.

The framework (*Tibay: A Conception-based Resilience Framework*) was formulated on the notion that mental health professionals also encounter adversity and that their situation needs to be understood as well. The framework outlines how Filipino mental health professionals

become resilient by presenting the factors contributing to resilience and how resilience works when Severe Life Events and Work Responsibilities co-occur in the participants' lives.

Implications to Counseling

Counseling theories, tools, and techniques have been formulated to address various mental health issues and concerns. These theories have basic theoretical presuppositions which served as the basis for every formulated technique. These theories and techniques, however, do not necessarily solve certain concerns instantly. The type of approach a counselor or therapist may choose to use on certain cases will depend on the overall context of the situation a certain client is in.

Tibay is based on the mental health professionals' conception on their own resilience. Components of the framework focused on their personal strengths and the respective sources of such strengths. Cognitive Behavior Therapy (CBT), pioneered by Donald Meichenbaum, involves helping clients understand how they perceive and understand themselves and their surroundings and to experiment with more adaptive ways of behaving (Corey, 2013). Clients' perception on their resilience in the context of overcoming severe life events may be obtained through counseling sessions. These shall then be the basis for devising the certain tools or home works to be used in counseling.

Tibay view resilience as something that can be developed. CBT models were also used to help individuals develop positive qualities and attributes (Fava & Ruini; Mooney & Padesky, 2002; Padesky, 2006; as cited in Padesky & Mooney, 2012).

Conclusions

As supported by the mental health professionals' experiences, resilience is a skill that they must have in order to positively adapt to the pressures and stressors with severe life events and work responsibilities present. It further involves awareness of one's strengths and weaknesses which aids in developing immunization in response to adversity. Practicing in the mental health profession entails effectively helping other people adapt to the challenges presented by the mental problems. Therefore, the professionals believe in the necessity of modeling resilience to enable clients or patients to fully understand and apply what they need to in order to be resilient. Lastly, the contributing factors should be emphasized and enriched to further advance one's resilience.

Recommendations

As the findings of the study presents the actual experiences of the participants, the resulting framework is also recommended to be used as basis for resilience strengthening programs to be developed. Since all the participants reported that they are resilient mental health professionals, the framework may be utilized by those who are not sure about their resilience and those who are training to be mental health professionals. The framework identified factors that contribute to a professional's resilience so it is recommended to focus the objectives of proposed programs on the said factors.

In terms of the methodological aspect of conducting research, it is recommended to obtain an equal number of participants per type of profession (psychiatrist, psychologist, counselor, psychiatric nurse, etc.) Number of years in the profession should be also be regulated

instead of providing a minimum requirement. Setting fixed gender and age criteria is further recommended in order to truly contextualize the research in a more identified sample.

An idea that arose in the data gathering part of the study involves the feelings of clinical psychologists who practiced before the professionalization of their profession was enforced through a licensure examination. It may have contributed to participants' resilience for there exists a point in their life that their practice is not legally regulated. Studying resilience in the context of every profession under the mental health umbrella is recommended in order to yield a more detailed definition of resilience based on the respective fields' contexts.

Limitations of the Study

The study is delimited to mental health professionals in Metro Manila for the convenience of data gathering. Well-known institutions such as the National Center for Mental Health and the Philippine Mental Health Association can be found in the said area.

Due to the qualitative nature of the study and its distinct data gathering procedure, the consequent results may be more than what the study originally anticipated. Other constructs, components, and factors unspecified initially were discussed in the results and discussion.

The most difficult challenge in conducting this research lies in the type of individuals it aims to study – mental health professionals. These professionals' schedules are packed because they would like to maximize the help that they offer to the Filipino citizens who need them so recruiting them to be a part of the study was difficult. Due to time constraints, the participants were only able to meet with the researcher briefly and follow ups were not possible. The

interview questions also revolved around sensitive and private life experiences that the professionals may have chosen to bury. As a result, some interview questions may have been skipped in order to prevent the researcher from triggering the participants' recalled stressful events.

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APPENDIX A

INFORMED CONSENT FORM

I am Roxanne C. Reyes, a student of Philippine Normal University. At present, I am working on my thesis entitled **A Resilience Framework Based on the Lived Experiences of Filipino Mental Health Professionals on Overcoming Severe Life Events**. This research is part of the requirements in the completion of my degree.

