Health and Illness in Pilipino Immigrants

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Immigrants from the Philippines and their descendants have tripled in number in the United States in the past 18 years. They will soon surpass 1 million and will be the largest Asian-American minority. Pilipinos in the United States are diverse ethnolinguistically and in important socioeconomic and demographic dimensions, one notable feature being the high level of education and professional status of many recent immigrants. Nevertheless, the health and disease circumstances of Pilipinos and their views of health and illness have been surprisingly neglected to date. A generic principle fundamental to their view of health is that concerning the maintenance of balance. Proper social and cultural conduct is believed to help avoid health problems. Imbalances in social relations, infringements of cultural norms or adverse interaction with the supernatural are linked, in the cultural logic of Pilipinos, to illness.

Populations from what became known as the Philippines have long been famous for their willingness to undertake international migration. Tomé Pires[1] reported their presence as mercenaries in Sumatra and as miners and traders in the Malay Peninsula in 1511. Modern Pilipino* immigrants have overwhelmingly chosen the western United States (73% reside here) to pursue their ambitions, though equal numbers have now migrated also to the Middle East and Europe for employment. So spectacular has the flow of Pilipino immigration to the US been, particularly since 1966, that by 1985 they will be the largest group of Asian-Americans. Numbering 774,640 in the 1980 census, Pilipino-Americans surpassed Japanese-Americans and trailed Chinese-Americans by less than 35,000.

It comes as some surprise therefore that so little attention has been given and so little information exists concerning Pilipino-Americans.[2] Many reasons for this neglect will become evident as our depiction of Pilipinos unfolds, but undoubtedly their status as one-time colonial subjects of the United States, their rapid and recent rise to ethnic prominence and, lately, their relatively smooth integration into US society have in some measure deflected serious consideration. Another deterrent may lie in the great difficulty in generalizing about Pilipinos, so heterogenous are they in terms of subethnic background, education, occupation, income and distribution.

At this writing Pilipinos are the largest population of Asian-Americans in the western states as a whole. First among Asian-Americans in California (357,514 or 1.5% of this state's people) and Alaska (3,095 or 0.8%), they are second (to Japanese-Americans) in Hawaii (133,964 or 14%) and Washington (24,363 or 0.6%) and are third in the remaining western and mountain states except Nevada. In Nevada, Pilipinos represent the largest Asian-American population although comprising only 0.5% of the state's population. In other mountain states they constitute only 0.1% of the population. In Oregon they make up 0.2%. Nearly as dramatic has been the more than doubling of the number of Pilipinos in each of the western and mountain states during the past decade. This is a total increase of 285,162, or 113%.[3]

In this article I will synthesize relevant information for practicing physicians concerning the culture of health of the Pilipino ethnic group, drawn from the available literature as well as from my long-standing anthropologic research in the Philippines and long interaction with members of the Pilipino community, especially in the San Francisco Bay Area. The wide range of documentary sources is, as might be expected, of uneven quality as well as quantity. Special effort is made to cite the most relevant and most recent literature. Numerous gaps in information exist concerning the health status and problems of Pilipinos. Especially disconcerting is

* Throughout this article *Pilipino* is used to refer to persons of Philippine ancestry. Pilipino has recently come to be preferred over Filipino by immigrants to the United States for purposes of ethnic identity, in line with the usage adopted by the national language of the Philippines (which does not have the letter "f").

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the lack of data on mortality and morbidity and an absence of comprehensive treatment of health problems associated specifically with the ethnic group. It is hoped that readers will be moved to conduct research on this important yet neglected minority.

Ethnic Identity, Demographic Profile and Migration History

Certain characteristics of Pilipino immigrants to the United States are relevant to our purposes. Pilipinos abroad tend to view themselves as a single people more than they do in the Philippines. There the divisions between Christians, Muslims and minorities (mainly Chinese and upland peoples) and between ethnolinguistic groups of Christian Pilipinos continue to influence stereotyped social distinctions. Immigrants to the United States are predominantly Christian, mostly Catholics who can speak the national language and most are from a few subethnic groups. Yet it is vital to recognize that significant differences fragment them.[4]

The most important of these differences can, for purposes of simplicity, be represented in a distinction between early and recent immigrants.[5,6] In certain respects these constitute two distinct populations. Most immigrants in the earlier part of this century (1905 to 1935) were male laborers of rural origin, speaking only their local dialects, with the result that their noneconomic participation in US society was limited. By contrast, immigrants since 1966 (with the initiation of PL 89-236) have been mostly well-educated, English-speaking urbanites. An unusually high proportion of them are professionals.[7] Many of the recent immigrants came as families and most are young (between 20 and 40 years). The rapidly aging "old timers" often still reside in rural communities whereas the huge wave of recent immigrants has almost all settled in urban and suburban areas. In Hawaii, earlier immigrants continue to occupy the lower strata of economic and social life. These differences, particularly the differentiation by income and class and between Hawaiians and mainlanders, are strongly associated with differential participation in the political, economic and social systems. The new immigrants have drastically altered the demographic and social organization of Pilipinos in the United States. The wave has by no means crested; the search for opportunities and the oppression and stagnation of the present Philippine government and economy continue to drive emigration.

