

Religiosity, Family Cohesion, And Psychological Help-Seeking Attitudes Among Filipino Families in Railside Communities in The Philippines: A Convergent Mixed-Methods Study

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Abstract

Psychological help-seeking remains a significant challenge in marginalized communities where cultural, familial, and religious factors strongly influence responses to mental distress. This study examined the influence of religiosity and family cohesion on psychological help-seeking attitudes among Filipinos residing in railside communities in San Pablo City, Laguna, Philippines. Employing a convergent parallel mixed-methods design, the study simultaneously collected quantitative and qualitative data from 45 respondents drawn from 15 Roman Catholic households, with 27 participants additionally engaging in semi-structured interviews. Quantitative data were gathered using the Centrality of Religiosity Scale, the Attitudes Toward Seeking Professional Psychological Help Scale–Short Form, and a researcher-developed Family Cohesion Scale, while qualitative data were analyzed through thematic analysis. Findings revealed that respondents demonstrated high levels of religiosity, particularly in private religious practices and ideological beliefs, and generally reported connected to very connected family relationships. Despite these strengths, most households exhibited negative attitudes toward seeking professional psychological help. Qualitative findings indicated that prayer and family support served as primary coping resources, often positioning professional services as secondary or necessary only during severe distress. Mental health stigma, financial constraints, and limited accessibility to services further impeded professional help-seeking. Nevertheless, evidence of emerging openness toward psychological intervention was observed among some participants. The integration of findings suggests that religiosity and family cohesion function simultaneously as protective resources and barriers to formal help-seeking. The study highlights the need for culturally responsive, faith- and family-sensitive mental health interventions that promote mental health literacy and improve access to professional psychological services in underserved communities.

Keywords: family cohesion; mental health; mixed methods; Philippines; psychological help-seeking attitudes; railside communities; religiosity

I. Introduction

Mental health has become a critical global public health priority, with increasing recognition that psychological well-being is fundamental to sustainable human development and social equity. Despite substantial advances in mental health policy and service provision, disparities in access to professional psychological care remain pronounced, particularly among socioeconomically disadvantaged and marginalized populations. The World Health Organization (WHO) consistently identifies mental health promotion and equitable access to mental health services as essential components of universal health coverage, emphasizing that social and cultural contexts significantly influence help-seeking behaviors and treatment utilization. These priorities are likewise reflected in Sustainable Development Goal (SDG) 3: Good Health and Well-Being, which calls for strengthening mental health promotion and ensuring equitable access to quality health services for all.

Psychological help-seeking is a complex behavior influenced by multiple interacting factors beyond the availability of services. Contemporary behavioral and socioecological perspectives suggest that decisions to seek professional psychological assistance are shaped by individual beliefs, interpersonal relationships, cultural norms, and structural conditions. In collectivist societies such as the Philippines, family relationships and religious beliefs constitute two of the most influential social institutions that shape perceptions of mental illness, coping behaviors, and attitudes toward professional mental health care (Peteet, 2019). Rather than relying primarily on formal psychological services, many Filipinos manage emotional distress through familial support, religious practices, and community networks, reflecting culturally embedded approaches to coping and resilience.

Among marginalized sectors, including families residing in railside communities, these sociocultural influences become even more pronounced. Railside communities are frequently characterized by persistent economic insecurity, overcrowded living conditions, limited access to health resources, and heightened exposure to environmental and psychosocial stressors. Within these contexts, family cohesion and religiosity often function as essential protective resources that provide emotional support, reinforce collective identity, and foster resilience amid adversity. Strong family relationships facilitate mutual care and shared problem-solving, while religious beliefs offer meaning, hope, and psychological comfort during periods of distress. Consequently, these social institutions

frequently become the primary sources of support before professional psychological services are considered.

However, the same protective factors may also create unintended barriers to formal mental health care. Family cohesion may encourage the internal resolution of psychological concerns to preserve family harmony, privacy, and social reputation, thereby reducing the perceived necessity of professional intervention. Likewise, religiosity demonstrates a complex and multidimensional relationship with psychological help-seeking. Religious beliefs and practices have consistently been associated with adaptive coping, emotional regulation, and psychological resilience; however, exclusive reliance on spiritual coping or religious explanations of mental illness may delay recognition of psychological disorders and discourage engagement with evidence-based mental health services (Ran et al., 2021). Conversely, faith communities that promote mental health awareness and endorse professional treatment can facilitate timely help-seeking and improve psychological outcomes (Lefevor et al., 2020). These contrasting findings suggest that religiosity functions neither solely as a protective factor nor exclusively as a barrier but rather as a context-dependent influence shaped by cultural interpretations and community practices.

Although previous studies have independently examined religiosity, family functioning, and psychological help-seeking, empirical evidence investigating their combined influence remains limited, particularly within vulnerable and underserved Filipino communities. Existing Philippine studies have predominantly focused on students, healthcare professionals, or urban populations, with relatively little attention given to marginalized communities experiencing multiple social vulnerabilities. Moreover, quantitative investigations often explain the statistical relationships among these variables but provide limited understanding of the lived experiences through which religious beliefs and family dynamics influence decisions regarding professional psychological care. Addressing this gap requires integrating quantitative assessment with qualitative exploration to capture both the measurable associations and the contextual meanings underlying help-seeking behaviors.

Guided by the Theory of Planned Behavior, which posits that behavioral intentions are shaped by attitudes, subjective norms, and perceived behavioral control, this study adopts a convergent mixed-methods approach to examine the influence of religiosity and family cohesion on psychological help-seeking attitudes among families residing in railside communities. Specifically, the study investigates the levels of religiosity, family cohesion, and psychological help-seeking attitudes; examines the relationships among these variables; and explores participants' lived experiences regarding the facilitators and barriers influencing their decisions to seek professional psychological support.

The present study contributes to the literature in three significant ways. First, it extends current knowledge by examining the combined influence of religiosity and family cohesion on psychological help-seeking within a marginalized community that remains underrepresented in Philippine mental health research. Second, by integrating quantitative and qualitative evidence, the study provides a more comprehensive understanding of how sociocultural factors interact to shape help-seeking behaviors beyond what either approach could explain independently. Finally, the findings offer practical implications for developing culturally responsive, family-centered, and faith-sensitive mental health interventions that strengthen collaboration among mental health professionals, families, religious institutions, and local communities. Such evidence may support policymakers, public health practitioners, and community stakeholders in designing accessible and culturally appropriate mental health programs that reduce stigma, improve mental health literacy, and contribute to achieving Sustainable Development Goal 3 (Good Health and Well-Being) by promoting equitable access to mental health services among underserved populations.

