The Colonization of the Filipina Mind
Examining Filipina American Mental Health Disparities through the Lenses of Feminism and Colonial Mentality
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Abstract: Colonial mentality has been defined by Filipino scholars as a form of internalized oppression that conditions colonized people to believe that their ethnic or cultural identity is inferior to Western culture. Colonial mentality, in essence, perpetuates feelings of shame, inferiority, and embarrassment toward one's own Filipino identity, negatively influencing one's self-perception. Thus, having a higher colonial mentality has not only been associated with negative mental health-seeking attitudes, but has also been associated with poorer mental health in general, such as low self-esteem, low life satisfaction, more depression symptoms, and more anxiety symptoms. Therefore, when put in conjunction with other social determinants of mental health that affect Filipino people, colonial mentality can be easily implicated in the disproportionate rates of female Filipino Americans (Filipina Americans) experience mental health issues, with Filipina American women being found to experience acute depression at disproportionate rates in comparison to other ethnic groups. However, Filipina American women are a vastly understudied population in the field of mental health. Therefore, this paper aims to answer the question of why Filipina American women specifically experience these drastic mental health disparities, particularly in the form of depressive symptoms, using a postcolonial feminist approach. This paper will then analyze how colonial mentality poses barriers to Filipina mental health help-seeking, suggesting potential solutions for lowering these barriers and making Filipina American mental health treatment more culturally sensitive.

Introduction: The postcolonial problem

Growing up, I watched my mom constantly put her family before herself, at the expense of herself. In vain attempts to encourage her to get help for her crumbling mental health, I've suggested counseling multiple times, but have always been met with the same response.

She'd shake her head. "*Bahala na.* I don't need therapy," she'd say through a tired smile, "I'll handle it on my own."

Bahala na is a phrase I've heard thrown around by my Filipino American immigrant family all my life. I've always understood it to be a dismissive term, meaning "leave it alone, things will turn out fine in the end." Recently, however, I've learned that *bahala na* is not just a colloquial phrase in the Filipino language, but a core cultural value. *Bahala na* is a fatalistic attitude that, in principle, preaches having determination in the fear of uncertainty, but in practice, dissuades taking active steps to tackle the hardships in life (Enriquez, 2008). Instead, *bahala na* promotes the passive acceptance of hardship – to wait around until things get better.

In fact, *bahala na* has been found by psychiatric researchers to partially explain the pervasive negative mental health help-seeking attitudes among Filipino American people (Martinez et al., 2020). As put by Sanchez and Gaw (2007), Filipino Americans tend to be passive about negative mental health because, in a classic exhibition of *bahala na,* they "[accept] suffering as a spiritual offering when events are perceived as being beyond their control".

Bahala na is speculated by some scholars to have developed from fatalistic attitudes surrounding colonialism (Coleman and Agnew, 2020). After 400 years of fruitlessly fighting back against the rampant exploitation and cultural erasure imposed on them by conquering nations, the people of the Philippines defeatedly took on the attitude of being "resigned to their fate of being subject to their colonizers" (Coleman and Agnew, 2020). *Bahala na,* loosely translating to "Leave it to God [to handle things]", also has roots in Catholicism, which was introduced to the Philippines by Spanish colonizers and is now practiced by 85% of Filipinos (Gripaldo, 2005; Sanchez and Gaw, 2007).

