

# Coping Strategies of Bereaved Families: Basis for Proposed Healthy Coping Skills Activities

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*Abstract- This study aimed to determine the levels of coping strategies among bereaved families across the physical, psychological, social, and spiritual dimensions, as well as the significant differences and relationships between coping strategies and respondents' profile variables. Specifically, the study sought to assess how bereaved families manage grief and emotional distress following the loss of a loved one. The study employed a descriptive-correlational quantitative research design, with a survey questionnaire as the primary data-gathering instrument. A purposive referral sampling technique was employed, involving sixty-five (65) bereaved family members from selected barangays in Manaoag, Pangasinan. Findings revealed that the majority of respondents were 20–39 years old, female, married, Roman Catholic, college-educated, and from middle-income families. The overall level of coping strategies among bereaved families was interpreted as “Moderately High,” indicating that the respondents were generally able to cope with grief through physical, psychological, social, and spiritual mechanisms. Significant differences in coping strategies were found when respondents were grouped by sex and religion. In contrast, no significant differences were observed across age, civil status, educational attainment, and family monthly income. Furthermore, sex was found to have a significant relationship with coping strategies. The study concluded that healthy coping strategies are essential in promoting emotional recovery, resilience, and adjustment among bereaved families. The findings further support the implementation of healthy coping skills activities, grief counseling, bereavement support groups, and community-based mental health interventions to strengthen coping abilities during bereavement.*

**Keywords:** bereaved families, coping strategies, bereavement, resilience, psychological coping, social coping, spiritual coping, grief counseling

## I. INTRODUCTION

Background of the Study

The death of a loved one is one of the most distressing and life-altering experiences an individual

and family can encounter. Bereavement affects not only the emotional state of family members but also their physical, psychological, social, and spiritual well-being. Grief is a natural response to loss; however, the process of coping varies significantly among individuals and families depending on their personal resilience, social support, cultural beliefs, and coping mechanisms. While some bereaved individuals gradually adapt to the loss, others experience prolonged emotional distress that may interfere with daily functioning and overall quality of life.

Globally, bereavement has become an increasingly important public health concern, especially following the COVID-19 pandemic, which resulted in millions of deaths worldwide and left countless families grieving. According to the World Health Organization (2022), the pandemic intensified psychological distress, social isolation, and emotional burden among bereaved families. Recent studies revealed that bereaved individuals commonly experience anxiety, depression, sleep disturbances, loneliness, and complicated grief reactions that may persist for months or years if left unaddressed (Eisma & Tamminga, 2020; Breen et al., 2022). Likewise, Stroebe and Schut (2021) emphasized that grief affects multiple dimensions of human functioning and may significantly disrupt family relationships, emotional stability, and social participation.

Research conducted in different countries highlighted that coping strategies play a critical role in helping bereaved families adjust to loss and restore psychological functioning. Adaptive coping strategies, such as seeking social support, engaging in spiritual practices, expressing emotions, accepting the experience, and meaning-making, were associated with healthier bereavement outcomes (Neimeyer, 2021; Simon et al., 2022). Conversely, avoidant

coping behaviors, emotional suppression, social withdrawal, and substance use were linked to prolonged grief disorder and mental health complications (Maccallum & Bryant, 2020). These findings demonstrate the importance of identifying effective coping mechanisms that may help bereaved individuals maintain resilience despite emotional suffering.

The relevance of bereavement studies has expanded significantly in recent years due to the increasing recognition of grief as both a psychological and social health issue. Families experiencing bereavement often encounter disruptions in routines, economic difficulties, emotional instability, and weakened interpersonal relationships. According to Walsh (2020), family resilience during bereavement depends largely on communication patterns, emotional connectedness, spiritual beliefs, and adaptive coping processes. Similarly, the Dual Process Model of Coping proposed by Stroebe and Schut (2021) explained that bereaved individuals oscillate between confronting the loss and adapting to life changes, suggesting that healthy coping requires a balance between emotional processing and restoration-oriented activities.

In the Philippine context, family-centered relationships and strong emotional attachment among family members make bereavement a deeply personal and collective experience. Filipino families commonly rely on spirituality, religious practices, and social connectedness when coping with grief and loss. Religious activities such as prayer vigils, novenas, memorial gatherings, and church participation are important sources of comfort and emotional support for bereaved Filipinos (Arevalo et al., 2021). Furthermore, Filipino cultural values such as pakikipagkapwa, close family ties, and communal solidarity help grieving families endure emotional suffering through collective support systems.

However, despite the strong family orientation of Filipino culture, recent studies showed that many bereaved families continue to struggle with emotional distress, anxiety, depression, and psychological exhaustion, particularly after the COVID-19 pandemic.

A local study by Dela Cruz and Santiago (2022) found that bereaved Filipino families experienced heightened emotional vulnerability, social withdrawal, and financial stress following the death of a loved one. Similarly, Agbisit et al. (2023) reported that spirituality and social support were among the primary coping mechanisms utilized by Filipino bereaved individuals. However, many still lacked access to structured mental health interventions and grief support programs.

In Pangasinan and other rural communities in the Philippines, bereaved families often rely primarily on informal coping practices such as family support, religious faith, and community interaction. While these practices may provide emotional relief, there is limited evidence regarding their effectiveness across physical, psychological, social, and spiritual dimensions. Moreover, many bereaved individuals do not seek professional mental health assistance due to stigma, financial limitations, or lack of available services in the community (Department of Health [DOH], 2023). This situation highlights the need for localized studies that can explore the coping experiences of bereaved families and identify interventions appropriate to the cultural and social realities of Filipino communities.

Although several international studies have examined grief and bereavement, there remains a limited number of local studies focusing specifically on the coping strategies of bereaved families in the Philippine setting, particularly in Pangasinan. Existing literature primarily focuses on individual grief experiences, mental health outcomes, or pandemic-related bereavement. At the same time, fewer studies comprehensively assess coping strategies across the physical, psychological, social, and spiritual dimensions. Furthermore, limited studies have proposed culturally appropriate healthy coping skills activities tailored for bereaved families in local communities. This gap in the literature underscores the necessity of conducting further research to better understand the coping mechanisms utilized by bereaved Filipino families and to develop supportive interventions responsive to their needs.

Hence, this study was conducted to determine the levels of coping strategies among bereaved families

across physical, psychological, social, and spiritual domains. Specifically, it aimed to identify the coping mechanisms employed by bereaved families and determine whether significant differences and relationships exist between coping strategies and respondents' profile variables. The study's findings served as the basis for proposing healthy coping skills activities that may help improve the well-being and resilience of bereaved families. Ultimately, the study hopes to contribute to nursing practice, mental health promotion, family support interventions, and community-based bereavement care programs in the Philippines.

The following discussion presents relevant theories and recent studies that explain how bereaved families cope with grief and how adaptive coping mechanisms promote resilience, adjustment, and emotional recovery following the loss of a loved one.

#### The Stress and Coping Perspective

The experience of losing a loved one is considered one of the most emotionally distressing life events that an individual or family may encounter. Bereavement often disrupts emotional stability, daily functioning, family relationships, and psychological well-being. To better understand how individuals respond to grief and loss, scholars have long examined coping processes through psychological and behavioral theories. One of the most widely used frameworks in understanding grief adaptation is the Stress and Coping Theory developed by Lazarus and Folkman (1984), which explains coping as the cognitive and behavioral efforts individuals use to manage stressful situations perceived as exceeding their available resources.

In the context of bereavement, coping refers to how individuals and families respond emotionally, socially, physically, and spiritually to the death of a loved one. Recent studies emphasize that coping strategies greatly influence the bereaved person's ability to adapt to loss and regain emotional balance. According to Stroebe and Schut (2021), bereaved individuals continuously adjust between confronting grief-related emotions and managing life changes brought about by the loss. This process requires emotional flexibility, resilience, and supportive coping mechanisms.

Contemporary literature classifies coping strategies into two broad categories: problem-focused coping and emotion-focused coping. Problem-focused coping involves actions aimed at addressing practical challenges associated with bereavement, such as organizing funeral arrangements, managing finances, and assuming new family responsibilities. Emotion-focused coping, on the other hand, involves managing emotional distress through emotional expression, spiritual practices, social support, and acceptance of the loss (Breen et al., 2022). Studies show that individuals who actively engage in adaptive coping behaviors tend to experience healthier grief adjustment and lower psychological distress (Neimeyer, 2021).