This consent form aims to determine your approval to participate in my study. Please refer to the following for your complete knowledge regarding my study:

a. Purpose of the study: The main objective of this research is to determine how Filipino mental health professionals describe being resilient. Further objectives are as follows: (1) define resilience in terms of the experience of Filipino mental health professionals on overcoming severe life events, and (2) identify the factors behind the mental health professionals' conception on resilience based on their experiences

b. Procedures: If you decide to participate in the study, you will meet with the researcher for a total of two (2) times, a day for the interview itself and another for the interpretation of the results. These will be scheduled on your convenience and no other assistance will be asked from you afterwards.

c. Risks and Benefits: It is likely that you will experience risks or discomfort during the interview for the research involves sharing of a severe life experience you had. Best efforts will be done to ensure your psychological well-being during your participation in this study.

d. Compensation: There will be no payment for your participation in this study. However, a token of appreciation for your participation will be provided.

e. Confidentiality: Only the researcher will have access to your answers in the interview. Confidentiality will be maintained by assigning aliases to all research participants. Past or present affiliation with institutions will also not be reported. If any portion of this research is published, no personal identification will be disclosed.

f. Participation and Withdrawal: You have the option to withdraw your participation at any point in time without consequence.

g. Identification of the researcher: If you have any questions regarding the research, please feel free to contact the researcher through this number 0917 833 2957 or e-mail reyes.rc@pnu.edu.ph.

Sincerely,


ROXANNE C. REYES
Researcher

REPLY SLIP

I have read the information above and hereby consent voluntarily that I,
_____ *will participate in the study.*
(Name)

Date: _____

Signature: _____

APPENDIX B

PERMISSION LETTER

LIFE EVENTS CHECKLIST (LEC)

by Blake, Weathers, Nagy, Kaloupek, Charney, & Keane, 1995

Dear (Name of Author),

Good day!

I am a student from Philippine Normal University. I was able to access an electronic copy of your Life Events Checklist (1995) and I would like to ask permission to use it for my research.

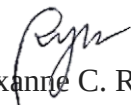
I would like to use your instrument under the following conditions:

1. I will only use your instrument only for my research study.
2. I will include the copyright statement on all copies of the instrument
3. I will send you a copy of my study which reflects the use of your instrument.

I hope the mentioned terms and conditions are acceptable to you.

I am hoping to hear from you soon. Thank you.

Sincerely,


Roxanne C. Reyes

APPENDIX C

PERMISSION FROM AUTHORS OF THE LIFE EVENTS CHECKLIST (LEC)



Frank Weathers

to me ▾

Tue, Oct 16, 7:04 PM



Hi, Roxanne. The LEC is in the public domain and may be used without specific permission. I wish you the best with your research project. FW



Kaloupek, Danny G.

to me ▾

Wed, Oct 17, 5:47 AM



Roxanne,

Thank you for your considerate message. The Life Events Checklist is a public domain measure, so you are free use it without explicit permission from any of the authors.

Good luck with your research.



Keane, Terry

to me ▾

Tue, Oct 16, 5:55 PM



Approve.

Thanks for writing.

Terry

Sent with Good (www.good.com)

APPENDIX D

LIFE EVENTS CHECKLIST (LEC)

by Blake, Weathers, Nagy, Kaloupek, Charney, & Keane, 1995

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally, (b) you witnessed it happen to someone else, (c) you learned about it happening to someone close to you, (d) you're not sure if it fits, or (e) it doesn't apply to you.

Be sure to consider your entire work history as a mental health professional.

Event	Happened to me	Witnessed it	Learned about it	Not Sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)					
2. Fire or explosion					
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)					
4. Serious accident at work, home, or during recreational activity					
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)					
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)					
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)					
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)					
9. Other unwanted or uncomfortable sexual experience					
10. Combat or exposure to a war-zone (in the military or as a civilian)					
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)					
12. Life-threatening illness or injury					
13. Severe human suffering					
14. Sudden, violent death (for					

example, homicide, suicide)					
15. Sudden, unexpected death of someone close to you					
16. Serious injury, harm, or death you caused to someone else					
17. Any other very stressful event or experience					

APPENDIX E

INTERVIEW GUIDE

Good day, ma'am/sir! I am Roxanne Reyes from Philippine Normal University and I am writing a research about the experiences of mental health professionals.

The purpose of the study is to explore your experiences as a professional, particularly your experiences in overcoming severe life events while practicing your profession.