II. Methodology

Research Design

This study employed a convergent-parallel mixed methods design, which involves collecting quantitative and qualitative data simultaneously, analyzing each separately, and integrating the findings during interpretation (Katz-Buonincontro, 2024). This approach was chosen to provide a comprehensive understanding of the factors influencing psychological help-seeking attitudes by combining measurable trends with participants' lived experiences.

The quantitative component examined the relationships among religiosity, family cohesion, and psychological help-seeking attitudes using numerical data, allowing the researchers to identify patterns and determine the influence of these variables on help-seeking attitudes. Concurrently, the qualitative component explored participants' perceptions and experiences regarding religion, family relationships, and mental health help-seeking, providing deeper insights into the cultural, familial, and religious factors shaping these attitudes. The qualitative data allowed participants to describe how religious values, family dynamics, stigma, and available support systems influenced their decisions regarding professional mental health services.

Integrating both data strands enhanced the study's credibility and depth through methodological triangulation. By combining statistical findings with participant narratives, the researchers were able to validate results, explain observed relationships, and develop a richer understanding of psychological help-seeking attitudes within the context of religiosity and family cohesion.

Research Participants

The participants of this study consisted of 45 survey respondents drawn from 15 Roman Catholic households residing in the railside communities of D.I., Barangay San Francisco Calihan, San Pablo City, Laguna. To ensure familiarity with the community's social, cultural, and religious environment, each household had been a resident of the area for at least five years.

Among the 45 respondents, 27 individuals from nine households also participated in the qualitative phase of the study through semi-structured interviews. Each participating household was represented by three members—a child, a parent, and an extended family member—to provide diverse perspectives on religiosity, family cohesion, and psychological help-seeking attitudes.

Participants were selected using purposive sampling based on the following inclusion criteria: Roman Catholic affiliation, a minimum of five years of residency in the community, and willingness to participate in the study. This sampling technique ensured that respondents possessed the relevant characteristics and experiences needed to provide rich and meaningful data aligned with the study's objectives.

Research Instrument

The study utilized adopted standardized questionnaires alongside a researcher-made Family Cohesion Scale and a researcher-made semi-structured interview guide. These instruments were used to gather both quantitative and qualitative data regarding religiosity, family cohesion, and psychological help-seeking attitudes among participants.

Religiosity was measured using the Centrality of Religiosity Scale (CRS) developed by Huber and Huber (2012), which assesses the importance of religious beliefs and practices through dimensions such as religious intellect, ideology, public practice, private practice, and religious experience. Attitudes toward professional psychological help-seeking were measured using the Attitudes Toward Seeking Professional Psychological Help Scale–Short Form (ATSPPH-SF) developed by Fischer and Farina (1995), which evaluates individuals' openness to counseling, perceived value of mental health services, and willingness to seek professional psychological support.

Family cohesion was assessed using a researcher-made family cohesion scale developed from literature on family functioning, solidarity, communication, emotional connectedness, and support (Olson, 2000). To complement the quantitative data, a researcher-made semi-structured interview guide was developed to explore participants' lived experiences, beliefs, and perceptions regarding religiosity, family cohesion, and psychological help-seeking. The interview questions encouraged participants to discuss how religious beliefs, family relationships, cultural values, stigma, and available support systems influenced their attitudes and decisions regarding seeking professional psychological assistance. The semi-structured format allowed flexibility in probing participants' responses while ensuring that key topics relevant to the study were consistently explored.

To establish content validity, the researcher-made family cohesion scale and interview guide were reviewed by five expert validators in Psychology, Sociology, mental health, and qualitative research. Their recommendations were incorporated to improve the clarity, relevance, and appropriateness of the instruments. A pilot test was subsequently conducted among households outside the target community to assess reliability and comprehensibility, with feedback used to refine the instruments prior to data collection.

Data Gathering Procedure

Prior to data collection, the researchers obtained permission from local barangay officials of Barangay San Francisco Calihan, San Pablo City, Laguna. A short orientation was then conducted with identified participants to explain the study's purpose, procedures, and potential risks and benefits. Written informed consent was obtained from all participants.

Quantitative and qualitative data were collected simultaneously. Participants first accomplished the validated questionnaires, followed by semi-structured interviews using the researcher-made interview guide. With participants' consent, interviews were audio-recorded, and field notes were taken to document non-verbal cues and contextual observations. All collected data were handled with strict confidentiality. Participation was voluntary, and participants were informed of their right to withdraw at any stage without penalty.

Data Analysis

Quantitative data obtained from the questionnaires were analyzed using descriptive statistics (e.g., frequency, mean, and standard deviation) to determine levels of religiosity, family solidarity, and attitudes toward psychological help-seeking. Where applicable, correlational analysis will be conducted to examine relationships among the variables.

Qualitative data from interviews were transcribed verbatim and analyzed using thematic analysis, following Braun and Clarke's six-phase framework: familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. Manual coding was employed to capture recurring patterns, meanings, and significant narratives related to the study variables. Themes were supported by direct participant quotations to ensure depth and authenticity. After separate analyses, quantitative and qualitative findings were integrated during the interpretation phase to identify areas of convergence, divergence, and complementarity. This integration aimed to enhance the credibility of the findings and provide a holistic understanding of the factors influencing psychological help-seeking within Roman Catholic households.

Ethical Considerations

This study adhered to established ethical principles governing research involving human participants. Prior to data collection, approval and permission to conduct the study were obtained from the appropriate institutional and local authorities. Participants were fully informed about the objectives, procedures, potential risks, and benefits of the study, and written informed consent was secured from all respondents. Participation was entirely voluntary, and participants were informed of their right to decline

participation or withdraw from the study at any stage without penalty or adverse consequences. To safeguard participants' rights and welfare, strict measures were implemented to ensure confidentiality and anonymity. No personally identifiable information was collected, and all responses were used exclusively for research purposes. Data were securely stored in password-protected files accessible only to the researchers and managed in accordance with the principles of transparency, legitimate purpose, and proportionality. Throughout the study, the researchers-maintained respect for participants' dignity, privacy, and autonomy, thereby ensuring the integrity of the research process and the ethical conduct of the investigation.

