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A Phenomenological Study on The Formal Help-Seeking Experiences of Adults with Anxiety Disorders

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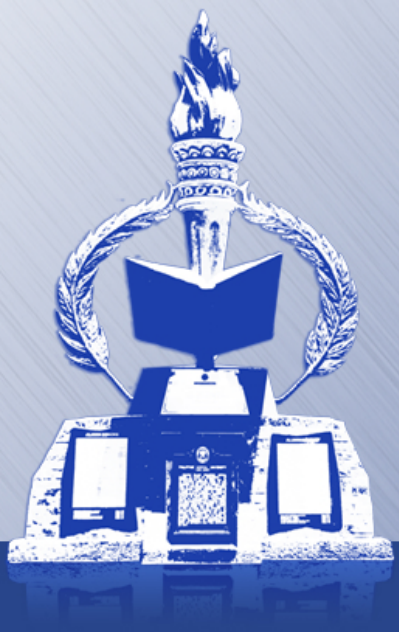

A PHENOMENOLOGICAL STUDY ON THE FORMAL HELP-SEEKING EXPERIENCES OF ADULTS WITH ANXIETY DISORDERS

A Thesis

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for the Degree of Bachelor of Science-

Master of Arts in Psychology and Counseling

GENNALYN N. MACOGAY

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Dedication

I wholeheartedly dedicate this work to my loving family, Lucy, Kim, Goldi, and Gan.

This is my way to give back all the love that you have showered me through the years.

I also dedicate this study to all the people who are battling with mental disorders.

May you always have the strength to keep on going!

Acknowledgement

The journey was long and the pathway is rough but it is all worth it in the end.

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ABSTRACT

Name : Gennalyn N. Macogay

Title of the Study : A Phenomenological Study on the Formal Help-seeking Experiences of Adults with Anxiety Disorders

Key Concepts : Adults with anxiety disorders, formal help-seeking experience, meaning of experience

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The aim of this study is to explore the formal help-seeking experience of adults with anxiety disorder. Five adults from Metro Manila who are diagnosed with anxiety disorder were interviewed for the study. Using a descriptive phenomenological approach, this research seeks to capture the views and meanings surrounding formal help-seeking to improve awareness and increase the level of formal help-seeking in the country. The study was motivated by the reported incongruence of the prevalence of mental disorders to the level of formal help-seeking. Phenomenological data analysis was employed to analyze the data, shedding light upon the sense-making of adults with anxiety disorder. Themes such as “help-seeking as the road to positive change”, “help-seeking as turning the light up to see through the darkness’, “help-seeking is transformative”, “help-seeking is prevention”, “facing financial constraints”, “realizing the lack of perceived need”,

"attaining support from family and peers", "doubting the experts and intervention", "negative impressions", and "perceived stigma" emerged from the data. The study revealed that adults with anxiety disorder view formal help-seeking positively, impacting their tendency to pursue professional help despite the relevant challenges. The researcher recommends that the role of significant persons in the formulation of views about formal help-seeking be explored. Inquiry on the formal help-seeking experience of individuals living in remote rural areas is also suggested. Finally, the researcher proposes a study on the identification skills of counselors for mental health concerns among school children.

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CHAPTER I

THE PROBLEM AND LITERATURE REVIEW

Background of the Study

Most people who suffered from mental health concerns were reluctant to seek professional help which includes psychiatric help, counselling, psychoeducational programs, among others. Studies revealed that the level of formal help-seeking was incongruent to the prevalence of mental disorders (Mateo & Pinggolio, 2018; Rickwood et al., 2012). This unequal proportion may be due to limited access to medical and psychological facilities. The importance of help-seeking included access to suitable care and improved mental health while early help-seeking was proven to make room for early interventions that prevented the risk of chronicity and progression of disorders. To minimize the risk of serious damage and recurrence, early detection and early treatment are deemed important. In order to encourage formal help-seeking, the experiences of individuals who went through the process of seeking formal help were studied.

Help-seeking was defined by Rickwood et al. (2012) as the adaptive coping effort to address mental health challenges by searching for assistance from external sources. The sources may include counselling centers, hospitals or religious-based organizations. Help-seeking has two main types—formal and informal. Formal help-seeking is defined as assistance from professionals who have a legal and acknowledged professional role in providing suitable advice, support, and/or treatment. Informal help-seeking is described as assistance from people who have a personal and not a professional link with the help-

seeker such as family and peers. In this study, formal help-seeking was defined as consulting and/or receiving treatment from professionals who are recognized by the law as mental health care providers such as psychologists, guidance counselors, social workers, and those who work under the medical field. Informal help-seeking, on the other hand, was explained as making use of personal relationships as sources of help rather than consulting with professionals. This type of help-seeking involved asking assistance from informal social networks such as family and friends.

According to Mojtabai (2009), many disorders such as anxiety and depression remained untreated despite their known crucial effects to the patients, their family, and society. Studies found out that suicide, work-related issues, decline in physical health, and financial loss were some of the expected outcomes of neglected mental conditions. Further, the study of Mitchell et al. (2017) reported that deferred diagnostic assessment led to the impediment of mental health care innovation. Anxiety disorders are identified as one of the two common mental disorders along with depressive disorders. Anxiety disorders were described as a category of mental disorders that featured excessive feelings of anxiety and fear as its distinct characteristic. This type of disorders included (American Psychiatric Association, 2013): Agoraphobia, Generalized Anxiety Disorder, Panic Disorder, Specific Phobia, Separation Anxiety Disorder, Selective Mutism, Social Anxiety Disorder, Anxiety Disorder Due to Another Medical Condition, Other Specified Anxiety Disorder, and Unspecified Anxiety Disorder. These disorders were regarded as "common" due to its high prevalence in the community. According to the reports of World Health Organization (2017), there were approximately 264 million people with anxiety disorders worldwide. Anxiety disorders were ranked as the 6th largest contributor

to global disability in 2015.

Adults and children alike were affected by anxiety disorders. According to the National Institute of Mental Health (2017), around 19% of adults and 31% of adolescents from the U.S. encountered any anxiety disorder in the past year. Levels of anxiety were different according to age, employment status, and income. The highest levels of anxiety were experienced by individuals between the ages of 35 to 59, in comparison to other age groups. Women and young adults aged 20–29 were the most likely to seek help for anxiety from their General Practitioner (Swift et al., 2014). Moreover, a significantly higher level of anxiety was reported by unemployed people compared to people who were employed. Likewise, a significantly higher anxiety levels were noted among individuals with low-income compared to those in the higher income groups. Research consistently showed that behavioral treatment was highly effective for treating anxiety disorders. Specifically, cognitive-behavioral therapy was a prominent form of treatment for individuals with anxiety disorders. American Psychological Association (2016) noted that in some instances, experts combined behavioral therapy and medication. While anxiety disorders were among the common mental disorders around the world, it was also one of the most prevalent mental disorders in the Philippines along with schizophrenia, depressive, and bipolar disorders (Lally et al., 2016).

The trends and issues surrounding this study revealed that most people preferred informal help-seeking. However, National Institute for Health and Care Excellence (2004) acknowledged the value of seeking formal help. In some countries, online and computer-mediated processes were recently available as an alternative of the traditional face-to-face assistance (Kato et al., 2011). This was categorized as another type of help-

seeking aside from the two main types. Help-seeking among individuals along with its facilitators and inhibitors had various explanations across cultures. A study conducted by Bentil and Bentil (2015) showed that the factors affecting help-seeking were related to trusted relationships, characteristics of the care provider, accessibility, characteristics of the mental health condition, characteristics of the help-seeker and other issues. The study yielded only one facilitator to help-seeking which was trusted relationship. This proved that people preferred seeking help from those with close relationship such as their parents and friends. The rest of the study's findings were barriers to help-seeking. Among the several barriers were the characteristic of the care provider. For instance, some care providers were reported to have dual relationship with the client such as being a counselor and a teacher at the same time. This caused clients to hesitate on seeking help. Meanwhile, the study of Wuthrich and Frei (2015) mentioned that the previous help-seeking experiences of individuals and even experiences of others were one of the major factors affecting help-seeking. The opinions of acquaintances regarding the effectiveness of treatment were important factors to pursuing help. Moreover, an online survey identified difficulty in conveying concerns, perceived stigma, and preference for self-reliance as barriers to help-seeking. The same study found that 35% of participants experiencing emotional or mental health difficulties did not engage in any type of help-seeking (Salaheddin, 2016).

While numerous factors affecting help-seeking were mentioned, stigma was the most prevalent factor that impeded help-seeking. Stigma was described as a socially structured phenomenon that labelled individuals as different based on their inability to meet dominant social norms. In the mental health context, stigma was defined as the

negative judgment and labelling due to mental health service use (Li, 2016). Stigma has two main types: public stigma and self stigma. Public stigma was described as society's rejection of a person due to certain behaviors or physical appearances that was deemed unacceptable, dangerous or frightening while self-stigma was described as an internal form of stigma, wherein one labelled oneself as unacceptable because of having a mental health concern. In the Philippines, a study by Tanaka et al. (2018) revealed that Filipinos with mental health problems experienced lowered social connections and opportunities due to stigma. Moreover, stigma caused a threat on their family's economic survival and made their mental health issues worse. The author concluded that the current stigma-reduction schemes might have limited effectiveness over cultural context.

WHO gathered significant data about the status of mental health globally. In 2018, it was revealed that about two-thirds of individuals with a recognized psychological disorder never sought help from formal sources despite the treatments being available. In 2017, it was reported that about 25% of countries around the world have no mental health law while 40% have no mental health-related policy and more than 30% have no mental health scheme. Additionally, the poor were found to be more vulnerable both in terms of the tendency to acquire a mental disorder and the lack of access to medical care. Greater susceptibility of the poor came from continuous exposure to severely stressful events, dangerous living conditions, and poor health in general. A vicious cycle of poverty and mental health disorders arised from the lack of access to low-cost treatments that led to worsened illness.

A number of literatures emphasized that help-seeking for mental health problems is generally low. For instance, a Singapore-based study by Chong (2012) indicated that

only 15.7% of individuals with mental disorders sought help from mental healthcare providers. Studies conducted in Asia yielded the following barriers to help-seeking: somatization, shame and "face saving," linguistic barriers, inadequate number of culturally competent mental health professionals, value conflicts with service providers, being not familiar with the Western mode of mental health services, and negative attitudes toward seeking psychological help (Lee, 2007).

In the Philippines, Tuliao (2014) revealed that there was lack of information about the help-seeking of individuals with mental health concerns. Several factors, however, were known to affect the help-seeking of people including preference for informal help, *hiya*, loss of face, (Tuliao, 2014), self-reliance, lack of trust among mental health experts (Mateo & Pinggolio, 2018), financial concerns, and stigma (Mateo & Pinggolio, 2018; Tuliao, 2014).

The current study evolved out of the interest to explore the experiences of adults with anxiety disorders who sought treatment from professional mental healthcare providers. Formal help-seeking experience was rarely studied. Help-seeking was qualitatively studied in the past but in terms of help-seeking behavior. Existing studies about help-seeking behavior focused on individuals with depression (Doblyte & Mejias, 2016; Magaard et al., 2017). Additionally, past studies focused on the quantitative measure of help-seeking attitudes and intentions. A qualitative study provided a richer, in-depth, informant-centered analysis of the subject matter on a less-explored population. The task was interested in understanding the point of view of the said population with regards to the challenges and impact of formal mental health help-seeking. Furthermore,

the researcher aimed to conduct a study that will be useful in increasing the formal help-seeking among Filipinos.

This research aims to support the utilization of mental health services by increasing formal help-seeking in the country. By analyzing the experiences of adults with anxiety disorders on mental health services, factors that impede and motivate formal help-seeking are determined. Through the participants' experiences, a number of implications about help-seeking were documented, providing information on how formal help-seeking can be improved. Information gathered is aimed at raising adults' help-seeking on formal sources. When this happens, underutilization of mental health facilities will be minimized.

The novelty of this research was established through the participants who were considered a less explored population especially in the Philippine context. While every individual may experience anxiety, only few people consulted and were diagnosed by mental health professionals. There is a lack of published studies about people with anxiety disorders in the Philippines. The researcher feels the need to address this gap through conducting a research about this population. As far as it can be determined, this is the first qualitative study about formal help-seeking that explored the experiences of adults with anxiety disorders. The age group that the researcher chose were adults because the highest levels of anxiety were experienced by this group. A number of foreign studies were previously conducted to study help-seeking, however, new studies shall be conducted to aid the modest number of recent studies on this topic, especially in the Philippine context. The cultural relevance of researches has been a concern that must be addressed, thus local literature needs further attention. Based on several articles, there

has been a lack of information about the mental health help-seeking of Filipinos aside from the fact that mental health facilities have been underutilized.

The complexity of this study can be found on its qualitative nature, wherein data are collected from a small population that passed a certain criteria. Other challenges in conducting a qualitative study include gathering participants who are proven eligible for the study and who show willingness to disclose personal experiences.

Significance of the Study

The current research aims to advance the field of study by describing the personal, social, and environmental experiences related to help-seeking in a sample of adults who were diagnosed with anxiety disorders and had received formal help. The findings of this study would have profound importance to adult participants with anxiety disorders, other adults with anxiety disorders, psychologists and counselors, educators & students, community, parents, and other researchers.

Adult Participants with Anxiety Disorders

The findings of this study will be beneficial in exploring the mental health needs of adults with anxiety disorders. Understanding these needs will lead to increased awareness and improved willingness to continue treatment if needed. The findings of this study provided valuable information to help mental health professionals, community leaders, and educators develop interventions to improve the mental health status of adults with anxiety disorders.

