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Kathapanatagan: An E-Counseling Intervention for Filipino Young Adults Experiencing Anxiety

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Abstract

The study explored the potential contribution of Kathapanatagan, an e-counseling intervention which comes from two Tagalog words katha and kapanatagan, in enhancing serenity and reducing anxiety among eight Filipino young adults. It aimed to identify the pre- and post-intervention serenity levels across seven dimensions of katayuan ng katawan (physical condition), haka (thoughts), pananampalataya (spirituality), nararamdaman (emotions), talaghay (resilience), gawi (behavior), nagbibigay suporta (social support) and their overall serenity and anxiety levels and to determine the intervention process and strategies contributing to its outcomes. Utilizing a multiple case study (n=8), participants completed the validated Panukat ng Kapanatagan, Generalized Anxiety Disorder Scale–7, and semi-structured interviews before and after the intervention. Quantitative data were analyzed using descriptive statistics while qualitative data were examined through content and cross-case analyses. Pre- intervention findings revealed moderate-to-high serenity with an overall moderate serenity and moderate-to-severe anxiety with an overall moderate anxiety. Spirituality and physical condition served as protective dimensions while thoughts, emotions, resilience, behavior, and social support were the vulnerable dimensions. After the intervention, data showed high-to-very high with an overall high serenity and minimal-to-moderate with an overall mild anxiety. Key intervention processes influencing the outcomes included alalahanin at adhikain (concerns and goals) and hakbang sa paghilom (intervention across the dimensions) which included pagsusuri at pagpapanatag (recognition and regulation) and malikhaing pagkatha at nakatakdang gawain (creative expression and assigned activities). Overall, Kathapanatagan contributed to the improvement of serenity and reduction of anxiety among Filipino young adults by integrating evidence-based, culturally responsive, and holistic interventions across the seven dimensions.

Keywords: Kathapanatagan, E-counseling intervention, Filipino young adults, anxiety reduction, serenity dimensions, culturally responsive strategies, multiple case study

INTRODUCTION

Anxiety disorders are pervasive mental disorders which are characterized by physiological symptoms, excessive and irrational fears, avoidance behaviors and disruption to one's personal, social, and occupational functioning. It afflicts 4.05% or 305 million of the global population and peaks at 10 to 14 and 35 to 39 years of age (Javaid et al., 2023). This global prevalence heightened to 25% in the first year of the coronavirus disease 2019 (COVID-19) and afflicted 35.1% or one in every three adults in the world (World Health Organization, 2023; Delpino et al., 2022). Similarly, anxiety disorders are prevalent in the Philippines, with a record of 3.1% or 3 million cases in 2017 (Martinez et al., 2020; World Health Organization, 2021). This mental health burden also increased amid the COVID-19 outbreak as 35.89% or one in three Filipinos were screened for moderate to severe anxiety (Mendoza and Dizon, 2022). Moreover, Deloitte Global (2023) found that most individuals reporting anxiety most or all of the time were from Generation Z (11–26 years old) and the millennial cohort (27–42 years old). These statistics imply that anxiety disorders are widespread concern both before and after the health crisis particularly among the younger

generations. Moreso, this mental health condition is expected to persist due to the unfavorable consequences of the pandemic (Deloitte Global, 2023).

To address mental disorders such as anxiety, certain laws such as the Philippine Mental Health Act (Republic Act No. 11036) and the Universal Health Care Law (Republic Act No. 11223) were enacted. These laws aim to ensure the rights of individuals with mental health needs and to improve access to quality and affordable mental health services (Lally et al., 2019; World Health Organization, 2021). The passage of these laws indicates that the Philippine government noticed the importance of mental health. However, challenges remain which included limited funding in mental healthcare, insufficient access to mental health services, and shortage of mental health professionals. Specifically, it was revealed that only 5% of healthcare spending is allotted for mental healthcare (World Health Organization, 2007 as cited in Maravilla and Tan, 2021). Most mental health facilities and clinics are also located in the cities which left behind those who are in rural and remote areas. Besides, the insufficient access to mental healthcare is further aggravated by the low ratio of mental health professionals who offer such service. There are only two to three mental health professionals for every 100,000 Filipinos and majority of them work in private practice or for-profit organizations (World Health Organization and Department of Health, 2006 as cited in Lally et al., 2019). Overall, the presence of these concerns despite having mental health legislations suggest the need to continuously enhance mental health services and its delivery.

Further, amid the COVID-19 pandemic, the increased prevalence of anxiety disorders concurred with the disruptions of the already limited funding and mental healthcare in the country. There was a challenge for reachable face-to-face mental healthcare which highlighted the critical need for reliable and effective digital tools to be available and easily accessible (World Health Organization, 2023). With this, online consultation and counseling were adapted and served as alternatives to traditional services to meet Filipinos' mental health needs and to lessen their mental health struggles. In particular, the Office of the Vice President (OVP), under Leni Robredo's leadership, launched the Bayanihan e-Konsulta program which aims to assist in hospital decongestion in the wake of the nation's record-high spike in coronavirus cases and to aid those who cannot access and afford medical and mental health consultation (Quiambao, 2021). Private organizations also took part and offered online mental health services during the pandemic (Psychological Association of the Philippines, 2020 as cited in Sabillo, 2020). These joint efforts indicated that actions were taken to help Filipinos who are experiencing mental health issues during the pandemic. However, there were challenges which include unanswered crisis calls due to shortage of mental health professionals and responders (Bandares-Paulino & Tudy, 2020). Moreover, information about the utilization and potential contribution of an e-counseling intervention which is specifically designed for the treatment of anxiety among highly afflicted Filipino population is scarce. Most studies on e-counseling interventions presented results qualitatively (Tuna & Avci, 2023; Smith & Gillon, 2021), and quantitatively (Ariyani et al., 2024; Zeren et al., 2020).

