

Grief Experiences and Coping Mechanisms of Surviving Family with Immediate Family Member Death: A Context Study in the Mountain Province, Cordillera Region

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Abstract

This study explored the grief experiences of surviving family with immediate family member death in Mountain Province, Cordillera Region, Philippines, focusing on differences in grief levels based on family roles, gender, cause of death of immediate family member, and ethnicity, as well as identifying coping strategies. Using an Explanatory Sequential Mixed-Method (ESMM) design, quantitative data were collected from 380 respondents through the Grief Experience Questionnaire, while qualitative data were gathered from 15 participants and analyzed using Braun and Clarke's thematic analysis. Findings revealed that the overall level of grief of the participants was low, with significant differences in grief based on family roles, gender, and cause of death, but not ethnicity. Mothers exhibited higher levels of grief, including somatic reactions and a stronger search for explanations, compared to fathers and children. Females generally reported higher grief levels than males, and grief was more pronounced among those who experienced sudden death compared to lingering illnesses. Coping strategies were categorized into intrapersonal and socio-spiritual mechanisms. Intrapersonal strategies included pre-accepting the death to lessen the suffering, distracting oneself, employing self-care strategies, introspective questioning, recalling memories of the deceased, and appreciating the present and acceptance. Socio-spiritual mechanisms highlighted the role of practicing cultural rituals, receiving socio-emotional support, and praying and being faithful to God in fostering emotional resilience and spiritual healing. The study concludes that while grief is a universal experience, its intensity varies by demographic factors, and coping mechanisms are multifaceted, combining personal resilience with social and spiritual support. Recommendations include encouraging family-centered counseling and psychotherapy to address complex emotions, developing tailored grief support programs sensitive to demographic differences, and promoting community-based and socio-spiritual support systems through local government initiatives. These strategies aim to reduce isolation and foster collective and individual resilience among grieving families.

Keywords: grief experience, coping mechanism, family death, somatic reaction, intrapersonal mechanism, socio-spiritual mechanism, cultural ritual



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INTRODUCTION

The death of a loved one is one of the most significant life events, and for many Filipinos, it is an experience that profoundly affects their emotional and psychological well-being. In Filipino culture, family plays a central role in coping with loss, yet little research has been conducted to explore the grief experiences and coping mechanisms of surviving family members, especially in rural areas such as Mountain Province. Grief, as a complex emotional response to loss, varies in its expression, influenced by individual, cultural, and familial factors. Despite the importance of

this topic, research on grief and coping strategies in the Philippines remains limited, and most studies have focused on urban areas rather than rural communities.

Given the scarcity of substantial research on grief and coping in the Philippines, particularly in the context of Mountain Province, this study seeks to fill this gap by focusing on the experiences of surviving family members with immediate family death. This study sought to understand the grief levels among these individuals and the coping strategies they employ, with particular attention to how demographic variables, such as family roles,

gender, cause of death, and ethnic background, influence these experiences.

The primary objectives of this study are to determine the level of grief experienced by surviving family members in Mountain Province, Philippines; explore how grief levels differ based on family roles, gender, cause of death of immediate family member, and ethnicity, and identify the coping mechanisms employed by surviving family members to manage their grief. The study addresses the following research questions:

1. What is the demographic profile of the surviving family members in terms of family role (mother/father/child), gender, cause of death of immediate family member (sudden death/lingering illness), and ethnicity (Applai/ Funtok)?
2. What is the level of grief experienced by surviving family members in Mountain Province?
3. Is there a significant difference in the grief experiences of surviving family members when grouped according to demographic factors?
4. What coping strategies do surviving family members employ in response to grief?

This study contributes to the growing body of research on grief and coping mechanisms in the Philippine context. Families in rural areas often experience grief and coping in ways that are deeply influenced by their tight-knit communities and cultural practices. Unlike in urban areas, where support may come from professional services or broader social networks, rural families rely heavily on traditional rituals and collective strength of the community. By focusing on the experiences of family members in Mountain Province, the study provides insights into how grief is processed in rural communities and highlights the cultural and social factors that shape coping strategies. The findings can inform the development of tailored grief support programs and

interventions, particularly for those living in rural areas, where access to mental health services may be limited.

LITERATURES

Below is a collection of literatures that served as foundation for this study on grief and coping mechanisms among surviving family members in Mountain Province.