Other Adults with Anxiety Disorders

This study will allow adults with the same characteristics as the participants to learn from the experiences of others. The findings of this study reveals information that will enable other adults with anxiety disorders to relate to the outlook and sentiments of this study's participants. Hopefully, this study will encourage them to pursue treatment just like the informants of this study.

Psychologists and Counselors

This study imparts significant information that will aid mental health experts such as psychologists and counselors in achieving their duties to people who suffer from mental health issues. It will be important for the experts to be highly knowledgeable on both help-seeking and anxiety disorders because they will be the ones who are expected to assess conditions and develop treatment plans related to mental health concerns. Further, counselors and psychologists must be able to provide comprehensive information to the community especially to those who will be affected and concerned. As the experts in the country, it will also be the mental health professionals' mission to help people overcome the barriers to seeking help. This study will assist the dissemination of relevant mental health information in order to promote the services offered by the mental health professionals in the country.

Educators and Students

The information yield from this study will impact students' beliefs and attitude towards anxiety and help-seeking. Knowledge together with values will lead to minimizing stigma and making the school friendlier to people with mental health

conditions. Increased awareness among students and teachers about anxiety disorders will help widen the chance of early detection and treatment among students who show signs and symptoms of anxiety disorders. Early intervention on a possibly progressing condition will prevent the development of disorders among students. The researcher hopes that increased awareness will help students and teachers assume responsibility of the ways in which they can take care of their and others' mental health.

Community

This study provides understanding of the help-seeking experiences of individuals with anxiety disorders. The information gathered included client needs that must be addressed and problems surrounding help-seeking. With knowledge gained, the community can develop programs for mental health care. Programs will be aimed at different goals such as financial support, improving the quality of service, and spreading awareness**.** By improving the mental health of adults which is the expected long-term outcome of this research, adults, in return, will become productive members of the community.

Parents

Children depended on their parents with matters regarding health. For instance, minors will need a guardian when paying a visit to the doctor. For this reason, parents will need adequate amount of knowledge regarding health such as in treatment and medicine. Through the current study, parents will have increased awareness on anxiety disorders and formal help-seeking. The knowledge they will gain may give them the chance to educate their children about mental health. Important information regarding

mental health will become a way to eliminate stigma and fear of being judged among youth. Parents of sufferers of mental disorders will have the chance to: understand the challenges that their children face; help them overcome these concerns; and extend this help by seeking professional help.

Researchers

Local studies about a less explored population will encourage researchers to conduct more domestic studies that will fill the research gaps. Since it was reported that there is a low psychological research output in the Philippines, studies such as the current research was conducted to add to the existing body of literature. Local studies must be enriched so that researchers can use it as reference for other studies as well as in making interventions. Local studies are as important as studies from abroad because culture and context will affect a study as a whole.

Literature Review

The following literature presented in this review focused on help-seeking, factors affecting help-seeking, adult mental health, and anxiety disorders.

Help-seeking

According to Hinson and Swanson (1993), people chose to receive help from their close relatives or family; and if this did not work well, they shifted to professional help (as cited in Erkan et al., 2012). In other words, people generally saw professional help like psychological counseling as a last option and sought it only if their own efforts to solve their problems were not fruitful. Correspondingly, several studies revealed that underutilization of mental health services did not imply the absence of help-seeking.

Chong et al. (2005) claimed that Asian people preferred to seek help from informal social support networks or alternative and complementary healing systems. For instance, a survey based in the Philippines indicated a notably higher predilection for seeking help from family and peers rather than seeking help from formal sources, wherein only 22% of students sought professional help (Tuliao, 2014). Additionally, Filipinos consulted with an "albularyo" (herb doctor, witch doctor, folk healer) as a common help-seeking practice. Filipinos who observed a different culture and lived in the far provinces accessed the treatment services of an indigenous healer. The indigenous healer was known to treat both physical and behavioral problems. The tendency to consult folk healers rooted from the Filipino misconceptions of mental disorders. Tuliao (2014) referred to the ideas of Tan (2008) which suggested that some manifestations of the disorders were thought of as spirit possessions or a consequence of disturbing a spirit.

A study by Tuliao (2014) reported that mental health services in the Philippines were underutilized. The underutilization of mental health facilities indicated a poor formal help-seeking among Filipinos. Recently, mental health illnesses were the third most common form of morbidity for Filipinos but only few people sought professional psychological help. Underutilization of services was attributed to several factors such as inadequate state facilities, lack of professional service providers, and costly services. Some studies examined the relevance of cultural attitudes and help-seeking behaviors to the underutilization of treatment services among Filipinos. Results pointed out that seeking professional help was hindered by several cultural variables such as collectivist beliefs, shame, and stigma (Caoile, 2015; Tuliao, 2014).

Factors affecting Help-Seeking

Stigma on Persons with Mental Disorders

Over the course history, people with mental illness were stigmatized. Extensive publications about discrimination and stigmatization on sufferers of mental health disorders were documented. Reports indicated that the stigmatization of people with mental illness was pervasive and that seeking professional psychological help brought embarrassment to individuals who sought help. The fear of being stigmatized by others often led people to avoid professional help. A study conducted by Hanisch and colleagues (2016) stated that one of the circumstances that affected formal help-seeking was the expected and actual discriminating behaviors towards individuals with mental disorders. Further, once stigma was internalized by people, this decreased the likelihood that they will seek help. Some studies suggested that the root of stigma was media influence and lack of exposure to educational information concerning mental health disorders (Mukolo and colleagues, 2010).

Social distance was one of the other effects of stigma. Social distance was intensified due to the labels that were attached on people with mental illness such as being hostile and dangerous (Zartaloudi & Madianos, 2010). Because of the labels, a lot of parents were in fear that their son or daughter may be subjected to social rejection and singled out as abnormal once diagnosed. Hence, parents were in denial of the fact that their child was in need of professional assistance. Likewise, a study by Marks and Morales (2017) found that parents were afraid that their children may be treated badly, stereotyped, and discriminated once they received counseling services. Negative

perceptions about people with mental illness led to the concealment of health needs and reluctance to medical attention in order to stay away from the repercussions of stigma (Corrigan, 2004). A study by Collins et al. (2014) showed that the prevalence of stigma related to mental illness was higher in older adults than younger adults in California. Further, 25% percent of the participants found people with mental disorders dangerous and about the same number stated that they were reluctant to live close to someone with a mental disorder.

Perceived Need

Over the course of history, perceived need is identified as one of the determinants to service use. Various studies denoted that without perceived need, people were not likely to use services. Bonabi et al. (2016) reported that perceived need for treatment predicted the use of mental health services such as psychotherapy and intake of medication during follow-up. In agreement to previous findings that people who were lacking perception that they need help were unlikely to gain treatment with mental health issues, a study by Codony et al. (2009) revealed that most people had poor perceived need and increased perceived need likely increased one's help-seeking. A study about the Andersen Behavioral Model identified need (both perceived and evaluated) as one of the three main factors determining health behavior alongside enabling resources and predisposing characteristics. In Andersen's model, perceived need referred to a person's outlook about his own health care needs while evaluated need was the opinion of a professional about a person's need for treatment. Low perceived need was the most commonly-reported barrier to treatment across participants from twenty-four countries (Andrade et al., 2014).

Facilities

The availability and accessibility of facilities played a major role in the help-seeking of people with mental health concerns. In a study based in Ethiopia, it was found that only 17.3% of respondents with common mental disorders accessed formal sources of help while 82.7% sought informal help (Kerebih et al., 2017). The number of individuals who engaged in informal help-seeking was significantly higher compared to USA (18.6%) and London (33.6%), wherein both were developed countries. Therefore, availability and accessibility of facilities were identified as the possible cause for the huge difference. In relation to this, Umubyeyi et al. (2016) affirmed that mental health care resources were lacking as evidenced by the number of people who sought mental health help from district hospitals and health centers compared to the number of people who accessed the services of mental health professionals. The yearly expenditure on mental health as per the report of WHO's Mental Health Atlas (2011) was approximately US$ 2 per head and US$ 0.25 per head in low-income countries. In spite of mental hospitals being associated with unsatisfactory health outcomes and human rights violation, 67% of the available funds were allotted to mental hospitals.

In the Philippines, the facilities that are intended to provide mental health services are deemed undeveloped and inadequate. As reported by World Health Organizations Assessment Instrument for Mental Health System (WHO-AIMS, 2006), only 5% of Department of Health's yearly budget was allocated for mental health. And of that, 95% went to operational costs such as maintenance of institutions and personnel's salary. Even though there are public and private mental health care facilities around the country, accessibility is still a concern since most facilities are located in the National Capital

Region. This circumstance made it disadvantageous to those who are living in the far provinces. According to reports, outpatient facilities in the country are 46 hospitals in total while community residential facilities are 4 hospitals. Institutions providing tertiary psychiatric care are only two namely National Center for Mental Health and Mariveles Mental Hospital. The former has 4,200 beds and the latter had 500 beds. National Center for Mental Health had 12 affiliated satellite clinics situated all over the country. Current problems on institutions especially in outlying facilities include overpopulation, defective units, constant staff shortage, and financial restraint (WHO, 2014). Some of the government-run specialized institutions are the National Center for Mental Health in Mandaluyong City, Cavite Center for Mental Health in Cavite, and Mariveles Mental Ward in Bataan. Additionally, Philippine General Hospital in Manila has a psychiatric ward as well. Moreover, private hospitals such as Makati Medical Center, University of Santo Tomas Hospital, University of the East Ramon Magsaysay Memorial Medical Center, and Metro Psychotherapy Facility also offer mental health care services (Magtubo, 2016).

Professionals

WHO (2013) examined the extremely inadequate number of specialists and general practitioners who handled mental health cases in low-income and middle-income countries. Generally, the ratio of psychiatrist to patient is 1 is to 200,000 while trained providers of psychosocial interventions are more insufficient. In addition, basic medicines for mental disorders in primary health care are remarkably limited when compared to the availability of medicines for infectious diseases and non-communicable diseases. The use of such medicines is also circumscribed due to the shortness of licensed

staff who can prescribe medications. Further, non-pharmacological techniques are also lacking as well as trained authorities to administer these interventions. People with mental disorders find such factors as significant impediment to formal help access. Consistent with the findings of WHO, Magtubo (2016) reported that there was a lack of psychiatrists in the Philippines. There are only 700 psychiatrists and 1,000 psychiatric nurses in the country for a population of over 100 million. Unfortunately, majority of these psychiatrists are self-employed or working in private clinics. Most of the clinics are situated in urban areas specifically in Metro Manila. These reasons deprive many indigent sufferers of medical admission and support. WHO (2014) recorded the ratio of mental health workers per 100,000 population. There are 0.07 psychologists, 0.49 mental health nurses, and 0.52 psychiatrists. The numbers are significantly low especially when contrasted with World Health Organization's suggested global target of 10 psychiatrists per 100,000 population. Because a number of trained specialists moved overseas, this shortage in personnel is even worsened. When compared to other Western Pacific Rim countries with similar economic status, the ratio of mental health workers per Philippine population is low. To detail, Philippines had 2-3 mental health workers per 100,000 population while Malaysia had 4.9 workers for the same number of population and Indonesia had 3.1 for the same population quantity (WHO, 2006). Collectively, a serious lack in mental health specialists in the Philippines is inferred.

The Philippine law permits four professions to offer services linked to mental health. Through Republic Act No. 4373 of 1965, social workers are acknowledged as mental health service providers together with guidance and counseling practitioners (Guidance and Counseling Act of 2004), psychologists (Philippine Psychology Act of

2009), and those who work under the medical field. According to Tuliao (2014), from 2008 to 2012, there were approximately 134 counselors who passed the Guidance Counselling Licensure Examination while the official records of Psychological Association of the Philippines show that there are 24 experts on developmental psychology, 82 practitioners on counseling psychology, 98 assessment psychologists, and 114 clinical psychologists who are expected to be skilful in providing psychological services.

In the school setting, there was a severe shortage in registered guidance counselors (RGCs) as reported by Valdez (2018). The ratio of a guidance counselor to students as mandated by DepEd's staffing standard is 1:500 in elementary and secondary schools. If this staffing standard is abided, public schools need at least 41,000 RGCs, while private schools need at least 5,000 RGCs. However, this staffing standard is not being strictly implemented since there are only 3,220 registered guidance counselors in the Philippines as of July 2017. A related concern is mentioned, pointing at the requirement to be a holder of a master's degree to be able to get a license for guidance and counseling. As a result, teachers are positioned as guidance personnel or guidance teacher even though they are not qualified for the job. Given the said circumstances, it is impossible to enforce RA 9258 at present or in the near future.

Costs

Financial burden is one of the obstacles to obtaining necessary course of treatment. People with mental health concerns have always considered the cost of mental health services as a barrier to seeking care. In the same way, people indicate worry for the

lack of health insurance coverage. To describe, 47% of the participants in the study of Sareen et al. (2007) who were diagnosed with anxiety, mood, or substance use disorder mentioned that they did not take mental health assistance even when they thought they needed it because of the anticipated cost and the absence of health insurance. WHO (2013) disclosed that in high-income countries, the number of individuals with severe mental disorders who do not receive treatment is between the range of 35% to 50%. This is relatively low compared to low-income and middle-income countries with the range of 75%-85%. Laws, plans, and policies regarding mental health is also compared between high-income and low-income countries wherein 92% of high-income countries' population are covered with mental health laws while the corresponding number from low-income countries is only 36%. Further, Umubyeyi et al. (2016) stated that among the concerns of individuals regarding seeking formal help were the inability to pay the fees and not being registered in a health insurance. In a global context, funds for mental health services most frequently come from the government while the second most commonly cited source of budget is non-government and non-profit organizations. The third is employers providing social health insurance while family income came last (WHO, 2014).