Your role is simply to answer the questions I will ask. Your answers will be based on a significant severe life experience that greatly affected you. Of course, there will be no right or wrong answer.

One risk you might experience in this interview is that you will remember experiences that might have been hurtful to you. However, you may refuse to answer questions if you feel uncomfortable about them. You may also choose to stop the interview at any time. You have the freedom to choose to participate in this study or not.

The interview session will last for more or less an hour. Each interview is voice recorded. Your participation in this research is strictly between you and me. Your personal details will be kept confidential.

Your answers in the interview are very important in this study. A resilience framework will be derived from your responses, in hopes that current and future mental health professionals may benefit from this.

Do you have any questions?

APPENDIX F

LETTER FOR EXPERT VALIDATION OF THE INTERVIEW GUIDES

To _____

Dear _____:

Good day!

I am **Roxanne C. Reyes**, currently enrolled at the Philippine Normal University under the course Bachelor of Science-Master of Arts in Psychology and Guidance and Counseling. I am currently working on my thesis entitled ***A RESILIENCE FRAMEWORK BASED ON THE LIVED EXPERIENCES OF FILIPINO MENTAL HEALTH PROFESSIONALS ON OVERCOMING SEVERE LIFE EVENTS***. This is a phenomenological study on how mental health professionals exhibited resilience as they give meaning to their experiences in overcoming said life events.

In line with this, I would like to request you to share your expertise in validating my in-depth interview questions.

Please refer to the attached interview guide for the evaluation of the interview questions. Kindly evaluate the statements based on their representativeness and clarity in measuring the attributes of the concepts and constructs used in the study. Also, please evaluate the overall comprehensiveness of the interview questions in representing the study.

Thank you for your time and consideration. I am hoping for your favorable response.


Roxanne C. Reyes
Researcher/Student
09178332957
reyes.rc@pnu.edu.ph

A RESILIENCE FRAMEWORK BASED ON THE LIVED EXPERIENCES OF FILIPINO MENTAL HEALTH PROFESSIONALS ON OVERCOMING SEVERE LIFE EVENTS

Ms. Roxanne C. Reyes
Researcher

Please use this form to guide your review of the items. Kindly put a check (✓) mark in the column (accept, not reject, needs revision) to represent your evaluation on each item. Kindly use the *remarks* column for your suggestions on the items that need revision.

Please consider the following aims of the study:

- (1) Determine how Filipino mental health professionals describe being resilient.
- (2) Define resilience in terms of the experience of Filipino mental health professionals on overcoming severe life events.
 - 1.1. Explore how Filipino mental health professionals perceive resilience within themselves.
 - 1.2. Examine how Filipino mental health professionals perceive resilience in their colleagues.
- (3) Identify the factors behind the mental health professionals' conception on resilience based on their experiences.

INTERVIEW QUESTIONS	ACCEPT	REJECT	NEEDS REVISION	REMARKS
Global Question 1: Think of a severe life experience that co-occurred with your practice as a mental health professional. What was your initial reaction? Probing Question 1 What did you do at that time? Probing Question 2 How did you see yourself in the situation you shared? Probing Question 3 What characteristic do you think helped you at that time? Probing Question 4 What were you thinking before, during, and after the experience?				
Global Question 2: How do you think your resilience played a part in that particular experience? Probing Question 1 How would you define resilience in the context of your profession? Probing Question 2 How would you define resilience in the context of the experience you shared?				
Global Question 3: What image or description do you have in mind when you think of a resilient person? Probing Question 1 What image or description do you have in mind when you think of a resilient mental health professional?				

APPENDIX G

PERSONAL INFORMATION FORM

PERSONAL INFORMATION FORM		
PERSONAL DETAILS		
Name:		
Date of Birth:	Age:	Gender:
E-mail Address:		Contact Number/s:
EDUCATIONAL BACKGROUND		
Institution	Degree	Inclusive Dates
WORK HISTORY		
Institution	Job Title	Inclusive Dates

I hereby certify that the above information is true and correct.

SIGNATURE OVER PRINTED NAME / DATE

APPENDIX H

INTERVIEW GUIDE FOR PARTICIPANTS

Preliminary Questions

1. Kindly introduce yourself.
2. How many years have you been in your profession?
3. What is the most memorable experience you have had in your practice?