The proportion of Pilipinos born in the United States (the latest census figure for 1970 was 43%) increases slowly, despite the enormous continuing immigration because of relatively high fertility. US-born (largely second or third generation) and foreign-born Pilipinos also differ in certain respects socially and culturally, although these differences are gradually disappearing. The youth of both groups results in a young total population in spite of the large number of early immigrant male "old timers." Also, between US-born and recently immigrated Pilipinos, the previously drastically unbalanced sex ratio is now essentially balanced.

Residence of Pilipino immigrants, which is presently only about 5% rural, has tended to be ethnically concentrated in certain suburban communities. At present they show a greater willingness to live scattered in suburbs.

Professionals, Especially Health Professionals, Among Immigrants

Since 1966 the proportion of professional, technical and kindred workers—PTK, a designation of the Immigration and Naturalization Service—has averaged a remarkable one third of the total number of immigrants from the Philippines. This category among Pilipinos includes physicians and surgeons, dentists, nurses, pharmacists, lawyers, engineers, teachers and accountants most prominently. Mejia and co-workers state that "In absolute numbers the Philippines is the world's largest donor of physicians after India."[8(p57)] A significant number had arrived in the United States before 1966 but after that date the number increased four to five times. By 1974, 10,410 Philippine physicians had entered the United States, or one in eight of the non-US-born medical graduates. Of Pilipino medical graduates, 90% remain here as permanent residents or citizens. Most striking perhaps is the fact that a third of these are women, but also striking is the youth of entering Philippine-born physicians. In the mid 1970s a high proportion were staff physicians or residents, only about 23% being office-based. For reasons of ease of communication, most Pilipinos prefer to be attended by Pilipino physicians but the relatively small proportion in private practice means that most see non-Pilipino doctors.

As with physicians, the licensing of nurses in the US has increased significantly since 1966. By 1972 Pilipinos constituted nearly half of all foreign-born nurses. They tended to be young (between 23 and 32 years), female, unmarried and self-supporting, according to Joyce and Hunt.[9] Those few (about 9%) among their sample who returned to the Philippines were significantly older, were married with families in the Philippines and were employed by, or scholars of, the government.[8] About 16% of the sample of Pilipino nurses studied by Mejia and associates married non-Pilipino Americans. In general, Pilipinos are probably less adverse to marrying non-Pilipino Americans than are other Asian-Americans, another factor in their relatively rapid assimilation.

The number of dentists from the Philippines, although miniscule when compared with that of physicians and nurses, nonetheless represents almost 44% of Asian-born dentists entering the United States. Likewise, Philippine-born pharmacists represented 44% of Asian immigrant pharmacists during the decade ending in 1974 (Annual Report, Immigration and Naturalization Service, US Dept of Justice, 1974). In both categories women are especially highly represented.

Including all categories of professional and technical occupations, Pilipinos of the recent wave possess educational qualifications that render them professionally

competitive. Because of their number, however, and given prevailing adverse economic conditions, many have encountered difficulties entering jobs commensurate with their training. In particular, Pilipinos have encountered licensing problems and alleged differential treatment. This has been particularly the case among nurses, dentists and pharmacists, though physicians have not been unaffected, and this has generated a certain amount of bitterness.[10]

Biological Makeup and Genetically Derived Predispositions

The genetic background of Pilipinos and the possible disease implications related to this background are poorly documented. This situation contrasts sharply with that for persons of Chinese or Japanese ancestry. The biological makeup of Pilipinos is certainly very complex. Older strata of modern populations entering the Philippines at least 40,000 years ago were relatively isolated demes on the major islands until about 4,000 years ago when seafaring dramatically reestablished the movement of peoples throughout Southeast Asia[11] and reintroduced the biological variation that existed among prehistoric populations of that region. Over the past 2,000 years gene flow, especially from southern Chinese and, later and more limited, European sources, further hybridized the dominantly "Malay" gene pool with its strong southern Mongoloid influence. Thus, Pilipinos are genetically highly mixed. Phenotypically they are quite similar to and sometimes mistaken for other Southeast Asian peoples or southern Chinese, especially those who have some Chinese ancestry. Although good serologic and antigenic analysis of Pilipinos is quite limited despite aforementioned variation, in general they are characterized by blood group B (about 40%), Diego factor, a low incidence of Rh negative, a high incidence of glucose-6-phosphate dehydrogenase (G6PD) deficiency, a relatively high incidence of α-thalassemia[12] and apparently a high incidence of genes responsible for lactose intolerance and malabsorption.*