Mountain Province: A Brief Socio-Cultural Background. Mountain Province, located in the Cordillera region of Northern Luzon, Philippines, is renowned for its rich cultural heritage and communal way of life. The province's indigenous communities place great importance on family and collective unity, especially during significant life events like the death of a loved one. Traditional death rituals such as the *cañao*—a ceremony involving communal prayers, feasting, and animal sacrifices—are integral to the grieving process. These rituals serve not only to honor the deceased but also to reinforce social bonds and provide emotional support to surviving family members (Jocano, 1998; Prill-Brett, 1986).

Moreover, the culture of bereavement in Mountain Province is deeply intertwined with spiritual beliefs and practices, emphasizing the continuing connection between the living and the dead. Such practices stand in contrast to urban settings, where grief is often processed individually and with professional intervention (Nimmo, 2011). The socio-cultural dynamics of Mountain Province highlight the significance of traditional values and community involvement in shaping the experience of grief and coping, making it a compelling context for this study.

The Dual Process Model of Coping with Bereavement. Stroebe and Schut's (1999) Dual Process Model posits that individuals coping with grief oscillate between two modes of behavior: loss-oriented and restoration-oriented behaviors. Loss-oriented behaviors involve processing the grief, such as reminiscing about the deceased and expressing emotions like sadness, anger, and regret. Restoration-oriented behaviors provide necessary breaks from grief and involve

activities like engaging in daily tasks, exercising, or spending time with social support systems.

The theory suggests that a balance between these two modes is crucial for adaptive coping, allowing individuals to confront their emotions while also engaging in activities that help restore normalcy. The model highlights the concept of "oscillation," where individuals shift between loss-oriented and restoration-oriented behaviors. Without restoration-oriented behaviors, individuals may struggle to adapt and return to daily life. Gender differences in grief responses are also noted, with men typically relying more on restoration-oriented behaviors, while women tend to engage more in loss-oriented behaviors.

This model provides a framework for understanding the varied coping strategies individuals use when grieving and will be used in this study to analyze the coping mechanisms of surviving family members in Mountain Province.

Meaning Reconstruction Theory. Neimeyer and Anderson's (2002) Meaning Reconstruction Theory suggests that grieving individuals reconstruct the meaning of their loss, which in turn helps them adapt to the reality of the loss and reshape their identity. The theory is narrative in nature, emphasizing that the grief process involves reinterpreting the self and one's life story in light of the loss. This reconstruction of meaning is central to grief and aids individuals in navigating the emotional and psychological turmoil of losing a loved one.

The theory identifies three key processes involved in meaning reconstruction: sense-making, benefit-finding, and identity reconstruction. Sense-making involves the individual's efforts to understand the "why" of the loss, integrating the death into their existing worldview. Benefit-finding is the process through which individuals search for life lessons in the midst of grief, recognizing that death is often unpredictable and part of life's natural course. Identity reconstruction refers to the transformation of the self in response to

grief, as individuals' experiences of loss shape their personal narratives and self-perceptions.

The theory highlights that grief is a highly individualized experience, with personal and relational factors influencing how one copes with loss. This individualized process results in different ways of making sense of grief and adapting to life without the deceased. For this study, Meaning Reconstruction Theory provides a framework for understanding the diverse ways surviving family members in Mountain Province process their grief and adapt their identities following the death of a loved one.

Kubler-Ross Stages of Grief Model. Kubler-Ross (1974) proposed a five-stage model of grief: denial, anger, bargaining, depression, and acceptance. The model suggests that while not everyone experiences all stages, these are common emotional responses to loss.

In the denial stage, individuals experience numbness and a disconnect between reality and the loss. The anger stage follows as individuals confront the loss, often accompanied by frustration. Bargaining involves attempts to reverse or avoid grief, typically through "what if" scenarios. In the depression stage, individuals experience deep sadness and emptiness. Finally, acceptance occurs when individuals come to terms with the loss and learn to live without the deceased. Kubler-Ross' model helps to understand the emotional responses to grief and will inform the exploration of grieving processes in this study.

Grief Experience. Bailey et al. (2000) define grief as a complex, multidimensional response to the death of a significant other, encompassing affective, behavioral, cognitive, social, and spiritual components. Grief is not a static state but a dynamic process that unfolds over time. Key factors that characterize grief include:

1. Search for an explanation: The individual seeks to understand the loss, often asking "why" to make sense of the experience.

2. **Guilt:** Feelings of regret or self-blame may arise if the individual feels they could have done more to prevent the death.
3. **Somatic reactions:** Physical symptoms such as dizziness, sickness, or trembling may manifest.
4. **Self-destructive orientation:** Long-term neglect of self-care, potentially leading to health issues or accidents, can result from grief.