III. Results and Discussion

Table 1.1 shows the composite mean of ($M = 3.93$) which indicates that the respondents are generally religious/responsive in terms of intellectual engagement with religion. Among the indicators, the highest mean ($M = 4.09$) corresponds to interest in learning more about religious topics while the lowest mean ($M = 3.80$) pertains to keeping oneself informed through media sources.

Table 1.1. Level of Dimensions of Religiosity in Terms of Intellect

Indicators	Mean	VD/VI
How often do you think about religious issues?	3.89	Often/Quite A Bit
How interested are you in learning more about religious topics?	4.09	Often/Quite A Bit
How often do you keep yourself informed about religious questions through radio, television, internet, newspapers, or books?	3.80	Often/Quite A Bit
Composite Mean	3.93	Religious

Note: 5.0 to 4.0 Very Often/Very Much So/Often/Quite A Bit/Highly Religious; 3.9 to 2.1 Occasionally/Moderately/Religious; 2.0 to 1.0 Rarely/Not Very Much/Never/Not At All/Not Religious

This aligns with studies indicating that religiosity in collectivist cultures often manifests through personal reflection and community interaction rather than institutional learning (Jocson & Garcia, 2021). Furthermore, religion in the Filipino context is deeply embedded in everyday life and identity, shaping values and meaning-making processes (Baring & Molino, 2023; Del Castillo et al., 2023). This may explain the respondents actively seeking deeper understanding of their faith while having relatively less engagement in formal or external sources of religious knowledge.

The findings suggest that respondents' intellectual religiosity is largely driven by personal interest and intrinsic motivation to deepen their understanding of faith rather than by frequent engagement with media-based religious resources. Although respondents demonstrated a strong desire to learn more about religious topics, the relatively lower utilization of radio, television, the internet, newspapers, and books indicates the need to strengthen accessible and credible platforms for religious education. Religious institutions, educators, and faith-based organizations may therefore enhance intellectual religiosity by integrating traditional faith formation with contemporary digital and print resources that encourage continuous learning and critical reflection. Such initiatives can foster a more informed, reflective, and well-rounded religious perspective, enabling individuals to apply religious teachings more meaningfully in their personal lives and interactions within their communities.

In Table 1.2, the composite mean of ($M = 4.39$) indicates a highly religious/highly responsive level of belief among respondents. These findings suggest that core religious beliefs are deeply embedded among respondents.

Table 1.2. Level of Dimensions of Religiosity in Terms of Ideology

Indicators	Mean	VD/VI
To what extent do you believe that God or something divine exists?	4.80	Very Often/ Very Much So
To what extent do you believe in an afterlife—e.g. immortality of the soul, resurrection of the dead or reincarnation?	4.00	Often/Quite A Bit
In your opinion, how probable is it that a higher power really exists?	4.38	Often/Quite A Bit
Composite Mean	4.39	Highly Religious

Note: 5.0 to 4.0 Very Often/Very Much So/Often/Quite A Bit/Highly Religious; 3.9 to 2.1 Occasionally/Moderately/Religious; 2.0 to 1.0 Rarely/Not Very Much/Never/Not At All/Not Religious

The highest mean ($M = 4.80$) reflects a strong belief in the existence of God or a divine being, while the lowest ($M = 4.00$) still reflects strong belief in the afterlife. This strong ideological foundation may influence how individuals interpret mental health concerns, consistent with literature emphasizing religion as a framework for meaning-making and coping (Schwalm et al., 2021). In the Philippine setting, such beliefs contribute to resilience and emotional regulation, as religion provides purpose, comfort, and mental stability (Baring & Molino, 2023).

The findings indicate that respondents possess a strong and deeply rooted system of religious beliefs that may shape how they understand life experiences, cope with personal difficulties, and make important decisions. Their unwavering belief in the existence of God and other core religious doctrines suggests that faith serves as a central framework for interpreting challenges and maintaining hope during times of adversity. This highlights the importance of recognizing spiritual beliefs in educational,

counseling, and mental health interventions, particularly in contexts where religion significantly influences individuals' worldview and well-being. Integrating faith-sensitive approaches into psychosocial and community support programs may therefore strengthen emotional resilience while respecting the respondents' deeply held religious convictions.

In Table 1.3, the composite mean of ($M = 4.00$) indicates that respondents are generally highly religious/highly responsive in their external practices. The highest mean ($M = 4.33$) shows that being connected to a religious community is highly valued, while the lowest mean ($M = 3.47$) indicates less participation in religious services.

Table 1.3. Level of Dimensions of Religiosity in Terms of Public Practice

Indicators	Mean	VD/VI
How often do you take part in religious services?	3.47	Occasionally/ Moderately
How important is it to take part in religious services?	4.20	Often/Quite A Bit
How important is it for you to be connected to a religious community?	4.33	Often/Quite A Bit
Composite Mean	4.00	Highly Religious

Note: 5.0 to 4.0 Very Often/Very Much So/Often/Quite A Bit/Highly Religious; 3.9 to 2.1 Occasionally/Moderately/Religious; 2.0 to 1.0 Rarely/Not Very Much/Never/Not At All/Not Religious

These scores suggest that although attendance may vary, the sense of belonging to a religious group remains important and reflects the collectivist orientation of Filipino culture, where community affiliation plays a key role in religious expression and social identity (Alejandria et al., 2022). Religious communities also function as sources of emotional and social support, reinforcing cohesion and shared values (Brillantes & Rodenas, 2022; Del Castillo et al., 2023).

The findings suggest that respondents place considerable value on maintaining connections with a religious community, even though their actual participation in religious services may not always be consistent. This indicates that religious commitment extends beyond attendance and is reflected in a strong sense of belonging, shared identity, and engagement with a faith community. Such results underscore the importance of religious organizations as sources of social support, emotional encouragement, and value formation. Strengthening opportunities for meaningful community involvement, including flexible and inclusive faith-based activities, may further encourage active participation while fostering stronger interpersonal relationships and reinforcing the positive influence of religious communities on individual and collective well-being.