Survey of Selected Health Problems

Comprehensive information is lacking concerning the health status and problems of Pilipinos in the United States. Again it compares poorly with that available for Chinese and Japanese populations. As already indicated biological and sociodemographic variations among Pilipinos are noteworthy. These variations and limitations of the literature make generalizing somewhat perilous. Available information focuses principally on Pilipinos in Hawaii with its older and until recently, largely male and dominantly rural population. Disease problems dealt with are mainly the diseases of civilization, especially "Western diseases"[13] such as coronary heart disease, hypertension, cancer of the bowel, lung and breast, renal stones and hyperuricemia and gout. The following are recent studies that have built on earlier work.

Gerber studied, in Pilipinos who arrived in Hawaii before 1931, mortality that was attributed primarily to coronary heart disease. Mostly men from the Ilokos provinces, their age-specific (55 to 64 years) death rates from coronary heart disease were 61% higher than those in the Philippines and were intermediate (249/100,000) between Hawaiians of white and Japanese ancestry. Death rates were significantly higher for urban (468/100,000) than rural (355/100,000) Pilipinos and were higher for residents of Oahu than for Maui and Hawaii. Most notable was the increase in the mortality from coronary heart disease by 2.6 times between 1950 and 1970 (rates for women increased 1.4 times). Gerber attributes this rapid increase in mortality from coronary heart disease mainly to a dramatic change in life-style among Hawaiian Pilipinos.

In a study by Bennett and associates,[15] a relatively high incidence of hypertension and cerebrovascular accidents was identified among Hawaiian Pilipino men. In the same study an unusually high incidence of both conditions and of renal disease was noted among Pilipino women. Bennett[16] later showed that Pilipinos had the highest incidence among five ethnic groups of hypertension, peptic ulcer and impairments of back or spine and the lowest incidence of asthma and hay fever.

Hinds and colleagues[17] reviewed cancer rates among Hawaiian ethnic groups and attempted to link them with smoking and alcohol use. Cancer incidence rates for Pilipino men were found to be relatively high for liver and biliary system cancer (38/100,000) and for lymphoma (28/100,000), moderate for cancer of tongue and mouth, pharynx, esophagus, rectum, pancreas and bladder and leukemia and low for cancer of larynx, stomach, colon, kidney, lung and brain relative to other ethnic groups. Women were found to have moderate incidence rates for tongue and mouth, stomach and lymphoma cancer and leukemia and low for other types of cancer enumerated. Overall, Pilipinos recorded the lowest incidence of all ethnic groups in Hawaii. In another study, Kolonel and co-workers[18] attempted to relate cancer of the colon, rectum, stomach, prostate and breast with dietary causes, especially fat intake. Hawaiian Pilipinos who have among the lowest risk of cancer of the colon and prostate for men and for colon and breast for women were found to have the lowest fat intakes.

Glober and Stemmermann[19] provide a useful summary of the disease concomitants of westernization among the ethnic groups of Hawaii. In 1970 Pilipinos remained the least acculturated ethnic group, having the lowest median family income ($12,683), the highest proportion of laborers (45%) and the lowest proportion of professional, technical and managerial occupations (10%). They (women especially) ingested the lowest levels of total protein, animal protein, saturated and unsaturated fats and meat nitrites of any population. As already indicated, they had the lowest rates for all types of cancer by a significant margin, this being

* Dr Kaichii Omoto of the Department of Anthropology, Faculty of Science, Tokyo University, has in recent years been conducting extensive studies of antigen frequencies among Pilipino and Southeast Asian populations. His work as it comes to publication will rectify some of the present gaps in our knowledge.

especially notable for women. According to Glober and Stemmermann, however, there is a "tendency for tumours which are common in the host country to increase among the immigrants" and for "cancer rates, which increase or decrease after immigration [to] change more quickly in men than in women."[19(p324)] For the past two decades, many Pilipinos in Hawaii have experienced a dramatic improvement in socioeconomic status and a shift to urban life. It would be most appropriate to undertake research to determine whether as with the spectacular increase in mortality from coronary heart disease experienced between 1950 and 1970, an increased incidence of certain tumors is also occurring.

In studies of Pilipinos in Seattle and in Hawaii, Healey and associates[20] reported cases of hyperuricemia (6.3 and 6.1 mg per dl, respectively) and a high incidence of gouty arthritis. These findings relate the increased incidence to probable higher intakes of protein and purines by immigrant Pilipinos in the United States and suggest that some Pilipinos may have a genetic incapacity (perhaps due to a heritable renal tubular defect) to handle higher purine loads found in their changed diets.