Research further suggests that adaptive coping strategies, including meaning-making, social connectedness, religious involvement, and emotional openness, are associated with positive bereavement outcomes. In contrast, avoidant behaviors such as emotional suppression, isolation, substance use, and denial are linked to prolonged grief disorder, anxiety, and depression (Maccallum & Bryant, 2020). These findings highlight the importance of identifying healthy coping mechanisms that can support bereaved families during periods of emotional vulnerability.

#### The Dual Process Model of Coping with Bereavement

The Dual Process Model (DPM) developed by Stroebe and Schut remains one of the most influential contemporary theories explaining bereavement adaptation. The model proposes that healthy grieving involves an ongoing process of oscillation between two forms of coping: loss-oriented coping and restoration-oriented coping (Stroebe & Schut, 2021). Loss-oriented coping focuses on emotional responses directly associated with grief, including sadness, yearning, crying, longing, and remembering the deceased. Restoration-oriented coping, meanwhile, refers to the practical adjustments individuals must make after a loss, such as adapting to new responsibilities, rebuilding routines, and redefining personal or family roles. According to recent studies, bereaved individuals who can balance these two coping processes tend to demonstrate better

psychological adjustment and resilience (Breen et al., 2022).

The Dual Process Model is especially relevant in family bereavement because family members may differ in how they process grief. Some may openly express emotions, while others may focus more on practical responsibilities or emotional withdrawal. These differences can create misunderstandings or emotional tension within the family. Walsh (2020) emphasized that healthy family coping requires mutual understanding, emotional communication, and shared adaptation during the grieving process. Consequently, supportive family interactions become essential in promoting resilience among bereaved families.

#### Family Systems Theory and Bereavement

Family Systems Theory views the family as an interconnected emotional unit in which the experiences of one member affect the entire family system. In bereavement situations, the death of a family member significantly alters family roles, communication patterns, emotional relationships, and daily functioning (Walsh, 2020). Grief is therefore not experienced individually, but rather collectively within the family structure.

Recent literature suggests that families with strong emotional cohesion, open communication, and supportive relationships tend to cope more effectively with loss compared to families with poor communication and unresolved conflict (Kissane et al., 2021). Families that encourage emotional sharing and mutual support are more likely to experience healthy adaptation and emotional recovery following bereavement.

Furthermore, bereavement often requires family members to reorganize responsibilities and adjust to changes in family roles. For example, the death of a parent, spouse, or primary provider may force surviving family members to assume unfamiliar responsibilities. According to Walsh (2020), family flexibility and resilience are critical factors that help families adapt successfully to these life changes.

Family-centered grief interventions have also gained importance in recent years. Studies show that interventions focusing on communication, emotional

support, and shared coping activities significantly improve family functioning and psychological well-being among bereaved families (Kissane et al., 2021). These findings support the need for community-based coping activities that strengthen family resilience and emotional connectedness.

#### Meaning-Making and Continuing Bonds

Recent grief literature increasingly recognizes the importance of meaning-making and continuing bonds in the coping process. Meaning-making refers to bereaved individuals' ability to make sense of loss and integrate the experience into their lives (Neimeyer, 2021). Individuals who successfully reconstruct meaning after a loss are more likely to experience emotional healing and psychological growth.

Continuing bonds are the ongoing emotional connections bereaved individuals maintain with their deceased loved ones through memories, storytelling, prayers, rituals, and remembrance activities. Contemporary bereavement literature recognizes that maintaining meaningful emotional bonds with the deceased is a healthy and adaptive response to grief rather than a barrier to recovery (Stroebe et al., 2021). Unlike earlier views that emphasized emotional detachment after loss, recent studies suggest that continuing bonds may provide comfort, emotional security, and a sense of ongoing connection that supports adjustment during bereavement.

Bereaved families often engage in shared remembrance practices, such as memorial gatherings, anniversary celebrations, storytelling, candle lighting, visits to meaningful places, and religious rituals, to honor the deceased. These activities help preserve family connection, strengthen emotional support, and promote collective healing during the grieving process (Walsh, 2020). Furthermore, meaning-making and continuing bonds help bereaved individuals reconstruct meaning after loss and develop emotional resilience despite the pain of bereavement. According to Neimeyer (2021), maintaining symbolic and emotional connections with the deceased may contribute to psychological stability, emotional comfort, and spiritual reassurance among grieving individuals and families.

### Coping Strategies of Bereaved Families

Coping strategies help bereaved families manage the physical, psychological, social, and spiritual effects of losing a loved one. Grief may cause emotional distress, sleep disturbances, anxiety, loneliness, and difficulty adjusting to daily life, especially when the loss is sudden or traumatic (Stroebe & Schut, 2021). Because of these effects, coping is considered a multidimensional process that involves different ways of adapting to bereavement.

In this study, coping strategies are examined across the physical, psychological, social, and spiritual dimensions. These dimensions align with the Statement of the Problem and are important for identifying appropriate healthy coping skills that may help bereaved families achieve better adjustment and emotional recovery (Walsh, 2020).

### Physical Coping Strategies

Physical coping strategies help bereaved family members manage the physical effects of grief and emotional stress. Losing a loved one often affects not only emotions but also the body, resulting in fatigue, sleep disturbances, headaches, loss of appetite, body weakness, and lack of energy (Stroebe & Schut, 2021). Because of these effects, maintaining physical health becomes an important part of the grieving process.

Recent studies show that bereaved individuals who maintain healthy routines are more likely to cope positively with loss (Buur et al., 2024). Activities such as getting enough sleep, eating healthy meals, exercising, walking outdoors, and practicing relaxation techniques may help reduce stress and improve emotional well-being. Relaxation activities such as meditation, deep breathing exercises, and yoga also help lessen anxiety and promote calmness during difficult situations (Walsh, 2020).

Engaging in hobbies and enjoyable activities may also help grieving individuals manage emotional pain. Simple activities such as gardening, listening to music, cooking, reading, or spending time with family can provide comfort and help restore normal daily functioning. These findings support the indicators included in the present study, particularly those related to sleep, eating habits, physical

activities, relaxation exercises, and recreational activities.

### Psychological Coping Strategies

Psychological coping strategies refer to the emotional and mental ways bereaved individuals deal with grief and emotional suffering. The loss of a loved one may lead to sadness, loneliness, anxiety, anger, fear, confusion, and difficulty accepting the reality of death (American Psychiatric Association, 2024). Because of this, healthy emotional coping is necessary for bereaved families to recover.

Studies show that emotional expression and self-reflection are important coping mechanisms during bereavement (Walsh, 2020). Bereaved individuals who openly express their feelings through talking, journaling, storytelling, or creative activities are more likely to process grief in healthy ways compared to those who suppress emotions. Activities such as writing, drawing, listening to music, and reading inspirational materials may help individuals release emotional stress and gradually develop acceptance. Meaning-making is also an important psychological coping strategy. This refers to the process of understanding the loss and finding purpose despite emotional pain. According to Stroebe and Schut (2021), bereaved individuals who can reflect positively on memories and life experiences often show better emotional adjustment and resilience. Seeking professional help from counselors or mental health professionals is also beneficial, especially when grief becomes overwhelming or prolonged (American Psychiatric Association, 2024). These findings justify the inclusion of psychological indicators in the present study, such as emotional expression, reflection, gratitude, journaling, and seeking professional support.

### Social Coping Strategies

Social coping strategies involve seeking support and comfort from family members, friends, peers, and the community. Bereavement often creates feelings of loneliness and emotional isolation, especially when the deceased played an important role within the family. Because of this, social support is considered one of the most important factors that help grieving individuals cope effectively with loss (Maass et al., 2022).

Research shows that bereaved individuals with strong support systems experience lower levels of emotional distress and are more capable of adjusting after a loss (Buur et al., 2024). Open communication within the family allows members to share feelings, comfort one another, and strengthen emotional relationships during difficult times. Spending time with loved ones, participating in family gatherings, and maintaining communication with friends may help reduce loneliness and provide emotional reassurance.

Support groups also provide important emotional benefits to grieving individuals. According to Maass et al. (2022), bereavement support groups allow individuals to share experiences with people who understand their situation, helping them feel less alone and emotionally supported. These studies support the indicators included in the present study related to family interaction, communication, companionship, social participation, and support systems.

#### Spiritual Coping Strategies

Spiritual coping strategies involve using faith, prayer, worship, and spiritual beliefs to address grief and loss. In many families, especially in the Philippine setting, spirituality plays an important role in helping individuals find comfort, hope, and acceptance after the death of a loved one (Walsh, 2020).