Philippines' mental health services are deemed to be unreachable and restrictive due to cost. These claims indicate that economic issues are needed to be considered when exploring formal help-seeking. To demonstrate, Tuason et al. (2012) revealed that a counseling session in the Philippines amounts to PHP 500 to 2,000 while an average Filipino employee has a daily minimum wage rate of PHP 475. Similarly, a recent study depicted that a session with a private psychiatrist in Metro Manila costs around PHP

2,000. Commonly, a patient comes twice a month, although the frequency of a patient's consultation depends on their condition. Moreover, medicines are costly with anti-depressants costing about PHP 120 per tablet while other medicines costs around PHP 240 per tablet. Furthermore, Moneymax (2017) denoted that members of the Philippine Health Insurance Corporation (PhilHealth) are entitled to avail psychiatric consultations just like regular medical care covered by their membership benefits. Private health insurance corporations, on the other hand, were yet to include medicines and medical appointments accompanying mental health. Considering this information, a consultation with mental health care providers may be considered costly since cheaper options are available. WHO and DOH (2012) claimed that 50% to 70% of the public experiencing mental health concerns are expected to resort to alternative and folk medicine (as cited in Tuliao, 2014).

Help-seeking Preferences

Studies revealed that both men and women with emotional concerns prefer to seek help from friends and trusted people in the community than from professional health care services. Likewise, a study by Kerebih et al. (2017) found that only half of the participants with common mental disorders sought help and 83% of these participants chose to receive help from informal sources. In addition, a London-based study by Brown et al. (2014) conveyed that adults sought informal help twice as often as formal help. 69.3% of those who sought professional care also accessed informal help while majority of those who resorted to informal help never received formal help. The previous studies evinced the Network Episode Model of Pescosolido et al. (1991). The model stated that at times of emotional distress, to gain support from informal sources is necessary.

Reportedly, people who have close relationships with the sufferer commonly provide suggestions, information, and moral support.

To determine help-seeking preferences among adults, the question "When you have mental health problems, what mental healthcare organization would you most likely seek help from?" was asked to the participants (Yu et al., 2015). Results showed that almost 80% of adults conveyed intentions to seek professional care in the event that they had a serious psychological disturbance. From that 80%, approximately 60% declared that seeking help from friends and relatives did not make them feel embarrassed. The number of participants who selected healthcare facilities as their top choice for psychological health is great at 72.4%. The use of brochures, hotlines, and lectures are the top favored approaches with respect to mental health knowledge and service. In relation to this, James and Buttle (2008) figured out that younger adults preferred seeking help from general practitioners (55%), partner or spouse (32%) and friends (21%) while older adults chose general practitioners (65%), friends (20%), God (18%), religious leader (18%), and psychiatrist (18%).

Past Experience with Help-Seeking

Coppens et al. (2013) believed that through previous encounters with help-seeking, people gained knowledge about mental health. Knowledge is an important element in the process of seeking help. Gulliver et al. (2010) revealed that past experience with help-seeking affected people's convictions about seeking mental health-related help. Past experiences refer to one's own experiences as well as the experiences of other people who consulted mental health care providers in the past. Naturally,

treatment-seeking behavior is positively influenced by positive experiences with prior mental health services. In addition, Vogel et al. (2007) proposed that one's viewpoint about professional sources of mental health support was passed on to one's social connections to a certain extent (as cited in Kearns et al., 2015). Moreover, the opinions of one's social circle were a crucial deciding factor as to whether a person will engage to formal sources of help or not. For instance, college students who consulted mental health professionals are often times acquainted with fellow seekers of the service. A more optimistic outlook about formal help-seeking is noted from students who are acquainted to people who have past experiences with professional help.

Needless to say, not all experiences, however, are positive. Negative experiences when communicated to peers bring about adverse effects to attitude towards help-seeking. A review by Rickwood et al. (2005) discovered that negative experiences on help-seeking impeded future help-seeking intentions and terribly affected attitudes concerning formal sources of help. Some negative experiences mentioned were when issues were taken lightly and when clients perceived that the session was not helpful at all.

Adult Mental Health

National Health Service Digital (2015) emphasized that on a weekly basis, one in every six adults suffered from symptoms of a common mental health issue, among which are anxiety and depression. The study found out that adults more commonly sought help from their family and that the severity of their condition affected their decisions to seek help. WHO (2016) revealed that depression was higher among individuals with physical

conditions compared to those who were physically fit. Moreover, one in five adults had suicidal thoughts at a certain point. Unfortunately, only a third of adults sought medical diagnosis even when roughly half of them suspected that they had a specific mental health issue.

Mental Health Foundation (2016) claimed that throughout an adult's working life, they will encounter a series of changing mental health states like good to poor mental health. Across the UK, research suggested that 64% of individuals with common mental health problems are employed. Hence, approximately 4.6 million individuals in the workforce probably experienced a common mental health concern. In other words, there is 1 in every 6.8 working people who have troubles regarding mental health.

Social relationship is also evidenced to affect adult mental health. Edwards et al. (2016) reported that stable relationships and marriage brought about positive outcomes to both mental and physical health particularly mortality and lower morbidity. Greater life satisfaction, reduced stress levels, lower blood pressure, and better heart condition were noted from individuals involved in a steady relationship compared to individuals who were single. Broadly, a decline in social ties occurred during adulthood. Reports indicated that only 10% of an adult's time was being spent with friends. A survey by Sherwood (2014) pointed out that 7% of women reported having no friends while more men believed to have no friends at 11%. Women also gave a higher satisfaction rating regarding friendships (81%) compared to men (73%).

Adults with Anxiety Disorders

Individuals suffering from anxiety disorders experience excessive feelings of

apprehension. These feelings are experienced nearly every day and result to burden and inconvenience to one's daily activities such as studying, working, and socializing. The effects of anxiety extend to different aspects of one's life such as finances, work, and health. Substance Abuse and Mental Health Services Administration (SAMHSA-2016) enumerated the physical manifestations of anxiety which include restlessness, palpitation, muscular strain, fatigue, irritability, problems with focus, sleep disturbances, gastrointestinal symptoms, and persistent headaches.

The rising tally of people with common mental disorders across the world was reported by World Health Organization. This is especially applicable in low-income countries where population increase is evident. WHO (2017) also revealed that depression and anxiety are most common nowadays. Further, the comorbidity of anxiety disorders with other anxiety disorders and other mental disorders was high. In addition, studies established a constant finding about the prevalence of anxiety disorders in women being twofold higher than men. According to Bandelow et al. (2015), the possible causes of the disorder's greater prevalence among women include genetic factors, neurobiological factors, and psychosocial contributors (e.g., childhood sexual abuse and chronic stressors).

Reliable treatments available for anxiety disorders include medication, Cognitive Behavioral Therapy (CBT) and other psychological therapies (Bandelow et al., 2008). Some of the most common coping strategies that people deploy to battle with anxiety were documented. Among those are chatting with friends, going out for a walk, and working out. Women and youth allegedly engaged in comfort eating while students had described their coping as "hiding away from the world." Potentially harmful ways of

coping like alcohol and cigarette were reported to be used by people who were unemployed (Swift et al., 2014).

The study of Fuller-Thomson and Ryckman (2020) as cited in Science Daily (2020) reported that full recovery is possible with people suffering from anxiety disorders. The study conducted on 2,000 respondents suggested that 72% had been free from generalized anxiety disorder for at least a year. Sixty percent were free from any other mental condition while 40% had an excellent mental health state. Social support appeared to be a significant factor in the recovery of the respondents. The study indicated that people with at least one confidant who gave them emotional security were three times more believable to achieve the state of excellent mental health. Further, those who coped through religious and spiritual beliefs were 36% more likely to be of excellent mental health. In addition, functional limitations, history of depression, insomnia, and poor physical health, were found to be barriers to excellent mental health.

Synthesis

People usually seek professional help when they already ask help from family and friends but do not feel satisfied with the result. Most of the time, people who are acquainted with someone who has experienced seeking formal help are the ones who decide to do the same. People who realize that they have a problem and that it affects their daily lives are the ones who decide to receive therapeutic assistance. Factors that affected help-seeking according to the review of literature were perceived need, facilities, professionals, help-seeking preference, past experience with help-seeking, and stigma. Perceived need referred to being able to recognize that one had a problem and that it

needed treatment. Lack of perceived need impeded help-seeking. Likewise, the availability, accessibility, and efficiency of facilities determined one's engagement to mental health services. To add, studies revealed that people preferred seeking help from informal sources. Social relationships like family and friends were the common informal sources of help. Moreover, past experience with help-seeking, whether it was one's direct experience or an experience shared by one's acquaintance, affected one's decision to engage in formal help. Furthermore, stigma was the most mentioned and arguably the most impactful element on one's attitude and behavior towards help-seeking. Seeking professional psychological help caused feelings of shame. The stigma associated with mental illness was one of the most prominent reasons why there was a mismatch between the population of people with mental health concerns and people who actually took the action of seeking help. When stigma was internalized, one was less likely to seek help.

During the course of receiving treatment, individuals faced challenges related to stigma, costs, and unsatisfactory service. Although some institutions offered cheap psychological consultations, most services and medication are expensive and monetarily prohibitive for the less-privileged. There are some cases when therapy sessions do not meet the expectations of the clients. Some therapy sessions are not helpful for the clients; the reasons for this are either the process or the therapist itself. Some of the therapist behaviors that clients found unhelpful are when the therapist lets the client talk about what they thought as irrelevant things and when clients perceived a sense of being judged. To overcome such challenges, it is important for clients to know the importance of overcoming their own misconceptions about help-seeking. This is attained by educating oneself about their condition and connecting with others who have the same

situation. Reports about the overall impact of formal help-seeking in the quality of life of people are positive such as improved psychological state and better management of emotions. Other impacts of seeking formal help are yet to be revealed through this study.

The number of individuals with anxiety disorder is rising especially in low-income countries and in women. The manifestations of anxiety disorders extended to different aspects of one's life such as relationships, finances, and work. Some of the most common coping strategies that people deployed to battle with anxiety were chatting with friends; going out for a walk; comfort eating; hiding away; and working out. Potentially harmful ways of coping like drinking alcoholic beverages and cigarette smoking were also reported.

Research Problems

The purpose of this research is to describe the experiences in seeking formal help as expounded by adults with anxiety disorders. The researcher anticipates that by imparting these experiences, an increased awareness within the community will be achieved and it will lead to the maximization of mental health service use. Specifically, the study aims to answer the following:

1. How do the participants view formal help-seeking and what are the reasons for engaging in formal help?
2. What characterizes the experiences of participants who have engaged on formal help-seeking?
3. What meaning do the participants ascribe to their formal help-seeking experiences?

Conceptual Framework

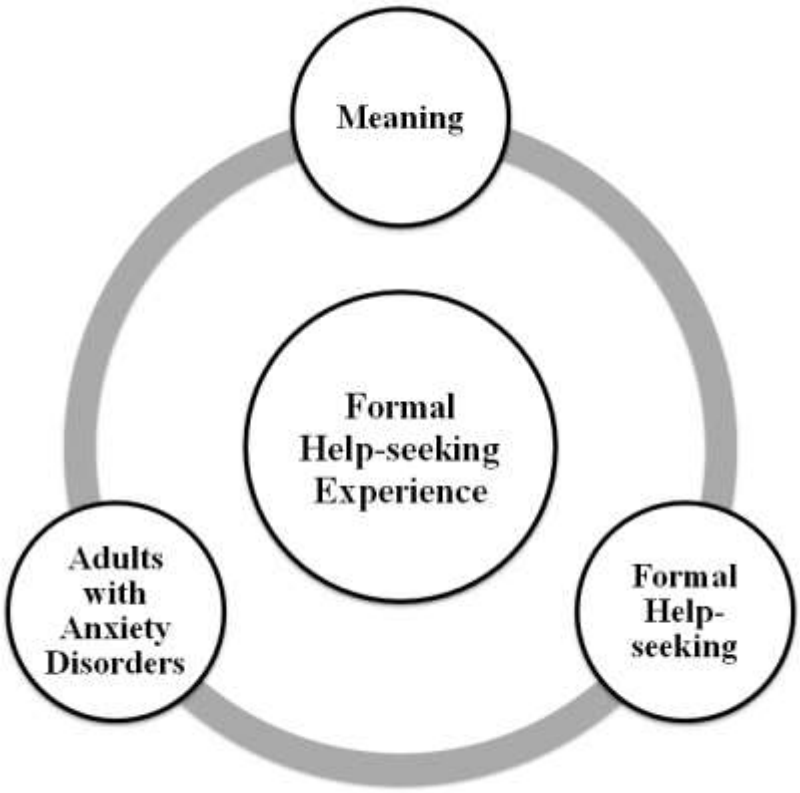

Figure 1. A Phenomenological Study on the Formal Help-seeking Experiences of Adults with Anxiety Disorders

Figure 1 illustrates the formal help-seeking experiences of adults with anxiety disorders. The views and meanings on formal help-seeking from the participants' perspectives, as well as the distinctive experiences with engaging in professional help are emphasized. The challenges that the participants faced relevant to help-seeking are also tackled together with the ways of coping. Furthermore, the participants' insights on the overall impact of formal help-seeking are highlighted.

Definition of Terms

This section will give a clear understanding of how each term will be contextualized by the researcher within the study. The following terms are conceptually and operationally defined according to the objectives of the study:

Adults with Anxiety Disorders – Filipino, male or female, within the age range of 20-40 who has been diagnosed with any type of anxiety disorder with a medical certificate and has experienced receiving professional care.

Anxiety disorders – group of mental disorders characterized by feelings of anxiety and fear, including generalized anxiety disorder, panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder (American Psychiatric Association, 2013).

Formal Help-seeking – consulting and/or receiving treatment from professionals who have been recognized by the law as mental health care providers such as psychologists, guidance counselors, social workers, and those who work under the medical field.