Even though COVID-19 global health emergency status has been lifted by the World Health Organization, mental health is a healthcare aspect in the country which still needs to be attended and improved (Talidong & Toquero, 2021; World Health Organization, 2023). There are still Filipinos who continuously suffer from anxiety and are unable to receive accessible and flexible mental healthcare. Besides, there are no known e-counseling intervention proven to be efficient in addressing anxiety among Filipino young adults. Since mental health is the leading cause of disability, there is a necessity to fill the huge gaps in mental health services for the benefit of those who are most affected and in need of readily available service. With these, the researcher intends to explore the efficacy of Kathapanatagan in promoting the

sense of serenity and reducing anxiety of Filipinos. Kathapanatagan is an e-counseling intervention which comes from a combination of two Tagalog words, katha and kapanatagan. Katha means invention or creation and reflects the innovative nature of Filipinos. On the other hand, kapanatagan refers to calmness or serenity and is a valued state in Filipino culture. The intervention was delivered through digital tools to address the challenge of World Health Organization (2023) for easily accessible mental health service. Since Filipinos spend 65% of their waking hours on technology and internet, catering to their digital culture can lead to comfortable and convenient manner of seeking mental health support (Kemp, 2022). Moreover, Kathapanatagan was provided among Filipinos who are 19 to 40 years old due to their increased mental health risks as a result of uncertainties and instability caused by several major life transitions and tasks (Arnett et al., 2014 as cited in Matud et al., 2020). Overall, the utilization of online platforms in the delivery of an e-counseling intervention among Filipinos who are in their young adulthood is crucial as a result of their familiarity with technology and elevated predisposition for anxiety disorders.

Furthermore, Kathapanatagan is an innovative e-counseling intervention which considers Filipinos' unique identity and highlights their active role and innate capacity in cultivating one's calm disposition and in managing anxiety. It is a comprehensive approach which encompasses seven dimensions that are vital in assessing, understanding, and addressing an individual's mental health state. These are katayuan ng katawan (physical condition), haka (thoughts), pananampalataya (spirituality), nararamdaman (emotions), talaghay (resilience), gawi (behavior), and nagbibigay suporta (social support). It is anchored on biopsychosocial-spiritual model which was introduced by Dr. George L. Engel to medicine in 1977. It is a comprehensive approach that considers the interconnection between biological, psychological, social, and spiritual aspects to understand and treat illnesses (Beng, 2004 as cited in Galbadage et al., 2020). Adapting a blended care approach, it utilized both synchronous e-counseling and asynchronous e-counseling to explore and understand the connection of each dimension to one's distinct experience of serenity and anxiety. Synchronous e-counseling was done over a secure platform for a convenient day and time (Mead & Neuhaus, 2019). Asynchronous e-counseling, on the other hand, enabled individuals to go through each dimensions' modules at their own pace. These approaches were integrated with expressive arts modalities which include 1) visual arts such as drawing, doodle, and collage, 2) movement and sound such as breathing strategies, body awareness, music, and dance, 3) language arts such as writing, poetry and stories, 4) dramatic arts such as storytelling and role playing, and 5) ritual such as prayer. Besides, a collaborative stance was utilized to help the individual in making one's creative output which included acquired insights and competencies in the form of collage at the end of each session.

The research aimed to explore the potential contribution of Kathapanatagan as an e-counseling intervention in promoting serenity and alleviating anxiety among Filipinos. Specifically, it identified the participants' serenity level in terms of a) katayuan ng katawan (physical condition), b) haka (thoughts); c) pananampalataya (spirituality); d) nararamdaman (emotions); e) talaghay (resilience); f) gawi (behavior); g) nagbibigay suporta (social support); and kabuuang lebel ng kapanatagan (overall serenity level) and anxiety level prior to the implementation of Kathapanatagan. Second, it explored the part of the process of Kathapanatagan which has an effect on the participants' serenity and anxiety level. Third, it determined the participants' serenity level in terms of the seven dimensions and anxiety level after the implementation. And lastly, it specified e-counseling techniques or strategies that contributed to the potential contribution of Kathapanatagan. Qualitative data were collected through interviews, e-counseling session notes, and asynchronous and synchronous outputs. These were compared, contrasted, and merged with the quantitative data which were analyzed using

description approach. Through the investigation, it is hoped to present information describing Filipino young adult participants' condition after the implementation of Kathapanatagan.

Limitations of the Study. The study is subjected to certain limitations even though using multiple case study design is beneficial in exploring the potential efficacy of Kathapanatagan. First, it employed a descriptive approach in analyzing quantitative data, which restricts the ability to determine statistically significant changes between the pre-test and post-test phases. Second, the study was limited to only eight cases, which constrains the generalizability of its findings. Third, it was unable to provide a comprehensive view of the phenomenon being studied and sufficient statistical power to reach firm findings due to its limited context and time-intensiveness. Lastly, the study presented potential risks for technological difficulties, confidentiality, temporary emotional discomfort during the sessions, which were mitigated through providing informed consent, emphasizing the need for a safe and confidential place, using stable internet connection and secure digital platforms, giving the option to not answer or withdraw from the study, including those who are in their pre-clinical level, and sharing referral resources such as crisis hotlines and psychiatric consultation.

METHODOLOGY

Research Design. The study used multiple case study research design to explore the potential contribution of Kathapanatagan in promoting serenity and reducing anxiety among Filipino young adults. It is a qualitative methodology that allows researchers to compare and contrast individual cases, reflect a range of features and extremes to build depth, and comprehend a broad phenomenon without sacrificing the uniqueness of the individual case studies (Adams et al., 2022). This design was considered appropriate to use since it employed and integrated various sources of qualitative information which was supplemented by quantitative information to examine the potential contribution of the intervention in each and across all cases prior and after the intervention's implementation.