Recent studies show that spiritual practices such as prayer, meditation, attending religious services, and reading sacred texts help bereaved individuals manage emotional pain and develop inner strength (Stroebe & Schut, 2021). Spiritual beliefs often help grieving individuals understand death and suffering, which may lessen fear, sadness, and emotional distress.

Religious activities also strengthen family and community relationships during bereavement. Prayer gatherings, novenas, memorial services, and church participation provide emotional comfort and social support to grieving families. These practices help bereaved individuals feel supported, hopeful, and spiritually connected during difficult times. These findings justify the inclusion of spiritual indicators in the present study, particularly those related to prayer,

participation in worship, spiritual reflection, and reliance on faith during bereavement.

#### Factors Influencing Coping in Bereaved Families

##### Nature of Death

The nature and circumstances surrounding death greatly influence how bereaved families cope with loss. Studies show that sudden, traumatic, unexpected, or violent deaths often result in more intense emotional distress and difficulty in adjustment compared to anticipated deaths caused by illness (Stroebe & Schut, 2021). Families who experience unexpected loss commonly report higher levels of anxiety, emotional shock, helplessness, and prolonged grief symptoms (Buur et al., 2024). In addition, deaths associated with suicide, accidents, or violence may create feelings of guilt, confusion, and unanswered questions among surviving family members, making emotional recovery more difficult (Hilberdink et al., 2023).

The meaning attached to the death also affects coping behaviors. When family members perceive the death as preventable, unfair, or unresolved, they may experience greater emotional suffering and difficulty accepting the loss (Walsh, 2020). Because of this, bereaved families may require stronger emotional, social, and spiritual support to help them process grief and gradually adjust to life changes after the loss of a loved one.

##### Social Support and Family Functioning

Social support is considered one of the most important factors influencing coping among bereaved families. Research shows that bereaved individuals with strong family relationships and support systems demonstrate healthier emotional adjustment and lower levels of depression, loneliness, and prolonged grief symptoms (Maass et al., 2022). Emotional support from family members, friends, peers, and religious communities provides reassurance, comfort, companionship, and practical assistance during difficult situations.

Family functioning also plays an important role in grief adjustment. Families with open communication, emotional closeness, flexibility, and cooperation are more likely to cope positively with bereavement (Walsh, 2020). Open communication allows family

members to express emotions, share memories, and support one another, helping reduce emotional isolation and strengthening resilience.

Moreover, families who can reorganize responsibilities and adapt to changes following the death of a loved one tend to demonstrate better coping outcomes (Stroebe & Schut, 2021). In contrast, poor communication, unresolved family conflict, and lack of support may increase emotional distress and interfere with healthy grieving. These findings support the importance of social indicators included in the present study, particularly those related to family interaction, communication, companionship, and support systems.

#### Cultural and Religious Factors

Cultural and religious beliefs significantly influence how bereaved families respond to grief and loss. Different cultures have unique mourning practices, beliefs about death, and ways of expressing grief, which shape family members' coping behaviors (Walsh, 2020). In many Filipino families, spirituality and religious practices are deeply connected to the grieving process and serve as important sources of comfort and hope.

Recent studies emphasize that religious coping strategies such as prayer, worship participation, meditation, and spiritual reflection help bereaved individuals manage emotional suffering and develop acceptance following loss (Stroebe & Schut, 2021). Religious beliefs may also provide meaning and reassurance during difficult situations, helping grieving families remain emotionally resilient.

In addition, cultural traditions such as prayer gatherings, memorial services, novenas, and family rituals strengthen emotional connection and social support among bereaved families. These practices help families express grief collectively while maintaining emotional and spiritual connectedness. Consequently, cultural and religious factors remain essential components in understanding coping strategies among bereaved families and support the inclusion of spiritual indicators in the present study.

Interventions to Support Coping in Bereaved Families

#### Family-Focused Interventions

Family-focused interventions are designed to strengthen communication, emotional support, and coping abilities among bereaved families. Recent studies show that interventions involving family participation help improve emotional adjustment and reduce psychological distress among grieving individuals (Maass et al., 2022). Family-centered coping activities encourage members to openly communicate feelings, share memories, and support one another during bereavement.

Bereavement interventions that focus on family relationships and emotional connectedness are especially effective in promoting resilience and preventing prolonged grief reactions (Walsh, 2020). Activities such as family sharing sessions, memorial activities, storytelling, and emotional support programs may help families maintain healthy relationships and improve coping outcomes after loss.

#### Individual and Group Interventions

Individual counseling and bereavement support groups are also important interventions for grieving families. Counseling provides emotional guidance and psychological support to individuals experiencing severe grief reactions, anxiety, depression, or difficulty accepting the loss (American Psychiatric Association, 2024). Support groups, meanwhile, provide opportunities for bereaved individuals to connect with others who have experienced similar situations.

Studies show that bereavement support groups reduce feelings of loneliness and emotional isolation by providing emotional validation, understanding, and encouragement (Maass et al., 2022). Through group interaction and emotional sharing, grieving individuals may feel more supported and better able to cope with loss.

#### Online and Technology-Based Interventions

Technology-based bereavement support has become increasingly important in recent years, especially following the COVID-19 pandemic. Online counseling, virtual support groups, and grief support applications allow bereaved individuals to access emotional support even when face-to-face services are unavailable (Lobb et al., 2020). These

interventions are particularly beneficial for individuals living in remote areas or those unable to attend in-person support sessions.

Research indicates that online bereavement interventions may provide emotional comfort, social connection, and coping assistance comparable to traditional support programs (Lobb et al., 2020). As a result, technology-based interventions may serve as additional coping resources for bereaved families and support the development of accessible, healthy coping skills activities aligned with the present study.

#### Special Populations and Circumstances Coping with Child Loss

The death of a child is considered one of the most painful experiences a family can face. Parents who lose a child often experience intense grief, emotional trauma, sadness, guilt, and difficulty finding meaning after the loss (Lichtenthal et al., 2022). Unlike other forms of bereavement, child loss may disrupt parental identity and affect family relationships, routines, and emotional functioning. Because of this, parents may require stronger emotional, social, and spiritual support to cope effectively.

Recent studies indicate that meaning-making, emotional expression, spiritual practices, and social support are important coping strategies for bereaved parents (Meert et al., 2020). Many parents cope by maintaining emotional connections with the deceased child through memories, family rituals, prayer, memorial activities, and storytelling. Support from family members, friends, and bereavement groups also helps reduce emotional isolation and promotes resilience after child loss (Lichtenthal et al., 2022). These findings underscore the importance of the psychological, social, and spiritual coping strategies included in the present study.

#### Coping with Spousal Loss

The loss of a spouse or life partner creates major emotional and social changes among bereaved individuals. Spousal bereavement often leads to loneliness, emotional distress, social isolation, and difficulty adjusting to daily routines and responsibilities (Carr et al., 2020). Older adults who have spent many years with their spouses may experience greater difficulty adapting to life after loss

because of emotional attachment and dependence developed over time.

Research indicates that maintaining social connections, engaging in meaningful activities, and establishing new routines help widowed individuals cope more effectively with bereavement (Stroebe & Schut, 2021). Emotional support from family and friends also supports adjustment and psychological well-being. In addition, spiritual practices such as prayer and worship provide comfort and emotional reassurance during grief (Walsh, 2020). These findings support including physical, psychological, social, and spiritual dimensions when assessing coping strategies among bereaved families.

#### Coping with Sudden and Traumatic Death

Sudden and traumatic deaths, including accidents, suicide, homicide, and unexpected medical conditions, often result in more severe emotional and psychological distress among bereaved families (Hilberdink et al., 2023). Because these deaths occur unexpectedly, family members may experience shock, confusion, anger, guilt, and difficulty accepting the reality of the loss. Traumatic bereavement may also increase the risk of prolonged grief disorder, anxiety, and post-traumatic stress symptoms (American Psychiatric Association, 2024). Recent studies emphasize that bereaved families coping with traumatic loss benefit from emotional support, counseling, spiritual guidance, and support group participation (Buur et al., 2024). Trauma-informed interventions help grieving individuals process painful emotions and gradually adapt to life after loss. Open communication within the family and access to mental health support are also important in preventing emotional isolation and unhealthy coping behaviors. These findings highlight the importance of healthy coping strategies in promoting resilience and emotional recovery among bereaved families facing traumatic loss.