These factors illustrate the subjective nature of grief and highlight the individualized nature of its experience. Additionally, grief can be assessed in terms of severity, with levels ranging

from very high (constant feelings of rejection, shame, and stigma) to very low (absence of such feelings). This framework will aid in understanding the different levels of grief among surviving family members in this study.

METHODS

Research Design. This study used Explanatory Sequential Mixed-Method (ESMM) design, combining both quantitative and qualitative approaches. The quantitative approach was employed using the Grief Experience Questionnaire (GEQ). This was used to collect numerical data to identify grief levels based on family role, gender, cause of death, and ethnic group. To complement the quantitative findings, qualitative data were gathered through in-depth, semi-structured interviews to explore the coping mechanisms employed by participants during their grief process. The mixed-methods approach allows for a more holistic understanding of both grief intensity and coping strategies.

Participants. The study focused on surviving family members from Mountain Province, Philippines who had lost a loved one between 2019 and 2024. The study included 380 respondents for the quantitative phase, selected based on criteria that the respondent should have lost someone, either a parent or

child. Out of the respondents, 15 participants were also interviewed for the qualitative phase using purposive sampling technique.

The quantitative samples were selected based on socio-demographic factors such as family role, gender, cause of death, and ethnicity. Data were collected through both online and face-to-face means. For the qualitative phase, participants who reported moderate levels of grief were invited for interviews.

Instrumentation. The following instruments were used to yield the quantitative and qualitative data.

1. **Quantitative Data.** The Grief Experience Questionnaire (GEQ), developed by Bailey et al. (2000), was adopted for this study to measure grief. This 55-item self-report tool assesses grief-related experiences. In this study, 21 items were selected to measure the overall grief score, focusing on guilt, search for explanation, somatic reactions, and self-destructive orientation.
2. **Qualitative Data.** A semi-structured interview protocol, containing 4 main questions with 5 follow up questions under each question, was designed to explore the coping mechanisms of participants. The protocol was reviewed and validated by licensed psychologists to ensure its appropriateness.

Data Collection Procedures. To collect the necessary data for the study, the following procedures were done in both quantitative and qualitative phases:

1. **Quantitative Phase.** Participants were recruited via a Facebook post and request letters to local academic institutions. After meeting the inclusion criteria, they completed the GEQ online or in person. A total of 380 respondents completed the questionnaire.
2. **Qualitative Phase.** Following the quantitative analysis, 15 participants with moderate grief levels were invited for one-on-one

interviews. These participants were chosen as they could provide in-depth qualitative insights as to how they are coping given their moderate grief levels and could serve as basis for the creation of tailored grief intervention program. The interviews were conducted either in person or via video/audio calls. Consent was obtained prior to the interviews, and the interviews were audio-recorded for transcription and thematic analysis.

Ethical Considerations. Informed consent was obtained from all participants, ensuring they understood the study's purpose, the voluntary nature of participation, and the measures taken to ensure confidentiality. Interview data were anonymized, and personal identifiers were removed during analysis and transcription.

Data Analysis. To analyze the yielded data, the following analytical procedures were employed:

1. **Quantitative Data.** Descriptive statistics, including the mean, were used to determine the average level of grief. The difference on the grief levels based on demographic variables (e.g., family role, gender) was analyzed using Independent Samples T-tests and One-Way ANOVA.
2. **Qualitative Data.** Thematic analysis, as outlined by Braun and Clarke (2006), was used to identify key themes in the interview data. The analysis process included familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining themes, and writing up the findings. Member checking and translation validation were employed to enhance the reliability of the qualitative data.

RESULTS

Level of Grief of Surviving Family Members in Mountain Province. Table 1 shows the level of grief of family members across four factors: somatic reactions, search for explanation, guilt, and self-destructive orientation.

The study reveals that the respondents experienced a mean score of 2.45, with a verbal interpretation of low. The respondents rarely experienced negative feelings such as responsibility, rejection stigma, and shame after losing a loved one.

Table 1
Mean distribution of grief, (N=380)

| Factor | Mean | Level |
|-------------------------------------------------------------------------------------------------|------|----------|
| Somatic Reactions | 2.40 | Low |
| Experience trembling, shaking, or twitching. | 2.29 | Low |
| Experience light-headedness, dizziness, or fainting. | 2.16 | Low |
| Experience nervousness. | 2.75 | Moderate |
| Search for Explanation | 2.85 | Moderate |
| Question why the person had to die. | 2.82 | Moderate |
| Find yourself not accepting the fact that the death happened. | 2.97 | Moderate |
| Try to find a good reason for the death. | 2.76 | Moderate |
| Guilt | 2.89 | Moderate |
| Think of times before the death when you could have made the person's life more pleasant. | 3.09 | Moderate |
| I wished that you had not said or done certain things during your relationship with the person. | 3.07 | Moderate |
| Feel like there was something very important you wanted to make up to the person. | 3.11 | Moderate |
| Feel like maybe you did not care enough about the person. | 2.31 | Moderate |
| Self-destructive Orientation | 1.50 | Very Low |
| Worry that you might harm yourself. | 1.72 | Very Low |
| Think of ending your own life. | 1.43 | Very Low |
| Intentionally try to hurt yourself. | 1.34 | Very Low |
| Composite Mean | 2.45 | Low |