It is clear from the foregoing that there is a pressing need for biomedical and epidemiologic research among Pilipinos, especially among the large, recently immigrated mainland population. This is an especially timely moment to pursue a wide range of biomedically interesting questions.

Mental Health

Of the psychopathologies attributed to Pilipinos in Hawaii, schizophrenia has received the most attention.[21-23] Weiner and Marvit[24] found a moderate incidence (2.5/1,000) as compared with other ethnic groups. In their sample, Pilipinos showed a somewhat later age at diagnosis than other groups (about 43 for male and 36 for female patients) and an unusually high mortality ratio (2:7 for females). In earlier studies of admission records of Queen's Medical Center (Honolulu), Wedge and Abe[25] found Pilipinos slightly underrepresented according to their number in the population at large. Those Pilipinos admitted had diagnosis of having a high frequency of what they called "major reactions," schizophrenia and manic-depressive and involutional psychoses.[26]

In studies of the cultural expression of paranoid schizophrenia in Pilipino and Japanese male immigrants in Hawaii, Enright and Jaeckle[27] and Bloom and colleagues[21,22] found that Pilipinos were characterized by greater violence, more bizarre behavior and more dramatic delusions of persecution and of grandeur. Pilipino patients "tend to express feelings freely and directly" and to attempt to resolve conflicts by directing their behavior outward to alter circumstances.[27(p17)] In a brief but suggestive paper based on 51 admissions of recent immigrants to Langley Porter Neuropsychiatric Institute (San Francisco) from 1968 to 1972, Shon[28] reports a higher proportion of women and of Philippine-born admitted (57%). Only 43% had diagnosis of psychosis, mainly schizophrenia, although some doubt existed whether many of these patients were truly schizophrenic or "rather were suffering from a transient situational disturbance (adjustment reaction)."[28(p16)] What is especially interesting is that "in most cases a precipitating event involving loss of self-esteem was present, e.g. failing a licensure exam, a professional unable to obtain a position in her field and forced to take a menial job, or a wife discovering her husband was dating other women."[28(p16)] "In almost every history of diagnosed psychosis there was a strong association with a recent event involving great loss of self-esteem, loss of status and shame."[28(p15)]

Marsella and co-workers[29,30] correlated emotional stress among married, male Hawaiian Pilipinos, who varied by class and age, with manifestations of psychologic symptoms. Social and emotional stress was associated by them especially with familial and interpersonal relations of responsibility and obligation, with an oppressive assertion of authority and with being criticized. Lower-class men were found to be more severely socially stressed than upper-class persons.

Studies by Sechrest[31-33] suggest that the symptomatology of psychiatric patients in the Philippines frequently involves violence, disturbance of sleep, wandering about aimlessly, socially inappropriate behavior and insensible utterances (also L. Sechrest, MD, unpublished data, 1966). He notes a very low frequency of symptoms of withdrawal, depression and suicide.[31(pp197-198)]* Complaints of patients mainly involved hallucinations, a significant proportion being visual and concerned with a threatening or commanding figure.[35] The delusions of Pilipino women involve power and authority figures and especially sex and imaginary suitors.[31,32] Paranoia is prominent for both sexes.†

Sechrest associates first- and second-parity siblings and last-parity women from small families with psychotic disorders (principally schizophrenia). He relates this to the extreme social expectation on them for responsibility. Shon[28] makes an almost identical finding. He also stresses the stigma that especially unacculturated Pilipinos attach to psychopathologies, which are generally believed to be hereditary. Thus home care by a family keeps many of the less violent

*Enright and Jaeckle[27] found similar symptom complexes among Pilipinos in Hawaii that contrasted sharply with their Hawaiian-Japanese sample. In a brief report on paranoid schizophrenia, Bloom and colleagues[21] listed symptoms common to Pilipinos such as delusions, auditory hallucinations, delusions of possession of great powers, homicidal feelings, hearing threatening voices, unmanageability, violence, possessing weapons, "being God" and "talking with God." Commenting on differences from Japanese, they state that Pilipinos diagnosed to have paranoid schizophrenia "show almost unadulterated externalizing, both behaviorally and ideationally. They are turning their anger outward physically, and their grandiosity is the highest theoretically possible!" Ibrahim and associates[34] confirm the low rate of suicide among Pilipinos in Hawaii but note that the rate is increasing for men, though remaining unchanged for women.