Population and Sampling. All eight (8) participants were purposively selected and met the criteria for inclusion. Following the study's inclusion criteria, all participants (n=8) were Filipinos between 19 to 40 years old and exhibited moderate to severe anxiety level (pre-clinical) in the GAD Scale. They all have internet connection and an electronic device to engage in the e-counseling intervention, and all expressed commitment to participate in the research process. Participants identified in their clinical anxiety level requiring immediate intervention were excluded and referred to appropriate mental health professionals. Those who were already receiving counseling services for anxiety were also excluded from the study. Participants were recruited from Filipino Facebook communities located in various regions of the country who are experiencing anxiety. Only those who met the identified qualifications were selected until the desired number of samples were acquired.

Research Instruments and Validation. The study used an evaluation survey for the pilot testing, self-constructed and validated Panukat ng Kapanatagan (Measure of Serenity), Filipino version of Generalized Anxiety Disorder Scale-7 (GAD-7), and interview guide questions.

Evaluation Survey. An evaluation survey was used after the pilot testing of Panukat ng Kapanatagan (Measure of Serenity) with twelve (12) Filipino participants who were identical to the study's inclusion and exclusion criteria. The data obtained from the evaluation was utilized to assess and improve the clarity, comprehensibility, and usability of the measure.

The survey is composed of five-item Likert scale which measured participants' agreement regarding the instrument's clarity and usability. Higher score indicated that the instrument is clear and easy to understand while lower score denoted that the instrument is ambiguous and

needs refinement. Moreover, two open-ended questions were included to gather participants' overall experience and feedback to enhance the instrument before its formal administration.

Panukat ng Kapanatagan (Measure of Serenity). The Panukat ng Kapanatagan was a self-constructed instrument that underwent content and face validation by three subject matter experts. The experts assessed the relevance, clarity, and appropriateness of each item and their recommendations were integrated in the final version of the instrument. Besides, the instrument was pilot tested with a sample representative of the population to determine its reliability. An evaluation survey was used to revise or remove unclear items prior its use in the main study. It is a self-assessed instrument designed to assess participants' degree of serenity across seven dimensions before and after the intervention. It was grounded in the biopsychosocial-spiritual model of Dr. George L. Engel in 1977 which was later expanded by Dr. Daniel Sulmasy in 2002. The dimensions included katayuan ng katawan (physical condition), haka (thoughts), pananampalataya (spirituality), nararamdaman (emotions), talaghay (resilience), gawi (behavior), and nagbibigay suporta (social support). The instrument used a five-point Likert scale to measure the frequency of experiences related to serenity. Average scores were calculated per dimension and overall. Lower score reflected lower manifestations of serenity while higher score indicated greater calmness and well-being. Overall, it does not only provide a complete view of an individual's degree of tranquility but also determines areas of strength and areas that require intervention.

Generalized Anxiety Disorder Scale-7 (GAD-7). The Filipino version of the Generalized Anxiety Disorder Scale-7 (GAD-7), developed by Dr. Robert Spitzer in 2006, was used to measure participants' anxiety severity before and after the intervention. The instrument contains seven items which represent various anxiety symptoms experienced during the previous two weeks. Scores were acquired by summing all responses. A score of 10 or higher indicated moderate anxiety which required further analysis while reduction of five or more points suggested that a notable change in anxiety severity occurs over time. It is also recognized for its strong psychometric properties such as high internal consistency and test-retest reliability (Sapra et al., 2020).

Interview Guide Questions. Interview guide questions were used in the e-counseling intervention to gain further understanding of the participants' experiences of serenity and anxiety and to identify their intervention expectations. These were validated by subject matter experts and utilized to explore the efficacy of the e-counseling intervention on the participants' serenity and anxiety level, their perspectives of Kathapanatagan, and the factors which contributed to their post-intervention results. These questions served to clarify and validate quantitative findings gathered through the assessment tools.

Data Gathering Procedure. The research went through several phases to obtain the information required to answer the undertaking's problems. The first phase centered on the preparation and ethical considerations. The researcher developed the Kathapanatagan, an e-counseling intervention for anxiety. Deriving its name from a combination of Tagalog words, katha and kapanatagan, it follows the katha process which was innovated from Egan's skilled helper model. Specifically, its informed consent form, asynchronous and synchronous modules, and recruitment materials, Panukat ng Kapanatagan (Measure of Serenity), and interview guide questions were developed with the guidance of the experts in the field. Validation and pilot testing procedures were conducted before submission to the Ethics Review Committee of De La Salle University–Dasmariñas for ethical approval.

In the second phase, participants were selected based on the inclusion and exclusion criteria through purposive sampling from online Filipino communities related to anxiety support. Interested participants completed the GAD-7

scale as part of the screening tool and provided preliminary information regarding the study.

The third phase revolved in the implementation of Kathapanatagan through blended e-counseling consisting of asynchronous modules and synchronous e-counseling sessions. The intervention centered on five processes of katha which was innovated from the most employed five-step process of Egan's skilled helper model. It began with kaalamang pahintulot at ugnayan (informed consent and relationship) wherein participants were oriented and provided voluntary choice to partake in the study before providing the Google link for informed consent form and assessment tools. The second process is the alalahanin at adhikain (concerns and goals) in which participants explored their experiences, concerns, and goals related to serenity and anxiety using expressive arts techniques of breathing and storytelling. Tanto at tungo (conceptualization) is the third process which centered on the counselor's conceptualization of each participant's concerns, unique needs, goals, and experiences in terms of the seven dimensions. The fourth process is hakbang sa paghilom (intervention) in which each of the eight participants completed asynchronous modules prior their attendance in the synchronous e-counseling sessions. These asynchronous modules served as self-help tasks for each of the participants and was further processed during their scheduled synchronous session. Each of the modules is consisted of its title, objectives, materials needed, activity, processing questions, discussion, and references. Each of these was sent to the participants' email after giving them a brief discussion about it. Participants were instructed to accomplish and submit the module before the start of the dimension's synchronous e-counseling session. On the other hand, synchronous e-counseling involves meeting the participants using internet-based videoconferencing platforms like Microsoft Teams and Google Meet. The frequency of the synchronous session in the intervention phase was one and half hours per week. Each synchronous e-counseling session followed a procedure with a certain amount of time. This procedure involves pagsusuri at pagpapanatag (recognition and regulation) for 15 minutes, 2) paunang gawain (preliminary activity) for 10 minutes, 3) pangunahing gawain (main activity) for 40 minutes, 4) malikhaing pagkatha (artistic creation) for 20 minutes, and 5) nakatakdang gawain (assigned work) for 5 minutes. Lastly, aral at aplikasyon (termination) is the final phase centered on revisiting participants' insights and progress, creating relapse prevention plan, and conducting post-intervention assessments and interview.