#### Implications for Developing Healthy Coping Skills Activities

The reviewed literature provides a strong foundation for developing healthy coping skills activities for bereaved families. Recent studies emphasize that adaptive coping strategies, such as emotional expression, social support, meaning-making, relaxation activities, and spiritual practices,

contribute to emotional recovery and resilience following the loss of a loved one (Stroebe & Schut, 2021). These findings support the present study, particularly in identifying coping strategies across physical, psychological, social, and spiritual dimensions that may serve as a basis for appropriate coping interventions.

Healthy coping skills activities should build on the existing strengths of bereaved families, including strong family relationships, emotional connectedness, spirituality, and community support systems (Walsh, 2020). Activities that encourage family communication, emotional sharing, stress management, and supportive relationships may help grieving families adjust more effectively to loss. Likewise, interventions that promote healthy routines, relaxation exercises, journaling, creative expression, and peer support may strengthen emotional well-being and reduce psychological distress among bereaved individuals (Maass et al., 2022).

Moreover, effective coping interventions should address the multidimensional nature of grief. Bereavement affects not only emotional functioning but also physical health, social relationships, and spiritual well-being. Because of this, coping activities should include physical wellness practices, emotional processing, social interaction, and spiritually sensitive interventions that may help bereaved families achieve healthier adjustment and greater resilience (Buur et al., 2024).

Family-centered approaches are also important in developing healthy coping skills and activities. Research shows that families who maintain open communication, emotional support, and shared coping experiences demonstrate better adaptation during bereavement (Walsh, 2020). Activities involving family participation, memorial practices, storytelling, and shared reflection may strengthen family cohesion and emotional connectedness during the grieving process.

In addition, coping interventions should remain culturally sensitive and responsive to bereaved families' beliefs and practices. In the Philippine setting, spirituality and religious practices are

important aspects of coping with grief. Prayer, participation in worship, memorial gatherings, and spiritual reflection often provide comfort, hope, and emotional reassurance to grieving families (Stroebe & Schut, 2021). Therefore, healthy coping skills activities should recognize the importance of cultural and spiritual values in supporting emotional recovery among bereaved families.

#### Conceptual/Theoretical Framework

Conceptual and theoretical frameworks serve as the foundation of a study because they provide direction in understanding the relationship among variables and guide the interpretation of findings. In this study, the framework explains how bereaved families cope with grief through physical, psychological, social, and spiritual strategies and how these coping mechanisms may serve as a basis for proposed healthy coping skills activities (Adom et al., 2020).

The present study is anchored in the Cognitive Activation Theory of Stress (CATS) by Eriksen and Ursin and in the Roy Adaptation Theory by Callista Roy. These theories are relevant because they explain how individuals and families respond to stressful life experiences such as bereavement and how coping mechanisms influence adaptation and recovery.

The Cognitive Activation Theory of Stress explains that stress responses are influenced by how individuals cognitively interpret and respond to stressful situations (Eriksen & Ursin, 2021). According to the theory, stress does not result solely from the event itself but also from the individual's perception of the situation and their ability to cope with it. In the context of bereavement, the death of a loved one is perceived as a stressful and emotionally challenging experience that may affect the physical, psychological, social, and spiritual functioning of family members. Families who develop adaptive coping strategies, such as expressing emotions, seeking social support, engaging in spiritual practices, and maintaining healthy routines, are more likely to adjust positively and manage grief effectively (Stroebe & Schut, 2021). This theory directly supports the variables examined in the present study, particularly the coping strategies used by bereaved families in managing grief and emotional distress.

Similarly, the Roy Adaptation Theory explains that individuals are biopsychosocial beings who continuously interact with a changing environment and must adapt to internal and external stimuli to maintain well-being (Roy, 2021). The theory emphasizes that adaptation occurs through coping processes involving physiological, self-concept, role function, and interdependence modes. In bereavement situations, families experience major life changes brought about by the loss of a loved one, requiring them to adjust emotionally, socially, physically, and spiritually. Adaptive responses such as maintaining social relationships, practicing spirituality, expressing emotions, and engaging in healthy routines help bereaved individuals achieve positive adjustment and resilience (Whittemore & Roy, 2022).

The Roy Adaptation Theory closely aligns with the Statement of the Problem of the present study, as the variables and indicators examined reflect bereaved families' adaptive coping responses. The physical dimension includes indicators such as sleep, eating habits, relaxation, and physical activities; the psychological dimension focuses on emotional expression, reflection, journaling, and acceptance; the social dimension involves family interaction, communication, and support systems; while the spiritual dimension includes prayer, worship participation, and spiritual reflection. These indicators represent the coping mechanisms utilized by bereaved families as they adapt to grief and life changes following the loss of a loved one.

Through these theoretical foundations, the study explains that effective coping strategies promote healthier adaptation, emotional recovery, and resilience among bereaved families. Consequently, the study's findings may serve as a basis for developing healthy coping skills activities that help bereaved families cope more effectively with grief and bereavement.

#### Statement of the Problem

This study determined the level of coping strategies of bereaved families.

Specifically, the study answered the following questions;

1. What is the profile of the respondents in terms of:

- a. age;
- b. sex;
- c. civil status;
- d. religion;
- e. highest educational attainment; and
- f. monthly family income?

2. What is the level of coping strategies of the bereaved family along:
  - a. physical;
  - b. psychological;
  - c. social; and,
  - d. spiritual?
3. Is there a significant difference in the level of coping strategies of bereaved families across their profile variables?
4. Is there a significant relationship between the respondent's profile variables and their level of coping strategies?
5. What healthy coping skills activities could be proposed to improve the bereaved family's well-being?

#### Null Hypotheses

The following hypotheses were tested at a 0.05 level of significance.

1. There is no significant difference in the level of coping strategies of bereaved families when grouped according to profile variables.
2. There is no significant relationship between the respondent's profile and their level of coping strategies.

## II. METHODOLOGY

#### Research Method and Design

The study utilized a descriptive-correlational quantitative research design. Descriptive research is appropriate for studies that aim to systematically describe existing conditions, behaviors, practices, and phenomena by collecting and analyzing numerical data (Polit & Beck, 2021). Meanwhile, correlational research is used to determine the relationship between variables without manipulating them.

This design was considered appropriate for the present study because it aimed to determine the coping strategies of bereaved families in terms of physical, psychological, social, and spiritual dimensions and examine the relationship between the respondents' profile and their coping strategies following the loss of a loved one. Through this method, the researcher was able to gather relevant data aligned with the Statement of the Problem and utilize the findings as a basis for the proposed healthy coping skills activities.

#### Population and Locale of the Study

As regards the number of respondents, a purposive referral sampling technique was employed in this study. This approach combines purposive sampling, in which participants are intentionally selected based on predefined criteria, and referral (snowball) sampling, in which initial participants help identify other individuals who meet the same criteria. Through this method, a total of sixty-five (65) bereaved family members from Barangay Inamotan and Barangay Camantiles in Manaoag, Pangasinan were recruited.

The selected barangays were chosen for their accessibility to the researcher and the researcher's familiarity with the community, which facilitated the identification and monitoring of individuals who had recently lost a loved one. This familiarity also helped establish trust and rapport with the participants, which was important considering the sensitive nature of bereavement and grief-related experiences.

The sample size of sixty-five (65) participants was considered appropriate, as it represented all eligible and accessible individuals who met the inclusion criteria within the study's scope and duration. Purposive referral sampling was deemed suitable given the sensitive and specific nature of the target population, as bereaved individuals may be difficult to identify and approach directly. Referrals from initial participants facilitated access to other qualified respondents while maintaining trust and ethical sensitivity.

The inclusion criteria were as follows: (1) individuals who are members of a family residing in Pangasinan; (2) those who have experienced the death of a loved

one within the past twelve (12) months; (3) individuals aged 18 years and above; and (4) those who voluntarily agreed to participate and provided informed consent. Conversely, the exclusion criteria included: (1) individuals whose bereavement occurred beyond one year before the conduct of the study; (2) those with severe mental health conditions that may limit their capacity to participate meaningfully; and (3) individuals who declined participation or were unable to complete the data collection process.

This sampling strategy ensured the inclusion of information-rich participants who could provide relevant insights into coping strategies during the early stages of bereavement while also addressing issues of accessibility and maintaining ethical sensitivity toward the participants' emotionally vulnerable condition.

#### Data Gathering Tools

The questionnaire served as the primary tool for eliciting information. The questionnaire was formulated from ideas the researchers obtained from the literature and studies, which also serve as the basis for the problem formulation. The instrument consisted of two parts.

Part one entailed the profile of the respondent's demographic as to age, sex, civil status, religion, highest educational attainment, type of family structure, relationship with departed loved one, and cause of loved one's death.

