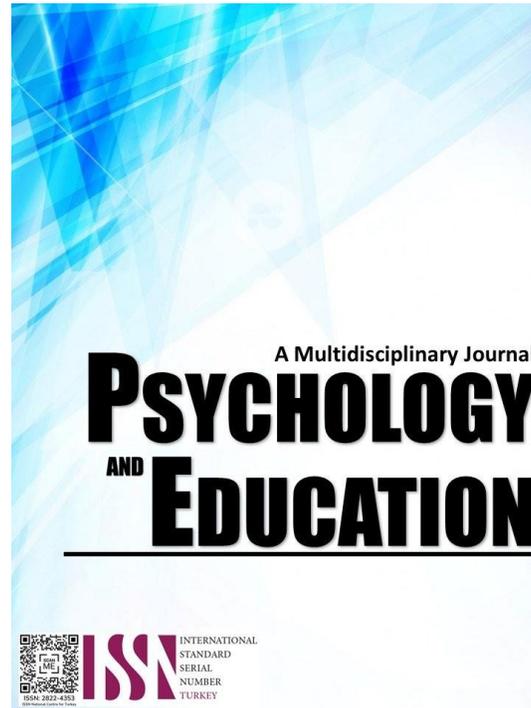


**DEROGATORY TERMS IN LABELING MENTAL ILLNESS AND SELF-STIGMA  
OF SELECTED SENIOR HIGH SCHOOL STUDENTS IN CAVITE: BASIS  
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## Derogatory Terms in Labeling Mental Illness and Self-Stigma of Selected Senior High School Students in Cavite: Basis in The Development of a Self-Help Booklet Against Bullying

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### Abstract

This research aims to study mental health-related derogatory terminologies and self-stigma in the Philippines, where such labels are commonly used in daily conversation. Because disparaging labels are linked to verbal bullying, the study's main output is a self-help booklet to combat bullying. While many studies have examined labeling for mental illness, few have focused on the context, psychological impact, and specific role of these terms in fueling self-stigma for undiagnosed individuals. A self-made survey was administered to 361 senior high school students aged 18 and above, enrolled in the 2023-2024 academic year, who had been at the receiving end of derogatory label/s. Moreover, ten semi-structured interviews were subjected to Colaizzi Analysis. The instruments underwent reliability analysis and subject-matter expert validation. Self-stigma was measured based on the three variables of Link et al.'s Modified Labeling Theory: stereotype agreement, self-concurrence, and self-esteem decrement. The quantitative findings revealed that tanga, bobo, baliw, and sira-ulo were the most frequently used derogatory terms, often used by friends to express positive and negative emotions. Despite low self-stigma across all demographic variables, significant differences were observed in stereotype agreement between gender and school types. A positive correlation was found between three self-stigma variables. The qualitative analysis revealed that labeling was common during childhood and teenage years, and exposure to negative terminologies can contribute to self-stigma. However, the context of words played a crucial role in developing self-stigma. The respondents had social support systems, but they still experienced invalidation. Maladaptive coping mechanisms were prevalent among the respondents.

**Keywords:** *derogatory terms, labeling, self-stigma*

### Introduction

Derogatory language remains a pervasive issue in school environments, particularly when weaponized to target perceived mental health differences. This phenomenon often manifests as verbal bullying, a form of aggression through spoken insults, threats, name-calling, and discriminatory comments. While numerous studies exist about verbal bullying, few explore the specific issue of using derogatory terms related to mental illness within Philippine schools. It is a crucial topic because using derogatory terms as insults in verbal bullying is prevalent. For example, the use of 'bobo' (stupid), 'tanga' (foolish), 'inutil,' and 'gago' became vernacular in Filipino conversations (La Jornada Filipina, 2021). Calling someone with stigmatizing terms like 'baliw' (crazy) and 'abnoy' (abnormal), even without a mental illness, can have a significant impact on the receiver if the aim is to demean, belittle, and isolate them. This weaponization reinforces negative stereotypes and fuels discrimination against individuals with mental illness. It can also contribute to self-stigma, where receivers internalize negative labels and blame themselves for their struggles. People with mental illness who receive stigmatizing labels are associated with feelings of rejection, distress, self-stigma, and reluctance to help (Grover & Shouan, 2020).

Through thorough analysis, the researchers tried to elucidate if similar results would occur using the participants who are not diagnosed but still receive derogatory labels. They also scrutinized the power dynamics embedded in how mental health-related derogatory remarks contribute to self-stigma among students. The distinct idea of this research was the development of a booklet containing real-life stories of individuals who experienced labeling with derogatory remarks for mental illness. It also contains valuable interventions to mitigate the use of derogatory language. Sharing these stories will facilitate awareness, empathy, and a deeper understanding of the challenges faced by those who received labels. Hence, this paper seeks to study the phenomenon of derogatory labeling and self-stigma by employing a combination of quantitative and qualitative approaches and propose actionable solutions to combat the problem.