The last phase focused on the analysis and interpretation of the collected quantitative and qualitative information to determine the potential effectiveness of Kathapanatagan in promoting serenity and reducing anxiety.

Data Analysis. Quantitative data acquired from the assessment tools were organized and tabulated using descriptive statistics such as sum and average. Qualitative data were transcribed and analyzed through content and cross-case analysis. Content analysis was used to examine and interpret qualitative data gathered from interviews, e-counseling session notes, and asynchronous and synchronous outputs. Specifically, the qualitative result of a participant in one's interview during the phase of concerns and goals (alalahanin at adhikain) was transcribed and coded to represent themes or concepts. The collected quantitative information from the instruments of serenity and anxiety before the e-counseling intervention's implementation was used, compared, and integrated with the qualitative findings from the initial interview to improve the validity and to provide comprehensive answer on problem 1. Similarly, transcription and coding were done to the qualitative data of a participant from one's e-counseling session notes and asynchronous and synchronous outputs during the intervention phase (hakbang sa paghilom). These qualitative results were compared, contrasted, and merged with the quantitative data from the instruments of serenity and anxiety after the implementation of the e-counseling intervention to answer problems 1, 2, 3 and 4. Further, the qualitative data which were gathered from the interview after the e-

counseling intervention's implementation were transcribed and coded to generate themes and concepts needed to answer problems 3 and 4. These procedures were done individually and among all the eight participants of the investigation. On the other hand, cross-case analysis entails an in-depth examination of similarities and differences between individual cases to better grasp aggregate data based on the binding issue of specific cases and establish empirical generalizability (Adams et al., 2022). This was employed to increase the validity and generalizability of the individual case's answers to the study's problems.

Ethical Considerations. The study strictly adhered to ethical principles and guidelines established by the Ethics Review Committee of De La Salle University–Dasmariñas which issued ethics approval and certification. Participants were also given informed consent, ensured their confidentiality, referred to appropriate mental health professionals and support services if needed, and received ethically implemented e-counseling intervention.

RESULTS

This part presents the results and discussion points that addressed the study's objectives. The participants' serenity level in terms of seven dimensions and overall serenity and anxiety level prior to the implementation of Kathapanatagan is presented in Table 1 below.

Table 1

Cross-Case Analysis of the Participants' Serenity and Anxiety Level prior to Kathapanatagan's Implementation

Serenity and Anxiety Level	Participants								
	A	B	C	D	E	F	G	H	Overall
Serenity Level									
Katayuan ng Katawan (Physical Condition)	3.43 High	3.29 Moderate	2.86 Moderate	3.29 Moderate	3.57 High	3.57 High	3.86 High	3.43 High	3.41 High
Haka (Thoughts)	3.17 Moderate	2.83 Moderate	3.17 Moderate	2.17 Low	3.17 Moderate	2.50 Low	3.33 Moderate	3.33 Moderate	2.96 Moderate
Pananampalataya (Spirituality)	4.20 High	3.80 High	4.20 High	2.80 Moderate	4.40 Very High	3.80 High	4.00 High	4.00 High	3.88 High
Nararamdaman (Emotions)	3.20 Moderate	2.40 Low	2.60 Low	3.00 Moderate	3.40 Moderate	2.00 Low	3.40 Moderate	3.20 Moderate	2.90 Moderate
Talaghay (Resilience)	3.17 Moderate	2.00 Low	3.50 High	3.50 High	3.67 High	3.00 Moderate	3.50 High	3.50 High	3.23 Moderate
Gawi (Behavior)	3.00 Moderate	2.40 Low	2.80 Moderate	3.60 High	3.60 High	2.80 Moderate	3.80 High	3.40 Moderate	3.18 Moderate
Nagbibigay-Suporta (Social Support)	1.60 Very Low	2.40 Low	2.60 Low	1.80 Very Low	3.40 Moderate	2.40 Low	3.80 High	3.20 Moderate	2.65 Moderate
Kabuuang Lebel ng Kapanatagan (Overall Serenity Level)	3.11 Moderate	2.73 Moderate	3.10 Moderate	2.88 Moderate	3.60 High	2.87 Moderate	3.67 High	3.44 High	3.17 Moderate
Anxiety Level	10 Moderate	11 Moderate	11 Moderate	20 Severe	10 Moderate	15 Severe	15 Severe	11 Moderate	12.88 Moderate

Table 1 exhibited the cross-case analysis of the participants' serenity and anxiety level prior Kathapanatagan's implementation.

In terms of katayuan ng katawan (physical condition), the serenity level differed for each participant, ranging between 2.86 to 3.86 which signified moderate to high. Three participants acquired moderate serenity and five attained a high level. Generally, the participants received a mean score of 3.41 which suggested high physiological stability. However, need for progress was noted in their in their practice of proactive physiological engagements such as exercise and quality sleep.