Help-seeking Experience – events related to seeking formal help encountered or lived through by the participants from a personal, social, and environmental perspectives.

CHAPTER II

METHODOLOGY

This chapter contains the research methods that were performed in the study. It details how the inquiry was done; by explaining the type of research design that was most suitable for the problem, the selection criteria for participants, how many participants were included, the instruments that were utilized, and how the collected data was analyzed.

Research Design

The goal of a qualitative study was to describe the "how and why" of things rather than just "what, where, and when" (Berg et al., 2012). This study explored how adults with anxiety disorders make sense of their help-seeking experience and why they attach such particular meaning to their experience. This study also investigated the reasons why adults with anxiety disorders engaged in help-seeking and the events that motivated this behavior.

This research followed a phenomenological design by describing the lived experiences of adults with anxiety disorders. A phenomenological study intends to describe people's experience and the meanings that these experience hold in terms of what was experienced and how it was experienced (Neubauer et al., 2019). Specifically, this study employed a descriptive phenomenological approach. This is an approach that follows Husserl's phenomenology. In conducting a descriptive phenomenology, the researcher describes the participants' lived experiences by bracketing all his knowledge

obtained from other sources rather than the participants. This suspension of judgment is also called as the epoché (Giorgi, 2017). This study explored formal help-seeking experiences such as factors that impede and encourage help-seeking, the challenges that the participants faced and how they dealt with it, as well as the impact of help-seeking and the insights they formed from the experience. Like most phenomenological studies, this study collected data through in-depth interviews. The population size in this study was small with only five participants. The experiences presented by the participants were carefully described and analyzed through phenomenological data analysis.

Research Site

The research was conducted in Metro Manila since the majority of psychiatrists in practice and psychological institutions that offer private and public services were mainly based in this region. Although the demographic location of individuals with anxiety disorders is unknown as of the moment, a number of clients with mental health concerns were expected to come from Metro Manila since it is the center of progress and competition. Being in a global power city, people strive to improve their lives. In reality, however, it is difficult to keep up with the progress and when individuals fail to achieve their goals, it often results to anxiety and stress. Further, Manila was ranked 10th among the most stressful cities in the world (Philstar, 2017). Manila was included on the most stressful cities based on aspects such as economic status, traffic, pollution, public transport, and physical and mental health.

Taking practical concerns into consideration, Metro Manila was the ideal research site for the researcher. Considering the researcher's proximity within the area, Metro Manila provided convenience in terms of accessibility, commuting expenses, and time-

efficiency. Ease of navigation and transportation as well as familiarity of the place were also taken into account.

Selection Criteria and Participants

This study maximized the use of purposive sampling to focus on a particular characteristic of a population of interest. Purposive sampling was also called judgmental, selective, or subjective sampling wherein informants were intentionally selected based on their ability to shed light on a specific theme or phenomenon. Specifically, this study utilized a purposive sampling technique called criterion sampling wherein every potential participant that met a certain set of criteria was selected. Criterion sampling carefully selects participants to ensure that they will provide detailed and rich information pertinent to the phenomenon being studied (Elmusharaf, 2016). Inclusion and exclusion criteria are stated explicitly in this type of sampling (Suri, 2011). Criteria for participation in this study included being a Filipino within the age range of 20-40, having experienced receiving professional mental health help, having been diagnosed with anxiety disorder with a medical certificate and being a resident of Metro Manila. Adults were chosen as the participants of this study due to the high levels of anxiety disorders in adults and to address the concern that research efforts and mental health policies often neglected adults (Economic and Social Research Council, 2016). The researcher decided to set a wide age bracket because only few people were expected to willingly disclose information regarding the topic. A copy of medical certificate or medical abstract was asked from the participants in order to ensure that the participants were eligible in accordance to the objectives of the study.

Table 1

Participants' Background

Participant	Age	Marital Status	Highest Degree Obtained	Occupation	Diagnosis	Intervention Received
Jen	27	Single	Bachelor's Degree in Information Technology	QA Tester	GAD	Medication
Kobe	20	Single	College Sophomore	Student	GAD	Medication, Psychotherapy
Ashley	21	Single	Bachelor's Degree in Psychology	None	SAD	Medication, Counseling
Sophie	30	Single	Bachelor's Degree in Information Technology	Supervisor	GAD	Medication, Psychotherapy
Karen	40	Married	High School	Housewife	Panic Disorder	Medication

Table 1 shows the participants' information obtained through the profile sheets. Most of the participants are in their twenties, unmarried, and have reached college level. The diagnosis for the majority of respondents is generalized anxiety disorder. All the participants are under medication while only two attend psychotherapy. A more detailed description about the participants is shown below:

Jen is a 27-year-old QA Tester. Jen learned about her condition when she underwent physical medical exam due to her back pains and chills. After testing negative for any physical ailment, Jen was recommended to consult a psychiatrist. Later on, Jen complained about irritability, difficulty falling asleep, trembling of knees, recurring chills, and chest pain. Jen's excessive worry started with no particular reason until thoughts of severe sickness and death crossed her mind one time and then continued for long. Jen became less efficient at work due to persistent and excessive worrying as well as difficulty concentrating. Jen currently lives alone. She is not in good terms with her father and is in a casual relationship with her stepmother. Jen's biological mother died long time ago. Jen used to be an outgoing friend but she recently tends to cancel plans due to her bad mood. Because of her frequent absence on social gatherings, she lost some of her friends.

Kobe is a 20-year-old college student. Kobe learned about his condition when he took his university's psychological exam. Based on his own observation, the sound of crying or wailing, which for him resembles death, triggers his anxiety. He feels exceedingly nervous and irritable when he hears the sound. Kobe also experienced excessive fear of public speaking which caused him to nauseate and weep. Further, Kobe had extreme mood swings and low moods as well as an episode of continuous crying for no particular reason. Kobe's anxiety caused him to be counterproductive on his school works. Due to feelings of nervousness, he juggles on several tasks until nothing is really done. In terms of relationships, Kobe often feels like people do not like him. Kobe has the tendency to be distant.

Ashley is a 21-year-old college graduate who is currently looking for a job. Ashley's anxiety is evident on her fear of asking questions, public speaking, crossing roads alone, and going to unfamiliar places. Ashley went to a psychiatrist after being confined at a hospital for suicide attempt. Similar to Kobe, Ashley experienced crying for no particular reason. She also often experienced loss of appetite and difficulty in breathing. On the beginning of her college days, she had a big circle of friends. However, after her suicide attempt, her friends were minimized to one or two. Ashley seemed to have isolated herself from most of her schoolmates but she kept a close friend whom she considered as a "safe person." Ashley frequented her university's guidance office when she had episodes.

Sophie is a 30-year-old Operations Supervisor. Big crowds and social gatherings trigger her anxiety. Sophie decided to consult a doctor when thoughts of suicide crossed her mind. Sophie grew up as a sickly child and never really got to spend time making friends in school. She sees this as the reason for her discomfort with social interactions. Sophie panics when unfamiliar people draw close to her. When Sophie feels nervous, she experience sweating, shaking, and palpitation. Sophie did not encounter problems at work related to her anxiety. She stated that she has learned to separate her symptoms from her work or studies. In terms of relationships, Sophie finds it difficult to interact in general with people. For instance, a stranger asking her for directions will make her feel a "mini heart attack." Although Sophie finds social interactions challenging, Sophie has a few friends.

Karen is a 40-year-old housewife. Karen's case, similar to Jen's case started with physical symptoms such as muscle pains, palpitations, and fatigue. Karen first visited a

psychiatrist when she needed to be at her sister's wake at the province but felt fearful to ride a bus. Karen feels terribly anxious when she hears sad stories or when her children quarrel. She also becomes panicky when she sees emergency situations in person. Karen feels most frightened when she sees death scenes on TV. Karen gets worn out easily and this resulted to her halting her business. Karen has few friends and prefers to stay home. She confessed that she lost interest at everything.

Data Collection

Participants were recruited via social media. Particularly, participants were obtained from Philippines-based organizations on Facebook for individuals with anxiety disorders. The researcher reached the participants through private messaging. A letter of invitation to participate in the study (Appendix D) together with the informed consent (Appendix A) was sent to the participants. Letter to participate in the research included the goal of the research, the reason why the participants were chosen along with the criteria, the suitable location for interview, duration of interview, confidentiality, and compensation. The informed consent stated the study's purpose, procedures, benefits, risk, and confidentiality. It was also ensured that the participants' involvement in the study was voluntary and confidential. The researcher administered a comprehensive profile sheet (Appendix B) that acquired information about the participants which may lead to other factors that can be considered in conceptualizing formal help-seeking. This contained questions pertaining to the participants' personal profile including age, gender, marital status, employment status, educational attainment, and date of last visit to mental health care provider. Before beginning the interview, the informed consent (Appendix A) was discussed by the researcher and was signed by both the researcher and participants.

Permission to record the interview was asked from the participants. Interviews were assigned an alias to help ensure that personal identifiers were not revealed during the transcription, analysis and publication of results. The researcher conducted traditional face-to-face individual interviews using a self-constructed, semi-structured interview guide (Appendix C). The interviews were supervised by a licensed psychologist. Eight open-ended questions were used in order to guide the discussion. Guide questions were aimed at exploring the participants' formal help-seeking experiences. Some of the questions asked about the participants' own meaning of help-seeking and what symbolism they can associate with this experience. The interview questions underwent expert validation before its utilization. The interviews were recorded and transcribed in verbatim with the consent of the participants. Each interview had an average duration time of forty (40) minutes.

For the data analysis, the researcher used the phenomenological analysis of interview data. It was a cyclic process that began by reading all the transcripts one by one and repeating this process a few times until reaching a sense of immersion. Reading the transcripts allowed the researcher to capture the general sense of the participants' accounts. The next step in phenomenological analysis was pulling out emerging themes by generating "meaning units." This was done by picking out significant statements in the transcript to realize what processes and meanings were evident in each statement. Each significant statement was given codes in order to create themes easier. These meaning units were then combined to make core themes. Finally, the themes were examined to find connections and identify commonalities among different participants. Themes were expert-validated.

Role of Researcher

The researcher is responsible for the collection, analysis, and presentation of data. The researcher constructed the interview questions and ensured expert validation. The researcher also conducted the interviews in accordance to the stated procedures. Further, the gathered data was transcribed, coded, thematized, and interpreted by the researcher. Moreover, it is the researcher's role to present the findings.

Methods of Validation

This study was validated through respondent validation also known as member check. The participants tested the researcher's initial result whether it still sounded true. In spite of the fact that the participants' responses were analyzed and summarized, they still found the result accurate and applicable. Further, the interview questions as well as the themes in this study were validated by experts. The interview questions were approved and utilized as is while the themes were amended as per the advice of validators.

Ethical Consideration

This study partially made use of archival data as it conducted a literature review but gathered new data unique to this study. This research did not involve recount of events as part of history. Since this study aims to produce new information, results of this study were identifiable to the researcher. Secondary data that were used in the research were appropriately acknowledged and cited. Data in this study except for the findings and conclusion was based on publicly available documents, records, and archival materials. This research did not solely focus on literature review.

This research required collection of data from human participants. Since the study involved a sensitive topic and the participants were considered a vulnerable population, the interviews were supervised by a licensed psychologist. During the course of interview, the participants were expected to experience discomfort in sharing their experiences. In the occurrence of distress or discomfort, the researcher planned to address this by asking the participant whether or not they wish the interview to be halted. This study did not involve collection of any biological material that may be traced to an individual.

This research was conducted in accordance to the ethical principles observed by the institute's Code of Ethics and the mandate of the 1987 Philippine Constitution. The study followed a high ethical conduct by observing Respect, Beneficence, and Justice for participants.

Respect

The researcher ensured full disclosure of the objectives, procedures, risks, and purpose of the study and that they were accurately presented on the informed consent form. Upon sending the informed consent form either through e-mail or through Messenger, the researcher sent a separate message to inquire as to whether the participants will agree to be interviewed if a psychologist will be present on the interview proper. Participants were given the authority to whether proceed to the interview or terminate their participation. During the interview, the participants were expected to feel uncomfortable sharing their personal stories and opinions to the researcher. Hence, the researcher employed empathic understanding all throughout the research process. The

researcher guaranteed the participants that the interviews were conducted for research purposes only and that all the information provided by the participants during the study was kept as confidential as possible. The names of the participants were guaranteed to not appear in any publication of the research. The researcher ensured that all audio records and transcripts were given codes and stored separately from any names or other direct identification of the participants. Research information was kept in a locked storage at all times and only the authorized person had access to the files. Authorship of this project was limited to the researcher. Other individuals who participated in certain substantative aspects of the study were acknowledged.

The interview setting was agreed upon by both the participants and the researcher. Interviews were conducted in a coffee shop which guaranteed the conduciveness of the place as well as both parties' safety.

Beneficence

The researcher will provide a copy of the study's findings for the participants and for the community where the research was conducted. Since the participants were found through a Facebook group for people with anxiety disorders, this study's findings will be shared on the said group through an infographic together with the study's abstract. Other Facebook groups and/or organizations that advocate for mental health and anxiety disorders will also be contacted to share the findings of the study. Further, the researcher will personally contact each of the participants to send them a copy of the findings and invite them to ask any inquiries they wish to be answered regarding the study. This study will contribute in maximizing the mental health service utilization of Filipinos by

encouraging formal help-seeking. No any form of incentive or compensation was offered in exchange of the participants' involvement in the research. The researcher perceived no harm in the conduct of the research.