The overall low level of grief suggests that, while there are moderate levels of searching for explanations and feelings of guilt, the physical symptoms and self-destructive behaviors associated with grief are minimal.

Significant Differences in the Grief Experiences of Surviving Family Members in Mountain Province. Table 2 presents the differences in the level of grief and its factors according to family role.

Table 2
Differences in the level of grief and its factors according to family role

| | Father | | Mother | | Child | | F (2,377) | n2 | p |
|------------------------------|--------|------|--------|------|-------|------|-----------|------|------|
| | M | SD | M | SD | M | SD | | | |
| Overall Grief | 2.21 | .69 | 2.78 | .80 | 2.39 | .69 | 3.42 | .018 | .034 |
| Somatic Reactions | 2.11 | .84 | 2.92 | .86 | 2.37 | .81 | 5.01 | .026 | .007 |
| Search for Explanation | 2.78 | 1.03 | 3.44 | .93 | 2.82 | 1.00 | 3.90 | .020 | .021 |
| Guilt | 2.82 | 1.05 | 3.31 | 1.24 | 2.87 | .92 | 2.26 | .012 | .106 |
| Self-destructive Orientation | 1.22 | .55 | 1.44 | .79 | 1.51 | .81 | .61 | .003 | .542 |

The study found significant differences in grief levels among respondents based on family roles, specifically in terms of somatic reactions, and search for explanation, but no significant differences were found for guilt or self-destructive orientations.

Table 3 presents the differences in the level of grief and its factors according to gender. The study reveals a significant difference on grief based on gender. Females ($M = 2.56$) have higher overall grief compared to males ($M = 2.27$). Factors such as somatic reactions, guilt, search for explanation, and self-destructive orientation have the highest significant levels. Females have higher scores in all dimensions.

Table 3
Differences in the level of grief and its factors according to gender

| | Males | | Females | | t(378) | p |
|------------------------------|-------|-----|---------|------|--------|-------|
| | M | SD | M | SD | | |
| Overall Grief | 2.27 | .64 | 2.56 | .73 | -4.165 | <.001 |
| Somatic Reactions | 2.26 | .83 | 2.54 | .80 | -3.413 | <.001 |
| Search for Explanation | 2.70 | .96 | 3.01 | 1.03 | -3.016 | .003 |
| Guilt | 2.70 | .89 | 3.09 | .97 | -4.109 | <.001 |
| Self-destructive Orientation | 1.41 | .70 | 1.59 | .89 | -2.281 | .012 |

Table 4 presents the differences in the level of grief and its factors according to cause of death. The result shows a significant difference in overall grief levels based on the cause of death, with sudden death resulting in higher grief than lingering illness.

Table 4
Differences in the level of grief and its factors according to the cause of death

| | Lingering Illness | | Sudden Death | | t(378) | p |
|------------------------------|-------------------|-----|--------------|-----|--------|-------|
| | M | SD | M | SD | | |
| Overall Grief | 2.27 | .67 | 2.54 | .70 | -3.845 | <.001 |
| Somatic Reactions | 2.18 | .79 | 2.60 | .80 | -5.099 | <.001 |
| Search for Explanation | 2.61 | .97 | 3.08 | .99 | -4.602 | <.001 |
| Guilt | 2.80 | .98 | 2.98 | .92 | -1.897 | .029 |
| Self-destructive Orientation | 1.49 | .79 | 1.51 | .82 | -.254 | .800 |

Somatic reactions, search for explanation, and guilt scores also show a significant difference between sudden death and lingering illness. However, no significant difference was found in

self-destructive orientation among respondents whose loved ones died from either cause.

Table 5 presents the differences in the level of grief and its factors according to ethnic group. Cultural background significantly influences grieving practices and coping mechanisms, with unique rituals and mourning periods affecting individuals' grief responses. However, overall grief levels and dimensions like somatic reactions, search for explanation, guilt, and self-destructive orientation show no significant differences across ethnic groups.