Pertaining to their haka (thoughts), serenity varied for each participant, ranging between 2.17 to 3.33 which indicated low to moderate. Two participants obtained low serenity level and six of them received moderate cognitive-related calmness. The participants demonstrated an overall moderate serenity level of 2.96 due to their awareness of negative and worrisome thoughts. However, they need to improve their present-orientation and optimism as they experienced overwhelming negative cognitions in the midst of challenging circumstances.

Regarding their pananampalataya (spirituality), serenity variety existed for each participant, ranging between 2.80 to 4.40 which suggested moderate to very high. One participant presented moderate serenity, six received moderate, and one participant demonstrated a very high experience of spiritual-related sense of peace. The participants acquired an overall high serenity level of 3.88 as a result of their immense belief in a higher being, trust in divine purpose, and search for meaning. However, they need to refine their inconsistent engagement in spiritual practices particularly in challenging times.

In relation to their nararamdaman (emotions), serenity differed for each participant, ranging between 2.00 to 3.40 which signified low to intermediate.

Three participants acquired a low serenity experience and five of them attained a moderate experience of emotional calmness. The participants exhibited a general moderate serenity level of 2.90 which can be explained by their elevated capacity for emotional recognition. However, improvement was needed in their maintenance of composure in difficult situations, experience of positive emotions and nonjudgmental acceptance and regulation of negative emotions.

With regard to their talaghay (resilience), differences in serenity level transpired for each participant, ranging between 2.00 to 3.67 which reflected low to substantial. One participant acquired a low serenity level, two presented moderate level, and five received a high serene experience. The participants demonstrated an overall moderate serenity level of 3.23 which can be connected to their growth mindset, confident solution discovery, and utilization of their internal tools in problem management. However, they needed to hone their capacity to recover rapidly when encountering challenges, approach problems, and adapt to unforeseen changes.

Regarding their gawi (behavior), serenity varied for each participant, ranging between 2.40 to 3.80 which demonstrated low to high. One participant presented low serenity, four acquired moderate, and three attained high level. The participants presented a general moderate serenity level of 3.18 due to their accountable management of their life and engagement in meaningful activities. However, they needed to promote their proactive engagement in actions to foster change, social media or technology break, and courage in facing difficult circumstances.

In terms of nagbibigay suporta (social support), variety in serenity level was noted for each participant, ranging between 1.60 to 3.80 which represented very low to moderate. Two participants received very low serenity, three acquired low, two attained a moderate experience and one of them received a marked serene state.

Generally, the participants exhibited a moderate serenity level of 2.65 which can be attributed to their capacity to cultivate and maintain supportive relationships, seeking support when necessary, and experience sense of belongingness. However, growth was needed in having a strong support system of significant others and acquiring assistance from their networks.

With reference to their kabuuang lebel ng kapanatagan (overall serenity level), the participants exhibited variation, ranging between 2.73 to 3.67 which suggested moderate to high. Five participants acquired a general moderate serene experience and three received an overall high serene state. Generally, moderate serene level of 3.17 was acquired by the participants as a result of their spiritual foundation and physiological practices. Despite their elevated dimensions in pananampalataya (spirituality) and katayuan ng katawan (physical condition), the participants needed assistance in further refining their other serenity dimensions particularly in the aspects of haka (thoughts), nararamdaman (emotions), talaghay (resilience), gawi (behavior) and nagbibigay suporta (social support) which obtained consecutive moderate mean scores of 2.96, 2.90, 3.23, 3.18, and 2.65.

Regarding their anxiety level, the participants demonstrated variety in terms of symptom severity, ranging between 10 to 20 which signified moderate to severe. Five participants acquired a moderate anxiety level while three of them received a severe level of anxiety. The general anxiety level of the participants was moderate as indicated by a mean score of 12.88.

In addition, the areas that needed intervention involved symptoms which were being experienced for more than half the days such as participants' worries on several matters, apprehension of negative outcomes, uncontrollable worries, nervousness, relaxation difficulty, and restlessness. The succeeding table shows part of the process of Kathapanatagan which participants perceived to have an effect on serenity and anxiety.

Table 2 presents the cross-case analysis of the parts of Kathapanatagan process which had an effect on the participants' serenity and anxiety. Alalahanin at adhikain (concerns and goals) emerged as one of the processes which reflected a positive impact on the participants' awareness, clarity, and understanding of their anxiety experiences. It is the second katha process which created a space for the participants to narrate their experiences in connection with the seven dimensions.

Table 2

Cross-Case Analysis of the Parts of Kathapanatagan Process which Affects Serenity and Anxiety Level

Katha Process	Part	Perceived Effect on Serenity and Anxiety reported by Participants
Alalahanin at Adhikain (Concerns and Goals)	Problem Clarification	Gained awareness and understanding of various aspects of life Attained gradual positive changes through understanding and dealing with holistic aspects
Hakbang sa Paghilom (Intervention)	Pagsusuri at Pagpapanatag (Recognition and Regulation)	Improved recognition of emotions using emotion wheel Experienced stabilization in expressing one's experiences each session
	Katayuan ng Katawan (Physical Condition)	Released physiological tension and energized Enhanced physiological relaxation and stability Managed anxiety through learning and applying physiological strategies
	Haka (Thoughts)	Refined physiological state through committed changes Refined present-orientation and focus on controllable aspects Promoted mindful awareness and capacity to manage anxiety Acquired sense of calmness through enhancing one's positive perspective Promoted focus on the present and reduced negative rumination Acquired a space for expressing, processing, and restructuring cognition about experiences
	Pananampalataya (Spirituality)	Promoted relaxed state in dealing with anxiety-provoking situations Acquired spiritual insight and peace
	Nararamdaman (Emotions)	Lessened intense emotional experiences Developed strategies to manage and deal with emotional distress
	Talaghay (Resilience)	Enhanced sense of agency in dealing with challenges through acquired tools
	Gawi (Behavior)	Determined behavioral strategies in facing the future Formed and adapted behavioral engagements which led to calm disposition
	Malikhaing Pagkatha (Artistic Creation)	Promoted emotional release using various expressive arts tools