Justice

The criteria in the selection of research participants, data collection tools, and methodology were free from any biases. This research was conducted by a researcher who has appropriate ethics, scientific education, and qualification. All the procedures involved in this study continued to stand by the scientific principles of fairness and equality. To reduce the tendency of bias, the researcher applied the same methods of research from criteria of selection to data gathering process and data analysis across all the participants. Conflict of interest was avoided in this research. The researcher did not recruit participants from her family, friends, and acquaintances. There was no compensation in return of participating in this research.

CHAPTER III

FINDINGS AND DISCUSSION

The purpose of this chapter is to present the findings related to the research questions: How do the participants view formal help-seeking and what are the reasons for engaging in formal help? What characterizes the experiences of participants who have engaged on formal help-seeking? What meaning do the participants ascribe to their formal help-seeking experiences? The data gathered from the interviews were properly stated in quotations and cited from the source.

In this study, five adults diagnosed with anxiety disorders shared their meaning-making experiences on formal help-seeking. Each participant completed a demographic profile sheet (appendix B) and participated in a 30-40 minute interview. To explore the participants' formal help-seeking experiences, participants were asked interview questions (appendix C) as well as follow-up questions to further look into their answers. Questions revolved around the participants' perceptions about help-seeking, the challenges they faced as well as the ways to overcome, and the overall impact of formal help-seeking in their lives. Each participant was given adequate time to reflect upon and explain their experiences. Findings were organized according to the research questions.

Research Question No 1. How do the participants view formal help-seeking and what are the reasons for engaging in formal help?

Five adults who were diagnosed with anxiety disorders through their medical abstract shared their perspectives on formal help-seeking shown in Table 2.

Table 2

Participants' Reasons and Views on Formal help-seeking

Participant	Reasons for Engaging	View of Formal Help-seeking
Jen	To alleviate physical symptoms such as back pains, chills, loss of appetite; to deal with worries regarding family's health and death	"'Yung help-seeking 'di ba yung paghahanap ng tulong? Ang meaning noon sakin importante siya kasi it's now or never eh. Parang pag hindi mo siya pinatingin, pag hindi ka humingi ng tulong maiiwan ka na nandun ka lang lagi. Lagi ka nang takot, hindi ka magiging normal and ayaw mo naman nun. Ayaw mo na di ka makatrabaho." (Help seeking is about searching for help, right? The meaning of it for me is it's important because it's now or never. It's like if you are not able to seek help, you will always be left there stuck. You will always be afraid, you will not be normal, and you do not want that. You do not like it that you cannot do your job.)
Kobe	To improve symptoms such as low moods, breathing difficulties, and episodes of continuous crying for no particular reason	"'Yung meaning ng help-seeking para sa'kin parang siya yung nag babrighten-up pa ng self mo. Kapag nag-seek ka ng help mas mag babrighten-up pa yung status mo sa life, ganun." (The meaning of help seeking for me is like it brightens up yourself more. When you seek help it will brighten up your status in life more.) "Parang naging bagong tao ako, parang ganun yung tingin ko... Sobrang life changing talaga nung pagsi-seek ng help professionally." (It's like I became a new person, that's how I see it.... Seeking help professionally is really life-changing.)
Ashley	To combat suicidal thoughts, fear of social situations, fear of travel, low moods, continuous crying for no definite reason ; to increase self-esteem; to	"Prevention. Yung bago ka may magawang iba that could damage yourself." (Prevention. Before you do anything else that could damage yourself.) "Sobrang baba ng self-esteem ko, self-

	address sleeping and breathing difficulties	confidence so nakakatulong siya doon. Dati nag-attempt akong mag-suicide, sa ngayon, wala na." (My self esteem is very low as well as my self confidence so it gives aid on that aspect. Before, I was attempting to commit suicide. As of now, it is gone.)
Sophie	To manage suicidal ideations, anxiety attacks, palpitation, fear of travel	"(Through help-seeking) sobrang naging positive naman 'yung outlook ko sa buhay ko and if it weren't for that wala ako dito ngayon." ([Through help-seeking] my outlook in life became very positive and if it weren't for that I will not be here right now.) "Hindi porke mukhang negative sya ay negative sya talaga, minsan appearances can be deceiving. There's something good that comes out from those negative things." (Just because it appears negative does not mean that it is truly negative. Sometimes appearances can be deceiving. There is something good that comes out from those negative things.)
Karen	To alleviate physical symptoms such as palpitation, chills and muscle pain; to deal with fear of travel	"Help-seeking yung paghahanap ng lunas o makakatulong sa sakit ko. Napaka importate para bumalik na yung dating ako na lahat nagagawa." (Help seeking is searching the cure or help for my illness. It is very important so that I can be the old me who can do anything.)

In Jen's eyes, help-seeking is an important activity that can alleviate her physical symptoms and minimize her fears so that she can be her normal self, capable of doing her tasks. Comparably, Karen believes that help-seeking is searching for a cure that will allow her to regain her old self and perform her tasks to the best of her abilities. Apart from this, Ashley sees help-seeking as a means to prevent potentially detrimental

situations from occurring. Likewise, Sophie views formal help-seeking as an encounter that made her stay alive when she was on the verge of taking her own life. Finally, for Kobe, formal help-seeking is life-changing as it invigorated him amidst emotional difficulties.

Compared with other participants, Jen and Karen were the ones who complained most about the intense physical pain that they experienced. Jen and Karen shared a similar view of formal help-seeking: something that will help them get back to their old self who can do a lot. Along with that, for Ashley and Sophie who both experienced dealing with suicidal thoughts, help-seeking is viewed as something that could save life from grave danger. Therefore, when individuals experience intense physical pain, they view help-seeking as an encounter that can relieve the pain and help them redeem their usual self. Further, when individuals experience suicidal ideations, they view help-seeking as a life saver.

Table 3

Themes on Reasons for Engaging in Formal Help-seeking

Themes	Definition	Participants	Sample Responses
Alleviating symptoms	Participants engaged in formal help-seeking to feel better from physical and psychological symptoms	Jen, Karen, Sophie, Ashley, Kobe	Gusto ko lang mawala na yung masamang nararamdaman ko (I only want to be free from feeling unwell), Dati nag-attempt akong mag-suicide, sa ngayon wala na (I attempted suicide before, now it's gone)

Going back to normal	Participants pursued formal help-seeking to regain their old selves, to perform daily tasks at their best	Jen, Karen, Sophie, Ashley, Kobe	Hindi ka magiging normal and ayaw mo naman noon (You will not be normal and you don't like that), Napaka importate para bumalik na yung dating ako na lahat nagagawa (Very important to get back to my old self who can do everything)

Two themes emerged from the reasons for formal help-seeking. One is Alleviating Symptoms and the other is Going Back to Normal. Through the interviews, it was revealed that formal help-seeking is sought to get rid of the intense physical and psychological symptoms as well as to bring back one's normal self who is in best shape and able to accomplish duties well.

Theme 1. Alleviating symptoms

All interviewees spoke about their struggle with physical discomfort and psychological troubles. At first, Karen and Jen recognized these symptoms as entirely somatic. As Karen recalled,

"Bago kasi 'yon, may mga kakaiba na akong nararamdaman: sakit ng balikat, mga muscle, parang pagod na pagod ako, nagpa-palpitate. Giniginaw ako, sobrang nagpa-palpitate, naninigas buong katawan." (Even before that, I had been having unusual feelings: shoulder pain, muscle [pain], it's like I was really tired, palpitating. I

was feeling cold, feeling intense palpitation, my whole body was tensed.) - Karen, 40, 3 years in treatment

Some expressed their puzzlement when they learned that the physical symptoms they experienced are accompanied with an underlying psychological condition. Take Jen's comment for example:

"Ni-refer lang ako ng doctor ko sa gastro eh... Sa totoo lang ha, na-shock kami ng pinsan ko, parang 'Bakit nila ako dadalhin sa psychiatrist?'" (*I was only referred by my doctor in gastro... Honestly, my cousin and I were shocked like 'Why would they bring me to a psychiatrist?') - Jen, 27, 2 years in treatment*

The participants also engaged in formal help-seeking for their mental distress. Ashley and Sophie were then manifesting suicidal tendencies while Kobe had frequent low moods and mood swings. Sophie narrated,

"Nagkaroon na rin ako ng suicidal thoughts before pero parang yung day na yun yung first time in a long time na naisip ko ulit and I was actually acting on it... So doon ako napa-stop. I messaged one of my friends kasi meron akong batchmates na nag-doctor. Tinanong ko lang 'Meron ka bang kilalang psychiatrist?'... I called the clinic to ask for the schedule tapos I set an appointment." (I also had suicidal thoughts before but that day it was the first time in a long time that I thought of it again and I was actually acting on it. So from there it made me stop. I messaged one of my friends because I have batchmates who are doctors. I just asked, 'Do you know someone who is a psychiatrist?'... I called the clinic to ask for a schedule then I set an appointment.) - Sophie, 30, 1 year in treatment

Accordingly, formal help-seeking is undertaken as an attempt to feel better from physical and psychological symptoms. Moreover, formal help-seeking is carried out when somatic symptoms were proven to be not associated with any bodily condition. In addition, formal help-seeking is carried out when there is a threat of suicide.

Theme 2. Going back to normal

Participants expressed immense desire to restore their usual self and usual life. As evident in the statement of Karen:

"Help-seeking... Napaka importate para bumalik na 'yung dating ako na lahat nagagawa... Madali akong mapagod kaya dati nagtitinda ako, ngayon hindi na... Mas gusto ko sa bahay nalang. Wala na akong gana sa lahat ng bagay." (Help-seeking... It is very important to get back to my old self who can do everything... I get tired easily that is why I cannot sell now like how I used to do before... I prefer to stay home. I lost interest on everything.) - Karen, 40, 3 years in treatment

In the same way, Jen stated,

"Importante siya kasi it's now or never eh. Parang pag hindi mo siya pinatingin, pag hindi ka humingi ng tulong, maiiwan ka na nandun ka lang lagi. Lagi ka nang takot, hindi ka magiging normal and ayaw mo naman nun. Ayaw mo na di ka makatrabaho...'Pag hindi ako nag-seek ng help baka ganun pa rin ako. Ako pa din yung di makapagwork, ako pa din yung kakabahan pag lalabas ng bahay."(It is important because it's now or never. It's like if you are not able to seek help, you will always be left there stuck. You will always be afraid, you will not be normal, and you do not want that. You do not like it that you cannot do your job... If I do not seek help maybe I will remain

the same. I who cannot work, I who feels nervous whenever I go out of the house.) - Jen, 27, 2 years in treatment

Consequently, formal help-seeking is pursued as an attempt to regain one's state of mind and body, to face daily life with serenity and perform one's tasks to the best of their abilities.

Table 4

Themes on Participants' Views of Formal Help-seeking

Themes	Definition	Participants	Sample Responses
Help-seeking is transformative	This theme refers to views emphasizing the positive changes brought about by formal help-seeking	Kobe, Karen, Jen, Sophie, Ashley	Parang naging bagong tao ako (It's like I became a new person), Out of ashes you become reborn
Help-seeking is prevention	This theme refers to views highlighting the role of formal help-seeking in preventing individuals from potentially harmful situations e.g. suicide	Ashley, Sophie	Bago ka may magawang iba that could damage yourself (Before you get to do something else that could harm you)

Theme 1. Help-seeking is transformative

Participants view formal help-seeking as an encounter that leads to positive change. Help-seeking is seen as a way to improve oneself. Take for example these excerpts from Kobe and Sophie:

"So 'yong before akong mag-stop ng medication parang relatively fine ako. Parang ayun yung best version ko before pa noong na-diagnose ako. Parang naging bagong tao ako; parang ganoon yung tingin ko. Sobrang life changing talaga nung pag-si-seek ng help professionally." (*So before I stopped taking medication, it's like I was relatively fine. It seems that I was the best version of myself even before I was diagnosed. It was as if I am a new person; that's how I see it. It is very life-changing to seek help professionally.) - Kobe, 20, 6 months in treatment*

"'Yung meds naman tinuloy-tuloy ko kasi parang 'yun nalang yung nagpapabuti ng pakiramdam ko eh. Kasi nabawasan yung anxieties ko, atleast. So parang mas kaya ko na ulit na bumyahe... With meds naging okay naman yung feeling ko." (*I continued to take my medication because it is like the only thing that can make me feel better. It reduces my anxieties, atleast. It is like I am more capable to travel again... With meds, I felt better.) - Sophie, 30, 1 year in treatment*

The participants' narrative excerpts illuminate one's improvements brought about by seeking formal help. These findings evince that help-seeking is viewed as a facilitator to positive transformation.

Theme 2. Help-seeking is prevention

As is clear in the following excerpt from Ashley, help-seeking is crucial for adults with anxiety disorders in order to prevent potentially detrimental situations from occurring.

"(Help-seeking is) prevention. 'Yung bago ka may magawa na iba that could damage yourself." ([Help-seeking is] prevention. Before you get to do something else that could harm you.) - Ashley, 21, 9 months in treatment

This theme emphasizes that help-seeking is viewed as a deterrent or prevention.

Research Question No 2. What characterizes the experiences of participants who have engaged on formal help-seeking?