Table 5
Differences in the level of grief and its factors according to ethnic group

| | Applai | | Funtok | | t(378) | p |
|------------------------------|--------|------|--------|------|--------|------|
| | M | SD | M | SD | | |
| Overall Grief | 2.40 | .71 | 2.44 | .69 | .373 | .710 |
| Somatic Reactions | 2.37 | .82 | 2.50 | .83 | 1.255 | .210 |
| Search for Explanation | 2.85 | 1.01 | 2.86 | 1.01 | .130 | .897 |
| Guilt | 2.87 | .95 | 2.98 | .94 | .953 | .341 |
| Self-destructive Orientation | 1.53 | .82 | 1.40 | .74 | -1.271 | .205 |

Coping Mechanisms of Surviving Family Members. Table 6 presents the themes generated from the qualitative data. The theme intrapersonal coping mechanisms explore the coping mechanisms used by surviving family members to manage grief, including six subthemes: pre-accepting the death, distracting oneself, using self-care strategies, introspective questioning, recalling memories, and appreciating the present and acceptance.

Table 6
Coping mechanisms among participants

| Subthemes | Themes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Pre-accepting the death to Lessen the Suffering Distracting Oneself Employing Self-care Strategies Introspective Questioning Recalling Memories of the Deceased Appreciating the Present and Acceptance | Intrapersonal Coping Mechanisms |
| Practicing Cultural Rituals Receiving Socio-emotional Support Praying and Being Faithful to God | Socio-spiritual Coping Mechanisms |

On the other hand, the theme socio-spiritual coping mechanisms explore the impact of social networks and spiritual practices on the grieving process of surviving family members, focusing on cultural rituals, socioemotional support, and prayer.

DISCUSSION

Quantitative Analysis. The quantitative data highlighted the multidimensional nature of grief, with variations in intensity and expression influenced by demographic factors. The findings align with Meaning Reconstruction Theory (Neimeyer & Anderson, 2002), which underscores the cognitive and emotional processes in adapting to loss, and the Dual Process Model (Stroebe & Schut, 1999), which describes the oscillation between loss-oriented and restoration-oriented coping behaviors. Respondents demonstrated cognitive efforts to reconcile their loss, as seen in moderate levels of guilt and the search for explanations, reflecting an emotional and psychological attempt to make sense of their experience.

Emotional responses such as denial, anger, guilt, and regret illustrate the complexity of grief, while the search for explanations reveals a psychological effort to cope with the loss. Despite moderate emotional distress, somatic reactions, such as extreme tiredness and numbness, were relatively low, suggesting that grief was predominantly expressed emotionally and psychologically. These findings align with research indicating that emotional and psychological reactions often outweigh physical symptoms in the grieving process (Peña-Vargas et al., 2021).

Encouragingly, very low levels of self-destructive tendencies, such as self-harm or suicidal thoughts, were observed. This suggests that respondents benefited from effective coping mechanisms, strong support systems, and protective cultural and spiritual beliefs. Spirituality and social cohesion in communities like Mountain Province appear to play a critical role in fostering resilience, promoting purposeful living, and framing grief within a

belief system that values life and the possibility of an afterlife.

Grief levels varied across demographic factors such as family roles, gender, and cause of death, but not ethnicity, providing insights into how individuals cope with loss. Mothers reported higher grief levels, particularly somatic symptoms such as tightness of breath, lethargy, and abdominal distress (Mughal et al., 2023), compared to fathers and children. This aligns with Stroebe and Schut's (1999) Dual Process Model, which emphasizes loss-oriented coping. Mothers' higher grief levels and their search for explanations suggest a deep engagement in sense-making and identity reconstruction, contributing to their emotional resilience (Hinton, 2019).

Fathers, however, exhibited the lowest reported grief levels and somatic symptoms, often coping through distraction via work or hobbies (Pedraza et al., 2023). Cultural expectations of strength during mourning may discourage fathers from openly expressing their grief or reporting somatic reactions, which are sometimes perceived as a sign of weakness.

Children's grief responses varied by age. Younger children displayed behavioral disruptions like changes in sleeping and eating patterns, while older children experienced grief through empathy and abstract understanding (Alvis et al., 2022). Somatic reactions, such as headaches and stomachaches, were more common among school-aged children, reflecting their evolving emotional and cognitive capacities (Hiemeyer et al., 2021).

These findings highlight the need for tailored support systems. Mothers, due to their intense grief and cognitive engagement, benefit from meaningful social support. Fathers and children, on the other hand, require interventions that encourage emotional openness and communication. Practical assistance, such as support for internment preparations, can also ease the burden on grieving families, allowing them to grieve collectively and focus on emotional healing.