The pervasiveness of the colonial-based attitude of *bahala na* is an example of how colonial trauma in the form of feeling inferior to Western colonizers has been perpetuated throughout generations of Filipinos – a phenomenon known as colonial mentality. Colonial mentality is defined as a form of internalized oppression that conditions colonized people to believe that their ethnic or cultural identity is inferior to Western culture (David and Okazaki, 2006). Colonial mentality, in essence, perpetuates feelings of shame, inferiority, and embarrassment toward one's own Filipino identity, negatively influencing one's self-perception (David and Okazaki, 2006). Having a higher colonial mentality has not only been associated with negative mental health-seeking attitudes but has also been associated with poorer mental health in general, such as low self-esteem, low life satisfaction, more depression symptoms, and more anxiety symptoms (David, 2017). Furthermore, the research of Dr. E.J.R. David, a Filipino American psychology professor and pioneer in the field of minority mental health, has shown that implicit colonial mentality is "significantly predictive" of and directly affects depressive

symptoms. In fact, results from structural equation modeling revealed that a "colonial mentality model of depression" – a cultural conceptualization of depression that incorporates hypothesized effects of internalized colonialism on self-esteem – was better able to explain depressive symptoms in Filipino Americans in comparison to a model of depression that did not incorporate psychological effects of colonial mentality (David, 2008).

Therefore, when put in conjunction with other social determinants of mental health that affect Filipino American people, such as their generally lower socioeconomic status, lower employment status, immigration struggles, and multigenerational living arrangements (Sanchez and Gaw, 2007), colonial mentality can be easily implicated in the disproportionate rates at which Filipino Americans experience mental health issues. In fact, previous research has shown Filipino Americans to have greater rates of depression than other Asian American ethnic groups, Caucasians, and most of the U.S. population (Mossakowski, 2007).

But upon even closer inspection, one can see that female Filipino Americans (Filipina Americans) make up a concerningly large portion of these already concerning statistics. Filipina American youth were found to have depression at higher instances than other Asian American female youth, with a rate of 13.6% (Javier et al, 2014 qt. as cited in Kim and Chun, 1993). In addition, Filipino-American mothers were observed to have the highest rate of severe acute depression (9.6%) among mothers of Asian-American backgrounds, the highest prevalence of "moderate to severe postpartum depression", and severe maternal depressive symptoms (Javier et al, 2014 qt. as cited in Huang et al, 2007; Javier et al, 2014). Furthermore, Filipino American women experience more severe symptoms of depression than Filipino American men and are more likely to have long-term mental disorders than them as well (Javier et al, 2014 qt. as cited in Appel et al., 2011; Javier et al., 2014 qt. as cited in David, 2008; Espiritu and Wolf, 2001; Lim, 2011; Ying and Han, 2006; Takeuchi, 2011). These statistics show that Filipina American women tend to experience depressive mental health symptoms at a higher rate in comparison to both Filipino American men and other Asian American women. However, the exact contributors to this mental health disparity are still unclear.

One reason for this knowledge gap is that, despite these startling statistics, Filipina American women are a vastly understudied population in the field of mental health. Therefore, this paper aims to contribute to this area of scholarly speculation by answering the following questions: (1) why Filipina American women specifically experience these drastic mental health disparities, particularly in the form of depressive symptoms, and (2) how building a cultural sensitivity to colonial mentality might lead to better mental health treatment outcomes for Filipina American women. Generally, this paper hypothesizes that colonial mentality is a significant contributor to this mental health disparity, due to the way it interacts with sociocultural factors such as immigration struggles, working conditions, and living conditions, and that successful reforms for mental health treatments targeting this population should incorporate understanding of the effects of colonial mentality on the Filipina American psyche. More specifically, aspects of colonial mentality that will be examined in their relation to the mental health disparity afflicting Filipina American women include the unique history of the

Philippines' perception of Filipinas and how this perception was altered by colonization, the Western ascribing of feminine gender roles upon Filipina women as a consequence of this altered perception, and the modern-day prevalence of colonial-influenced Filipino cultural values. These questions will be explored through a lens of post-colonialist feminism, a philosophy that asserts that women in the Third World are oppressed both by colonial power and by the patriarchy (Petersen and Rutherford, 1986). According to Dr. Melanie Straiton, a psychology researcher at the Norwegian Institute of Public Health, applying a postcolonial feminist perspective allows for the examination of how "ethnicity, gender, and socioeconomic position influence the social, cultural, political, historical and economic factors that shape the lives of marginalized women", giving us a framework for "[challenging] the assumptions of dominant society and [helping] to expose power imbalances that marginalise immigrant women." (Straiton et al, 2017). Given the long colonial history of the Philippines and how it has historically oppressed Filipina women, the postcolonial feminist perspective is imperative for holistically examining the mental health disparities present in Filipina-American women.