Table 1.4 shows a composite mean of ($M = 4.63$), the highest among all dimensions, indicates a highly religious/highly responsive level. The highest mean ($M = 4.84$) corresponds to the importance of personal prayer, while all indicators remain consistently high. This suggests that religiosity is strongly expressed through personal and internal practices rather than solely through external or communal activities.

Table 1.4. Level of Dimensions of Religiosity in Terms of Private Practice

Indicators	Mean	VD/VI
How often do you pray?	4.53	Very Often/ Very Much So
How important is personal prayer for you?	4.84	Very Often/ Very Much So
How often do you pray spontaneously when inspired by daily situations?	4.51	Very Often/ Very Much So
Composite Mean	4.63	Highly Religious

Note: 5.0 to 4.0 Very Often/Very Much So/Often/Quite A Bit/Highly Religious; 3.9 to 2.1 Occasionally/Moderately/Religious; 2.0 to 1.0 Rarely/Not Very Much/Never/Not At All/Not Religious

This finding highlights the centrality of private spirituality in coping and daily life, consistent with studies showing that prayer and personal devotion serve as primary coping mechanisms that promote emotional regulation and stress management (Alviar & del Prado, 2022; Dolcos et al., 2021). In the Filipino context, such practices are deeply ingrained and often serve as immediate responses to distress (Soriano et al., 2021).

The findings indicate that respondents' religiosity is most strongly manifested through personal spiritual practices, emphasizing the significance of prayer as an integral part of their daily lives. The consistently high ratings across all indicators suggest that private expressions of faith provide a stable source of guidance, comfort, and inner strength regardless of external circumstances. This underscores the value of recognizing personal spirituality as a vital component of holistic well-being, particularly in initiatives related to counseling, mental health, and personal development. Encouraging opportunities for spiritual reflection and personal faith practices may further promote resilience, emotional stability, and a greater sense of purpose among individuals while complementing other forms of psychosocial support.

The composite mean of ($M = 3.92$) in Table 1.5 indicates that respondents are religious/responsive in terms of religious experiences. The highest mean ($M = 4.42$) reflects the frequent feeling of divine presence, while the lowest mean ($M = 3.47$) relates to perceived divine intervention.

Table 1.5. Level of Dimensions of Religiosity in Terms of Experience

Indicators	Mean	VD/VI
. How often do you experience situations in which you have the feeling that God or something divine intervenes in your life?	3.47	Occasionally/ Moderately
. How often do you experience situations in which you have the feeling that God or something divine wants to communicate or to reveal something to you?	3.87	Often/ Quite A Bit
. How often do you experience situations in which you have the feeling that God or something divine is present?	4.42	Often/ Quite A Bit
Composite Mean	3.92	Religious

Note: 5.0 to 4.0 Very Often/Very Much So/Often/Quite A Bit/Highly Religious; 3.9 to 2.1 Occasionally/Moderately/Religious; 2.0 to 1.0 Rarely/Not Very Much/Never/Not At All/Not Religious

This suggests that respondents are more likely to perceive God's presence than direct intervention, indicating a more subtle and experiential form of religiosity. It also aligns with literature suggesting that religious experiences are subjective and vary across individuals depending on emotional sensitivity and personal interpretation (Edara et al., 2021). Such experiences contribute to psychological comfort and meaning, even in the absence of overt or tangible divine intervention (Del Castillo et al., 2023).

The findings suggest that respondents experience their faith primarily through an ongoing awareness of God's presence rather than through explicit perceptions of divine intervention in everyday events. This reflects a form of religiosity that is deeply personal and experiential, where spiritual awareness serves as a source of reassurance, hope, and emotional stability. Such results emphasize the importance of acknowledging subjective religious experiences in programs that promote holistic well-being, as these experiences can strengthen individuals' sense of purpose and resilience during life's challenges. Supporting opportunities for spiritual reflection and personal faith expression may therefore enhance emotional well-being while respecting the diverse ways individuals experience and interpret their relationship with the divine.

Table 1.6 presents the overall mean of (M = 4.17) indicates that respondents are generally highly religious. Among the dimensions, private practice obtained the highest mean (M = 4.63), while experience obtained the lowest (M = 3.92).

Table 1.6. Summary Table on the Religiosity of Families in Railside Communities

Indicators	Composite Mean	Verbal Interpretation
1. Intellect	3.93	Religious
2. Ideology	4.39	Highly Religious
3. External Practice	4.00	Highly Religious
4. Private Practice	4.63	Highly Religious
5. Experience	3.92	Religious
Overall Mean	4.17	Highly Religious

Note: 5.0 to 4.0 Very Often/Very Much So/Often/Quite A Bit/Highly Religious; 3.9 to 2.1 Occasionally/Moderately/Religious; 2.0 to 1.0 Rarely/Not Very Much/Never/Not At All/Not Religious

This pattern supports the dual role of religiosity identified in the literature—as both a source of resilience and a deeply personal coping mechanism (Schwalm et al., 2021). However, while religiosity strengthens emotional well-being, overreliance on spiritual coping may also discourage engagement with professional mental health services (Maravilla & Tan, 2021).

The findings demonstrate that religiosity is a prominent characteristic of families in railside communities, with the strongest expression observed in private spiritual practices, followed by ideological beliefs and public expressions of faith. This suggests that respondents primarily draw strength from their personal relationship with God while also maintaining strong religious convictions and community connections. Given the central role of religiosity in their lives, faith-based values and practices may serve as important resources for promoting resilience, fostering positive family relationships, and supporting emotional well-being. At the same time, these findings highlight the importance of integrating spiritual perspectives with evidence-based psychosocial and mental health services, ensuring that religious coping complements rather than replaces professional support when individuals and families face psychological or emotional challenges.

The results in Table 2 show that most households fall under the connected level of family cohesion, with only a few categorized as separated or disengaged. The highest scores (50) were observed in multiple households, indicating strong emotional bonding, support, and connectedness among family members. The lowest score (30.67), although categorized as disengaged, still reflects a relatively stable level of cohesion. These findings suggest that respondents generally come from supportive family environments characterized by strong emotional bonding and connectedness.