Gender differences in grief reveal that women are more likely to experience somatic reactions, guilt, and a stronger search for explanations compared to men. These symptoms, particularly somatic complaints, are often intensified by a lack of support systems and the depth of the relationship with the deceased (Sillis et al., 2022). Guilt, identified as a key indicator of prolonged grief (Rosner et al., 2021), and self-destructive tendencies highlight the multidimensional nature of grief, which varies significantly by gender (Bailley et al., 2000). The findings emphasize the importance of professional assistance and enhanced family and community support for women in managing prolonged grief symptoms.

The cause of death also plays a critical role in grief intensity. Sudden death elicits stronger grief reactions, including somatic symptoms, guilt, and a heightened search for explanations, compared to deaths caused by lingering illnesses (Krychiw et al., 2018; Tobin et al., 2020). Sudden loss, lacking the gradual adjustment period provided by anticipated deaths, often results in immediate and intense grief marked by shock and difficulty in acceptance. However, the Dual Process Model (Stroebe & Schut, 1999) explains that individuals, regardless of the cause of death, oscillate between loss-oriented and restoration-oriented coping mechanisms, focusing on maintaining functionality and emotional stability (Eisma et al., 2021).

Ethnic background influenced mourning practices but did not result in significant differences in overall grief levels, reflecting the universal nature of grief responses (Pandya & Kathuria, 2020). While earlier studies highlighted cultural variances in grief (Klass & Chow, 2021), the Dual Process Model suggests that coping behaviors transcend ethnic differences, reinforcing the commonalities in human grief. Despite the lack of statistical significance, qualitative data reveal that mourning practices within ethnic groups contribute to societal and familial cohesion, supporting self-growth and resilience during the grieving process.

Qualitative Analysis. The qualitative data, on the other hand, generated essential themes.

Intrapersonal Coping Mechanisms. This theme captures the inner processes and personal strategies that surviving family members employed to process and manage their grief. It includes several distinct approaches on an emotional and psychological level. Six subthemes were identified: Pre-accepting the Death to Lessen the Suffering, Distracting Oneself, Employing Self-care Strategies, Introspective Questioning, Recalling Memories of the Deceased, and Appreciating the Present and Acceptance. These intrapersonal coping mechanisms offer a multidimensional view of how individuals navigate the profound impact of loss through deeply personal, inner processes.

Pre-accepting the death to lessen the suffering. Participants who experienced the prolonged illness of loved ones often reported engaging in mental preparation for the loss. Despite these preparations, participants still felt the emotional and tormenting experiences of losing a loved one. This anticipatory grief was characterized by a recognition of the inevitability of loss and an effort to minimize the emotional impact. Some expressed early acceptance of their loved one's fate due to lingering illness, while others felt sad but grateful for their efforts to prolong their life.

As supported by Singer et al. (2022), family members do experience pre-death grief for individuals with life-limiting sickness, which could either be characterized as anticipatory grief or illness-related grief. Such findings strongly suggest the need for family members to undergo preemptive intervention such as pre-death counseling, and life planning to alleviate pre-death grief.

Distracting oneself. Despite variations on coping mechanisms when grieving, there were participants who openly shared delaying their grieving while others were aware that their coping strategies were simply delaying tactics to temporarily relieve them from experiencing the pain of loss. Most of the participants, particularly men, tend to divert themselves in

work, as well as engaging with various daily activities to keep themselves occupied or busy. Most commonly shared by male participants, diverting grief through life's responsibilities were their style of coping with the pain of loss.

Keeping oneself busy was a way of diverting oneself from experiencing the pain and returning to the painful grieving process as shared by Participant 9:

"I just keep my mind and body busy because the moment I am idle or on standby that is where I get flashbacks then suddenly it feels like I am back to square one."

Alam et al. (2012) described grieving parents particularly fathers to prefer solitary methods such as distracting themselves with work and other daily activities. Pletneva (2024) highlighted the transformation of workplace to a refuge for grieving individuals.

Employing self-care strategies. The importance of self-care strategies has emerged as a positive strategy for grieving family members.

Self-care strategies which were not limited to food and sleep also include engaging with other activities such as playing music (Participant 6), exercising, and having physically engaging activities (Participants 7, 9, and 14).

One emerging aspect of self-care strategy that participants found beneficial was bibliotherapy, which is the use of reading materials, personal narratives, and medical articles as a way to process grief. Participant 4 mentioned:

"I also read articles on the medical explanations for stillborn. I was looking for stories of other people who had the same experience. I felt relief."