Thus, knowing the established connection between colonial mentality and general Filipino American mental health, I will be applying a postcolonial feminist framework by examining how colonial mentality may be implicated in potential sociocultural contributors to the mental health disparities specifically afflicting Filipina American women. I will be focusing on the following two hypothesized effects of colonial mentality on Filipina Americans:

(1) pressure to adhere to the standard of the Filipina set by colonialism and

(2) denying, tolerating, or minimizing the historical and modern-day oppression of Filipinos (David, 2017).

Finally, I will analyze how colonial mentality poses barriers to Filipina mental health help-seeking, suggesting potential solutions for lowering these barriers and making Filipina American mental health treatment more culturally sensitive.

The Colonial Standard of the Filipina: Self-sacrifice, Subservience, and Silent Struggle

The colonial powers that dominated the Philippines since the 1500s, brought their patriarchal ideals with them, and drastically influenced the perception of Filipina women in Filipino culture. In pre-colonial Philippines, women were viewed with great importance and were held at a status equal to men (Bulotano, 2021). Many women even became *babaylans,* predominantly female mystical leaders in Filipino communities who served as healers and warriors, wielding great social and political power (Villariba).

However, this revered and empowered perception of Filipina women began to change upon Spain's arrival in the Philippines, marking the beginning of the Philippines' age of colonization. According to Filipina feminist scholar Emily Lopez-Ledesma Tan, for every power that ravaged and plundered in their quest to colonize the Philippines, "the degradation of women became the ultimate symbol of the conqueror's triumph and the chasm of shame for the conquered." During Spanish colonization, the *babaylans* − once revered as symbols of female power − were villainized into *aswangs* − shape-shifting women in Filipino folktale that drew their power from black magic and kidnapped innocent people to feast on them (Bulotano, 2021).

Furthermore, Spanish Catholicism established a patriarchal society in which women were "placed squarely in subordinate roles in the cultural domain", and expected to be "submissive to their husbands as though to the Lord; because the husband is the head of the wife just as Christ is the head of the church" (Tan, 2017). Following Spanish colonization, American colonizers dismissed women with indigenous features like dark skin, flat noses, and curly hair, favoring women who possessed Eurocentric features such as light skin, a narrow nose, and straight hair as their concubines (Casillan, 2020). The Spanish, Americans, and Japanese exploited Filipina women as sex slaves, forcing them to become "comfort women" who only existed to satisfy the desires and needs of the colonizer (Bulotano, 2021).

During this age of colonization, the Filipina woman came to be defined in terms of Spanish and American patriarchies. Consequently, throughout the generations, colonial trauma instilled a tendency in Filipina women to ascribe to Western ideals of femininity – that to be feminine was to be dutiful, submissive, and a domestic caregiver (Welter, 1966). Thus, as a result of colonization, the Filipina woman was reduced from a powerful, capable leader to a docile, subservient follower to her male superiors. Due to the collectivist nature of Filipino culture (Church et al, 2010 qt. as cited in Hofstede, 2001), the Filipina woman is still expected to be all these things, as well as dutiful, self-sacrificing, and passive to negative occurrences in life for the sake of her family.