Table 2. Family Cohesion of Families in Railside Communities

Household	Linear Score	Interpretation
A	45	Connected
B	50	Very Connected

Household	Linear Score	Interpretation
C	41.33	Connected
D	50	Very Connected
E	34	Disengaged
F	45	Connected
G	44.67	Connected
H	50	Very Connected
I	48.67	Very Connected
J	45	Connected
K	30.67	Disengaged
L	39.33	Separated
M	50	Very Connected
N	44.67	Connected
O	43.33	Connected

Note: 50 to 46 Very Connected; 45 to 41 Connected; 40 to 35 Separated; 34 to 10 Disengaged

This supports existing literature indicating that strong family cohesion enhances emotional regulation, resilience, and psychological well-being (Gana et al., 2023). Family solidarity, especially in collectivist cultures, serves as a primary support system during stress and crisis (Serrano et al., 2023). However, while family cohesion provides support, it may also discourage help-seeking due to cultural values such as *hiya* and *amor propio*, which promote privacy and emotional restraint (Rubio, 2023). Thus, family cohesion functions as both a protective factor and a potential barrier, depending on communication patterns and attitudes toward mental health (DuPont-Reyes et al., 2024).

The findings indicate that families in the railside communities generally maintain strong emotional bonds and supportive relationships despite the social and economic challenges they may encounter. The predominance of connected and very connected households suggests that family cohesion serves as a valuable resource for fostering mutual trust, open communication, and collective problem-solving. Such family dynamics may enhance resilience by providing emotional security and practical support during times of stress or adversity. Nevertheless, the presence of households classified as separated or disengaged highlights the need for targeted family-strengthening initiatives that promote healthy communication, conflict resolution, and emotional openness. These interventions can reinforce existing family strengths while encouraging balanced support systems that recognize the value of seeking professional assistance when family resources alone are insufficient to address psychological or emotional concerns.

Table 3 shows that the huge majority of families in railside communities demonstrated negative attitudes toward seeking professional psychological help, with only three households (A, D, and M) obtaining scores classified as positive (≥ 20). The remaining households fell within the negative category (≤ 20), indicating a general lack of favorable disposition toward professional mental health services.

Table 3. Psychological Help-Seeking Attitudes of Families in Railside Communities

Household	Linear Score	Interpretation
A	21.33	Positive
B	15.67	Negative
C	17.33	Negative
D	20.33	Positive
E	17.67	Negative
F	13	Negative
G	19.33	Negative
H	15.67	Negative
I	13	Negative
J	16.67	Negative
K	16	Negative
L	15	Negative
M	23.67	Positive
N	13.67	Negative

Household	Linear Score	Interpretation
O	12	Negative

Note: ≥ 20 Positive; ≤ 20 Negative

This pattern suggests that help-seeking is largely not preferred or endorsed among most respondents. The limited number of positive cases may reflect emerging openness among a few families, possibly due to increased awareness or differing experiences with mental health support. This finding is consistent with literature showing that stigma, cultural norms, and reliance on informal support systems discourage professional help-seeking (Javed et al., 2021; Zanolina et al., 2023). In the Philippine context, individuals often turn to family, peers, and religious leaders instead of mental health professionals (Zanolina et al., 2023). This finding points to a prevailing tendency to avoid professional psychological help, highlighting the potential influence of stigma, cultural norms, or reliance on familial support systems, and emphasizing the need for targeted mental health education and accessible community-based interventions.

The findings indicate that although families in the railside communities generally possess strong family cohesion and high levels of religiosity, these strengths do not necessarily translate into positive attitudes toward seeking professional psychological help. The predominance of negative help-seeking attitudes suggests that mental health concerns are more likely to be addressed within the family or through religious and community support rather than through formal psychological services. This underscores the need for culturally responsive mental health initiatives that recognize the influential roles of families and faith communities while promoting greater awareness of the benefits of professional psychological care. Community-based mental health programs, psychoeducational campaigns, and collaborative partnerships with local leaders and religious organizations may help reduce stigma, improve mental health literacy, and encourage timely help-seeking behaviors without undermining the existing cultural and spiritual support systems valued by the community.

Emerging Themes on the Influence of Religiosity and Family Cohesion on Attitudes, Beliefs, and Psychological Help-Seeking

The qualitative analysis identified five themes that explain how religiosity and family cohesion influence attitudes, beliefs, and psychological help-seeking among participants. The findings show that faith, family relationships, stigma, and access to resources all play important roles in shaping how individuals respond to psychological distress and whether they seek professional help. Together, these themes provide a deeper understanding of the factors that encourage or hinder psychological help-seeking within the community.

Theme 1: Negotiating Between Faith and Professional Help

Qualitative data revealed that participants navigated help-seeking through a dynamic balance between religious practices and professional psychological services. Most participants described prayer as their initial or primary coping mechanism, while professional help was often viewed as optional, secondary, or situational. Several respondents expressed neutral views, indicating that religion neither strongly discouraged nor encouraged seeking professional support. A smaller group, however, recognized that professional intervention could be beneficial alongside faith-based practices.

One participant shared, “it’s like when you share your problems with them, they will pray for you.”, about religious groups offering to help with her emotional concerns through prayer rather than referral to formal services. Similarly, another participant stated she copes with distress by “just calling out [to Him] when there are problems instead of taking it to heart,” reflecting a reliance on spiritual coping as sufficient support. In contrast, one participant noted, “I prefer being able to seek counseling [for myself and my children]... because when I have my own problems, I often cannot figure out how to advise them,” indicating openness to professional help alongside prayer.

These statements illustrate how participants do not strictly reject professional help but instead position it alongside or after religious coping. Religious practices such as prayer provide emotional comfort, stress management, and resilience (Alviar & del Prado, 2022; Brillantes & Rodenas, 2022; Del Castillo et al., 2023), yet overreliance on spiritual coping may delay or replace engagement with mental health services (Cordero, 2021; Edara et al., 2021; Maravilla & Tan, 2021; Reyes et al., 2025).

In the Philippine context, mental health concerns are often addressed through spiritual means, reinforcing the tendency to prioritize faith-based coping over professional intervention. Thus, participants’ responses reflect a negotiated approach rather than outright rejection, consistent with the dual role of religiosity described in the literature.