Part two dealt with the level of coping strategies of bereaved families along physical, psychological, social, and spiritual aspects.

Content validation was established by submitting the questionnaires to a panel of experts at the University, particularly at the Institute of Graduate and Advanced Studies, who were selected for their expertise. Their suggestions and recommendations were considered and integrated for the objectivity of the questionnaires

#### Data Gathering Procedure

A formal letter requesting permission to conduct the study was addressed to the Dean of the Graduate and

Advanced Studies. Before conducting the study, ethical clearance was obtained from the university's Research Ethics Committee (REC) to ensure the rights, safety, dignity, and well-being of the participants were protected throughout the research process. Upon approval, coordination with the identified participants was conducted in selected barangays in Manaoag, Pangasinan. The purpose of the study was clearly explained to the participants, and informed consent was obtained before administering the questionnaires. Participation in the study was strictly voluntary, and participants were informed that they could withdraw at any time without consequences.

Considering that the participants were emotionally vulnerable due to the loss of their loved ones, the study was conducted with utmost sensitivity, respect, and confidentiality. The researchers ensured that the participants were emotionally comfortable before answering the questionnaire. The research instrument required approximately 15–20 minutes to complete. During the data-gathering process, the researchers remained available to answer questions, clarify instructions, and provide emotional support as needed.

A distress management plan was implemented to protect participants' well-being throughout the study. When signs of emotional distress or discomfort were observed, the data collection process was temporarily paused, and the participant was given the option to discontinue or continue answering at their own pace. The researchers also provided immediate emotional support through empathetic listening and reassurance. Furthermore, a referral mechanism was prepared for participants who experienced significant emotional distress during the study. Participants who needed further assistance were referred to appropriate support services, such as a registered nurse, guidance counselor, or mental health professional affiliated with the institution. Relevant contact information for counseling and support services was likewise provided to all participants as part of the study's ethical considerations.

The actual data gathering was conducted during the second semester of the academic year 2024–2025 and lasted for approximately two to three weeks. The

questionnaires were personally distributed and retrieved by the researchers to ensure a higher retrieval rate and immediate clarification of responses when necessary. Upon retrieval of the completed questionnaires, the data were carefully checked, organized, tabulated, and analyzed. All information gathered from participants was kept strictly confidential, and the responses were used solely for academic and research purposes.

#### Treatment of Data

The collected data were tabulated in a contingency table and analyzed using appropriate statistical methods.

For problem number 1, frequency and percentage were used to determine the profile of nurses who shifted to non-clinical roles, along with age, sex, civil status, religion, highest educational attainment, type of family structure, relationship to the departed loved one, and cause of the loved one's death.

For problem number 2, the weighted mean was used on the level of coping strategies of the bereaved family.

A five-point Likert Scale was used in the analysis.

Point Classification	Value	Mean Range	Descriptive Equivalent	Transmuted Value
5		4.50-5.00	Always	I have been doing this a lot
4		3.50-4.49	Often	I have been doing this
3		2.50-3.49	Sometimes	I have been doing this a little bit
2		1.50-2.49	Rarely	I have not doing this
1		1.00-1.49	Never	I have not doing this at all

For problem number 3, on the significant difference between the level of coping strategies of bereaved family across profile variables, t-test and One-Way ANOVA will be used.

For problem number 4, the Pearson-r formula was used on the significant relationship between the level

of coping strategies of bereaved family across their profile variables.

Lastly, problem 5 will be answered with a proposed set of healthy coping skills activities to improve the bereaved family's well-being.

### III. RESULTS AND DISCUSSIONS

This chapter presents the interpretation and analysis of the study's data.

#### Respondents' Profile

Table 1 shows the respondents' age, sex, civil status, religion, highest educational attainment, family monthly income, along with the corresponding number of respondents (f) and the percentage equivalent (%) for each profile bracket.

**Age.** As seen in the table, the majority of the respondents belong to the age bracket 20-39 years old, that is, 36 or 55.4 percent; 23 or 35.4 percent are in the age bracket 40-59 years old; while 6 or 9.2 percent are in the age bracket 17-19 years old. This could mean that respondents are generally considered young adults. This age group falls within the developmental stage of early adulthood, which typically spans from age 18 to 25 or 18 to 35, depending on the research framework.

**Sex.** In terms of sex, the majority of respondents are female, comprising 54 (83.1%) of the total study population, while 11 (16.9%) are male. This could mean that there are more female respondents in this study.

**Civil Status.** The same table shows that the majority of the respondents, that is 45 or 69.2 percent, are married, while 12 or 18.5 percent are single. On the other hand, 8 or 12.3 percent are widows/widowers. This could mean that married respondents are considered to have support mechanisms in case of any eventualities.

**Religion.** In terms of religion, the majority are Roman Catholic (47 or 72.3 percent), 10 or 15.4 percent are Born Again Christians, 5 or 7.7 percent are Iglesia ni Cristo, and 3 or 4.6 percent are Protestant. It could be described that all the

respondents are Christians. As Christians, they believe in God, the Bible, and salvation through faith.

**Highest Educational Attainment.** As shown in the table, a great number of respondents are college-level; that is, 38 or 58.5 percent. 7 or 10.8 percent have attended graduate-level education, while 20 or 30.8 percent have attended secondary-level education. This could mean that most respondents can attend college, earn degrees, and become professionals. In other words, this group of respondents really values education as a tool for personal and professional growth.

Table 1 Frequency and Percentage Distribution of the Respondents' Profile Variables

Profile Variables	Categories	Frequency	Percentage
Age (in years)	17 – 19	6	9.2
	20 – 39	36	55.4
	40 – 59	23	35.4
	17 – 19	6	9.2
Sex	Male	11	16.9
	Female	54	83.1
Civil Status	Single	12	18.5
	Married	45	69.2
	Widow/er	8	12.3
Religion	RC	47	72.3
	INC	5	7.7
	Protestant	3	4.6
	Christian	10	15.4
Highest Educational Attainment	Graduate Level	7	10.8
	College Level	38	58.5
	High School Level	20	30.8
Monthly Family Income	109,201 – 182,000	7	10.8
	63,701 – 109,200	50	76.9
	36,401 – 63,700	8	12.3
	63,700		

**Family Monthly Income.** As reflected in the table, the majority of respondents fall within the 63,701-109,200-family monthly income range, at 50 or 76.9

percent, while 8 or 12.3 percent fall within the 36,401-63,700 range. It is also noted that 7 or 10.9 percent of the respondents have a family monthly income of 109,201-182,000. This could mean that the respondents are earning a modest income to sustain their family needs.

**Level of Coping Strategies of the Bereaved Families**  
 This portion focuses on the purpose of this study, which is to determine the level of coping strategies of bereaved families in terms of physical, psychological, social, and spiritual. The results will serve as a basis for proposing healthy coping skills activities for the bereaved families.

Table 2 reflects the level of coping strategies of bereaved family along physical aspect.

Table 2 Level of Coping Strategies of Bereaved Family Along Physical

Indicators	WM	TR
To manage my physical stress caused by the death of my loved ones, I.....		
1. try to wake up at a similar time each day and go to bed about the same time each night	3.40	MH
2. eat regular meal times, even if I do not feel like it, to support my energy level and immune system	3.20	MH
3. try to do something outdoors, such as walking, jogging, or swimming to keep me active and focused	2.82	MH
4. develop a to-do list and aim to check off one or two things each day	2.82	MH
5. limit or abstain from alcohol, smoking, and other substances that can negatively impact the body	3.42	MH
6. practice yoga and meditation to help me calm the nervous system and promote relaxation	3.40	MH
7. practice deep breathing to reduce my anxiety and promote a sense of calm	3.49	MH
8. engage in hobbies such as gardening that bring joy and relaxation and to help distract my grief	3.40	MH
9. get a professional massage to help relieve my physical tension	3.20	MH
10. take relaxing baths or showers for my sense of comfort and relaxation	3.00	MH
Overall Weighted Mean	3.22	MH

Legend: 4.50-5.00 – Always (Very High-VH); 3.50-4.49 – Often (High-H); 2.50-3.49 – Sometimes

Mmoderatwly High-MH); 1.50-2.49 – Rarely (Slightly High-SH); 1.00-1.49 – Never (Not High-NH)

As shown in the table, the respondent members of the bereaved family signified a “Moderately High” level of transmuted rating in their coping strategies with an overall weighted mean (OWM) of 3.22. It also noted that all ten (10) indicators along this are obtained the same transmuted rating of “Moderately High” with weighted mean that range from 2.82 to 3.49. This could mean that the respondents signified rating is considerable in as much as they can cope with their situations during bereavement physically in different ways such as waking up at a similar time each day and go to bed about the same time each night, eat regular times even if they do not feel like it to support their energy level and immune system, try to do something outdoors such as walking, jogging, or swimming to keep them active and focus, develop a to-do list and aim to check off one or two things each day, abstain from taking alcohol, smoking and other substances that can negatively impact body, practice yoga and meditation to help them calm the nervous system and promote relaxation, practice deep breathing to reduce their anxiety and promote a sense of calm, getting professional massage to help relieve physical tension and taking relaxing baths or showers for my sense of comfort and relaxation. These actions by concerned families are effective in helping them cope with the situation they face.