I argue that in the present day, this symptom of colonial mentality contributes to the expectation of Filipina women to accept the burden of being the family caregiver in all sense of the word, serving and providing as all parts a daughter, wife, mother, and especially breadwinner. Due to the impoverished economic situation of the Philippines, Filipina women are more encouraged by Philippine society to prioritize financial caregiving over physical caregiving (Napholz and Mo, 2010). According to a 2010 study that assessed the psychological well-being of working Filipina-American women, providing financial support is seen by Filipino families as filling the role of a caregiver more than physically being there, as in circumstances of economic stress, money becomes the most important way of showing one's devotion and care to loved ones. This results in many Filipina women having to leave their parents, spouses, siblings, and children in the Philippines behind while they pursue better financial opportunities abroad in places such as America, with 60% of Filipino immigrants in the U.S. being women (Stoney and Batalova, 2013). Once these women immigrate, they then have to endure the colonial-influenced cultural pressure of being a caregiver in combination with separation from loved ones, which potentially puts them in a position of higher vulnerability to developing mental health issues.

Indeed, previous research has shown that separation within immigrant families is linked to negative mental health outcomes, so this familial separation that many Filipina American women endure is likely a contributor to the disproportionate depressive symptoms observed in this population (Vesely et al., 2019). A 2017 research study published in *BMC Women's Health* validated that geographic separation from family is indeed very hard on Filipina immigrants, who often express feelings of sadness due to a disconnect from their support system as well as

guilt from not being able to be there for their loved ones. When describing this experience of leaving behind family in the Philippines, one Filipina immigrant stated,

"It's very hard... leaving your kids – I [felt] like dying… even now, I'm used to it, but… it [makes me] feel so weak, depressed also. Sometimes I really miss my kids – how I wish I could ... tie their hairs or something, [or] put them in bed. But I'm here so… it's very sad" (Straiton et al, 2017).

This Filipina mother was put in the copious position of being unable to physically care for her beloved children. For Filipina immigrant women, the desire to be with their loved ones may be at war with the knowledge that their physical sacrifice could provide their loved ones with a better life – a turmoil that may cause understandable sadness and devastation. A Filipina immigrant working in healthcare echoed this statement, lamenting,

"I always tell myself that, because I am working here [in another country], the love and the care that I give to my patients are the love and care that I can never give to my [family]. I can send money to them, I can call, but… I can't [take care of] my mamma,… my ailing grandfather or grandmother" (Straiton et al., 2017).

These sentiments show that Filipina immigrants feel as if they must accept their role as a family provider despite their extreme sadness as a result of familial separation. This adherence to their familial duty may be implicitly driven by the previously discussed colonial-influenced standard of the Filipina – the standard of being self-sacrificing for the sake of family above all else.

As a result, Filipina immigrant women are forced to accept sacrifices such as geographic separation as their moral duty to their families. "When it comes to financial support… I don't take it as a responsibility," one Filipina immigrant said, "I know I'm earning more than what [my family earns], so it's… a grateful thing" (Straiton et al, 2017). In other words, by prioritizing the family's needs above her own, the Filipina woman fulfills her role as a virtuous and moral daughter, sister, and mother. Sometimes, this rationale of viewing these sacrifices as "paid emotional labor" – the enduring of difficult emotional circumstances for the sake of earning and providing money for the family – can even soothe the guilt a Filipina woman might feel from leaving behind her family by making her feel like she is fulfilling both her roles as a nurturing woman and provider (Straiton et al, 2017).

Conversely, though, this colonial-influenced standard of self-sacrifice can negatively warp Filipina women's sense of self-worth, which is a high-risk factor for developing depression in the general population (Choi et al., 2019). Some Filipina immigrants have reported large amounts of pressure and stress from feeling like their families back home viewed them as nothing but a never-ending source of money, or from fear that they wouldn't be able to live up to their families' expectations (Straiton et al, 2017). Thus, pressured to do all they can to support their families with day-to-day living, housing, health services, education, and other things, Filipina-American women tend to push themselves to great lengths to achieve financial success, resulting in overworking tendencies that have been observed to lead to depression in the general population (Rudow, 2012). For example, Filipina women have been found to take on multiple

jobs to the point of exhaustion on top of engaging in studying to improve future earnings, often forgoing trips to visit family back in the Philippines because of their busy schedules (Straiton et al., 2017). Therefore, the colonial-rooted pressure put on Filipina American women both by their families and themselves, in addition to the overwork and burnout they might feel from busy schedules, may contribute to the higher rates of depressive symptoms they experience.