### Research Questions

This research generally aimed to study mental health-related derogatory labeling and self-stigma.

For quantitative design, it specifically aimed to answer the following questions:

1. What are the respondents' demographic profiles in terms of the following?
  - 1.1. Gender
  - 1.2. School
2. What mental health-related derogatory terminologies do the respondents frequently receive?
3. What social sphere is the typical source of mental health-related derogatory terms?
4. What is the level of Self-Stigma based on the following?
  - 4.1. Stereotype Agreement

## 4.2. Self-Concurrence

## 4.3. Self-Esteem Decrement

5. Is there a significant difference between the respondents' level of self-stigma when grouped based on their demographic profile?

For the qualitative part, it sought to answer the following:

6. What are the experiences of respondents in terms of receiving derogatory remarks regarding mental illness?
7. What coping mechanism do they use to deal with derogatory remarks regarding mental illness?
8. What external intervention do they receive from significant others to get through with derogatory remarks regarding mental illness?
9. What intervention program can be proposed for the Senior High School department to address derogatory remarks regarding mental illness?

## Literature Review

Despite growing mental health awareness, stigma and the use of derogatory terms remain prevalent. For instance, remarks such as 'psycho,' 'crazy,' 'addict,' and 'abnormal,' appeared to be natural and acceptable, both in written and verbal (Mental Health Foundation, 2019). In the Philippines, Filipinos frequently utilize remarks such as 'baliw,' 'sira-ulo,' 'buang,' 'may saltik,' and 'maluwag ang turnilyo' to tag individuals as crazy, thereby disregarding the mental health concerns they may possess. Individuals with intellectual disabilities tend to be misconceived due to their distinct pace or fashion of learning. Words like 'retarded' or 'ang hina ng utak' are often used to describe them. Derogatory terminologies like 'bobo,' 'inutil,' and 'gago' are also normalized in conversation to the point that their utterances are even prominent among notable individuals in the country (La Jornada Filipina, 2021). The term 'tanga' is commonly used to refer to someone who is a fool, stupid, or an idiot (Anza, 2024). Similarly, 'mongoloid' is frequently employed as an insult to someone having a genetic disorder. However, the use of this kind of phrasing is not limited to mental health concerns because individuals with physical disabilities are also usually mocked because of visible features. Guno (2022) referred to these words as the ableist language of Filipino. The Philippines is among those societies in which inclusivity is still a challenge because frequently, many people still perceive people with disabilities as lower members of society.

According to Cervone et al. (2020), derogatory language can be explained by psychological and sociological functions. Psychologically, people might use it due to personality traits like prejudice or dominance, strong negative emotions towards a target group, or a general need for excitement or self-importance. Socially, this language can reinforce prejudice, maintain social hierarchies, justify violence against outsiders, enforce group norms, and create a sense of group unity among those who use the language. Derogatory labels can have a significant impact, but the sting they inflict depends heavily on the context in which they are used. There is a debate on why these words are offensive. Some theories say these words are hurtful because of their meaning (content theory), while others argue that it is social conventions that make them hurtful (deflationary theory). Nevertheless, these words are used as "symbolic vehicles" to demean or harm specific groups or people (Internet Encyclopedia of Philosophy, n.d.).

According to Ferrer et al. (2021), offensive words have become part of language and speech since they are commonly uttered. For example, swearing is common in Filipino households (Agol et al., 2023), and families might unintentionally use labels based on personality (Kim & Petermeier, 2019). Swearing can be a way to vent solid emotions or act as a pressure release (Psychology Magazine, 2023). In the study of Domingo et al. (2019), they mentioned that Kankanaey youth use cuss words to approach their friends, and it is sometimes their way to show their anger, disappointment, fright, and even happiness and surprise. Nawar (2022) highlights the use of derogatory terms among friends as jokes or banter. For teenagers, such terms can create a sense of belonging and connection with their peers (Skylarstarnes, 2024).

While labeling helps simplify complex information, it can also impact how people see themselves and others. Labels can shape identities and behaviors. For instance, positive labels like "late bloomer" with high expectations can lead to better performance (Pygmalion effect). Labels can also connect people with shared experiences like mental health diagnoses and forming support groups (Roberts, 2023). Despite potential significance, labeling can have negative consequences. Labels like "mentally ill" or "criminal" can trigger societal prejudice and lead to discrimination. In mental health, this "labeling theory" suggests negative reactions to labels can worsen conditions. People may internalize these labels, acting in ways that confirm them (self-stigma). Similarly, labels can create a "stereotype threat," where fear of confirming negative stereotypes hinders performance (e.g., a "low-performing" student). Furthermore, labels can oversimplify complex individuals, leading to misinterpretations (Roberts, 2023).