†Similar findings are reported by Duff and Arthur[36] who, in a perceptive paper on the clinical features of hypochondriasis and paranoia among Pilipinos in the US Navy, suggest they are "faced with acculturation problems while doing servile work and maintaining close ties to home [and strong responsibilities]. Some incident or life crisis, such as the arrival of a new and tyrannical chief petty officer, perhaps some physical illness such as influenza, might prevent the individual from fulfilling his obligations. This failure to meet obligations and to attain his goals might give rise to feelings of inadequacy, impotence and . . . shame accompanied by anxiety." Their cultural background "discourages open expressions of anger and boldness as well as individual initiative . . . [predisposing them] to . . . a classic passive method of handling feelings of inadequacy namely, somatic complaint or hypochondriasis."[36(pp208-209)]

or seriously disturbed cases out of clinics and institutions. This, plus a great respect for elders, probably explains the very low incidence of diagnosis and admission for senile dementia, mental retardation and perhaps psychotically depressed states among Pilipinos. Finally, Sechrest[31] and Sechrest and Flores[37] have noted that conflicts about homosexuality are rarer in the Philippines than in the United States (see also Hart[38]).

Lapuz[39,40] provides a fascinating picture of cases of neurosis and psychosis in persons from urban upper and middle classes and the cultural context of these disorders in the Philippines. Her sample shows a high proportion of bizarre somatic symptoms for which an organic cause could not be identified. She also found a relatively high frequency of suppressed depression[39] and a frequently expressed fear of loss of control and similar phobias that arose to prevent loss of control. Lapuz's patients, especially the women, show highly aggressive tendencies but, according to her, they are usually able to express their aggression in socially acceptable ways. Pilipinos are quite remarkable in their ability by means of key sociocultural practices to maintain a proper front, to protect their self-image, to express concern for others' feelings and to get along with others, avoiding embarrassment or confrontation. Yet when repressed aggression builds up it often erupts violently. Kimmich describes Pilipino patients in Hawaii in a closely comparable way.[26]

Culture, Health and Illness

Turning now to indigenous conceptions of health and illness, I will review those health problems that are primarily shaped by culture.* We must begin by reemphasizing the caution that subethnic variations exist in the specific expression of beliefs and behaviors. It is impossible to generalize about a common Pilipino culture; yet, because variations are limited and until specific ethnic variants, which themselves are rapidly responding to change, are better defined, we can for present purposes describe certain gross commonalities. Having said that, clinicians are strongly advised to include in history taking where their Pilipino patients come from (or, in the case of US-born subjects, where their parents [grandparents] come from), when they came to the United States and their occupation, education and religion. Pilipinos show highly individualistic behavior and are very responsive to situational conditions. Thus, their adherence to ethnic behavior may vary not only by degree but according to specific circumstances. Whereas many Pilipinos may appear to be "Americanized," it must be stressed that some of this is in fact quite superficial. Even urbane professionals who apparently are fully acculturated will exhibit the profound influence of their cultural roots at unexpected times.

Pilipinos, who benefited appreciably from the legacy of the excellent public health apparatus established during the American colonial period, are very receptive to modern medicine. Yet they have not relinquished a large body of indigenous disease theories and health practices. Pilipinos who tend to differentiate dramatically between formal and informal behavior do so with respect to biomedical knowledge and in their interaction with health professionals and health services. On a formal level there is (apparent) sophistication. On an informal level adherence to indigenous conceptions of health and illness may strongly influence health care, patient compliance, resort to alternative sources of care and management of culturally specific syndromes.

The Principle of Balance *(Timbang)*

The most central indigenous Pilipino health concept is that of balance. Health is a result of balance, illness is usually the result of some imbalance. Actually a much more complicated system, it appears simple because it is based on a few fundamental principles. One of these is the range of "hot"-"cold" beliefs concerning principally humoral balances in the body and food and dietary balances.[44] According to the theory, rapid shifts especially from "hot" to "cold" cause illness and disorders. Optimal health is maintained in part by maintaining a "warm" condition. Pilipinos avoid cold drinks or cooling foods the first thing in the morning because these are thought to cause cramps in the diaphragm *(masisikmura)* or when a body is considered overheated and thereby vulnerable, as during a fever or following childbirth. Carrying the logic of the system one step further the body and muscles can become distressed when they are suddenly cooled. Thus, for example, after ironing one should wait a while before bathing or even washing hands in cold water, otherwise pain will develop in an arm so overheated. As with maintaining "warmth," being a little "stout" and especially keeping baby fat are preferred to being too thin —for added protection or a reserve in one's vital strength.