The findings suggest that participants perceive faith and professional psychological help as complementary rather than mutually exclusive sources of support, although religious coping remains the preferred initial response to emotional difficulties. Prayer and spiritual guidance provide immediate comfort, hope, and emotional reassurance, reflecting the central role of faith in managing personal challenges. However, the tendency to seek professional services only when spiritual coping is perceived as insufficient may delay timely access to appropriate mental health care. These results underscore the importance of developing culturally and spiritually sensitive mental health interventions that acknowledge the significance of religious beliefs while promoting the value of professional psychological support. Strengthening collaborations among mental health practitioners, faith leaders, and community organizations may help bridge the gap between spiritual and psychological care, reduce stigma surrounding professional help-seeking, and encourage individuals and families to view both approaches as complementary pathways toward holistic well-being.

Theme 2: Family as Primary Support and Barrier to External Help

Participants described the family as the central source of emotional support, but also as a factor that can limit engagement with professional services. Most participants indicated that problems are first addressed within the family, with external help considered only when issues become unmanageable. Family communication patterns, closeness, and approval significantly influenced help-seeking decisions.

A participant explained, “If [it’s gotten to a point that] we can’t handle it anymore, we will seek [professional help]. But if it’s still manageable, we’d rather keep it between our family.”, emphasizing the preference for resolving issues internally. Meanwhile, another highlighted communication dynamics: “We are actually open [in communication]... we don’t keep secrets.”, suggesting that strong family communication can reduce perceived need for external help.

These findings are supported by literature indicating that family cohesion enhances emotional support, resilience, and coping (Aruta, 2021; Gana et al., 2023; Pangandaman, 2021). Open communication within families can promote emotional expression and reduce distress (Cho & Choi, 2022; LaMontagne et al., 2022). However, strong family cohesion may also discourage professional help-seeking and may act as gatekeepers, either facilitating or restricting access to care depending on their beliefs and attitudes (DuPont-Reyes et al., 2024).

The findings indicate that the family plays a dual role in shaping psychological help-seeking behaviors by serving as both a protective support system and a potential barrier to accessing professional mental health services. Strong family cohesion and open communication foster emotional security, encourage problem-solving, and enable members to rely on one another during times of distress. At the same time, the preference to resolve concerns within the family may reduce the perceived necessity of seeking professional assistance, particularly when emotional difficulties are considered manageable. This highlights the importance of involving families in mental health promotion initiatives, as their attitudes and decisions significantly influence help-seeking behaviors. Family-centered psychoeducation and community-based mental health programs that strengthen communication while increasing awareness of the benefits of early professional intervention may encourage families to view psychological services as a valuable complement to, rather than a replacement for, their existing support systems.

Theme 3: Mental Health Stigma as a Barrier to Help-Seeking

The data revealed that stigma surrounding mental health remained a significant barrier to seeking professional help. Several participants expressed fear of judgment, labeling, or social exclusion, which led to concealment of struggles or selective disclosure. Misconceptions about mental health, particularly its association with being “baliw” (crazy), were commonly reported.

As one participant shared, “It’s because people understand mental health as [only] referring to craziness, so they hide [mental health problems] to avoid being viewed differently,” highlighting how stigma discourages openness. Another participant stated, “I’ll just keep it to myself [or] with people that I know would understand me”, when asked how she views seeking professional help in case she experiences symptoms of a mental health problem, indicating selective sharing due to fear of judgment.

These findings are consistent with literature identifying stigma as a major barrier to help-seeking, particularly in collectivist cultures (Dagani et al., 2023; Fox & Earnshaw, 2022; Yu et al., 2022). Cultural values such as *hiya*, *pakikisama*, and *amor propio* emphasize social harmony and discourage open discussion of mental health concerns, reinforcing silence and avoidance behaviors (Fernandez et al., 2024; Tan et al., 2025).

Furthermore, stigma is often shaped by religious and cultural beliefs that associate mental illness with moral weakness or social deviance, leading to discrimination and delayed help-seeking (Javed et al., 2021; Rubio, 2023). Thus, the participants’ experiences reflect how stigma operates at both individual and societal levels, limiting help-seeking by reinforcing silence, fear of discrimination, and negative perceptions of mental health concerns.

The findings suggest that mental health stigma continues to be a significant obstacle to seeking professional psychological support among families in railside communities. Fear of being judged, labeled, or socially excluded encourages individuals to conceal emotional difficulties or confide only in trusted family members and close acquaintances, thereby delaying access to appropriate mental health services. These results underscore the need to strengthen community-based mental health education that challenges misconceptions about mental illness and promotes accurate understanding of psychological well-being. Anti-stigma initiatives that are culturally sensitive and aligned with local values, including partnerships with families, schools, religious institutions, and community leaders, may help normalize conversations about mental health, foster supportive attitudes, and encourage timely help-seeking. By creating safe and accepting environments where psychological concerns can be discussed without fear of discrimination, communities can reduce barriers to professional care while promoting holistic health and well-being.

Theme 4: Structural Constraints and Conditional Help-Seeking

Participants described help-seeking as conditional, shaped by structural barriers such as financial limitations, service accessibility, and perceived necessity. Professional help was generally viewed as a last resort, sought only when problems became severe or exceeded the family’s capacity to manage. Cost and perceived necessity of services were consistently identified as key concerns.

As one participant explained, “If it’s only that kind of problem (personal mental distress), I don’t want the presence [of

professionals]... because it's different when you [seek help]... when you [refer] them (a distressed family member)... As long as you can resolve it within the family, keep it that way... you don't need a professional for that," suggesting that professional intervention is often perceived as unnecessary for less severe concerns and reserved for more critical situations. Another participant emphasized financial constraints, stating a preference to consult "...doctors whose services are available for free," reflecting reliance on accessible or no-cost services.

These findings indicate that help-seeking decisions are not solely determined by attitudes but are also constrained by socioeconomic realities. This aligns with existing literature showing that marginalized populations face limited access to mental health services due to financial barriers, service availability, and broader systemic constraints (Javed et al., 2021; Peña et al., 2024; Ramos & McNally, 2024). In the Philippine context, such limitations contribute to continued reliance on informal support systems, including family and community networks, in place of professional care (Zanoria et al., 2023).