This process not only offered validation but also reassurance which helps mitigate feelings of guilt or personal failure by understanding that the loss was due to external circumstances. Jordan and Hinds (2016) support this by emphasizing the roles of bibliotherapy in self-

care, allowing individuals to navigate their grief with greater clarity, compassion, and resilience

Although some of the participants were hesitant in reaching out health care professionals to help them cope with the grieving process, others expressed and openly admitted the need to seek professional mental health assistance. Self-care strategies to coping should encompass healing of the physical body, the mind, and the spirit, and were ought to provide both short and long-term healing (Fahey et al., 2023).

Introspective questioning. Participants with intense levels of grief in terms of guilt often wrestle with feelings of responsibility, anger, and regrets. These feelings frequently led to deep introspective questioning, as they sought to understand life, death, and at times, the role of God in their loss.

Several participants expressed unresolved questions that were central to their grieving process. Participant 2, for instance, asked, *"Why him, and why was it too early?"* Similarly, Participant 3 shared, *"Why has always been my question. From the time he was diagnosed until now, I still ask 'why?'"* This participant even questioned his/her own emotional responses, feeling guilt over the absence of expected grief reactions, asking, *"Why am I not crying? Why am I not feeling anything?"*

Participant 4 further illustrated how *"what if"* questions—such as *"What if I had not gotten pregnant in the first place? What if I hadn't traveled while pregnant? What if I stayed at home and rest?"*—served as a coping mechanism, offering a way to process feelings of guilt by examining hypothetical alternatives. Stroebe and Schut's (1999)

This introspective questioning aligns with findings from Taylor (2020), who suggests that spiritual struggles and existential questioning often precede a process of personal growth and adaptation. Through this process, mourners may achieve a renewed sense of self and purpose.

Recalling memories of the deceased. Recalling memories of the deceased can serve as a stabilizing force when surviving family members have unresolved questions. Klass et al. (1996) advocate the concept of "continuing bonds," which suggests maintaining a meaningful connection with the deceased can be a healthier coping strategy for many individuals.

For mothers experiencing physical pain as part of their grieving process, focusing on positive memories with their loved one may provide moments of relaxation and emotional release, which can reduce the body's physical tension (Ong et al. 2010). Participant 4 shared her way of remembering positive memories with her child as a means to cope initial reactions to grief, "When I was scrolling over the pictures and videos of him on my phone. There was a flashback of good memories. It helped me cope with the numbness." For mothers, this coping mechanism helps reduce stress levels allowing them to function more smoothly day-to-day.

Positive reminiscence can be a transformative process in grief, shifting the pain from loss to gratitude for having a person of such significance in someone's life. According to Field (2006), this type of remembrance fosters a supportive, ongoing bond that nurtures resilience and emotional stability over time.

Appreciating the present and acceptance. By reflecting on their grief experiences, individuals uncover personal insights that reshape their values, renew their sense of purpose, and achieve personal growth. Participants were in unison when asked about their realizations about such painful experience and all of them highlighted the value of both daily and meaningful interactions with loved ones, especially family members, as shared by some of the surviving family members like Participant 4:

"My perception that we need to treasure moments with family was strengthened. So, that is what I am doing now," as well as Participant 2 who said, "Life lesson that while they are still alive, be with them. We have to assist our family members who report any sickness."

After experiencing death, participants learned to put high regard on the present moment, and appreciate strong family ties, and finding gratefulness on daily interactions and relationships.

As discussed as well in the study of Sadian-Cercado (2021), surviving family members do found benefits to the changes they experienced out of a heartbreaking loss, and despite the lack of complete understanding of the death of their loved ones, surviving family often find themselves gearing towards moving forward with a promise of better and bright future, not necessarily for themselves alone but as well for their other family members.

Socio-Spiritual Coping Mechanisms. This theme examines the role of social networks and spiritual practices in the grieving process of surviving family members. It reveals how family, friends, and community support, along with religious or spiritual beliefs, provide a sense of comfort, strength, and meaning during the period of loss. It is comprised of three subthemes, namely: Practicing Cultural Rituals, Receiving Socioemotional Support, and Praying and Being Faithful to God.

Practicing cultural rituals. Some of the participants abide with the cultural beliefs and practices in grieving primarily out of respect to family traditions, advises of family elders, and community leaders, as shared by Participant 14 who said, "There were rituals done and we abided by what the elders say," and Participant 8 who said, "I did not meddle with cultural practices done. It was all up to her mother's side that is why I was not knowledgeable about what cultural practices were done for my daughter's death." Some felt relief in abiding on cultural beliefs such as not going outside the house for year, eating limited types of food, and encouraging rest among the grieving family members.