Another belief that correlates with heating and cooling concerns the quality and balance of air (*hangin,* "winds") in the body. The entry of cold air via drafts is especially upsetting to the system. Wind does not actually have to "enter"; just blowing on a body may induce colds, fever, rheumatism, pneumonia and other respiratory tract illnesses. Similarly, sudden changes in the weather, seasonal changes brought on by the onset or reversal of monsoons, strong winds, cool breezes or exposure to low nighttime temperatures, vapors rising from the earth, appearances of very hot sun after a lengthy rain and so on are believed to upset the balance of the body. Overheating or rising vapors not only cause fever or pains but can also cause disorientation. For example, if children play in shade (worse if directly in the sun) when vapors are rising

*Harwood[41] provides an excellent general treatment of the relationships of ethnicity and medical care and fine case studies of seven ethnic groups. Unfortunately, Pilipinos are not included in that volume, but it is still worthy of a clinician's attention. My synthetic version of Pilipino health beliefs and practices in this paper derives from my long-standing research among Pangasinan and Ilokano rural and urban populations as well as from available comparative literature. Especially valuable is the work of Hart[42] and Lieban.[43]

from the soil due to evaporation, they get aches in the joints called *rayuma*—"rheumatism" being a catch-all for muscle and joint pains. What is more dangerous is that it may cause children to become disoriented. This is expressed in confusion and incoherence, which are indications that the soul has wandered from the body. Calling a child's name repeatedly may bring the child's soul back; if not, a practitioner is consulted who knows how to find the soul. "Wind" entering the body when it is "open" and thereby especially vulnerable, such as after childbirth, during an operation or when suffering from fevers, is extremely dangerous. Thus, most of the elaborate prescriptions and prohibitions concerning "mother roasting" and infant care[44] are to protect the body from cooling air. Wind can also be produced in the body by certain foods and drinks, thereby causing distress.

Pilipinos place a very high value on personal cleanliness. Keeping oneself clean smelling and clean looking in body, clothing and personal effects is as much for health's sake as it is for clean appearance or "face" sake.* To be slovenly and disorderly *(burara)* is to be shamelessly irresponsible. Bathing and washing after voiding help maintain health. Morning and evening (if not more frequent) baths are taken for pleasure and for the maintenance of the proper hot-cold balance of the body. Although baths are prescribed under certain circumstances, it is believed that irregular or infrequent bathing can lead to illness. Baths of warm or cool water, often medicated with herbs, are prescribed therapeutically to restore imbalances.

Imbalances that threaten health can be brought about by personal disorderliness and by irregularity more generally. Pilipinos believe that we get pretty much what we deserve—that is, everything balances out. If someone is disorderly, undisciplined, sinful or antisocial, that person or perhaps members of the person's immediate family will pay for it by illness, accident or other misfortune. Guilt has little influence on Pilipinos. Much stronger is the belief that what someone does will come back, perhaps through divine retribution. Also, irregularity in sleeping, eating and bodily functions can cause problems and thus are to be avoided if possible. Of great concern to menstruating women is not only that their monthly period occur on schedule but that it have the proper volume. Herbs or prescribed foods are often taken to insure or rectify an adequate flow.

Imbalances leading to illness are considered to be caused by certain other circumstances. For instance the onset of social or emotional stress, worry, anxiety, grief or a loss of self-esteem can cause or contribute to a loss of equilibrium and thereby a susceptibility to diseases or disorders.[33] Unsettling experiences—being startled, awaking suddenly from deep sleep, bad dreams or terror—can also lead to disequilibrium. The uniquely Pilipino-Malay culture-bound syndromes, *mali-mali* (or *uto-uto,* a startle reaction accompanied by echolalia, echopraxia, coprolalia and command automatism), *amok* (a state of unrestrained violence and murderous frenzy),[45] *lanti* (sudden fright among infants and children),[46] *bangugut* (sudden death),[47] *pasino* (a frequent precursor of mental disorders)[33] and soul loss all fall into the category of loss of equilibrium.

The Pilipino folk beliefs described so far fall under what Foster has called *naturalistic* principles "which explain illness in impersonal, systemic terms," in which "health confers to an *equilibrium* model."[48(p775)] Although not mutually exclusive, on the other side of the coin are *personalistic* principles that explain illness by referring to the "*active, purposeful intervention* of an *agent* who may be human (a witch or sorcerer), nonhuman (a ghost, an ancestor, an evil spirit) or supernatural (a deity or other very powerful being)."[48(p775)] Hart[42] suggests that the belief system that he studied in Samar is primarily personalistic. The system with which I am familiar in Pangasinan, including explaining diseases by principles of modern medicine, is today more naturalistic than personalistic in emphasis.

Among Pilipinos those personalistic agents that are understood to cause illness fit quite congenially within the broad conceptualization of balance. For instance, sorcery induces an imbalance involving the "planting" of damaging objects in the body or poisoning. At least potentially these physical attacks can be treated by a shaman who extracts the object or uses counter sorcery.[49,50] Disorders believed caused by vengeance of spirits or souls because of unintended intrusions in the lives of "unseen" environmental spirits or by inattention to rituals to the memory of recently deceased create disequilibrium. Vengeance in the case of the latter may even involve possession. To reestablish balance, spirits or souls must be placated with rituals involving feasts or they must be exorcised.