However, the colonial expectation of Filipinas to be docile, passive, and self-sacrificing for the sake of family has made it so that many Filipinas feel like they cannot show that they are struggling. One Filipina American immigrant said in a research study, "Because most of us are Filipino, we are thinking first, what will my loved ones think? I want to solve it first myself, before telling them" (Straiton et al, 2017).

Another said, "I am also one of the wings of my family, I don't want them to see me flying down… I want them to see me…soaring high every time" (Straiton et al., 2017).

For Filipina Americans who are immigrants themselves, balancing work with family caretaking may cause them financial stress on top of geographic and mental alienation from family. These factors are the most common stressors among clinically depressed Filipinos (Tompar-Tiu and Sustento-Seneriches, 1995). As such, the colonial-influenced standard of the Filipina, by implicitly coercing women to ascribe to Western ideals of femininity through taking on the role of the subservient caregiver, has contributed to putting Filipina American women into a unique sociocultural position that puts them at higher risk for developing depression – potentially explaining the stark mental health disparities that afflict them.

Bahala na: The Entrapment of the Filipina Woman in a Colonial Prison

The pressure to adhere to a colonial standard of the Filipina is one-way Filipina Americans continue to be oppressed by the Philippines' colonial history, adversely affecting their mental health. However, another symptom of colonial mentality that negatively influences Filipina mental health is the denial and tolerance of this and other kinds of oppression.

This denial, tolerance, and minimization of Filipino oppression, a phenomenon known as "colonial debt", stems from the aforementioned colonialism-fatalistic attitude of *bahala na* (David and Okazaki, 2006). Another interpretation of *bahala na* is "despite one's free will, one cannot do anything about the larger existing circumstances of their situation" (Phils, 2013). The prevalence of the colonial-rooted value of *bahala na* in Filipino culture has made it so that many Filipinos tend to accept bad life circumstances, which, in conjunction with the gender-specific pressures examined in the previous section, may be another contributor to the disproportionate rates of mental health issues in Filipina Americans.

One example of such a life circumstance common in Filipino culture is multigenerational living in one household, with children often living with their parents until marriage and then older parents moving in with their children when they are adults (Chen et al., 2017). Middle-aged Filipina women are often put in charge of taking care of these older adult family members living in the household, which has been associated with psychological stress and negative emotional effects (Oshio, 2014; Yamauchi and Tiongco, 2013). A 2017 study conducted by sociology researchers at the University of Maryland showed that living in these larger households reported

a higher score of depressive symptoms in mid-life Filipina women, due to stress brought on by caregiving duties and loss of privacy and control. Another contributor to stress and negative mental health for Filipina women in these multigenerational households was the power dynamic between these Filipina adults and their older parents, as the younger Filipinas tended to be moved down the household hierarchy due to their age and gender (Chen et al, 2017). However, in accordance with the colonial-rooted value of *bahala na,* Filipina women may not feel motivated to gain power back in the form of increased privacy, more control of the household, or more even distribution of caregiving duties, as they must accept that that is simply the way of her culture. The colonial influences on cultural values Filipinos still currently uphold thus may be implicated in how Filipina-American women tolerate these living situations that are not conducive to positive mental health.