Interview Questions

1. Think of a severe life experience that co-occurred with your practice as a mental health professional. What was your initial reaction?
2. How do you think your resilience played a part in that particular experience?
3. What image or description do you have in mind when you think of a resilient person?
4. What things outside your profession do you think contributes to your resilience?

APPENDIX I

SAMPLE TRANSCRIPT

Statement of the Purpose 2:

Define resilience in terms of Filipino mental health professionals' conception on resilience based on their experiences in overcoming severe life events.

I:	You have read in the informed consent form that you would have to recall a severe life event that co-occurred with your practice, can you tell the story of one instance or experience in your personal life that might have affected your practice?		
		Theme	Description
P:	Going through crisis myself. No matter how well-equipped a person is, a time will come when you will meet a crisis in life, and one of these crises was when my mother had a stroke. And prior to that, my father died several years before the stroke and I'm the prime caregiver because I am the only single person among my family. All my brothers and sisters are married so I took responsibility of the caring of my father. But the more difficult one was with my mom. The severe experience was the financial challenge. My mother has always been strong, has always been capable and they have not asked for any help from us. But because the stroke was unexpected because she was healthy. She was healthy, we thought she was in good condition because she has never been sickly. So, it was a very big challenge physically because I have to take care of her 24 hours a day. I had been used to a life where I only take care of myself and I just help in the family but this is a very big challenge because I have become the mother of my mother. There was a change of role.	Severe Life Events Experienced by Mental Health Professionals	These are events experienced by the participants which they perceived to have affected their practice. Lualhati shared that the most stressful experience for her was when her mother experienced stroke. It had financial implications not only on her but also to other family members. She served as her mother's primary caregiver and it eventually took a toll on her own health condition.
		Sub-theme	
		Death or Illness of a Significant Other	These are stressful events caused by the death or illness of significant others such as close friends and family members.

Roxanne C. Reyes

0917 833 2957

Reyesroxanne.129@gmail.com

EMPLOYMENT HISTORY

- September 2019 – Present Human Resources Analyst
Shopping Center Management Corporation
- April 2019 – Present Research Assistant
CHED Dare to K to 12 Transition Funded Project: *“PNU BRAENS Program: Tracing Students’ Perception of Warmth and Competence of Teachers in the Classroom: Neural Activation Patterns Across Gender and Content”*
- January – July 2018 Student Assistant
Philippine Normal University Project Based Research Grant 7: *“Sexual Harassment in the Academe: Basis for Policy Development and Formulation of Intervention Programs”*

EDUCATION

- 2014 – 2019 Bachelor of Science-Master of Arts in Psychology and Guidance and Counseling Straight Program
Philippine Normal University – Manila
- 2010-2014 Las Piñas City National Science High School
- 2004-2010 Zapote Elementary School

TRAINING

- 2019 Intern
Maguad Psychological Clinic
- 2018 Field Study Teacher
Philippine Normal University – Institute of Teaching and Learning

SEMINARS/WORKSHOPS FACILITATED

- November 28, 2018 Working Committee
Orange the World: #HearMeToo, A Joint Campaign of Philippine Normal University and UN Women to End Gender-Based Violence
- November 20, 2018 Working Committee
Gender Sensitivity Training for Philippine Normal University Library Information Sciences

June 25-27, 2018 Working Committee
Monitoring Meeting of Gender and Development (GAD) Focal
Persons and GAD Research Updates

AWARDS

- 2019 Gawad Kinaadman (Academic Award)
Faculty of Behavioral and Social Science
Philippine Normal University
- 2017 Top 1
IV-11 BSMA Psychology Class
Philippine Normal University
- 2016 Top 1
Faculty of Behavioral and Social Sciences
Philippine Normal University
- 2014 Top 3
Philippine Normal University Admission Test

SCHOLARSHIPS AND AFFILIATIONS

- 2017 – 2019 Scholar
Peace Corps Alumni Foundation for Philippine Development
- 2014 – 2019 Scholar
Top 20 Philippine Normal University Admission Test
- 2014 – 2019 Member
Philippine Normal University Psychology and Counseling Society
- 2015 – 2019 Member
Psychological Association of the Philippines – Junior Affiliates
- 2017 – 2018 Vice President for External Relations
Philippine Normal University – College Y Club
- 2016 – 2017 Faculty of Behavioral and Social Sciences Representative
Philippine Normal University – Advocare