Rituals particularly "mangmang" provided emotional relief to some of the participants primarily due to the socioemotional effects of the ritual built among family members and the community. Participant 9 who said, "After what

happened, rituals took place. So, we resorted to chatting with family and friends who come to visit us at home,” and the sharing of Participant 12 who said, “Rituals done like obeying to stay inside the house helps in reducing the pain,” which both suggest the positive effects of rituals in the grieving process.

Mangmang was a known cultural and religious ritual in the Mountain Province primarily characterized with butchering of pigs and praying for the spirit of the deceased (Salvadores-Amores, 2018). Performing rituals were believed to hasten the happy journey of the dead as well as found to provide comfort to the surviving family members. Commonly practiced and promoted by community elders, rituals for the dead were encouraged to be performed and beliefs in relation with grieving were practiced as part of the unique cultural tradition in Mountain Province (Guidangen, 2023). Such findings imply that some individuals do abide on ritualistic celebrations of death primary out of respect to the tradition of their ancestors, with the hope of experiencing relief to their mourning.

Receiving socio-emotional support. Surviving family members also cope through the help of a strong social support network, which was primarily comprised of closed family members, relatives, friends, work colleagues, schoolmates, and neighbors. All of the participants agree that through their family, they find comfort and the strength to continue living, as shared by Participant 11 who said, “My faith in God and of course the prayers of my immediate family and those individuals who came to visit us.” Grieving was a process commonly experienced not only as an individual, but a social process collectively experienced by all individuals from the immediate family members to all social acquaintances of the deceased within their communities, from their homes, schools, work, and other social areas.

Receiving the emotional and social support from one’s social circles provided wide ranges of aid, such as physical, social, emotional, and even financial assistance that help surviving

family members of the deceased cope with the loss. Strong social support provided positive-thinking coping and lessen development of psychopathological consequences (Kokou-Kpolou et al., 2020). Grieving as a family provided each member of the family to collectively mourn together, thus moderating the negative impact of grief such as traumatic experiences (Sokyu & Morita, 2023). In the common Philippine culture, ‘pasiyam’ and the ‘40-days’ commemoration of death provided avenue not only to practice religious rituals but also served as time for surviving family members with friends and the community to collectively mourn and celebrate life.

Praying and being faithful to God. Despite presence of unhealthy coping strategies, participants were all in unison and expressed that praying and holding on to one’s faith were their key to cope with the pain of losing a loved one. Participant 5 expressed, “Praying is the most effective way because I can express what I am feeling and I know that God understands me,” as well as Participant 10 who said, “Indeed, prayer is powerful. It really changes your perspective. If I feel like crying or giving up, I pray to change the emotions and my mood. Through prayer, surviving family members found meaning out of their pain, and increased their hope for a better life even without the physical presence of their deceased loved ones. It could be said that faith in a sovereign being was reignited upon the death of their loved ones.

Regardless of religion and cultural beliefs, praying served as a central commemoration of death and coping with the loss of a loved one. Sumeg-ang (2003) stated that praying together with other cultural practices provide some sort of comfort to surviving family members. Çınaroğlu (2024) found that faith served as the light in the blackness of grieving process, wherein surviving family members often hold on their faith to help facilitate healing both physiologically and spiritually. Such findings imply the power of prayer and faith in rebuilding the self out from the painful loss of a loved one and develop faith-based resilience that strengthens surviving family members.

Considering the analyses above, this study highlights that grief is a universal experience but is uniquely shaped by individual circumstances, such as family role, gender, and the cause of death. Surviving family members demonstrated resilience through diverse coping mechanisms, blending personal strategies with community and spiritual support. These findings underscore the need for holistic support systems that integrate intrapersonal and socio-spiritual approaches. Tailored programs must account for demographic variations in grief intensity and provide personalized care to address these distinct needs.

To enhance support for grieving families, it is recommended that family-centered counseling sessions or psychotherapy be encouraged to address complex emotions, such as guilt and anger. Grief support programs should also be developed to accommodate variations in grief intensity across different family roles and causes of death, allowing for targeted interventions, such as gender-sensitive counseling and support for survivors of sudden loss.

Counselors and psychologists are urged to incorporate both intrapersonal and socio-spiritual coping strategies into their approaches, ensuring comprehensive care that addresses both personal and social dimensions of grief.

Local government units should actively promote community and social support systems, fostering networks where surviving family members can seek comfort and assistance from their communities. These initiatives can help reduce feelings of isolation and provide a collective framework for resilience. By adopting these strategies, practitioners and community leaders can provide holistic care, encouraging healing, resilience, and posttraumatic growth among grieving families.

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