Outside the household, Filipina Americans also tend to accept bad working conditions. Since 1960, the US has pulled Filipinos to work as nurses, a "highly feminized" profession, to fill nursing shortages in America (Thornell, 2020; Straiton et al., 2017). As a result, Filipino nurses currently make up 4% of the US nursing population (Morton, 2021). However, Filipino nurses have made up more than a third of COVID-related deaths among U.S. nurses (Morton, 2021). Scholars believe that this is because these Filipino-American nurses have "[tolerated] less-than-ideal working conditions" while working during the COVID-19 pandemic, consequently putting themselves at higher risk of contracting the disease (Constante, 2021). To support this, one study found that Filipino registered nurses were less likely to leave jobs that caused burnout due to "the confluence of transnational pressures, unequal power relations, and socioeconomic factors influenced by a colonial past that have entrapped them into staying" (Nazareno, 2021). According to minority mental health researcher Dr. E.J.R. David, the reason for this tolerance is a feeling of colonial indebtedness to America for giving them an opportunity for work at all, with a rationale along the lines of 'I might be putting myself at risk right now because my boss is forcing me to work in these conditions – but at least I'm here in America' (Constante, 2021).

This characteristic of Filipino American workers to stay in negative work conditions is often exploited, with employers praising the diligence and amiability of Filipino American workers, but not promoting them. A study from the journal *Feminist Economics* shows that Filipinos are less likely to be promoted to manager or supervisor than white Americans with comparable qualifications (Yamane, 2011). Tolerating exploitation of labor in bad working conditions due to colonial indebtedness may be another contributor to negative mental health; adding in the implicit pressure for Filipina American women to adhere to colonial-influenced gender roles puts this demographic all the more at risk.

Multigenerational living arrangements, bad workplace environments, and labor exploitation – are all factors that psychology researchers have linked to depression development in the general population (Piontak, 2014; Woo and Postolache, 2008; Mustaner, 2015). Therefore, the colonial-rooted cultural value of *bahala na,* by promoting the mentality that Filipina Americans do not have the power to change the negative circumstances in their lives,

especially taking into consideration the pressure for these women to fulfill Filipina gender roles, may encourage Filipina Americans to stay in situations that amplify and perpetuate negative mental health.

Decolonizing the Filipina Mind: Lowering Barriers to Treatment

We have now examined several ways in which colonial mentality may adversely affect the mental health of Filipina Americans. Understanding the cultural histories underlying mental health issues is imperative to providing culturally sensitive mental health care – but unfortunately, these cultural histories are also linked to negative mental health care-seeking attitudes in this population.

A 2020 study published in the journal *Social Psychiatry and Psychiatric Epidemiology* revealed the most prevalent barriers to the pursuit of mental health care by Filipino Americans, many of which can be traced back to colonial mentality. These include (1) "financial constraints due to high cost of service, lack of health insurance, or precarious employment conditions", (2) a sense of shame, embarrassment, self-blame, and fear of judgment, as well as (3) worries over the social stigma associated with mental health treatment that could put the family reputation at stake (Martinez et al, 2020). Denial of mental health treatment by Filipina American women is driven by concerns that it would bring about financial burden and shame upon their families. These concerns may implicitly stem from the previously discussed colonial expectation of Filipina American women to support and prioritize their families even at the expense of themselves.

This begs the question – how can we reform cultural mental health care for a population whose culture and colonial history discourage mental health help-seeking?

One way to address this problem may be to offer mental health programs partnered with institutions that are cultural safe spaces for Filipina Americans (Napholz and Mo, 2010). Receiving treatment through cultural safe spaces such as churches may reduce fears of judgment and sense of shame and embarrassment. As seen with *bahala na,* Filipinos sometimes put their trust in religion when dealing with negative circumstances in life; a church leader has even noted experiences of Filipino parents deferring to him to pray for behavioral problems their children were going through rather than consulting professional therapy (Javier et al, 2014). Thus, Filipina Americans may be more receptive to pursuing mental health treatment when the referral is coming from an authority figure that they trust, such as a priest or other faith leader. "There's so much respect given to someone higher up," a Filipino parent confirmed, "If the priest says, 'I think you should go to this [doctor]' they're more likely to go" (Javier et al, 2014).