Table 5

Significant Experiences on Formal Help-seeking

Themes	Definition	Participants	Sample Responses
Facing financial constraints	Participants dealt with costly medicines and consultations	Jen, Kobe, Ashley, Karen	Mahal 'yung psychiatrist (The psychiatrist is expensive), Sobrang costly din ng mga gamot (Medicines are very costly too)
Realizing the lack of perceived need	Participants realized that they used to normalize signs and symptoms prior to help-seeking	Kobe, Sophie, Karen	Akala natin minsan hindi natin kailangang ng help (We somtetimes assume that we do not need help), Akala ko normal siya na melancholic 'yung disposition ko parati (I thought it was normal that my disposition is always melancholic)
Attaining support from family and peers	Participants recognized the importance of moral support from family and friends	Kobe, Ashley, Sophie, Karen, Jen	Sinusupport nila ako sa medications ko (They support me with my medications), They're open to trying to understand
Doubting the experts and intervention	Participants expressed lack of trust towards the experts and the	Sophie, Ashley, Jen, Kobe	Nag-doubt ako sa kakayahan ng mga doctors (I had doubts on the ability

	process/treatment is perceived as ineffective		of the doctors), Baka pinag-e-eksperimentuhan lang ako (Maybe I am only being experimented on)
Negative impressions	Participants described their own negative views and attitudes on mental conditions	Sophie, Kobe, Ashley	Hala! Baka baliw na talaga ako (Oh! Maybe I have really gone crazy), To prove to myself that it's not something bad
Perceived stigma	Participants detailed their anticipated attitudes of others towards mental disorders	Sophie, Jen, Kobe	Ang tingin nila sa mental illness ay baliw ka (They view mental illness as insanity), Titignan ka niya and sasabihin like "siraulo to" (He will look at you and say, "She's crazy")

Theme 1. Facing financial constraints

One of the most dominant themes in the interviews was the struggle due to the cost of treatment. Jen shared,

"Alam mo as much as gusto kong magpa-therapy and counseling, it's expensive. I mean kung working ka, kung average lang yung kita mo, kung 'di ganun kalaki, hindi mo maa-afford. Although maa-afford mo, pero iisipin mo nalang na i-allocate nalang 'yung perang 'yun sa ibang bagay, kasi talagang mahal eh." (You know, as much as I want to undergo therapy and counseling, it is expensive. I mean if you are working and if you are

earning the average salary only, if it is not that much, you cannot afford it. Although probably you can afford it but you will have this thought of allocating the money to other things because it is really expensive.) - Jen, 27, 2 years in treatment

Four out of five participants pursued formal help-seeking despite financial burden. Karen, 40, the only one married among the participants, halted her consultations with her psychiatrist due to the cost of treatment. Instead, she frequently reads available sources online and joins Facebook support groups for people with anxiety disorders to learn more about her condition. Ashley and Kobe receives financial support from their family and friends to deal with the treatment expenses while Jen went from a private to a less costly institution in order to continue treatment. As such, formal help-seeking is pursued despite finding the treatment financially challenging.

Theme 2. Realizing the lack of perceived need

Through formal help-seeking, participants came to discover that they have been normalizing the signs and symptoms they had experienced before they were diagnosed. As Kobe pointed out,

"Parang akala natin minsan hindi natin kailangang ng help; na yung mga kalungkutan na nararamdaman natin akala natin minsan parang normal lang." (*We somtetimes assume that we do not need help; that the sadness that we feel is only normal*.) - *Kobe, 20, 6 months in treatment*

Likewise, Sophie detailed,

"Growing up, akala ko normal siya na melancholic 'yung disposition ko parati."

(*Growing up I thought it was normal that my disposition is always melancholic.) - Sophie, 30, 1 year in treatment*

For participants Jen and Karen, their first encounter with formal help-seeking was unintentional. They were referred by their physicians to consult a psychiatrist after taking several medical examinations but resulting negative to any physiological ailment. Both Jen and Karen were clueless about their anxiety prior to help-seeking. For participants Ashley, Kobe, and Sophie, psychological distress were present even in their childhood but they failed to recognize that they need to seek expert care. Instead, they lived on carrying the burden of mental distress until such time that they realized the need for formal help-seeking. This theme reveals that formal help-seeking leads to a better understanding of someone's mental state. Through formal help-seeking, the lack of perceived need is realized.

Theme 3. Attaining support from family and peers

In the interviews conducted, the theme of gaining support from family and friends surfaced repeatedly, indicating its importance to adults with anxiety disorders. Ashley shared,

"Nagkakaroon ako ng isang safe person na pinagsasabihan ng lahat ng secrets, problems, ganyan. Friend ko. Also ngayon hindi na ako minamadali sa bahay eh, compared dati na 'Pagkagraduate mo, ganto, ganyan, kuha ka na kaagad ng trabaho.' Yung ngayon kasi kahit step by step okay lang sakanila." (*I have one safe person to whom I tell all my secrets, problems and etc. A friend of mine. Also right now I am not being pressured at home compared before when [they always tell me] 'After you*

graduate, this and that, get a job right away.' But right now it is okay for them even if I do it step by step.) - Ashley, 21, 9 months in treatment

Apparently, every participant appreciates the value of social support and it is one of the things that keep them motivated to carry on formal help-seeking. Hence, the support of family and friends is important during formal help-seeking.

Theme 4. Doubting the experts and intervention

Participants reached a point when they found it difficult to keep their faith on the care providers and on the treatment itself. Kobe narrated,

"So personal problem ko dahil nag doubt ako sa kakayahan ng mga doctors, na baka pinag-e-eksperimentuhan lang ako, ganun." (*So it was my personal problem because I doubted the ability of doctors; that maybe I am only being experimented on.) - Kobe, 20, 6 months in treatment*

For Ashley and Sophie, they felt like the intervention were ineffective and it does not do anything to alleviate their symptoms. For Kobe, he doubted the process, thinking that all the medicine can cook up his brain and that the doctors were experimenting on him. Finally, for Jen, she questioned the doctor whether there is a chance of her recovering from the disorder. Regardless of the lack of trust, Ashley, Jen, and Kobe continued with the interventions while Sophie changed her therapist. Therefore, formal help-seeking is pursued even when there is lack of trust towards experts and intervention.

Theme 5. Negative Impressions

Some participants appeared to have harbored negative impressions. Sophie confessed,

"Tapos ayun, when I studied more about mental health, doon ko rin na-realize na ako rin mismo, akong nakakaranas yung nagko-contribute sa stigma na hindi siya maganda." (*Then when I studied more about mental health, from then did I realize that I myself who is experiencing it [mental illness] am one of the contributors to the stigma that it [help-seeking] is not good.) - Sophie, 30, 1 year in treatment*

Negative impressions, however, did not stop the participants from further formal help-seeking. Consequently, adults with anxiety disorders will continue formal help-seeking in spite of negative impressions.

Theme 6. Perceived Stigma

Interviewees expressed their thoughts about the anticipated attitudes of other people towards mental illness. Sophie disclosed,

"So ayun, sa work hindi ko nga alam kung anong sasabihin and alam naman natin yung stigma dito satin sa mental health din so hindi ko masabi... Kasi dito sa Pilipinas ang tingin nila sa mental illness ay baliw ka, so parang ganoon yung feeling ko." (*So there, in my work, I did not know what to say as we are also aware of the mental health stigma here so I could not bring myself to say it... Because here in the Philippines they perceive mental illness as insanity. So that was how I feel.) - Sophie, 30, 1 year in treatment*

Due to perceived stigma, Sophie expressed her fear of declaring her anxiety disorder at work. She fears that people might think she is crazy and that it may diminish her fitness to work, making her unemployable. Jen and Kobe believed that other people do not understand their condition. Kobe worries that his condition may be taken as fictitious.

Despite the perceived stigma, the participants still engaged in formal help-seeking. Thus, adults with anxiety disorders will pursue formal help-seeking in spite of perceived stigma.

Research Question No 3. What meaning do the participants ascribe to their formal help-seeking experiences?

Table 6

Meaning of Formal Help-seeking

Theme	Definition	Participant	Sample Response
Help-seeking as the road to positive change	This theme highlights that seeking formal help is a course of action that leads to favourable emotional, physical, and psychological changes	Jen, Kobe, Ashley, Sophie, Karen	Parang yung utak ko naging fresh na nakikita ko 'yung moment (It's like my mind was refreshed to the point that I can see the moment), Sobrang life-changing talaga nung pag-si-seek ng help professionally (Seeking help professionally was really life-changing)
Help-seeking as turning the light up to see through the darkness	This theme emphasizes that by seeking formal help, one engages on solutions that will prompt healing for the symptoms one is suffering from	Kobe, Karen	Sobrang void ng nararamdaman mo, sobrang dilim, so parang nasa sa'yo kung bubuksan mo yung flashlight (You feel so void, it's very dark, so it's up to you whether to turn the flashlight on)

Theme 1. Help-seeking as the road to positive change

Formal help-seeking is a medium of emotional, physical, and psychological transformation. It lays the groundwork for one's growth, development, and revival. As Sophie described,

"'Yung continuous development... Out of ashes you become reborn, parang ganun... My life become a lot better kasi yung mga bagay na kunyari hindi ko ma-confront sa family ko, doon ako natulungan kasi nga I'm talking to professionals tapos sila very open-minded... Through help-seeking doon ko na-build yung confidence na hindi lahat ng tao iisiping baliw ka. Hindi lahat ng tao ganoon mag-isip. Because of that naging confident ako." (Continuous development... Just like how out of ashes you become reborn. My life became a lot better; it helped with things which I can't open up with my family because I'm talking to professionals who were very open-minded. Through help-seeking I was able to build my confidence that not everyone will see you as someone insane. Not every person thinks that way. Because of that I became confident.) - Sophie, 30, 1 year in treatment

Formal help-seeking improved the daily lives of adults with anxiety disorders in terms of sleep, work, self-esteem, state of mind, ability to travel, and more.

Theme 2. Help-seeking as turning the light up to see through the darkness

Formal help-seeking is likened to the act of turning on a light so that one can be able to see amidst the darkness. This explains that in order to heal from one's suffering; one must begin to take the steps. The participants emphasized that the person has control over keeping the light up. This highlights that formal help-seeking is sought and is a personal decision; that an individual must have will-power and inner motivation to achieve its benefits. As the participants explained,

"Pwede ko siyang ikumpara sa isang liwanag o ilaw. 'Yung liwanag kasi makikita mo siya, wag mo lang i-o-off ang ilaw kasi wala ka nang ibang makikita, puro

dilim."(I can compare it [formal help-seeking] to brightness or light. You can see the light as long as you do not turn it off and if you do; you will not see anything but darkness.) - Karen, 40, 3 years in treatment

"'Yung help-seeking hindi siya something na pag humingi ka agad-agad makukuha mo na. Parang nasa sayo rin na hindi ka titigil pagka hindi siya nag-work out. Marami kasi sa'tin nag-eexpect na... 'Sinubukan ko na eh, okay na 'yun. Hindi nangyari eh so wala nang pag-asa.' Hindi siya ganun. Nasa sa'yo din 'yon. The moment you stop seeking help kasi, that's also detrimental to yourself kasi nga hindi ka pa okay eh. Alam mong hindi ka pa okay tapos tumigil ka sa paghahanap nung bagay na mapapa-okay sa'yo." (Help-seeking is not something that you can instantly get once you ask for it. It depends on whether you will not stop even when it does not work out. A lot of people expect like "I tried it, it's over. It did not happen so there is no hope." But it's not like that. It depends on you. The moment you stop seeking help is also detrimental to yourself because you are not yet fine. You know that you are still not fine but you stopped seeking for that something that will make you fine.) - Sophie, 30, 1 year in treatment

Adults with anxiety disorder take an optimistic view, expecting positive outcomes from their formal help-seeking. They also assume their own responsibility to the success of their experience. One's acceptance of duty could be shown through commitment in attending therapy, taking medication, following doctor's advice, self-care, and reeducation.

This study explored the participants' reasons and views on formal help-seeking; their significant experiences; and their ascribed meanings to their experience. The present

study reveals that formal help-seeking is carried out (1) when somatic symptoms were proven not associated with any bodily condition, (2) when there is a threat of suicide, and (3) to regain one's usual state of mind and body. Adults with anxiety disorders turned to mental health assistance as a last resort after trying various possible solutions to deal with the symptoms. Encountering life-threatening situations which call for a sense of urgency motivates formal help-seeking. Accordingly, Brown et al. (2014) revealed that when handling longstanding illnesses and suicidal ideations, formal help-seeking was more relevant than informal help-seeking.

Consistent with the notions of Tuliao (2014), financial burden is one of the concerns of Filipinos with formal help-seeking. This is understandable given that Philippines is a low-income country where Filipino families spend 42.7% of their funds for food while only 3.7% goes to medicine and medical services (Department of Economic Statistics, 2014). In the present study, formal help-seeking is pursued despite finding the treatment financially challenging. This finding is important as it proves that although finances get in the way of medical access, individuals become resourceful in order to receive treatment. This also shows that adults with anxiety disorders who engage in formal help-seeking know the importance of expert care. Additionally, Andrade et al. (2014) indicated that low perceived need was the most commonly mentioned reason for not seeking mental health treatment. In the Philippines, for instance, Tuliao (2014) indicated that Filipinos have the tendency to consider some behaviors 'normal' which would otherwise be recognized as a symptom of psychological disorder. Based on the findings of the present study, the lack of perceived need is realized through formal help-seeking. The lack of perceived need can be attributed to lack of knowledge about existing mental

illnesses and its symptoms. Counseling and therapy sessions often include psychoeducation which provides information for clients to better understand their condition.

Another finding of the present study conveys that despite the lack of trust towards experts and intervention, help-seeker will continue formal help-seeking. As was anticipated, adults with anxiety disorders continue formal help-seeking despite their doubts given that they have already engaged on other measures that were ineffective thus formal help-seeking is their last hope. This is in contrary to the literature which dictates that lack of trust among mental health experts (Mateo & Pinggolio, 2018) and perceived ineffectiveness of therapy (Ibrahim et al., 2019) were barriers to help-seeking. On another finding, support coming from family and friends is important during moments of distress. This is consistent with the study of Pescosolido (1991). Needless to say, the help of family is important as people turn to their families for support the most. The same goes for acquiring support from friends which results to feeling connected and reinforced.