Within the framework of the Theory of Planned Behavior, these barriers reflect reduced perceived behavioral control, which limits the likelihood of engaging in professional help-seeking even when individuals may hold neutral or positive attitudes toward it (Aras & Peker, 2024; Fernandez et al., 2024). Thus, participants' conditional approach to help-seeking can be understood as a pragmatic response to both structural constraints and culturally influenced thresholds for seeking external intervention.

The findings suggest that professional psychological help-seeking among families in railside communities is largely influenced by practical considerations, particularly financial capacity, service accessibility, and perceptions of the severity of mental health concerns. The tendency to seek professional assistance only when family-based coping strategies are no longer sufficient reflects a conditional approach in which external support is viewed as a last resort rather than a preventive or early intervention measure. These results underscore the need to improve the accessibility, affordability, and community awareness of mental health services, especially among economically marginalized populations. Strengthening community-based mental health programs, expanding free or low-cost counseling services, and integrating mental health support into existing local health and social service systems may enhance perceived accessibility and encourage earlier help-seeking behaviors. Addressing both structural barriers and perceptions regarding the necessity of professional care can foster more proactive engagement with mental health services while complementing the support already provided by families and community networks.

Theme 5: Emerging Openness to Professional Intervention

The data also revealed a gradual shift toward greater openness to professional mental health services. Several participants expressed willingness to seek help, recognized the benefits of counseling, and supported the need for increased awareness and community-based programs.

One participant stated, "Yes, it's better... It could ease some burden from people experiencing problems", emphasizing perceived benefits of professional support and positive attitudes toward psychological help-seeking. Additionally, a participant suggested, "It's better if they (a community-based program) encourage people to seek professional help," advocating for formal services over purely religious coping.

Notably, several older participants demonstrated limited understanding of mental health concerns, often interpreting them in terms of physical health issues (e.g., diabetes) and recommending medical check-ups rather than psychological services. This suggests gaps in mental health literacy, which further act as barriers to professional help-seeking. Consistent with prior research, limited awareness and understanding of mental health conditions can hinder recognition of psychological distress and reduce the likelihood of seeking appropriate care (Christian et al., 2021).

Meanwhile, other literature suggest that mental health awareness and education improve attitudes toward help-seeking and reduce stigma (World Health Organization, 2025; Christian et al., 2021). Exposure to information, urbanization, and changing cultural norms have also been shown to increase openness to mental health services (Punla et al., 2022; Won, 2025; Zanoria et al., 2023). Additionally, community-based and family-centered interventions promote positive coping strategies and encourage professional help-seeking (Puyat et al., 2021; Lacson et al., 2024). This suggests that the participants' growing openness reflects broader societal shifts toward mental health awareness and acceptance.

The findings indicate a growing receptiveness toward professional psychological services among some participants, suggesting that attitudes toward mental health care are gradually becoming more positive despite the continued influence of cultural, religious, and structural barriers. Respondents who acknowledged the value of counseling and advocated for community-based mental health initiatives demonstrate the potential for increased acceptance of professional support when individuals are equipped with accurate information and accessible services. At the same time, the limited understanding of mental health among several participants highlights the need to improve mental health literacy, particularly among older adults and underserved communities. These results emphasize the importance of sustained psychoeducational campaigns, culturally appropriate awareness programs, and community-based interventions that clarify the nature of mental health conditions, reduce misconceptions, and promote the complementary roles of professional psychological services, family support, and religious faith. Such initiatives may foster earlier recognition of mental health concerns, reduce stigma, and encourage timely utilization of appropriate psychological care.

Integrated Results from Quantitative and Qualitative Data

The quantitative and qualitative findings of this study converge in affirming that religiosity is a deeply embedded and pervasive dimension of daily life among families in railside communities. Quantitatively, the overall religiosity mean of ($M = 4.17$) indicates

that respondents are highly religious, with private practice obtaining the highest composite mean of ($M = 4.63$) — signifying that personal devotion, particularly prayer, is both highly prevalent and remarkably consistent across respondents.

This numerical pattern is strongly corroborated by the qualitative data, wherein participants consistently described prayer as their primary and immediate coping response to personal and familial distress. Statements such as "just calling out to Him when there are problems instead of taking it to heart" reflect the qualitative texture behind the high quantitative scores — revealing not merely frequency of religious practice but its functional role as an emotional regulator and stress buffer.

The qualitative data further expand the quantitative findings by illuminating the mechanism through which religiosity influences help-seeking behavior: participants do not categorically reject professional mental health services, but instead position such services as secondary, optional, or situational relative to faith-based coping. This nuance — that high religiosity operates as a prioritization filter rather than an outright barrier — is a dimension the quantitative scores alone cannot capture, illustrating how qualitative inquiry adds explanatory depth to the observed statistical patterns (Del Castillo et al., 2023; Edara et al., 2021; Maravilla & Tan, 2021).

A similarly convergent yet expanded pattern of integration characterizes the findings on family cohesion and its relationship to psychological help-seeking. Quantitatively, the majority of households were categorized as very connected or connected on the Family Cohesion scale, with five households achieving the maximum score of 50 and only two households falling within the disengaged range. These scores reflect strong emotional bonding, mutual support, and close interpersonal ties consistent with the collectivist orientation of Filipino family culture (Serrano et al., 2023).

Table 4. Integration of Quantitative and Qualitative Findings on the Influence of Religiosity and Family Cohesion on Psychological Help-Seeking Attitudes

Domain	Quantitative Findings	Qualitative Themes	Nature of Integration	Integrated Interpretation
Religiosity	Overall mean of 4.17 (highly religious); private practice highest ($M = 4.63$); ideology highly embedded ($M = 4.39$); experience dimension lowest ($M = 3.92$).	Prayer as primary coping; religion as emotional buffer; professional help positioned as optional or secondary; faith practices used alongside — not against — formal services.	Convergence + Expansion	Quantitative data confirm high personal religious engagement, especially in private devotion. Qualitative accounts expand this by revealing that religiosity shapes help-seeking thresholds — prayer functions as a first-line response to distress. While religion provides resilience and meaning-making, it may also delay formal intervention, indicating a nuanced dual role rather than straightforward facilitation or obstruction of professional help-seeking.
Family Cohesion	Most households categorized as very connected or connected; only 2 of 15 households disengaged (HH-K = 30.67, HH-E = 34.00); five households achieved the maximum score (50).	Family as first line of support; problems resolved internally before external help is considered; strong open communication reduces perceived need for professional services; family operates as gatekeeper.	Convergence + Expansion	Scores confirm generally high family connectedness, consistent with collectivist Filipino values. Qualitative data expand this by revealing the gatekeeping function of cohesion: strong bonds encourage inward resolution of distress and raise the threshold for seeking outside help. Family cohesion thus functions as both a protective emotional resource and a structural barrier to professional mental health engagement.