Besides, hakbang sa paghilom (intervention) was perceived as a helpful process in promoting serenity and reducing anxiety. Specifically, pagsusuri at pagpapanatag (recognition and regulation) allowed participants to identify, track, process, and stabilize their emotions prior to each session. The dimensions of katayuan ng katawan (physical condition), haka (thoughts), pananampalataya (spirituality), nararamdaman (emotions), talaghay (resilience), and gawi (behavior) were also reported beneficial in refining participants' physical and emotional stabilization, positive and realistic perspective, and sense of meaning, empowerment, and agency. Lastly, malikhaing pagkatha at nakatakdang gawain (creative expression and assignments) which involved drawing, poetry, music, storytelling, and collage-making supported participants' emotional expression and reflection.

Participants' serenity level in terms seven dimensions and overall serenity and anxiety level after the implementation of Kathapanatagan. Table 3 displayed the cross-case analysis of the participants' serenity in the seven dimensions and their anxiety level after the intervention's implementation. Regarding katayuan ng katawan (physical condition), progress in the participants' serenity was noted, ranging between 3.71 to 4.43 which indicated high to very high. Four participants progressed to a high serenity level while four of them acquired very high serenity experience. Participants generally improved to a significant extent of 4.13 as a result of their consistent avoidance of anxiety-inducing substances and sustenance of their nutritional needs (4.25). They also received elevation in getting adequate sleep and engaging in physical activities which resulted in increased physiological relaxation.

Table 3

Cross-Case Analysis of the Participants' Serenity and Anxiety Level after Kathapanatagan's Implementation

Serenity and Anxiety Level	Participants								
	A	B	C	D	E	F	G	H	Overall
Serenity Level									
Katayuan ng Katawan (Physical Condition)	4.29 Very High	4.43 Very High	3.43 High	4.43 Very High	3.71 High	4.71 Very High	4.14 High	3.86 High	4.13 High
Haka (Thoughts)	3.67 High	3.67 High	3.83 High	4.17 High	4.00 High	3.67 High	4.00 High	3.67 High	3.83 High
Pananampalataya (Spirituality)	4.60 Very High	5.00 Very High	4.60 Very High	4.80 Very High	4.60 Very High	4.80 Very High	5.00 Very High	4.60 Very High	4.75 Very High
Nararamdaman (Emotions)	3.60 High	4.40 Very High	3.80 High	4.00 High	3.40 Moderate	4.00 High	4.00 High	3.20 High	3.80 High
Talaghay (Resilience)	4.00 High	4.17 High	4.17 High	4.50 Very High	4.00 High	4.17 High	3.83 High	3.50 High	4.04 High
Gawi (Behavior)	3.80 High	4.60 Very High	3.80 High	4.60 Very High	4.20 High	4.60 Very High	4.00 High	3.60 High	4.15 High
Nagbibigay-Suporta (Social Support)	3.00 Moderate	4.00 High	3.40 Moderate	4.80 Very High	4.80 Very High	4.40 Very High	4.00 High	3.40 Moderate	3.98 High
Kabuuang Lebel ng Kapanatagan (Overall Serenity Level)	3.85 High	4.32 Very High	3.86 High	4.47 Very High	4.10 High	4.34 Very High	4.14 High	3.69 High	4.10 High
Anxiety Level	5 Mild	2 Minimal	8 Mild	7 Mild	8 Mild	5 Mild	7 Mild	10 Moderate	6.50 Mild

In terms of haka (thoughts), the participants presented improvement in their serenity as they all acquired a high level of serenity which ranged between 3.67 to 4.17. The participants

obtained an overall high serenity of 3.83. This can be connected to the further refinement of their cognitive awareness. Significant refinement was also seen in the aspects of positive perception of challenging situations and present orientation. Other aspects also showed elevated levels such as their cognitive management, focus on the controllable, and acceptance of the unchangeable.

With regard to pananampalataya (spirituality), the serenity level of each participant became uniformly very high, which ranged between 4.60 to 5.00. The participants exhibited an overall very high serenity level of 4.75. This can be a result of their refined consistent belief in a higher being which received a perfect mean score of 5.00. Their trust in divine purpose and search for meaning in difficulties which contributed to their sense of peace also progressed to very high level. Consistency in their engagement in spiritual activities was also demonstrated significant growth which led to their exceptional serene level.

In connection to their nararamdaman (emotions), the participants' serenity level was enhanced, ranging between 3.20 to 4.40 which indicated moderate to very high level. Two participants acquired moderate, five participants obtained high, and one of them received a very high serene experience. Generally, the participants acquired a high serene experience of 3.80. The progress can be attributed to their sustained high emotional awareness. Development was also noted in their previously limited areas such as their nonjudgmental emotional recognition and acceptance, regulation of their uncomfortable emotions, and maintenance of their composure in anxiety-provoking situations which resulted in their significant positive emotional experience.

With reference to their talaghay (resilience), the participants demonstrated enhancement, ranging between 3.50 to 4.50 which signified high to very high. Seven participants acquired a high serene experience and one of them received a very high experience of peace related to resilience. The participants' overall serenity level improved from an intermediate to a high mean score of 4.04. Perception of adversities as growth opportunities, utilization of their strengths and resources in problem resolution, and confident solution discovery were further improved and remained the highest indicators. Besides, previous areas for improvement such as their calm approach to problems, adaptation to unexpected changes, and recovery from challenging circumstances reached a significant improvement.

In terms of gawi (behavior), the serenity level enhanced differently for each participant, ranging between 3.60 to 4.60 which denoted high to very high. Five participants acquired high-serene experience and three of them received a very high serenity level. The participants presented a generally high level of serenity of 4.15 which can be attributed to their refined involvement in meaningful activities and engagement in responsible behaviors. Significant enhancement also occurred in their previous lowest indicators such as practice of proactive behaviors for positive changes, reduction of social media and technology use, and courageous approach in difficult situations.