Unexpectedly, the findings of the present study indicate that adults with anxiety disorders will continue formal help-seeking in spite of negative impressions and perceived stigma. In previous studies such as that of Schomerus (2009), stigma has often been recognized as a reason for reluctance in formal help-seeking. This study's finding that stigma does not prevent formal help-seeking proves that inner motivation is necessary for individuals to pursue formal help-seeking. It can be inferred that participants will continue formal help-seeking despite barriers if they have enough motivation and if they can see that the benefits are greater than the barriers. By the same

token, D'Avanzo et al. (2012) argued that expert help is more effective and is easier to find when help-seekers know their needs and are motivated to seek solutions.

The benefits of formal help-seeking and its impact on adults with anxiety disorders are documented in this study. The new knowledge about formal help-seeking gathered through the study could motivate people who are battling with anxiety disorders. As Schomerus (2009) implied, beliefs about the helpfulness of help-seeking are crucial to help-seeking intentions. In the same way, Rughani et al., (2011) indicated that perceived helpfulness of care providers and the benefits of seeking treatment facilitate help-seeking behavior.

CHAPTER IV

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary of the Study

This study explored the meaning of formal help-seeking experience of adults with anxiety disorders. The purpose of this study was to: (1) identify the participants' view of formal help-seeking and the reasons for engaging in formal help-seeking; (2) describe the significant experiences of participants who have engaged in formal help-seeking; and (3) identify meanings that the participants ascribe to their formal help-seeking experience. Descriptive phenomenological approach was utilized. Data was gathered through conducting face-to-face interviews using a semi-structured interview guide. Thematic analysis and phenomenological data analysis were employed to analyze the data.

Based on the shared views from volunteers who participated in the study, this research identified two views of formal help-seeking, two reasons for engaging, two ascribed meanings to the experience, and six significant events that characterize formal help-seeking experience: facing financial constraints, doubting the experts and intervention, realizing lack of perceived need, attaining support from family, negative impressions and perceived stigma.

Formal help-seeking is viewed as transformative and as prevention from potential harm thus participants will pursue it despite the challenges that come with it. Formal help-seeking means road to positive change and light amidst the darkness. This pertains to rebirth and hope. The researcher recommends that the role of significant persons in the

formulation of views in formal help-seeking be explored. The formal help-seeking experience of individuals living in remote rural areas shall be investigated as well. Further, the researcher suggests inquiry on the identification skills of school counselors for mental health concerns among school children.

Summary of Findings

The present study answered the research questions and 11 findings emerged. The findings will be discussed according to the research questions.

1. Formal help-seeking is transformative. The positive changes brought about by formal help-seeking affected the one's physical condition, mood, and disposition. Moreover, formal help-seeking is prevention. Participants recognized its role in preventing an individual from life-threatening situations such as suicide. These are important as it describes the overall impression and impact of formal help-seeking for individuals with anxiety disorders.

The findings also point out that formal help-seeking is carried out when somatic symptoms were proven to be not associated with any bodily condition. Further, formal help-seeking is carried out when there is a threat of suicide. Additionally, formal help-seeking is sought as an attempt to get back to one's usual state of mind and body. These findings are important because it provides a pattern as to when individuals with anxiety disorders decide to engage in formal help-seeking.

2. Formal help-seeking is pursued despite finding the treatment financially challenging. The economic status of an individual indeed affects their formal help-seeking as well as their ability to overcome financial barriers in ways such as seeking financial help from parents and/or friends or looking for a less expensive mental health care provider.

Through formal help-seeking, the lack of perceived need is realized. This finding is important as it highlights the role of psychoeducation in adults with anxiety disorders. Through formal help-seeking, the participants learned that the emotional or physical distress that they once thought were "normal" could be symptoms of an underlying mental disorder.

The support of family and friends is important during formal help-seeking. The moral support that individuals receive from people close to them brings positive impact to their formal help-seeking. This finding is important as it accentuates the role of one's social circle in the formal help-seeking experience.

Individuals with anxiety disorders will continue formal help-seeking in spite of negative impressions. The participants expressed some negative views towards mental disorders. This, however, did not stop the participants from continuing treatment because the positive effects of formal help-seeking are deemed important.

Individuals with anxiety disorders will pursue formal help-seeking in spite of perceived stigma. Other people's attitudes towards mental illness were recognized as challenges by adults with anxiety disorders. This stigma, however, does not directly influence their formal help-seeking.

3. Formal help-seeking means the road to positive change and the light to see through the darkness. Formal help-seeking symbolizes restoration and hope. These findings are valuable as it shed light upon the meanings that the participants give to formal help-seeking which affects their attitudes and behaviors towards help-seeking.

Limitations of the Study

The present study has several limitations. Since demographic factors may influence data, a balanced number between male and female participants is preferable. However, due to the lack of volunteers, most of the participants were women. Further, this study's sample is limited to a small geographical area in the Philippines. The participants came from Metro Manila where most mental health institutions are located. Adults with anxiety disorders from far provinces might have a completely different experience.

Conclusions

Adults with anxiety disorders view formal help-seeking positively and tend to continue formal help-seeking despite the challenges. Adults with anxiety disorders can recover from their mental condition. It will, however, take time, money, and a collaborative effort on the part of the help-seeker, their social circle, the mental health professionals, and the community. Financial constraints, doubt on the experts, negative impressions, and perceived stigma would make it difficult for individuals to seek help. These challenges, however, can be resolved. Positive outlook, social support, psychoeducation, combined with willingness and initiative would help adults with anxiety disorders to stay engaged in formal help-seeking. Stigma-reduction and awareness campaigns to families through schools and community organizations would help promote positive views and practices toward formal help-seeking. If such programs can be implemented, we will surely see an improvement on individuals' mental health and a rise in the level of formal help-seeking.

Recommendations

Since social support creates a huge impact on individuals, the researcher recommends that the role of significant persons in the formulation of views on formal help-seeking be explored. It is also suggested to make inquiry on the formal help-seeking experience of adults with anxiety disorders who are living in remote rural areas where most psychological institutions are not accessible. Further, the impact of the COVID-19 pandemic to the help-seeking behavior of persons with anxiety disorders shall be studied. Moreover, the researcher proposes a study on the current identification skills of school counselors for mental health concerns among school children. In line with this, research can be conducted on specific trainings that may enhance practitioners' identification skills. Finally, the researcher recognizes the need for counselors' point of view on this study's findings as well as the assistance of certain organizations in disseminating the findings of the study.

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Appendix A

INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY

DATE: _____

RESEARCHER: MACOGAY, GENNALYN N.

A. PURPOSE OF THE STUDY

The researcher is a fifth-year student of Philippine Normal University – Manila currently taking up Bachelor of Science – Master of Arts in Psychology and Counseling Straight Program and is conducting research on the formal help-seeking experiences of adults with anxiety disorders. The purpose of your participation in this research is to help the researcher describe distinctive experiences of people who have engaged in formal help-seeking, explain outlooks on formal help-seeking, and identify meanings that participants ascribe to these experiences.

B. PROCEDURES

If you agree to participate in this research study, you will be interviewed by the researcher and the conversation will be recorded via voice recorder. The interview will last for approximately 60 minutes.

C. RISKS

During the interview, you might feel uncomfortable sharing your personal stories and opinions to the researcher.

D. CONFIDENTIALITY

All the information you provide during this study will be kept as confidential as possible. Your name will not appear in any publication of the research. Instead, an alias of your own choice will be used. All audio records and transcripts will be given codes and stored separately from any names or other direct identification of participants. Research information will be kept in locked storage at all times. Only the researcher will have access to the files.

E. BENEFITS OF PARTICIPATION

The researcher will provide a copy of the study's results for the participants and for the community where the research was conducted. This study is expected to contribute in maximizing the mental health service utilization of Filipinos by encouraging formal help-seeking.

F. VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. You may choose to stop participating at any time.

G. QUESTIONS

If you have any questions about the study, please contact Gennalyn N. Macogay by mailing macogay.gn@pnu.edu.ph.

CONSENT

Your signature below indicates that you have decided to participate in the study after reading and understanding all of the information above.

Signature: _____ Date: _____

Research Participant

Signature: _____ Date: _____

Researcher

Appendix B

PROFILE SHEET

Kindly fill out this profile sheet. This is designed to identify possible demographic factors that may be considered in the study. All of your answers will be held confidential.

Age: _____ No. of Siblings: ____

Gender: ___ Birth Order: _____

Address: _____

Marital Status: _____

No. of Children _____

Educational Attainment: _____

Occupation: _____

Average Monthly Income: _____

Hobbies: _____

Year Diagnosed: _____

Date of last visit to mental healthcare provider: _____

Do you have other family member(s) who have been diagnosed with any kind of psychological disorder? If yes, please specify the disorder: _____

Appendix C

INTERVIEW QUESTIONS

1. What specific things or situations cause you feelings of anxiety?
2. How did your anxiety affect you, your work, and your relationships?
3. How did these experiences affect your help-seeking?
4. What challenges did you encounter when you sought help?
5. How did you overcome these challenges?
6. What is the meaning of help-seeking for you? What symbolism can you think of in relation to help-seeking?
7. How would you describe your overall experience with formal help-seeking as a person with anxiety disorder?
8. How did formal help-seeking affect your life?

Appendix D

LETTER OF INVITATION TO PARTICIPANTS

Date: _____

Dear _____,

Good day. I am Gennalyn N. Macogay and I invite you to participate in my research study titled "A Phenomenological Study on the Formal Help-Seeking Experiences of Adults with Anxiety Disorders." As a part of my research, I will be conducting interviews to increase my understanding of how formal help-seeking is perceived and experienced by adults with anxiety disorders.

As a person who had experienced seeking formal help, you are in the best position to give valuable firsthand information regarding the topic. You are fit to participate in this study if you are a Filipino, 25-45 years old, a resident of Metro Manila, holding a copy of your medical diagnosis/abstract of any type of anxiety disorder.

I will ask you to meet up for an interview that will last for around 60 minutes. The interview will be informal and you may freely communicate your thoughts. The interview questions will revolve around the meaning of help-seeking from your perspective, your experiences with help-seeking, and the impact of formal help-seeking in your life.

All the data you will provide will be kept confidential and your participation in this study is voluntary. Shall you decide to terminate your participation; you may withdraw from the study at any time. There is no compensation for participating in this study. However, your participation will be a valuable addition to research and findings could lead to greater public understanding of formal help-seeking experiences.

If you are willing to participate, please suggest a day and time of your availability and I will do my best to adhere to your schedule. If you have any questions, please reach me through my e-mail: macogay.gn@pnu.edu.ph.

Appendix E

SAMPLE TRANSCRIPT

Researcher: 'Yung first question po, what specific things or situations cause you feelings of anxiety?

Participant: When I was first diagnosed, hindi ko pa alam na anxiety 'yon. So naive talaga ako, basta parang una nagkaphysical symptoms muna. Sumasakit yung likod ko, giniginaw ako, nilalamig ako. Tapos nawalan ako ng ganang kumain tapos na-detach ako. So parang nadaanan ko pa lahat ng exam sa hospital kasi na-emergency pa ako eh kasi nag-hyperventilate ako. So dahil nga hirap na akong huminga, natakbo ako ng ER (emergency room). Tapos chineck nila lahat: thyroid, dengue, lahat ng pwedeng nag-co-cause ng chill. Kasi giniginaw ako, nanginginig. Until such time nag-negative siya lahat. Dun pa ako lalong na-anxious kasi bakit siya nag-negative. I must be feeling something eh. Kasi alam mo na may nararamdaman ka tapos nung chineck ka wala so parang nakaka-frustrate. Everytime nagku-kuwento ako sa ibang tao, ikaw maiintindihan mo kasi you're studying it, pero di'ba other people they don't understand na sumasakit yung tiyan mo, wala kang gana kumain, talagang nanginginig yung tuhod mo, yung paa mo, lahat. Hanggang sa para ka talagang naaadik sa thoughts na may mali sayo. So parang ganoon eh.

Researcher: Noong time po ba na 'yon nalaman nyo po kung ano yung nag-trigger nung nararamdaman nyo?

Participant: Noong una walang trigger. Nakakapagtaka nga eh kasi noong una, wala talaga. That was very sudden. Ni-refer lang ako ng doctor ko sa gastro eh, sabi niya "Meron akong kaibigang neruropsychiatrist, pero hindi naman ibig-sabihin nito may mali." Sa totoo lang ha, na-shock kami ng pinsan ko, parang "Bakit nila ako dadalhin sa psychiatrist?" So dinala niya ako until such time na meron nga daw akong adjustment disorder with anxiety and depression. Tinanong pa nga ng doctor e, "Nahihirapan ka ba sa work?" Sabi ko, "hindi, kasi workaholic ako eh." Ayaw ko ng walang ginagawa so kahit dalawang trabaho pa 'yan a day, okay ako. Ganoon ako, Impulsive ako. May problema daw ba ako sa opisina; wala rin naman. Tapos in the middle of gamutan, hindi ako ganun kabuting pasyente. 'Yung antidepressant ay tinigilan ko kasi ang lakas kong kumain tapos hindi ako nabubusog, so sabi ko, "Ano ba 'to? Dati hindi naman ganoon." Noong unang take ko 'non ang dami kong rashes so masasabi kong side effect. Noong hininto ko, nawala 'yung mga rashes, pero 'yung anxiety ko hindi nawala. Until such time, kasi mahal eh, mahal 'yung psychiatrist dun sa unang hospital sa Manila. Naghanap ako ng mura, nakakita naman ako, sa UST. Ayun nga, almost libre, kasi parang PHP 100 lang. Card lang yung babayaran. Pero noong bumalik ako, mas anxious na 'ko. Alam mo yung para kang adik na naghahanap ka ng mali, you can't see the positive side. Parang

may kaunting sakit lang yung parents ko iniisip ko na they're going to die and I will be left behind. Maiiwan akong mag-isa. Hanggang sa nag-cling ako sa ganoong thoughts. Hanggang ngayon ganoon sya to be honest. Nagpunta ako sa psychiatrist na umiiyak talaga ako kasi ano eh, talagang hindi ka makalabas, ganoon ka lang. Hanggang sa depressed ka na, na parang nanatili na sa'yo. Hindi parin nawala, talagang bumabalik ako every month. From that, hindi na ako ganoon ka-depressed kasi nawala na yung mga, hindi naman suicidal thoughts, pero parang gusto mo mag-disappear, ayaw mo na. Pero hindi ko naisip na I'm going to take my own life, pero gusto kong mawala. Sobrang wala akong will. Nagpunta ako sa psychiatrist sabi ko "dati manood lang ako sa youtube or movie okay na ko. Pag wala akong magawa chat lang ako sa friend ko, coffee lang kami okay na." Pero that moment wala talaga as in wala akong will, ganyan. So from MDD ginawa na nilang generalized anxiety disorder kasi nga it was honestly anxiety and I can't do anything about it na para bang, hindi ko alam.. hanggang sa tinanggap ko nalang na ganun talaga. Mentally... Intellectually, alam ko na walang nagbago. This is me, this is the way I think. Like sa work alam kong hindi ako worse sa trabaho. Parang intact pa rin yung isip ko, kaya ko pa ring i-solve yan, gawin yan. Pero mentally, emotionally, behaviorally alam ko na I'm not the same person anymore kasi mas takot ka, kasi nga anxious ka eh.