Sociocultural Premises of Health and Illness

Pilipino conceptualizations of health and illness and those for the conduct of sociocultural relations are logically highly coherent. The cognitive system just sketched was characterized as very simple, and indeed it is. By contrast, health and illness behavior is extremely complex and difficult to classify. This is because illness behavior is closely linked with social behavior, being particularistic, personalistic and situational. Put differently, the concepts used by Pilipinos to understand the nature, cause and treatment of illness, both physical and mental, are consistent with and informed by those that order their social behavior. The root metaphor of "balance" in health and religion is expressed in the key value of reciprocity in social interaction.[51]

Pilipinos place a very high value on proper social conduct. The ideal is a refined person who manages smooth interpersonal relations,[52] acknowledges debts

* Philippine languages contain an elaborate vocabulary of smells and of words referring to the distinctive smells associated with various parts of the body. This cultural linguistic elaboration suggests the great concern for remaining clean smelling.

of gratitude, behaves appropriately in various situations, shows proper consideration of others, anticipates their needs, displays sensitivity in social interactions and uses pleasant and correct language. An ideal person also avoids shame and avoids stating unpleasantries or confronting others when in face-to-face interactions. Generally avoiding discourtesy, a correct Pilipino uses euphemisms and go-betweens, possesses a strong sense of self-esteem but is respectful to authorities, knows his or her place and is fiercely loyal to intimates. In all of this, it is the form that counts, the emphasis being on propriety, social skills and maintaining an ideal image of reality. But a vast difference often separates professed, ideal behavior and actual behavior and separates face-to-face and non-face-to-face behavior. Actual behavior often involves a striving for power, status and wealth, self-assertion, egocentrism, instrumental behavior, avoidance of responsibility and tactical flexibility. This is the assertive, individualistic side of Pilipinos, which cannot adequately be discussed here. An aggressive competitive person who fails to observe expected behavior and proper etiquette and is insensitive to others' feelings or needs is at great risk of being shamed. Finally, if on the formal level the specific rules of etiquette and proper behavior are precisely known, behavior at the actual, informal level must be flexible to accommodate to specific situations. Here ambiguity and indefiniteness are the rule and a person at any particular time has a wide range of behavioral options.[53-56] In this ambiguity problems can occur.

Methods of Socialization

Children are reared in a highly protective environment and are indulged shamelessly until about age 6.[41,56-60] Socialization is as much for learning and practicing social interaction skills and social sensitivity as it is for learning the specific, highly situational and complex rules of behavior. The process emphasizes negative sanctions rather than positive rewards, by means of frightening, teasing and shaming to achieve avoidance of possible misconduct. Children are taught to be quiet, to avoid direct confrontations about personal differences, to contain their emotions and to be obedient, respectful and shy. Children are prepared to face as adults what is perceived as a hostile world of dangerous human and nonhuman (spirits and ghosts) elements ready to take advantage or to do them harm. Children must learn safe places (home and neighborhood) and safe people (family, neighbors, kin and friends) and avoid dangerous places (the unknown outside world) and people (strangers). The effect is to reinforce internal controls and to discourage persons from trying to change their place—thus upsetting social equilibrium—by leaving their comfortable cocoon of kith and kin and friendly spirits and ghosts for the dangerous outside world and better life chances. Socialization is thus predicated on recognition and avoidance of dangerous situations and on constraint of expressions of aggressiveness toward others or toward one's environment. The price of safety within the family and close kin is accepting dependence, obedience, submission and withdrawal. In the outside world of strangers, the formal etiquette of proper social conduct is one's best protection against exploitation, harm and shame. In short, the major values of ideal social behavior are acquired through practicing avoiding shame. Social and personal reward and well-being result from avoidance of pain, criticism and embarrassment, and thus the disequilibrium that usually results from inappropriate behavior. "A person is viewed as being in a perpetual struggle to maintain an equilibrium between conflicting forces within the environment and one's social relations."[55(p278)]

Impairment of Health

Health is viewed as a positive state or, more specifically, a process that one maintains by avoiding circumstances that could result in illness. Health is impaired in the following ways:

- By natural causes such as heredity, pathogens or poisons, traumas and imbalances of hot and cold, wind or blood.
- By inappropriate behavior, criticism, shame, conflict or violence, as well as social irresponsibility, which induces stresses and imbalances that reduce a body's vital strength and vigor and thus puts one at risk for illness, either physical or mental[29,61] (this vital force can be enhanced by social control, proper social conduct and higher social status).
- By social punishment for improper or unethical behavior toward others by means of sorcery[49] or divine retribution.
- By supernatural causes that are often initiated by inappropriate behavior toward unseen spirits, the recently dead or revengeful ghosts (negative reciprocity) by possessing or by wreaking magical vengeance on an offending person.