Recent studies emphasize that physical coping during bereavement is important because grief does not only affect emotional well-being but also significantly impacts physical health. Bereaved individuals commonly experience fatigue, sleep disturbances, loss of appetite, body weakness, headaches, and weakened immune functioning as a result of prolonged stress and emotional suffering (Stroebe & Schut, 2021). Because of these physical effects, maintaining healthy routines and self-care practices becomes essential in helping individuals cope with grief and restore daily functioning.

Engaging in regular physical activities such as walking, stretching, light exercise, relaxation techniques, and maintaining proper nutrition may help reduce stress, improve mood, restore energy,

and promote overall well-being during bereavement (Buur et al., 2024). Adequate sleep and physical self-care also help grieving individuals manage emotional exhaustion and prevent further physical and psychological complications associated with prolonged grief. Through healthy physical coping strategies, bereaved individuals are better able to maintain stability, resilience, and a sense of normalcy while adjusting to life after the loss of a loved one.

Table 3 presents the levels of coping strategies among bereaved families across psychological aspects.

Table 3 Level of Coping Strategies of the Bereaved Families Along Psychological

Indicators	WM	TR
To manage my psychological stress caused by the death of my loved one	3.23	MH
1. reflect on the meaning of the loss and how it has impacted our lives to find a sense of purpose and balancing emotional resilience	3.42	MH
2. find joy in the remaining aspects of life and focus on the good memories	3.40	MH
3. write down my thoughts and feelings like journaling	3.49	MH
4. engage in creative activities like painting, sculpting, writing or music to express my inner self	3.40	MH
5. express my gratitude for the good things in my life to help me cultivate my sense of appreciation and connections to others	3.20	MH
6. immerse myself in reading a good book	3.40	MH
7. enjoy listening to my favorite music and exploring new genres to uplift my mood	3.20	MH
8. seek professional advice if sadness does not go away	2.82	MH
9. reflect to allow myself to feel and acknowledge my feelings	3.26	MH
10. allow myself the time and space needed to heal because healing takes time		
Overall Weighted Mean	3.26	MH

Legend: 4.50-5.00 – Always (Very High-VH); 3.50-4.49 – Often (High-H); 2.50-3.49 – Sometimes Moderately High-MH); 1.50-2.49 – Rarely (Slightly High-SH); 1.00-1.49 – Never (Not High-NH)

As exhibited in the table, the respondent members of the bereaved family manifested that they have a “Moderately High” rating regarding their coping strategies during bereavement with a weighted mean that range from 2.82 to 3.49 having an overall weighted mean of 3.26.

It is also interesting to note that all the ten (10) indicators obtained a “Moderately High” transmuted rating. This would imply that the respondents fairly cope with their situation as they are able to cope with their psychological stress cause by the death of their loved ones by reflecting on the meaning of the loss

and how it has imparted our lives to find a sense of purpose, find joy in the remaining aspect of life and focusing on the goal memories, writing down their thoughts and feelings like journaling, engaging in creative activities like painting, sculpting, writing or listening music to express one’s inner self, expressing gratitude for the good things in my life to cultivate sense of appreciation and connections to others, immersing oneself in reading good book, enjoying listening to favorite music and explore new genres to uplift ones mood and reflecting to allow oneself to feel acknowledge ones feelings.

Relatively, Wong et al. (2024) pointed out that coping psychologically with bereavement is essential to process intense emotions, maintain physical health, and prevent long-term mental health issues like depression or complicated grief. It involves actively adapting to a new reality, processing with daily life, and fostering resilience. Effective coping strategies, such as talking with others, finding support, and practicing self-care, allow individuals to navigate the complex, non-linear experience of grief.

Moreover, recent studies emphasize that psychological coping during bereavement is essential because grief is not simply an emotional response but a complex and stressful life experience that may significantly affect an individual’s mental, emotional, and physical well-being. Bereaved individuals commonly experience anxiety, depression, emotional distress, sleep disturbances, and difficulty adjusting to daily life following the loss of a loved one (Stroebe & Schut, 2021). Active coping strategies such as emotional expression, meaning-making, reflection, and seeking social or professional support are important in helping individuals process grief, reduce psychological distress, and gradually adapt to life after loss (Buur et al., 2024). Without healthy coping mechanisms, unresolved grief may increase the risk of prolonged grief disorder and other mental health problems (American Psychiatric Association, 2024).

Table 4 presents the levels of coping strategies among bereaved families along the social dimension.

Table 4 Level of Coping Strategies of the Bereaved Family Along Social

Indicators		
To manage my social stress caused by the death of my loved ones, I...	WM	TR
1. share my feelings and memories with friends and family to help me feel less alone	3.40	MH
2. help in community activities, such as a community clean-up drive, to ease my burden	3.49	MH
3. connect with others who have experienced similar losses	3.40	MH
4. engage in meaning-making, such as donating to a cause that was important to my deceased loved one	3.20	MH
5. participate in grief rituals like memorial services, releasing balloons	3.00	MH
6. participate in clubs, sports teams, or community events	3.42	MH
7. join activities such as team building, games, and Zumba classes to socialize with others	3.40	MH
8. engage in activities such as cooking that bring pleasure and distract my grief	3.49	MH
9. reach out with my closes love ones, whether through phone calls, a video chat or a face-to-face meeting	3.40	MH
10. join group activities that align with my interests	3.20	MH
Overall Weighted Mean	3.34	MH

Legend: 4.50-5.00 – Always (Very High-VH); 3.50-4.49 – Often (High-H); 2.50-3.49 – Sometimes Moderately High-MH); 1.50-2.49 – Rarely (Slightly High-SH); 1.00-1.49 – Never (Not High-NH)

The table shows that the level of coping strategies among bereaved families in the social aspect had an overall weighted mean of 3.34, indicating a “Moderately High” transmuted rating. All ten (10) indicators obtained the same transmuted rating of “Moderately High,” having weighted means that range from 3.00 to 3.49. This would imply that the respondents reasonably cope with the situation during bereavement by showing their feelings and memories with friends’ family to help them feel less alone, helping in community activities such as clean up drive to ease the burden, connecting with others who have experienced similar losses, engaging in meaning-making such as donating to a cause that is important, participating grief rituals like memorial

services, Zumba classes to socialize with others, reaching out with closest loved ones whether through phone calls, a video chat or a face-to-face meeting and joining group activities that align with interest.

Similarly, recent studies emphasize that social coping plays a vital role in helping bereaved individuals manage the emotional, psychological, and physical effects of grief. Social support from family members, friends, peers, and community groups helps reduce feelings of loneliness, emotional isolation, and distress following the loss of a loved one (Maass et al., 2022). Through social connection, bereaved individuals receive emotional reassurance, understanding, and encouragement, which help them process their grief and gradually adjust to changes in their daily lives.

Moreover, social coping is considered an important protective factor against prolonged grief, depression, anxiety, and stress-related health problems. According to Stroebe and Schut (2021), maintaining supportive relationships and open communication during bereavement strengthens emotional resilience and promotes healthier adaptation after loss. Support systems also help grieving individuals manage the overwhelming stress associated with bereavement, which may otherwise contribute to sleep disturbances, weakened immunity, emotional exhaustion, and psychological distress (Buur et al., 2024). These findings highlight the importance of social support and interpersonal relationships in promoting emotional recovery and well-being among bereaved families.