Researcher: Ibig-sabihin po ba 'yung anxiety niyo po hindi po na-identify kung ano po'yung nagti-trigger sakanya? Iba-iba po bang bagay or isang bagay lang?

Participant: Nagwoworry ako sa isang bagay lang. 'Yun nga, na 'yung magulang ko mawawala sa'kin. So parang may marinig lang ako na masakit yung ulo ni keme, ganyan, parang nasestress na, nagsisimula na akong mag-ano. Hanggang sa paiinumin ko na ng gamot para mag-subside. Until now ganun. Parang kahit bumalik ako sa psychiatrist ko pag tinanong nila kung anong nagtitrigger, that's the same thing. So parang from walang trigger nagkaroon siya ng trigger. Ayun, takot akong magkasakit si ganito, or mawala si ganito. Minsan alam ko naman na okay lang kasi alam ko namang mawawala talaga sila. Pero there's something in you, I don't know, hindi ko ma-explain minsan ninenerbyos talaga ako nang sobra, tapos disoriented ka na. Pag disoriented ka na hindi ka na makaisip. So parang ngayon talaga I would say na yung pinipinpoint talaga ng anxiety ko is yung family ko na I think they're going to die anytime and siguro I'm going to be alone.

Researcher: Okay po. I see... Move on naman po tayo sa next question, how did your anxiety affect you, your work, and your relationships?

Participant: Sobrang malaki yung naging epekto kasi nga sabi ko sayo workaholic ako. So dati kaya kong mag-render overtime. Ngayon kasi parang it affects pati sleeping pattern. Kasi minsan hindi ka niya pinatutulog, minsan naman ayaw mo naman gumising. Kung sa work, naging less efficient ako to be honest. Kasi parang yung job ko ngayon

nasa comfort zone ako eh. Ang swerte ko lang kasi nakakuha ako ng trabahong biruin mo from 6am to 2pm lang so technically I'm just working 7 hours a day, may nap room kami, anytime na gustong mag-break pwede. So parang hawak namin yung time, hindi toxic. Ang swerte ko lang. But they're not paying big cash. Pero alam mo sa sarili mo I can earn more if only hindi ako inaantok or nakakatulog ako nang tama I could do more job na may mas malaking sahod, na 8 hrs yung trabaho pero mas, kumbago more. Pero dahil inaalagaan mo yung health mo, na hindi pwede, so ayun medyo controlled. Dun nagbago yung sa work. Pero okay lang naman yun sa'kin.

Researcher: Kung in terms of relationships naman po? Sa friends or boyfriend kung meron po.

Participant: Sa friends mas I cancel things. Beofre kasi ano ako eh socialite. Pero ngayon I cancel I think half of the scheduled mga.. Hindi ako umiinom eh. Masaya ako sa ganyan nagkakape ako so. Pero ngayon talaga I cancel so kahit anong mangyari, kahit naoohan ko na siya prior. Kasi halimbawa ngayon tinext mo ko tapos sabi ko ok lang, come tomorrow na bukas na yung pagkikita natin I don't feel good kasi nagsheshake ung tuhod ko, kinakabahan ako so hindi ako pupunta. I-ca-cancel ko talaga. Minsan may mga tao lang hindi nakakaintindi pero wala na akong magagawa dun. Siguro natutunan ko na rin sa tagal ng meron na akong anxiety. Okay kung di ko kaya edi hindi. Dati talagang iniiyakan ko.

Researcher: Alam po ba ng friends nyo 'yung tungkol sa condition nyo?

Participant: Oo. Nakakatuwa naman yung friends ko. Siguro lucky lang din na my family and friends know what I'm going through so parang... ano lang din siguro you have to pick yung mga tamang kaibigan. That time so lucky lang na noong panahong nagkaroon ako boom na boom ang topic ng anxiety, depression.

Researcher: That's good to know po na aware 'yung family and friends niyo. 'Yung pangatlong question naman po, what challenges did you encounter when you sought help?

Participant: Alam mo as much as gusto kong magpa-therapy and counseling, it's expensive. I mean kung working ka, kung average lang yung kita mo, kung di ganun kalaki, hindi mo maa-aford. Although maa-afford mo, pero iisipin mo nalang na i-allocate nalang yung perang yun sa ibang bagay, kasi talagang mahal eh. Sa UST kasi meron silang charity pero yung mga charity services nila sa morning neurologist tapos psychiatrist naman sa hapon. Siguro nga dahil nakakita ako ng murang facility, hindi ko naging problema pero yes financially sa medication oo, medyo mahal yung medication so parang iisipin if you are a depressed individual naggagamot ka ng ipagpalagay na nating PHP 60 or 70 a day. Kung may iba kang gastos on top of that so yes mabigat sya. I think

challenge ‘yon sakin. Until such time na as needed nalang yung sakin. Hindi ko na sya laging iniinom. Pero sa umpisa ayun problema ko ‘yun financially.

Researcher: How about dun po sa mismong facility and experts, kamusta po ‘yung experience?

Participant: Noong panahong ‘yun wala akong choice, kailangan kong humingi ng tulong. Ang gusto ko lang mawala na yung masamang nararamdaman ko. Wala akong pag-iimbot. Tinanong nila ako kung gusto ko ba mag-medication. Inexplain naman nila na “Ito, downer ‘to. Kung irereject mo to doon ka sa natural way.” Ano yon? Exercise, positive kemeng ganyan. Eh hindi ko kaya. Gusto ko tanggalin na yung panginginig ko. “So sige, you have to take this kasi kailangan nating tanggalin yung mga symptoms. Once makontrol dun na natin malalaman kung itutuloy pa ba or hindi na.”

Researcher: For the next question po, what is the meaning of help-seeking for you? What symbolism can you think of in relation to help-seeking?

Participant: ‘Yung help-seeking ‘di ba yung paghahanap ng tulong? Ang meaning noon sakin importante siya kasi it's now or never eh. Parang pag hindi mo siya pinatingin, pag hindi ka humingi ng tulong maiiwan ka na nandun ka lang lagi. Lagi ka nang takot, hindi ka magiging normal and ayaw mo naman nun. Ayaw mo na di ka makatrabaho. Symbolism, siguro it's like I’m a flower and help-seeking is an artificial fertilizer, kasi it’s not there as is eh, you have to look for it, you have to put it to the current you. You really have to look for it, it is something you need to seek, it’s sad that help isn’t there naturally. I’m a flower and dahil ba hindi na ako nag-grow dati, dahil ba may anxiety disorder ako is may mali na sakin? Parang bulaklak ako na hindi ako tumubo before, so ako ba yung may mali or yung surroundings? Ano bang may mali, yung buto ba bulok? So kung sakaling hindi ako mag-go-grow baka hindi dun, baka sa ibang lugar, ibang surrounding, ibang kasama.

Researcher: Paano niyo naman po ide-describe ‘yung overall experience niyo with formal help-seeking as a person with anxiety disorder?

Participant: Overall experience so far may mga moment na when I'm so disoriented and anxious tapos pupunta ako sa psychiatrist parang may moment na tinanong ko sya kung gagaling pa ba ako eh. Kasi parang minsan overwhelming talaga yung feeling. Pero yung overall experience okay naman kasi pag hindi ako nag-seek ng help baka ganun pa rin ako. Ako pa din yung di makapagwork, ako pa din yung kakabahan pag lalabas ng bahay. Kasi duktong-duktong sya eh. Pag meron ka na nung isa parang meron ka na rin ng iba. Sa akin walang naging problema when it comes to experience kasi hinanap ko rin talaga. Kumbaga hindi ako naging in-denial.

Researcher: For the last question po, how did formal help-seeking affect your life?

Participant: It affected me in a positive and good way. Lagi akong nagiging example sa iba. Nakakapagshare ako ng experience. Nakakapagshare din ng information kung saang hospital pwedeng bumili ng gamot, tapos kung gusto mo kumuha ka ng PWD ID mo. ‘Yung mga ganun. It affects me positely.

Appendix F

SAMPLE CODES

Codes	Sample response	Themes	Definition
Positive changes	Parang naging bagong tao ako, nag-ba-brighten up pa ng self mo, para bumalik na yung dating ako, bagay na mapapa-okay sa'yo, kaya ko na ulit na bumyahe	Help-seeking is transformative	This theme refers to views emphasizing the positive changes brought about by formal help-seeking
Prevention	it's now or never, bago ka may magawang iba that could damage yourself	Help-seeking is prevention	This theme refers to views highlighting the role of formal help-seeking in preventing individuals from potentially harmful situations e.g. suicide
Urgent	it's now or never, bago ka may magawang iba that could damage yourself	Help-seeking is prevention	This theme refers to views highlighting the role of formal help-seeking in preventing individuals from potentially harmful situations
Physical Symptoms	Sumasakit yung likod ko, giniginaw ako, hindi ako makahinga, pinapawisan ako, nanginginig ako, nagpapalpitate	Alleviating symptoms	Participants engaged in formal help-seeking to feel better from physical and psychological symptoms
Physical check-up	nadaanan ko pa lahat	Alleviating	Participants

	ng exam sa hospital, natakbo ako ng ER (emergency room), Pumunta ako ng hospital para magpa-check up	symptoms	engaged in formal help-seeking to feel better from physical and psychological symptoms
Emotional/Psychological Symptoms	suicidal thoughts, low moods, breathing difficulties, episodes of continuous crying for no identified reason	Alleviating symptoms	Participants engaged in formal help-seeking to feel better from physical and psychological symptoms
Normal self	Hindi ka magiging normal and ayaw mo naman noon, Napaka importate para bumalik na yung dating ako na lahat nagagawa	Going back to normal	Participants pursued formal help-seeking to regain their old selves, to perform daily tasks at their best
Expensive treatment	mahal ‘yung psychiatrist, it’s expensive, Naghanap ako ng mura, sobrang costly din ng mga gamot, mahal ng check up: 2,000 pesos	Facing financial constraints	Participants dealt with costly medicines and consultations
Cluelessness	akala natin minsan hindi natin kailangang ng help, akala ko normal siya na melancholic ‘yung disposition ko, hindi ko pa alam kung anong sakit ko noon kaya hindi sa psychiatrist ako	Realizing the lack of perceived need	Participants realized that they used to normalize signs and symptoms prior to help-seeking

	pumunta		
Social Support	Supportive naman lalo si mama, Natanggap naman nila, sinusupport nila ako sa medications ko, sobrang understanding sila, they're open to trying to understand, naiintindihan nila ang sakit ko	Attaining support from family and peers	Participants recognized the importance of moral support from family and friends
Reliance	kontra siya sa independence ko, self-sufficient na ako, eh ang help-seeking it's like the opposite eh	Attaining support from family and peers	Participants recognized the importance of moral support from family and friends
Ineffective treatment	parang wala namang nagagawa sayo, hindi naman naging okay yung treatment, tinanong ko sya kung gagaling pa ba ako	Doubting the experts and intervention	Participants expressed lack of trust towards the experts and the process/treatment is perceived as ineffective
Doubt	nag-doubt ako sa kakayahan ng mga doctors, baka pinag-e-eksperimentuhan lang ako	Doubting the experts and intervention	Participants expressed lack of trust towards the experts and the process/treatment is perceived as ineffective
Personal Stigma	ako rin mismo 'yung nagko-contribute sa stigma, Magkakaroon ba siya ng judgment	Negative Impressions	Participants described their own negative views and attitudes on mental conditions

	kapag nagsalita ako ng ganito?, hindi ko sinabi na para sa akin. Parang asking for a friend lang		
Perceived stigma	ang tingin nila sa mental illness ay baliw ka, other people they don't understand, titignan ka nya and sasabihin like "siraulo to."	Perceived stigma	Participants detailed their anticipated attitudes of others towards mental disorders
Positive change	Parang yung utak ko naging fresh na nakikita ko 'yung moment, Sobrang life-changing talaga nung pag-si-seek ng help professionally	Help-seeking as the road to positive change	This theme highlights that seeking formal help is a course of action that leads to favourable emotional, physical, and psychological changes
Light	Sobrang void ng nararamdaman mo, sobrang dilim, so parang nasa sa'yo kung bubuksan mo yung flashlight	Help-seeking as turning the light up to see through the darkness	This theme emphasizes that by seeking formal help, one engages on solutions that will prompt healing for the symptoms one is suffering from