Numerous studies explore labeling in various contexts but its impact typically falls under detrimental repercussions. Alnawaiser (2021), for example, reviewed Becker's theory and explained that labeling theory happens when society makes judgments about someone different from the norm. Additionally, he emphasizes that labeling has harmful consequences. This includes stigmatization, discrimination, and exclusion. Derogatory labels associated with mental illness have far-reaching consequences, not just for the individuals who receive them but also for society as a whole. Grover and Shouan (2020) revealed that about one-third of individuals with mental health conditions (32.5%) experienced labeling due to treatment seeking. It means that labeling occurs not just in the form of teasing but also when an individual seeks help and treatment, which makes the patient discontinue their treatment. Their findings

also revealed that patients with mental illness commonly receive derogatory remarks from their relatives and friends in the form of teasing, which contributes to the worsening of their condition.

O'Brien (2023) explains how labeling shapes self-image and behaviors. It starts in childhood with labels from parents and teachers and continues with nicknames and self-labeling. People with mental health issues, like depression or eating disorders, can be especially prone to negative self-labels that worsen their condition. These labels can also become self-fulfilling prophecies, as people act according to the label they believe in. As cited by Lin et al. (2022), it can hinder their reintegration into society after treatment. Public stigma hurts their job prospects and self-esteem while also causing self-stigma. According to the American Psychiatric Association (2024), public stigma happens when people have discriminatory behavior towards an individual with mental health illness while self-stigma occurs when a stigmatized person is experiencing a negative attitude towards themselves, such as worthlessness and derogatory thoughts. Based on Link et al.'s Modified Labeling Theory (1989), the process of self-stigma begins with public stigma (1), where society stigmatizes and discriminates against individuals with mental illness. It can lead to stereotype awareness (2) on the part of the labeled person, who may fear rejection. The fear of rejection could impair self-efficacy (3) through the self-fulfilling pathway or internalized stigma (self-stigma) (4), which can contribute to a decrease in self-esteem and a reluctance to seek help. Both trajectories lead to a negative self-concept.

While affordability is a concern, a recent study by the Harvard Humanitarian Initiative (2023) found that the top five barriers to seeking professional help faced by Filipinos are all related to stigma. This includes feelings of embarrassment or shame (35.9%), worry of being labeled as 'crazy' (31.0%) or weak (30.3%), and concern about the reaction of their family (23.4%) and other people (22.1%). Cultural beliefs play a significant role in perpetuating this stigma (Bracke et al., 2019). Filipino culture emphasizes family ties, and some view mental illness as a familial burden (Rubio, 2023). Religious beliefs can also contribute to stigma, with some associating mental illness with a lack of faith or divine punishment (Brillantes & Rodenas, 2022). These beliefs can make individuals feel ashamed or view their condition as unchangeable. Derogatory terms and negative media portrayals further reinforce stigma (Ross & McNaught, 2024). These portrayals can create fear and misunderstanding, leading to discrimination against people with mental illness in various settings, including schools, workplaces, and healthcare facilities (Singhal, 2024).

When faced with difficult situations, including verbal bullying through derogatory labels, individuals instinctively adopt coping mechanisms to manage stress and emotional strain. These coping mechanisms can be helpful, but their effectiveness depends on the specific situation and individual. According to Algorani and Gupta (2023), there are four main ways to cope with stressful situations. These categories are: (1) Problem-focused: This involves actively dealing with the source of stress, like making plans or controlling impulses. (2) Emotion-focused: This focuses on managing negative feelings through strategies like positive thinking, acceptance, or humor. (3) Meaning-focused: This involves understanding the situation and its impact. (4) Social coping: This involves reaching out to others for emotional comfort or practical help. While some approaches, like problem-solving, are generally beneficial, others can be less healthy. Some coping mechanisms, such as avoidance or emotional suppression (also called maladaptive coping), are linked to poorer mental health.

Similarly, students from Leyte Normal University Philippines researched the coping mechanisms of Filipino children being bullied in school settings (Puda-Peneda et al., 2019). They revealed that students being bullied at school use different ways to cope and clustered them into six themes. These six themes are self-defense, seeking social support, standing up to the bully, distancing, tension reduction/externalizing, and focusing on the positive. The most successful approach that the victims commonly use to cope is to seek social support. On the other hand, in the study of Martinez and her colleagues (2020), being self-reliant and possessing the character of being resilient is another way Filipinos address their problems, which hinders them from seeking professional help. They will only seek mental health care if it is the only option and when their condition becomes severe.

Since derogatory labeling often manifests as verbal bullying in schools, the responsibility for addressing its psychological impact is usually passed on to the school community. The Department of Education (DepEd) in the Philippines has taken steps to ensure schools are equipped to handle bullying. These include the formation of Child Protection Committees (CPCs), which can investigate incidents and offer support to victims (DepEd Order No. 40, s. 2012). While the Anti-Bullying Act of 2013 (Republic Act No. 10627) offers a framework for preventing and responding to bullying, fostering empathy and open communication within the school environment is crucial in combating labeling. As part of local initiatives, one of the provisions in the Mental Health Act of 2017 (Republic Act No. 11036) mandates educational institutions to develop mental health awareness policies and programs for students, educators, and other employees. Educational programs that address the impact of derogatory labels and promote understanding of mental health issues can empower students to challenge negative stereotypes and support their peers who are targeted.