Psychological Help-Seeking Attitudes	12 of 15 households scored negative (≤ 20); only 3 households (A, D, M) demonstrated positive attitudes (≥ 20); overall trend reflects an unfavorable disposition toward professional mental health services.	Stigma ("baliw" associations); fear of social judgment; selective disclosure; structural barriers (cost, access); professional help viewed as last resort; emerging openness among select participants.	Convergence + Divergence	Quantitative scores and qualitative themes converge in confirming predominantly negative help-seeking attitudes, driven by stigma, cultural norms (hiya, amor propio), and financial constraints. A divergence emerges in that qualitative data reveal pockets of emerging openness and conditional willingness not captured in numerical scores, indicating attitudes are in gradual transition. This points to the need for culturally sensitive awareness campaigns and accessible community-based mental health interventions.
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The qualitative data affirm this picture of connectedness while revealing a critical functional implication: strong family cohesion actively shapes help-seeking thresholds by encouraging inward, family-first resolution of psychological distress. Participants articulated this tendency explicitly — "If we can't handle it anymore, we will seek professional help. But if it's still manageable, we'd rather keep it between our family" — illustrating that high cohesion raises the perceived threshold at which external intervention becomes necessary. This gatekeeping dynamic, wherein families serve as both supportive systems and self-contained problem-solving units, is not discernible from cohesion scores alone; it emerges only through qualitative accounts that reveal the decision-making logic behind the numbers.

The integration of both data strands thus presents a more complete picture: family cohesion is neither simply protective nor simply obstructive, but operates as a context-dependent buffer whose influence on help-seeking depends on the severity of distress, the communication culture of the household, and the family's prevailing attitudes toward professional mental health services (Aruta, 2021; DuPont-Reyes et al., 2024; Gana et al., 2023). Meanwhile, integrated quantitative and qualitative findings on psychological help-seeking attitudes reveal both convergence and meaningful divergence, together producing the most nuanced picture of the three variables examined. Quantitatively, twelve of fifteen households obtained negative scores (≤ 20), with only three households — A, D, and M — demonstrating positive attitudes toward professional psychological help. This predominance of negative dispositions is consistent with the broader Philippine literature documenting stigma, cultural norms, and reliance on informal support systems as barriers to professional help-seeking (Javed et al., 2021).

The qualitative data converge with this finding by identifying the specific cultural and structural mechanisms driving these negative scores: participants described pervasive mental health stigma linked to the colloquial association of psychological illness with "baliw" (craziness), fear of social judgment rooted in values of hiya and amor propio, and practical barriers including the cost of services and geographic inaccessibility. However, an important divergence also emerges: the qualitative data capture a dimension of emerging openness and conditional willingness to seek professional help that the negative numerical scores do not reflect. Several participants expressed qualified acceptance of professional services — particularly when problems exceed the family's coping capacity or when counseling is available at no cost — and others explicitly advocated for community-based mental health programs. This divergence suggests that negative help-seeking attitudes are not static or absolute but are shaped by situational thresholds, resource availability, and evolving mental health awareness. The convergent-divergent integration of these findings underscores that addressing help-seeking barriers in marginalized communities requires not only destigmatization efforts but also structural interventions that remove financial and access-related obstacles, and that community-based, culturally anchored programs are likely to be the most effective entry point for shifting both attitudes and behaviors toward professional mental health engagement (Fernandez et al., 2024).

IV. Conclusion

The study provides a comprehensive examination of respondents' religiosity, family cohesion, and attitudes toward seeking professional psychological help. Findings revealed that respondents generally demonstrated high levels of religiosity across all dimensions, with private practice and ideology emerging as the most strongly manifested aspects, indicating that faith is primarily expressed through personal beliefs and prayer rather than through public or institutional forms of engagement. Similarly, respondents reported high levels of family cohesion, characterized by strong emotional bonds, mutual support, and

interconnectedness, suggesting that families function as important sources of security, guidance, and coping. Despite these strengths, respondents exhibited generally negative or ambivalent attitudes toward seeking professional psychological help, reflecting a tendency to rely on personal, familial, and faith-based resources before considering formal psychological services.

Qualitative findings further revealed that religiosity and family cohesion simultaneously serve as sources of support and barriers to help-seeking, as they provide comfort, meaning, and emotional assistance while also reinforcing preferences for non-professional coping strategies. Consequently, willingness to seek psychological help was often conditional upon the severity of problems and influenced by factors such as religious beliefs, family expectations, stigma, cost, and accessibility. The convergence of quantitative and qualitative findings underscores that while religiosity and family cohesion promote resilience and emotional well-being, they may also contribute to reservations about professional help-seeking. Nevertheless, the qualitative data suggest a gradual shift toward greater openness to psychological services, indicating emerging changes in attitudes despite persistent cultural and structural barriers.

In response to these findings, it is recommended that mental health promotion initiatives integrate faith- and family-sensitive approaches that acknowledge the significant role of religiosity and family cohesion in shaping help-seeking behaviors. Educational programs and awareness campaigns should emphasize that professional psychological services can complement, rather than replace, spiritual practices and family support systems. Efforts to reduce stigma, improve mental health literacy, and increase the accessibility and affordability of psychological services are likewise essential to encourage timely help-seeking. Collaboration among mental health professionals, educational institutions, religious organizations, and families may further facilitate positive attitudes toward psychological care and foster supportive environments for individuals experiencing psychological distress.

Future research may explore additional cultural, social, and psychological factors influencing help-seeking attitudes across diverse populations and settings. Overall, a holistic, culturally responsive, and community-based approach is imperative to promote mental well-being while strengthening acceptance of professional psychological support.

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