Regarding nagbibigay suporta (social support), the serenity level of each participants progressed differently, ranging between 3.00 to 4.80 which signified moderate to very high. Three participants obtained a moderate serene level, two of the participants received high serene experience, and three of them attained very high experience of peace. The participants generally presented a high serenity level of 3.98 which can be connected to their strengthened ability to cultivate positive relationships and seek support from their significant others. Besides, previous areas for improvement such as having a support system and capacity to acquire assistance to manage challenges were refined from low to high level.

The overall serenity level showed that the participants demonstrated growth in their experience of peace which ranged between 3.69 to 4.47 which signified high to very high serenity

level. Five participants received a high serenity level while three of them acquired a very high serenity level. Generally, they attained an elevated calm experience with an overall mean score of 4.10 due to their sustained substantial dimensions of spirituality (4.75) and physiological condition (4.13). Moreover, the dimensions of haka (thoughts), nararamdaman (emotions), talaghay (resilience), gawi (behavior) and nagbibigay suporta (social support) significantly improved from moderate to high mean score of 3.83, 3.80, 4.04, 4.15, and 3.98 consecutively.

Regarding anxiety level, the participants exhibited reduction in their anxiety severity which ranged between 2 to 10 which denoted minimal to moderate. One participant acquired a minimal level, six participants received a mild level, and one of them attained a moderate level of anxiety. The overall anxiety level of the participants was mild as a result of addressed and reduced frequency of symptoms from more than half the days to several days. These include uncontrollable worries, apprehension of negative outcomes, excessive worries on various matters, nervousness, relaxation issues, and restlessness. Table 4 below illustrates the specific e-counseling techniques or strategies that were perceived to have contributed to the potential effectiveness of Kathapanatagan.

Table 4 demonstrated the cross-case analysis of specific e-counseling techniques or strategies which contributed to Kathapanatagan's potential contribution. Participants perceived Kathapanatagan as an efficient e-counseling intervention in reducing anxiety and refining serenity due to the integration of techniques or strategies. TIPP (temperature, intense movement, paced breathing, progressive muscle relaxation) was reported helpful in providing participants' immediate sense of calmness during emotional distress. Cognitive-based strategies also emerged as significant in the improvement of the participants' awareness and perspective which included mindfulness, cognitive restructuring, and positive affirmation. Besides, the participants noted the contribution of spiritual-based strategies such as prayer and radical acceptance in giving inner anchor during distress. The recognition of emotions through the use of an emotion wheel was also considered helpful in keeping emotions on check and in preventing these from getting unmanageable. Further, resilience-based strategies such as gratitude and strengths exploration were viewed helpful in promoting participants' strength and confidence in facing challenges. Participants also emphasized the essence of behavioral activation in their proactive engagement and maintenance of sustainable lifestyle which refined their stabilization. Finally, expressive arts techniques and the inclusion of modules provided an outlet for catharsis for each of the seven dimensions of Kathapanatagan.

Table 4

Cross-Case Analysis of Specific E-Counseling Techniques or Strategies which Contributed to Kathapanatagan's Potential Effectiveness

Kathapanatagan Dimension	Techniques or Strategies	Contribution to Kathapanatagan's Potential Effectiveness
Katayuan ng Katawan (Physical Condition)	TIPP (temperature, intense movement, paced breathing, progressive muscle relaxation)	Regain stabilization, provided immediate anxiety relief and calm in the midst of distress and improved relaxation, emotion regulation and calmness
	Mindfulness	Promoted relaxation and inner peace and enhanced calm approach to situations
Haka (Thoughts)	Cognitive Restructuring	Reduced overthinking and provided avenue for reflection
	Positive Affirmation	Promoted positive outlook or perspective
Pananampalataya (Spirituality)	Prayer	Enhanced sense of peace and assisted in exploring solutions
	Radical Acceptance	Perceived as an easy and beneficial approach in dealing with the uncontrollable and refined peace of mind
Nararamdaman (Emotions)	Emotion Wheel and Processing	Increased emotional recognition and regulation
Talaghay (Resilience)	Gratitude	Promoted sense of calmness
	Strengths Exploration	Strenghtened efficiency in facing fears
Gawi (Behavior)	Behavioral Activation	Proactive engagements for stabilization
Expressive Arts Techniques	Doodling and Music Listening	Perceived as easy and enjoyable inclusion in modules
	Journaling	Promoted awareness
	Expressive Arts Techniques	Perceived as organized and creative approaches for enhanced understanding
	Modules	Allowed positive and productive time use

DISCUSSION

The study revealed that Filipino young adults initially exhibited varying serenity levels for each dimension of Kathapanatagan depending

on their diverse strengths and vulnerabilities prior to the intervention's implementation. The participants showed susceptibility in the dimension of haka (thoughts), nararamdaman (emotions), talaghay (resilience), gawi (behavior) and nagbibigay suporta (social support) which acquired moderate serenity mean score. Despite these, their dimensions of katayuan ng katawan (physical condition) and pananampalataya (spirituality) received high mean scores which supported their serene experience and buffered their anxiety experience. High result in physical condition can be connected to a survey which showed that young Filipinos are health conscious as they perceived that their physiological well-being is their accountability (Cahiles-Magkilat, 2024). Besides, spirituality is an entrenched Filipino cultural value which made participants' spiritual beliefs and practices as significant contributor to their calm experience (Martinez et al., 2020). Overall, participants received a generally moderate serenity level while more than half of them exhibited an overall moderate anxiety level. In summary, Filipino young adults exhibited parallel moderate levels of serenity and anxiety, with physical health and spirituality acting as their protective dimensions that mitigated mental, emotional, behavioral, resilience, and social risk dimensions.