## Methodology

### Research Design

This study employed a mixed methods approach, utilizing quantitative and qualitative lenses to understand the phenomenon of mental health derogatory labeling and self-stigma in the school context. The quantitative method determined the usual derogatory terms and typical social sphere as sources. Moreover, the statistical level of the respondents' self-stigma was also measured based on the three adapted variables of Link et al. Modified Labeling Theory: stereotype agreement, self-concurrence, and self-esteem decrement

(Pasman, 2011). The difference between the respondents' level of self-stigma when grouped according to demographic profiles and the correlation between variables was also identified. On the other hand, the qualitative approach was used to explore, gather, and develop an in-depth understanding of the respondents' lives as people who have experienced labeling.

## Respondents

Table 1. *Frequency Distribution of Respondents*

Demographic Profile		Frequency	Percentage
Public School	Male	79	42
	Female	110	58
	Total	189	100
Private School	Male	76	44
	Female	96	56
	Total	172	100

The study collected quantitative data from 361 senior high school students aged 18 and above who were enrolled in the 2023-2024 academic year and were simultaneously at the receiving end of mental health-related derogatory label/s. Of these, 189 were from public schools (male = 79; female = 110) and 172 from private schools (male = 76; female = 96). Data from 40 participants was considered for the qualitative analysis, but only ten (10) were included in the final analysis due to data saturation and narrative similarity.

## Instrument

Data was collected from respondents using a combination of self-made survey questionnaires and semi-structured interviews. The survey is designed for quantitative objectives and covers demographic profiles, common derogatory labels received, sources of such labels, and a Self-Stigma Scale. This scale, divided into Stereotype Agreement (SA), Self-Concurrence (SC), and Self-Esteem Decrement (SD), was adapted from Pasman's (2011) review on the impact of mental illness labeling on self-concept. The instrument, initially comprising 90 items (30 per variable), was reduced to 49 items (SA=16; SC=15; SD=18) after expert validation. It used a five-point Likert Scale for measurement, with 1=strongly disagree and 5=strongly agree. The final items' data underwent scale reliability analysis, yielding Cronbach's Alpha results of SA=0.863, SC=0.882, and SD=0.893. Semi-structured interviews provided more profound insights into respondents' experiences and perceptions. The interview questionnaire had three parts: questions about respondents' challenges and experiences with derogatory labeling, coping mechanisms, and external interventions, and questions relevant to developing a self-help booklet, including how respondents wanted their stories written and other content-related queries.

## Procedure

The data-gathering process started with identifying learning institutions around Cavite that offer Senior High School. For public schools, a permit to conduct research from the DepEd Cavite Division Office and a letter to the school authorities are secured. For private schools, a request letter to conduct a study is submitted to the school principals. Upon approval of the applications, the schedule of research activities is coordinated with the school authorities to ensure that it will not interfere with the regular functioning of the school. The researchers comprehensively discuss the study's procedure, potential risks, benefits, and expected results with the school authorities and students involved. Consent forms are also distributed before administering the research instruments. Voluntary participation is emphasized, with no coercion or pressure on any participant. Furthermore, all data collected in the study are treated with the utmost confidentiality and privacy. Any personally identifiable information is securely stored and anonymized in all research reports.

The quantitative data gathering involved a pen-and-paper survey and an online survey (google form). In the last part of the survey, the respondents were asked if they were willing to be interviewed for the qualitative part. Those who responded positively were asked to input contact information that enabled the researchers to reach them for the arrangement of the time and location of the interview. Another set of informed consent and agreement forms is distributed to those who participated in the interview. Audio recordings are used for the transcription of information.

Due to the lack of knowledge regarding counseling and other services that may offer trauma responses, researchers did not urge respondents to talk about their traumas meticulously. However, the researchers advised them to seek professional help.

## Ethical Considerations

After ensuring compliance with the minimum standards set by the SDCA Research Guidelines, the Research Ethics Committee of St. Dominic College of Asia approved this study. Participation was voluntary, and respondents provided informed consent before being included.

## Results and Discussion

According to the result of the survey, the most-used derogatory term related to mental health is the word "TANGA," followed by "BOBO," "BALIW," and "SIRA-ULO." These terms accounted for over 50% of the derogatory terms frequently used. Other leading

terms include "buang," "abnormal," "engot," and "abnoy."

The quantitative findings also revealed that labeling predominantly originated and was expressed by friends, followed by classmates, and family and relatives.

The overall mean score for Stereotype Agreement is 1.98, with a verbal description of "Disagree" and a verbal interpretation of "Low."