Table 5 shows the levels of coping strategies among bereaved families in the spiritual domain

Table 5 Level of Coping Strategies of the Bereaved Families Along with Spiritual

Indicators		
To manage my spiritual stress caused by the death of my loved ones, I...	WM	TR
engage in prayer, either privately or with others	3.00	MH
reach out to my religious leaders, faith communities, or spiritual counselor for guidance	3.40	MH
participate in religious rituals such as attending services, engaging in religious music or visiting religious places	3.20	MH

believe that my deceased loved one is in a better place	2.82	MH
believe that death was part of a larger spiritual plan	2.77	MH
pray and seek forgiveness to ease my feelings of guilt or anger	3.37	MH
trust in a higher power and surrender my situation	3.49	MH
seek spiritual connection, like meditation or spending time in nature	3.37	MH
talk to others who share my belief	3.18	MH
connect with my faith community to provide me with a sense of belongingness and support	3.00	MH
Overall Weighted Mean	3.16	MH

Legend: 4.50-5.00 – Always (Very High-VH); 3.50-4.49 – Often (High-H); 2.50-3.49 – Sometimes Moderately High-MH); 1.50-2.49 – Rarely (Slightly High-SH); 1.00-1.49 – Never (Not High-NH)

As reflected in the table, the respondents' bereaved family members obtained an overall weighted mean of 3.16, indicating a "Moderately High" transmuted rating. All ten (10) indicators received the same rating, with weighted means ranging from 2.77 to 3.49. This could mean that the considerable number of coping strategies in the aforesaid area can be attributed to understanding how to respond to situations that could affect them spiritually during bereavement. It could be said that the respondents during the time of bereavement keep engaging in prayer, either privately or with others, reaching out with religious leaders, faith communities or spiritual counselors for guidance, participating in religious rituals such as attending mass services, engaging religious music or visit religious places, believing that the deceased loved one is in better place and believing that death was part of a larger spiritual plan. In addition, some would be praying and seeking forgiveness to ease feelings of guilt or anger, and seeking spiritual connection through practices like meditation or spending time in nature.

Recent studies emphasize that spirituality plays an important role in helping bereaved individuals cope with grief and emotional suffering. Spiritual coping provides comfort, hope, meaning, and emotional strength during difficult situations, particularly after the loss of a loved one. Through prayer, faith,

worship, and spiritual reflection, bereaved individuals often find reassurance and acceptance despite emotional pain (Walsh, 2020). Spiritual beliefs may also help individuals maintain a sense of connection with the deceased and develop hope for healing and recovery.

Moreover, spirituality is considered essential in bereavement because grief often challenges an individual's sense of meaning, purpose, and understanding of life and death. According to Park and Blake (2020), spiritual coping helps bereaved individuals reconstruct meaning and manage existential distress associated with loss. Religious and spiritual practices such as prayer, meditation, participation in worship services, and reliance on faith communities may strengthen resilience and promote emotional adjustment during bereavement. These coping mechanisms not only provide emotional comfort but also help bereaved families adapt to life changes and achieve psychological and spiritual well-being following the loss of a loved one.

Table 6 summarizes the levels of coping strategies among bereaved families across the physical, psychological, social, and spiritual domains.

Table 6 Summary of the Level of Coping Strategies of the Bereaved Families

Indicators	WM	TR
1. Physical	3.22	MH
2. Psychological	3.26	MH
3. Social	3.34	MH
4. Spiritual	3.16	MH
Grand Overall Weighted Mean	3.24	MH

Legend: 4.50-5.00 – Always (Very High-VH); 3.50-4.49 – Often (High-H); 2.50-3.49 – Sometimes Moderately High-MH); 1.50-2.49 – Rarely (Slightly High-SH); 1.00-1.49 – Never (Not High-NH)

As shown in the table, the grand overall level of coping strategies among bereaved families yielded an OWM of 3.24, indicating a transmuted rating of "Moderately High," with weighted means ranging from 3.16 to 3.34. This implies that the respondents consider their physical, psychological, social, and spiritual aspects when coping with bereavement, and this may be related to their positive outlook in facing

situations in times of sorrow. Through this kind of behavior, they can adopt a balanced approach that allows for moments of joy, hope, and gratitude alongside, or in between, waves of grief. This perspective fosters resilience and helps the bereaved navigate the long-term process of rebuilding their lives.

Moreover, coping strategies are essential during bereavement because they help individuals manage the intense emotional, psychological, and physical effects of losing a loved one. Effective coping mechanisms enable bereaved individuals to gradually adjust to the reality of the loss, reduce emotional distress, and continue functioning in their daily lives despite grief (Stroebe & Schut, 2021). Adaptive coping strategies such as emotional expression, social support, meaning-making, and spiritual practices also promote resilience and healthier long-term adjustment following bereavement (Buur et al., 2024). Through healthy coping, grieving individuals are better able to move from severe emotional pain toward acceptance, recovery, and renewed purpose in life

Summary of Mean Differences in the Level of Coping Strategies of Bereaved Families

In parallel with the problem of this study, which sought to determine differences in coping strategies among bereaved families across their profile variables, an Analysis of Variance (ANOVA) was computed, with F-values and their corresponding levels of significance reported. This was done to provide a more in-depth analysis of the data gathered in this study, in which the respondents' profiles were compared with their coping strategies.

Table 7 presents the ANOVA for the mean difference, along with the corresponding significance values.

Table 7 Mean Difference in the Level of Coping Strategies of the Bereaved Families

Profile Variabl	Physical	Psycholo gical	Social	Spiritual
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e	F- val ue	Sig	F- val ue	Sig	F- val ue	Sig	F- val ue	Si g
Age	1.062	.352	1.062	.352	.831	.440	.640	.531
Civil Status	.728	.487	.728	.487	.899	.412	.556	.576
Religion	4.092	.010*	4.092	.010*	3.557	.019*	1.516	.219
Highest Educational Attainment	2.953	.060	2.953	.060	4.826	.011	1.637	.203
Family Monthly Income	3.947	.024	3.947	.024	5.316	.007	1.780	.177

\*Significant at .05 level

The ANOVA summary table shows the mean differences in coping strategies among bereaved families across their profile variables. Generally, most of the data do not indicate a significant difference in the level of coping strategies of bereaved families across age, civil status, highest educational attainment and family monthly income. Therefore, the research hypothesis, which posits a significant difference in coping strategies among bereaved families, is rejected at the .05 level of significance. The ANOVA results would mean that their variation is different.

On the other hand, there is a significant difference in the level of coping strategies of bereaved families across the profile variable religion at .010 for physical, .010 for psychological, and .019 for social. Therefore, the research hypothesis is accepted at .05 level of significance. This indicates a statistically significant difference among the groups being compared.

Table 8 shows the t-test results and the corresponding significance across the profile variable sex.

Table 8 T-test Results on the Significant Difference in the Level of Coping Strategies of Bereaved Families across the Profile Variable Sex

	Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Equal variances assumed	13.666	.000	1.731	63	.088	.10812	.06245	-.01668	.23292
Equal variances not assumed			3.483	62.450	.001	.10812	.03104	.04609	.17016

It can be gleaned from the table that the data indicate a significant difference in the level of coping strategies of bereaved families across the profile sex, with a .000 level of significance. Therefore, the research hypothesis, which states that there is a significant difference in coping strategies among bereaved families, is accepted at the .05 level of significance. This indicates a statistical difference

among the groups being compared. This could also be interpreted as an effort or as a pattern.

Table 9 presents the relationship between bereaved families' coping strategy levels and their profile variables

Table 9 Relationship Between the Level of Coping Strategies of Bereaved Families and their Profile Variables

Profile Variable	Physical		Psychological		Social		Spiritual	
	r-value	sig	r-value	sig	r-value	sig	r-value	sig
Age	-.109	.386	-.109	.386	-.124	.324	-.135	.313
Sex	-.249*	.046	-.249*	.046	-.181	.148	-.099	.432
Civil Status	.091	.472	.091	.472	.078	.539	-.004	.978
Religion	.142	.260	.142	.260	.065	.606	.081	.523
Highest educational Attainment	-.260*	.037	-.260*	.037	-.305*	.014	-.166	.186
Family Monthly Income	-.078	.537	-.078	.537	-.170	.177	-.118	.348

\*Significant at .05 level

The table shows that the Pearson r values for the independent variables, such as sex and highest educational attainment, are significantly related to the dependent variables, physical, psychological, and social. In this regard, the research hypothesis is accepted at .05 level of significance. This could be interpreted to mean that the aforesaid variables can be affected by the independent variables. It could be assumed that the higher the educational attainment, the more effective the coping strategies.

On the other hand, independent variables such as age, civil status, religion, and family monthly income do not have significant relationships with respondents' levels of coping strategies in the physical, psychological, social, and spiritual domains; hence, they cannot be affected by these independent

variables. In other words, there's no reliable connection between the variables.