Pilipinos often do not respond to illnesses until they have become quite advanced and the patient has taken to bed, is suffering severe pain or falls unconscious.[62] They often explain their delay in responding seriously by suggesting that they were watching the progress of the illness for indications of what it is. That is, they were trying to identify its particular defining characteristics, possible cause, severity, chronicity and threat to others. Those are the indicators by which the family, neighbors or an indigenous diagnostician decides to whom they should go for treatment.

The previously mentioned culture-bound syndromes can be understood as cultural loopholes—that is, as conventionalized, legitimized responses of the sociocultural system. These cultural loopholes are exercised when no other solution is possible. Thus, specific cultural expressions in illness, in culture-bound syndromes or in mental disorders are simply outcomes of sometimes excessive attempts to follow conventional Pilipino behavioral pathways.

The basic logic of health and illness involves both

prevention (avoidance of inappropriate behavior that causes imbalance) and curing (by restoring balance). Paralleling this comprehensive indigenous belief system is the understanding that certain diseases and disorders are best treated by modern clinical medicine. These are understood as operating by a different logic. What is of interest is how little conflict is perceived between these two explanations in Pilipino cognition. If most conditions in their present cultural environments are best treated by physicians and surgeons, others are also best treated by home remedies, folk practitioners and faith healers. Certain conditions it is believed will only be worsened by modern clinical treatment. Coexistence of the two systems is likely to continue. Pilipinos do not sharply distinguish between the material world of the living and the supernatural world of natural spirits and ancestor ghosts. Early learning and constant reinforcement perpetuate belief in the manifold world of spirits. Their existence and human frailties and faults support the continuing practice of folk diagnosticians and healers who can placate or exorcise spirits and ghosts. Women play an especially notable role in illness diagnosis and treatment, often serving as folk curers.[49]

Limitations of space preclude further discussion of the forms and functions of Pilipino practitioners here. Excellent depictions can be readily consulted for rural folk curers and diagnosticians[33,42,59,62-67] and for urban practices.[33,43,49,65,68,69] They are also active in Hawaii[70] and on the mainland.[71] Folk practitioners are sometimes sought out first because they are kin, neighbors, friends or friends of friends. This personalistic link provides a basis for trust, which for Pilipinos is not infrequently preferred over impersonal expertise. Preference for folk practitioners is also based on a belief in their effectiveness for specific conditions, their low cost and the ease of communication one feels with them. This value of personalism, demonstration of personal concern and effort to enter into genuine communication should not be ignored by clinicians. It explains why Pilipino patients prefer Pilipino physicians. It may be in part responsible, along with the value of "making sure" when a situation is ambiguous, for the not uncommon practice of Pilipinos to receive treatment from a clinician and a folk healer at the same time,[68,69] perhaps following multiple prescriptions including drugs. Clinicians should anticipate this possibility. They must also be alert to a tendency for self-medication and the use of powerful medicinal herbs and prescription drugs (both are easily obtained and casually taken in the Philippines).

Problems in Encounters With Health Professionals

Some additional interactional problems may appear in a therapeutic encounter. Pilipinos, especially recent immigrants (those mainly encountered today), appear so sophisticated and speak such good English that it is easy to assume that communication difficulties are few. This is not necessarily the case, as Maslog[72] reports. There may also be adverse effects from communicating to a patient (though not to the patient's family) bluntly and in an impersonal, technical way the full extent of the person's disease or disorder. As we have seen, sudden shock that raises anxieties in a patient whose vital strength is already reduced may worsen a situation. The role of the family and the wider group of loved ones and friends is obviously of fundamental importance to Pilipinos. Separation from family, loneliness and incurring shame to the family can all create or exacerbate illness behavior. Family visits and assistance in hospital and early return to the home can often prove salutary for in-hospital patients. The inclusion of family members or other companions during history taking may also prove beneficial during clinic visits. Pilipino patients tend to be reserved and overly compliant in a situation in which they are already "out of balance" and in the presence of an authority (the clinician). Third-party companions can often enhance communication. It is usually well worth the extra effort on the part of office staff or physician to include them, for it may enhance adherence to the prescribed biomedical treatment regimen.

Summary

Having been successful immigrants for so long to so many different places and having been colonized for almost 400 years, Pilipinos have become remarkably adaptable. This quality has been achieved by clinging to a few fundamental social institutions and cultural premises. They have, despite continuous stimulus, been able to retain what they considered central and important, giving up mostly those elements that for them are more peripheral in nature. Much like the old French adage, the more Pilipinos change, the more they remain the same. I hope this article has contributed to greater awareness and sensitivity to Pilipino patients and their culture on the part of clinicians.

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