The overall mean score for Self-Concurrence is 2.51, with a verbal description of "Disagree" and a verbal interpretation of "Low."

The overall mean score for self-esteem decrement was 2.59, translating to a verbal description of "Disagree" and an interpretation of "Low" self-esteem decrement.

This study also examined the relationships between stereotype agreement, self-concurrence, and self-esteem decrement. The analysis revealed significant positive correlations between all three variables. These findings support Link's Modified Labeling Theory, which posits a linear relationship between these variables.

Labeling happens during childhood and adolescence. The majority of interview participants indicated that derogatory labeling most often manifests as verbal bullying. Conversely, derogatory terms can humorously facilitate communication and pave the way for expressing positive emotions within close social circles.

Derogatory terms can evoke a wide range of negative emotions in the labeled individuals, including embarrassment, emotional pain, insecurity, the urge to fight back, and anxiety.

The most prevalent coping mechanism employed by participants is maladaptive coping but also used emotion-focused, meaning-focused, and social coping.

Most respondents felt comfortable sharing their thoughts and feelings with their social support networks. However, some expressed uncertainty and invalidation from their social support sources.

*Table 2. Common Derogatory Terminologies*

<i>Derogatory Terms</i>	<i>Frequency</i>	<i>Percentage</i>
Tanga	312	14.6%
Bobo	291	13.6%
Baliw	284	13.3%
Sira-Ulo	216	10.1%
Buang	171	8.0%
Abnormal	156	7.3%
Engot	119	5.6%
Abnoy	98	4.6%
Inutil	87	4.1%
Mongoloid	87	4.1%
May Saltik	87	4.1%
May Sayad	61	2.9%
Sinto-Sinto	52	2.4%
Kulang-Kulang	48	2.2%
Maluwag Ang Turnilyo	37	1.7%
Others	22	1.0%
Unspecified	7	.3%

The data illustrates that among the terms listed above, the word 'Tanga' was the most frequently used, with a frequency of 312 and a percentage of 14.6%. Followed by 'bobo' (291 times or 13.6%), 'baliw' (284 times, or 13.3%), and 'sira-ulo' (216 times or 10.1%). Together, these four terms account for over 50% of the total number of derogatory terms used. Other leading terms include "buang," "abnormal," "engot," and "abnoy."

*Table 3. Common Source of Derogatory Terms*

<i>Source of Derogatory Terms</i>	<i>Frequency</i>	<i>Percentage</i>
Friends	297	43.1%
Classmates	214	31.1%
Family and Relatives	154	22.4%
Other People	17	2.5%
Unspecified	5	0.7%
Online	2	0.3%

The data shows that labeling predominantly originated and expressed by friends (297 times, or 43.1% of the total), followed by classmates (214 times, or 31.1%) and family and relatives (154 times, or 22.4%). A small percentage of the sources came from other people, unspecified individuals, and online sources, constituting 3.5% of the total.



Table 4. Mean Scores and Test for Significant Difference in Stereotype Agreement

Demographic Profile	Mean	Verbal Description	p-value	Significance	Ho Decision	
Gender	Male	2.10	Disagree	0.000*	Significant	Reject
	Female	1.89	Disagree			
	Average	1.98	Disagree			
Type of School	Public	2.08	Disagree	0.000*	Significant	Reject
	Private	1.86	Disagree			
	Average	1.98	Disagree			

\*Significant at .05 alpha level

The overall mean score for Stereotype Agreement is 1.98, with a verbal description of “Disagree” and a verbal interpretation of “Low.” Although male and female respondents disagreed on stereotype agreement, female respondents disagreed more than male respondents. The computed p-value is 0.000, less than the .05 alpha level. Hence, there is a significant difference between gender and stereotype agreement, and the null hypothesis is rejected.

Public and private schools also disagree with stereotype agreement regarding schools' demographic profiles. The computed p-value is 0.000, less than the .05 alpha level. This would mean a significant difference in the Stereotype Agreement, and the null hypothesis would be rejected. Although both public and private schools disagree with the stereotype agreement, respondents from private schools disagree more with the stereotype agreement than those from public schools.

Table . Mean Scores and Test for Significant Difference in Self-Concurrence

Demographic Profile	Mean	Verbal Description	p-value	Significance	Ho Decision	
Gender	Male	2.50	Disagree	0.894	Not Significant	Accept
	Female	2.51	Disagree			
	Average	2.51	Disagree			
Type of School	Public	2.58	Disagree	0.059	Not Significant	Accept
	Private	2.43	Disagree			
	Average	2.51	Disagree			

The overall mean score for Self-Concurrence is 2.51, with a verbal description of “Disagree” and a verbal interpretation of “Low.” No statistically significant differences were observed in self-concurrence scores between males and females (p = 0.894) or between public and private schools (p = 0.059). In both cases, the p-values exceeded the alpha level of .05, leading to the acceptance of the null hypothesis. These groups' observed mean score differences were not statistically meaningful.