#### Proposed Healthy Coping Skills Activities for Bereaved Families

The proposed healthy coping skills activities were developed based on the study's findings regarding the coping strategies commonly used by bereaved families across the physical, psychological, social, and spiritual dimensions. These activities are intended to help bereaved families manage grief in healthy ways, strengthen emotional resilience, improve family support, and promote positive adjustment following the loss of a loved one.

Dimension of Coping	Objectives	Proposed Activities	Persons Involved	Time Frame	Expected Outcomes
Psychological Coping	To help bereaved families express emotions and process grief in healthy ways.	Memory Book or Family Photo Album	Bereaved family members, facilitator, and community health nurse	Once a week for 1 month	Participants will be able to express emotions, preserve meaningful memories, and gradually accept the loss of their loved one.
	To encourage emotional release and self-reflection among bereaved individuals.	Letter Writing Activity	Bereaved family members, counselor, facilitator	Twice a month	Participants will develop healthier emotional expression and reduce unresolved feelings related to grief.
	To provide healthy emotional outlets for stress and sadness.	Creative Expression Sessions such as drawing, journaling, music listening, and poetry writing	Bereaved family members, mental health advocate, nurse facilitator	Weekly sessions for 1 month	Participants will experience reduced emotional distress and improved psychological well-being.
Dimension of Coping	Objectives	Proposed Activities	Persons Involved	Time Frame	Expected Outcomes
Physical Coping	To promote physical wellness and reduce stress-related symptoms associated with grief.	Wellness and Relaxation Activities such as walking, stretching, yoga, and breathing exercises	Bereaved family members, community nurse, fitness facilitator	30–45 minutes weekly	Participants will improve physical relaxation, sleep quality, and stress management .
	To encourage healthy daily routines and self-care practices.	Healthy Routine Monitoring	Bereaved family members, family caregivers, nurse facilitator	Daily for 1 month	Participants will maintain healthier routines and improve daily functioning despite emotional difficulties.
	To reduce anxiety and emotional tension during bereavement.	Mindfulness and Breathing Exercises	Bereaved family members, nurse facilitator, counselor	Twice a week	Participants will develop relaxation skills and better emotional control during grief episodes.
Dimension of Coping	Objectives	Proposed Activities	Persons Involved	Time Frame	Expected Outcomes
Social Coping	To strengthen communication and emotional support among family members.	Family Sharing and Reflection Sessions	Bereaved family members, counselor, and community nurse	Weekly family sessions	Participants will improve family communication, emotional connection, and mutual support

	To reduce feelings of loneliness and emotional isolation.	Bereavement Support Group Participation	Bereaved individuals, peer facilitators, and mental health professionals	Twice a month	Participants will feel emotionally supported and understood through shared experiences.
	To strengthen family relationships and collective healing.	Family Bonding Activities such as shared meals, memorial gatherings, or recreational activities	Bereaved family members	Monthly	Participants will develop stronger family relationships and engage in more positive social interaction.
Dimension of Coping	Objectives	Proposed Activities	Persons Involved	Time Frame	Expected Outcomes
Spiritual Coping	To strengthen spiritual well-being and emotional acceptance during grief.	Prayer and Spiritual Reflection	Bereaved family members, spiritual adviser, religious leader	Weekly or as needed	Participants will experience emotional comfort, hope, and spiritual reassurance.
	To help families honor and remember their loved ones meaningfully.	Memorial and Remembrance Rituals	Bereaved family members, religious leaders	During anniversaries or special occasions	Participants will achieve emotional healing and maintain meaningful connection with the deceased.
	To provide spiritual guidance and emotional support during bereavement.	Spiritual Counseling or Guidance	Religious leaders, spiritual counselors, bereaved individuals	As needed	Participants will improve spiritual coping, acceptance, and emotional resilience during grief.

#### IV. FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

##### Salient Findings

The study aimed to determine bereaved families' coping strategies across the physical, psychological, social, and spiritual dimensions and to use the findings as a basis for proposed healthy coping skills activities. Based on the data gathered and analyzed, the following salient findings were revealed.

The majority of the respondents were female, aged 20–39, married, Roman Catholic, college-level, and from families with a middle-income monthly income bracket. These findings indicate that the respondents came from varying demographic backgrounds that may influence their coping experiences during bereavement.

In terms of coping strategies, the respondents obtained an overall weighted mean interpreted as “Moderately High,” indicating that bereaved families generally utilized coping mechanisms to manage grief and emotional distress following the loss of a loved one. Among the dimensions of coping, respondents demonstrated stronger coping practices in the physical, psychological, and social aspects, while the spiritual aspect received the lowest rating. This suggests that although spirituality remained part of the grieving process, some respondents may still experience difficulty in finding spiritual comfort and meaning during bereavement.

The findings further revealed that there was a significant difference in the level of coping strategies when respondents were grouped according to sex and

religion. This implies that gender and religious beliefs influence how bereaved individuals cope with grief, express emotions, seek support, and adapt to loss. On the other hand, no significant differences were found among respondents grouped by age, civil status, educational attainment, and family monthly income.

Moreover, the study showed that there was no significant relationship between the level of coping strategies and most profile variables, except for sex, which was found to have a significant relationship with coping strategies. This indicates that male and female respondents differ in their coping responses and adjustment to bereavement.

Based on these findings, the study proposed healthy coping skills activities focused on strengthening the physical, psychological, social, and spiritual well-being of bereaved families to help improve emotional recovery, resilience, and adjustment after the loss of a loved one.

#### Conclusions

Based on the aforementioned findings, the following conclusions are hereby formulated:

The study concluded that bereaved families came from diverse demographic backgrounds in terms of age, sex, civil status, religion, educational attainment, and family monthly income, indicating that grief and bereavement are experienced regardless of personal and socioeconomic differences. Despite the emotional pain brought about by the loss of a loved one, the respondents demonstrated a moderately high level of coping strategies, suggesting their ability to gradually manage grief and adjust to life changes through physical, psychological, social, and spiritual coping mechanisms.

The findings further revealed that sex and religion significantly influenced the coping strategies of bereaved families. This implies that gender differences and religious beliefs affect how individuals express emotions, seek support, and find comfort and meaning during bereavement. In contrast, age, civil status, educational attainment, and family monthly income were not found to significantly influence coping strategies, suggesting

that coping with grief may be similarly experienced regardless of these profile characteristics.

Moreover, the significant relationship between sex and coping strategies indicates that male and female bereaved individuals differ in their coping responses and adjustment to loss. Overall, the study affirms that healthy coping strategies are essential in promoting emotional recovery, resilience, and positive adjustment among bereaved families. The findings likewise support the importance of developing structured, family-centered, and culturally sensitive healthy coping skills activities that may strengthen the physical, psychological, social, and spiritual well-being of grieving individuals.

#### Recommendations

It is recommended that bereaved families be encouraged to strengthen their spiritual coping practices through prayer, reflection, participation in religious activities, and spiritual self-care to help improve emotional acceptance, inner peace, and meaning-making following the loss of a loved one. Engagement in spiritual and faith-based activities may help grieving individuals cope more positively with emotional pain and life changes brought about by bereavement.

Given that the respondents demonstrated a moderately high level of coping strategies, community-based advocacy programs and mental health activities focused on grief management and bereavement care may be implemented to further strengthen the physical, psychological, social, and spiritual well-being of bereaved families. Nurse-led interventions such as grief counseling, stress management sessions, psychoeducation, relaxation exercises, emotional wellness programs, and resilience-building activities may help bereaved individuals develop healthier coping responses and emotional adjustment during periods of grief and sorrow.

Bereavement support groups may also be organized within the community or healthcare settings to provide grieving individuals with emotional support, social connection, and opportunities to share experiences with others who have experienced similar loss. Participation in support groups may help

reduce feelings of loneliness, anxiety, emotional isolation, and psychological distress among bereaved families.

Since most respondents were college-level individuals, educational institutions, guidance counselors, and community health professionals may provide ongoing encouragement, emotional support, and mental health support to help bereaved students cope with grief while maintaining their academic motivation and personal well-being.

Furthermore, the proposed healthy coping skills activities developed in the study may be implemented and regularly practiced by bereaved families, community health nurses, barangay health workers, and mental health advocates to further strengthen positive coping behaviors, resilience, and emotional recovery among grieving individuals.

Lastly, future researchers are encouraged to conduct similar studies with a broader scope, larger sample sizes, or additional variables related to grief, mental health, family functioning, and coping strategies to further strengthen the body of knowledge regarding bereavement care and nursing interventions for bereaved families.

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