Kathapanatagan, an e-counseling intervention, encompassed processes which influenced the participants' serenity and anxiety level by addressing and refining several dimensions. Alalahanin at adhikain (concerns and goals) emerged as a foundational process which resulted in the participants' increased awareness and understanding of their experiences in each seven dimensions of the intervention. Souders (2025) discussed that the initial session is the foundation of the practitioner-client relationship wherein a safe environment is being created and self-reflection, discovery, and understanding are being promoted. Besides, pagsusuri at pagpapanatag (recognition and regulation), a feature of hakbang sa paghilom (intervention), assisted the participants to name, scale, process, and manage emotions which refined their stabilization and receptiveness prior each session. This suggested that assessing and strengthening emotion regulation in clients can encourage and engage them in mental health-promoting behaviors (Menefee et al., 2022). The holistic dimensions of hakbang sa paghilom (intervention) such as katayuan ng katawan (physical condition), haka (thoughts), pananampalataya (spirituality), nararamdaman (emotions), talaghay (resilience), and gawi (behavior) were also advantageous in releasing physical tension, processing and restructuring negative thoughts, engaging in spiritual beliefs and practices that support inner peace, regulating emotional distress, refining sense of agency and resilience, and practicing adaptive behaviors for calmer disposition. However, nagbibigay suporta (social support) was not recognized as part of the hakbang sa paghilom (intervention) process which had an effect on the participants' serenity and anxiety experience. This can be due to their limited support system and hesitation to receive assistance due to sense of shame and fear of being a burden to others (Martinez et al., 2020; Martinez et al., 2022). Finally, the inclusion of malikhaing pagkatha at nakatakdang gawain (creative expression and assignments) provided an avenue for further emotional catharsis through expressive arts in each dimensional module. Multiple avenues for emotional expression and self-understanding were offered to the participants which influenced their experience of anxiety in specific situations (Zhang et al., 2024).

Moreover, the study suggested that the implementation of Kathapanatagan resulted in consistent and substantial improvement across all serenity dimensions. The participants' prior vulnerable dimensions of haka (thoughts), nararamdaman (emotions), talaghay (resilience), gawi (behavior) and nagbibigay suporta (social support) progressed to high serenity level. Besides, their prior high dimensions of katayuan ng katawan (physical condition) and pananamapalataya (spiritually) further escalated to high and very high serenity level respectively. The enhancement of these dimensions reflected Filipinos' engagement in

health-related behaviors and the essence of incorporating the engrained Filipino cultural value for spiritualty which was an evident significant protective factor from anxiety (Martinez et al., 2020; Bożek et al., 2020). Overall, majority of the participants elevated from moderate to high serene experience. Consequently, majority of the participants experienced significant reduction in their anxiety severity from a moderate to mild degree. The anxiety severity was mitigated by the fostered serenity across the dimensions since these variables were proven to have significant negative association (El-Ashry et al., 2024). In summary, the results suggested the potential efficiency of Kathapanatagan as an e-counseling intervention in enhancing Filipino young adults' serenity and reducing their anxiety through the uniform and marked enhancement of holistic and integrated dimensions of physical, cognitive, emotional, spiritual, behavioral, resilience, and social dimensions.

The potential contribution of Kathapanatagan can be attributed to the integration of evidence-based techniques and Filipino values-aligned strategies which addressed and refined dimensions of katayuan ng katawan (physical condition), haka (thoughts), pananampalataya (spirituality), nararamdaman (emotions), talaghay (resilience), and gawi (behavior). These included 1) body-stabilizing techniques such as temperature, intense movement, paced breathing, and progressive muscle relaxation (TIPP), 2) cognitive-based strategies such as mindfulness, cognitive restructuring, and positive affirmation, 3) spiritually-aligned strategies such as prayer and radical acceptance, 4) emotion-based strategies such as the use of emotion wheel and emotional processing, 5) resilience-promoting strategies such as gratitude and strengths exploration, and 6) behavior-connected technique of behavioral activation. These techniques and strategies were integrated creatively into the dimensional modules using expressive arts approaches to foster self-expression, awareness, and engagement. However, the participants exhibited limited recognition of the contribution of social-related strategies as a result of their significant reliance on strategies within their internal locus of control (Martinez et al., 2020). This made social-based strategies as complementary rather than active contributors to the intervention's outcomes. Collectively, these techniques and strategies demonstrated the comprehensive nature of Kathapanatagan in fostering serenity through addressing and improving their various dimensions and recognizing and highlighting their internal strengths and resources which resulted in anxiety level reduction.

Considering the above analyses, Kathapanatagan can be considered for implementation in the school or community-based mental health centers to further determine its potential use as an accessible, culture-aligned, and holistic e-counseling intervention for Filipino young adults experiencing anxiety. Specifically, mental health practitioners can explore katayuan ng katawan (physical condition) and pananampalataya (spirituality) during the intake interview since these served as significant protective dimensions which supported serenity and buffered anxiety. These dimensions can also be further promoted in the school and community as a preventive measure through incorporating physiological and spiritual-related activities in counseling or mental health initiatives. Moreover, the asynchronous and synchronous modules of nagbibigay suporta (social support) can be strengthened since it emerged as the most vulnerable dimension. Reliance of individual clients on both internal strategies and external support can be balanced through reinforcing psychoeducation in addressing shame, fear of burdening others, and stigma related to receiving help and strategies in relation to help-seeking behavior. The seven dimensions of Kathapanatagan can also be used as a basis for the development of other mental health initiatives such as trainings, seminars, interactive applications or peer support programs in the school or community. Lastly, future researches can use large-scale experimental and controlled designs with diverse populations and rigorous statistical

analyses to confirm the causal effectiveness and generalizability of Kathapanatagan as an evidence-based e-counseling intervention.

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