Table 6. Mean Scores and Test for Significant Difference in Self-Esteem Decrement

Demographic Profile	Mean	Verbal Description	Verbal Interpretation	p-value	Significance	Ho Decision	
Gender	Male	2.53	Disagree	Low	0.209	Not Significant	Accept
	Female	2.63	Neutral	Uncertain			
	Average	2.59	Disagree	Low			
Type of School	Public	2.62	Neutral	Uncertain	0.468	Not Significant	Accept
	Private	2.56	Disagree	Low			
	Average	2.59	Disagree	Low			

The overall mean score for self-esteem decrement was 2.59, translating to a verbal description of "Disagree" and an interpretation of "Low" self-esteem decrement. There were no statistically significant differences in self-esteem decrement scores between genders (p = 0.209) or between public and private schools (p = 0.468). The null hypothesis was accepted in both cases, indicating that these groups' observed mean score differences were not statistically significant.

Table 7. Test for Correlation Between Variables

Correlated Factors	r-value	Interpretation	p-value	Significance	Ho Decision	
Stereotype Agreement	Self-Concurrence	.396	Low	0.000*	Significant	Reject
	Self-Esteem Decrement	.282	Low	0.000*	Significant	Reject
Self-Concurrence	Self-Esteem Decrement	.697	Moderate	0.000*	Significant	Reject

\*Significant at .05 level (2-tailed)

Legend of r-value: up to 0.2= Very Low Correlation; up to 0.5= Low Correlation; up to 0.7= Moderate Correlation; up to 0.9= High Correlation; above 0.9 Very High Correlation

The analysis revealed significant positive correlations between all three variables. Stereotype agreement and self-concurrence showed a weak positive correlation (r = .396, p < .001), indicating that as agreement with stereotypes increases, self-concurrence also tends to increase. Stereotype agreement and self-esteem decrement also exhibited a weak positive correlation (r = .282, p < .001). This suggests that higher agreement with stereotypes is associated with a greater decrease in self-esteem. The strongest correlation was observed between self-concurrence and self-esteem decrement (r = .697, p < .001), indicating a moderate positive relationship. In other words, individuals with higher self-concurrence (greater agreement with negative stereotypes about themselves) tend to experience a larger

decrease in self-esteem. These findings support Link's Modified Labeling Theory, which posits a linear relationship between these variables.

Table 8. *Experiences of the Respondents in Derogatory Labeling*

<i>Emergent Themes</i>	<i>Sub-themes</i>	<i>Code Examples</i>
Labeling during Childhood and Teenage Years	Labeling during elementary school, junior high school and senior high school.	“Naranasan ko po sya nung elementary tsaka nung highschool most of the time.” “Ako po Grade 10-11 di pa po ako graduating, so ako po nag pa-ubaya. Then may nangyari po kasi sa both side ng parents ko, kasi nag hiwalay na sila. Then sa sobrang down ko po non, masakit po sakin na sinasabihan po ako ng abnormal non.”
Source of Derogatory Labels from Different Social Spheres	Family Friends Classmates Others	“Family po pero minsan sa friends kasi joke lang po.”
Contexts of Derogatory Terms	Form of verbal bullying Form of negative expression Form of positive expression	“...kaklase ko. Kaklase, at ibang tao na di ko kakilala at kaclose. Mga nakakarinig po ng gossips about me. Tas minsan family ko po, minsan lang po.” “Sa tingin ko po parang trip-trip lang po nila e. Sa ngayon ko po nalaman na isip isip ko na pinagtritripan lang ako.” “...sinasabihan ako na baliw kasi ang bilis ko nga daw po mag react parang OA daw po ganon.”
Properties of Labeling Impact	Difference of Impact Depending on Source of Labeling	“...nasasabihan po ako nung elementary na malaki nga daw po noo ko ganyan.. ‘Abnoy ka ba?’ ganyan kasi parang alien daw po ‘Abnoy’ daw po.” “...kapag nagkakamali po sa isang bagay.” . “...ginagawa lang nila yun na pagbati...” “...biruan lang yung ganun...” “Kung sa kaibigan ko po, balewala naman po sakin e kasi I’m used to it pero pag sa mga magulang ko po may part na masakit.”
Impact of Derogatory Terms on Self-esteem	Long-Term Impact of Derogatory Labeling Decrease motivation Social withdrawal Loss of self-confidence Self-doubt	“...parang nandun pa rin yung sakit.” “Tinamad na po ako non pumasok tsaka mag-aral sa school namin. Gusto ko na po magpalipat ng school sa parents ko po. “starting that day po, parang nakakababa po siya ng self-esteem kasi, di naman po sa dinedegrade ko po yung mga taong may mental illness, pero as ma-consider na isa sa mga na ‘yun, kahit nahihiya ka lang naman makipag socialize, kaya di ako medyo lalo naging komportable makihalubilo lalo simula nung makaranas ako nun.”
Impact of Derogatory Terms on Self-concept	Cognitive distortion	“Naapektuhan ako nung sinabi nila ako ng kung ano ano, like titingin ako sa salamin ma'am syempre mapagtatantong ‘ai parang totoo nga sila’, na yung mga sinasabi nila, na.. nakakaapekto sa sarili ko. Parang lalo po akong nawalan ng gana sa sarili ko...”
Emotional Impact of Derogatory Terms	Embarrassment Pain Urge to fight back	“... parang hindi ko na rin po kilala yung sarili ko. Nawala ako sa path na dinadaan ko po so parang sabi ko po na maybe mas tama sila and kesa sa sarili ko.” “...pag kagaya na sa loob ng klase or mas superior yung nag sasabi, nung katulad ng teacher yung nag sabi, doon po nahihiya ako ganon.” “Di naman po sa nahihiya... nasasaktan po.”
Response to Perceived Stigma Brought by Derogatory Labeling	Anxiety due to perceived stigma	“...parang gusto mo na gumanti ganon? e kaso pinipigilan ko pa yung sarili.” “...inisip ko po na what if ayun yung itawag sakin, what if tumatak na sa isip nila kapag nakita ako bigla akong tawagin na ganun.”