Another intervention to promote mental health help-seeking would be to create mental health programs that specifically target Filipina Americans as a population. With the knowledge that other fellow Filipina Americans are seeking out and utilizing mental health treatment, any fears of stigma and shame being placed upon their families may be quieted, as they will see that their experiences of struggle are shared with other women just like them. Creating population-targeted programs for Filipinos has already proved to have an impact on increasing the participation of Filipinos in mental health treatment, as shown by the high rates of attendance and positive feedback for church-based Filipino-targeted parenting programs (Javier et al, 2014).

In combination with dealing with the barriers that prevent Filipina Americans from accessing mental health care, reforms can also be put into place to ensure effective, culturally sensitive mental health services for this population. Instead of utilizing standard methods of therapeutic intervention with Filipina American patients, clinicians should revise their approaches using the informed perspective of postcolonial feminism, with the goal of decolonizing their minds. For instance, when treating Filipina American patients with depression, therapists could shift the focus of their treatment plans onto unlearning specific cognitive distortions that are a product of colonial mentality. For example, public health researchers believe that one potential way to combat these high-risk stressors for developing depressive and anxious symptoms in Filipina American women would be to encourage them to have a better work-relationship balance (Napholz and Mo, 2010). Even though the colonial standard of Filipina and Filipino culture in general pushes women to prioritize financial success as the primary way of supporting family, ensuring that the pursuit of financial gain does not come at the expense of being cut off from family is integral to ensuring good mental health in Filipina women. This is supported by findings from a 1996 research study that showed women who prioritized career over family scored significantly higher on anxiety, while women who prioritized being with family had the lowest mean score on anxiety, depression, and hostility (Beatty, 1996).

These are only some ways that mental health treatment can be more culturally focused when dealing with Filipina-American patients. Ultimately, in the words of public health researchers Naopholz and Mo, going forward, "Filipino women's work and family-role experiences must be viewed within their cultural context to provide insights for both mental health clinicians and researchers." As such, keeping cultural education and empathy at the center of mental health treatment is a powerful tool that can help bring about the decolonization of both Filipino-American minds and the mental healthcare system.

Conclusion: A call to Service the Ones who have Served Us
Colonial mentality has fundamentally affected not only the way Filipina women perceive themselves but also the way Philippine society perceives its Filipina women. Colonization influenced the perception of Filipina women to ascribe to a Western standard of femininity, a standard that may still contribute to the self-sacrificing behaviors of Filipina American women for the sake of their families, but at the expense of their own mental health. Colonization also introduced an attitude of fatalism in the Filipino people, manifesting in cultural values that may implicitly influence Filipina Americans to stay in working and living conditions that are detrimental to their well-being. In conjunction with other social determinants of mental health, these colonial-influenced perceptions and values have placed Filipina American women in situations that put them at higher risk for negative mental health outcomes, contributing to the stark mental health disparities that afflict them. Filipina feminist scholar Emily Lopez-Ledesma Tan put it well:

> "As a result of these patriarchal regimes set by colonialism, Filipina women have
> suffered violence in the form of shouldering multiple burdens such as traditional

household chores, child-rearing, regular and odd jobs, family matters – all the while being minimized, being grossly overworked and underpaid has resulted in low self-esteem, perpetual fatigue, and self-sacrifice."

Addressing the way these sociocultural contributors to depression are steeped in colonial mentality is a key step in eradicating the mental health disparities present in Filipina American women. Understanding these disparities from this postcolonial feminist perspective is not only imperative for providing effective mental health service to this population, but also for lowering the barriers for Filipina American women to access this treatment. Further research must be done into how decolonization can be more integrated into mental healthcare, and more effort must be made to create partnerships and programs that make mental health treatment more accessible for Filipina American women.

Filipina American women have spent generations dedicating themselves to serving their families – it is now our turn to dedicate ourselves to serving them.

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