The study examined the participants' experiences in the context of derogatory labeling. The results revealed that derogatory labeling occurs primarily from friends and classmates during elementary and high school. Insults and teasing, which are considered verbal bullying, were also prevalent and led to emotional distress. In addition, the respondents' statements also revealed that derogatory labels are used to express negative emotions towards them. However, some respondents also stated that derogatory labels are a form of jokes and greetings. The impact of derogatory labeling included decreased motivation, social withdrawal, and self-esteem issues. Moreover,

the participants reported that they perceived stigma, anxiety, and embarrassment, highlighting the emotional toll of derogatory labels.

Table 9. *Coping Mechanisms of the Respondents*

<i>Emergent Themes</i>	<i>Sub Themes</i>	<i>Code Examples</i>
Coping Mechanisms in Dealing with Derogatory Labeling	Maladaptive Coping	“nasa loob lang po ako ng kwarto and hindi po ako nalabas”
	Emotion-focused coping	“Nag babasa lang po ako ng libro yung med book po.”
	Meaning-focused coping	“...ngayon po ang coping mechanism ko is natuto ako mag isip mabuti kung worth it ba ibig deal yung mga ganon na bagay. kung sa oras ko ba ay worth it”
	Social coping	“Ngayon po nageseek po ng one time sa guidance po...”

After analyzing the participants' responses, the study identified four categories of coping mechanisms: maladaptive coping, emotion-focused coping, meaning-focused coping, and social coping. Surprisingly, despite its typical efficacy, problem-focused coping did not emerge among the respondents.

Table 10. *Social Support and External Intervention of the Respondents*

<i>Emergent Themes</i>	<i>Sub Themes</i>	<i>Code Examples</i>
Support System of the Respondents	Family	“Bukod sa family, kasi yung family namin is masyadong open, sa mga friends na alam kong secure ako.”
	Friends	
	Self-support	“Wala po kasi parang pinaprivate ko lang”
	Others	
External Intervention from the Support System	Positive sociomotional support	“...tinuturuan nga po nila ako magpakumbaba.”
	Emotional invalidation	“Actually nakakatulong talaga sila may times lang na disagree sila na ganto ginagawa ko...” “Kasi most of the time parang instead na mafel kong valid yung nararamdaman ko, parang hindi ako comfy.”

An analysis of the participants' responses revealed that most respondents possess their own social support network, comprising individuals like family, friends, and others, specifically teachers and significant others, who offer them emotional support. However, some of the respondents felt invalidated.

The use of mental health-related derogatory terms became vernacular in daily conversation. Studies showed Filipinos often use these terms casually, reflecting a lack of awareness about mental health terminology (Rubio, 2023). According to Nawar (2022), derogatory terms are shared among friends and used in jokes or playful teasing. Even families can contribute by unconsciously giving kids nicknames based on personality traits (Kim et al., 2019). Despite the prevalence of mental health-related derogatory labels, the overall level of self-stigma among the respondents remains low. It can be explained by various socio-cultural factors. Firstly, using offensive terms to express emotions or fit in seems normal in everyday conversations. This casual use of derogatory terms may not reflect true beliefs but social norms. Secondly, the Filipino cultural value of "resilience" may make people hesitant to admit to struggling with mental health. Filipinos are known for their strength and optimism (Garay et al., 2020). This could lead some respondents to downplay the prevalence of stigma, wanting to appear strong and resilient. Social desirability bias might also influence survey responses (Nikolopoulou, 2023). With the growing mental health awareness movement, students might feel pressured to appear knowledgeable and accepting, leading them to answer based on social expectations rather than personal experiences.

In terms of significant differences in gender and type of school, only Stereotype Agreement in all self-stigma variables has a p-value less than the .05 alpha level, thus rejecting the null hypothesis. Both men and women are susceptible to stereotypes and the use of derogatory terminologies (Doschoris, 2022). However, women typically have a healthier social support system and are more vocal about their emotions, which makes them more likely to disagree with mental health stereotypes (Mental Health Foundation, 2021). Conversely, men are less likely to seek help for emotional issues, potentially due to societal expectations of masculinity and resilience, which may influence their responses. Respondents from private schools also tend to disagree more with stereotypes than those from public schools. Even though the Senate Bill 2200 promotes school mental health awareness and literacy (Bacelonia, 2023), the significant difference between private and public schools' levels of stereotype agreement might be explained by differences in environmental factors. Students in private schools often have higher socioeconomic status, which can make accessing mental health services more accessible. Moreover, private schools may hold more mental health awareness campaigns, making students more knowledgeable and likely to disagree with mental health stereotypes. Public school students, on the other hand, may build awareness through peer support and their environment.

The context in which labeling occurs can be categorized as either constructive or destructive (Roberts, 2023). The majority of interview participants indicated that derogatory labeling most often manifests as verbal bullying. Derogatory terms can also be used as swearing or as stigmatizing labels based on diagnoses. These factors contribute to the destructive context of derogatory terms. Conversely, derogatory terms can also be constructive. Normalizing their use can humorously facilitate communication and pave the way for expressing positive emotions within close social circles. For instance, Skylarstarnes (2024) argued that these labels can create a sense of camaraderie and shared experience. The impact of derogatory labeling can vary depending on the source of the label, the context in which it is used, and the individual's response to it. If a close friend or family member uses a derogatory term as a joke, and the recipient

takes it constructively, the impact may be minimal. However, when the intent behind the labeling is destructive, it can have long-term negative effects on the labeled individual. The impact is likely to be more severe if the source of the derogatory term in a destructive context is someone the individual regards, such as a family member or friend. Derogatory terms can negatively impact students' self-esteem by reducing their self-confidence, lowering their motivation to attend school, and fostering self-doubt and social withdrawal. Exposure to negative labels can also make individuals vulnerable to self-stigma through cognitive distortion. This can manifest when individuals begin to question their worth and characteristics because of the derogatory labels and start to believe the negative remarks. As highlighted by Link's Modified Labeling Theory, self-stigma has a linear connection to negative self-concept. Derogatory terms can also evoke a wide range of negative emotions in the labeled individuals, including embarrassment, emotional pain, insecurity, and the urge to fight back. Students' responses to the perceived stigma associated with derogatory terms may be influenced by two factors. The first is the anxiety that others who heard the labeling will have a negative perception of them. The second is the embarrassment that others might perceive them as mentally ill.

The coping mechanisms used by participants are categorized based on the framework proposed by Algorani and Gupta (2023). Four main themes emerged, with Maladaptive Coping as the most prevalent. Maladaptive coping encompasses factors such as avoidance, isolation, self-harm, and emotional displacement. Emotion-Focused Coping are also used by the participants to manage their emotions directly. These strategies included sublimation (channeling negative emotions into positive outlets), positive self-talk, journaling, and social interaction. A smaller group of participants utilized meaning-focused coping, specifically through cognitive reframing. This technique involves reframing negative thoughts and experiences in a more positive aspect. Finally, social coping mechanisms emphasized help-seeking behaviors, where participants sought support from others to manage their challenges

The majority of respondents reported having social support networks, which are groups of people like family, teachers, friends, and romantic partners who provide emotional support. A common theme among these networks was the presence of open-mindedness and active involvement from supportive individuals. Most respondents felt comfortable sharing their thoughts and feelings with these close relationships. However, not all respondents had the same positive experiences. Some expressed uncertainty about their social support sources, while others felt invalidated.

## Conclusions

Filipino senior high school students frequently experience derogatory labeling related to mental health. Common terms include "TANGA" (fool), "BOBO" (stupid), and "BALIW" (crazy). Friends, classmates, and family are the primary sources of this labeling.

Overall, students reported low levels of self-stigma. While they disagreed with stereotypes of mental illness, there were gender and school-type differences. Females and students from private schools showed stronger disagreement with stereotypes compared to males and public school students.

The study also found a positive correlation between all three variables (Stereotype Agreement, Self-concurrence, and Self-esteem Decrement), supporting Link's Modified Labeling Theory. It suggests that agreeing with negative stereotypes can lead to internalizing those beliefs and ultimately lower self-esteem.

Students employ various coping mechanisms to deal with derogatory labeling, with maladaptive coping being the most prevalent. However, healthier strategies like emotion-focused, meaning-focused, and social coping were also identified.

Most students have social support networks, but some experience uncertainty or invalidation from these sources. Open communication and active involvement from supportive individuals are crucial.

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