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FAMILY'S RESPONSE AND COPING EXPERIENCES ON SUICIDE LOSS IN THE FAMILY: A PHENOMENOGRAPHIC STUDY

Franchesca Yllaine Guanga¹, Hyfa Grace A. Mapambocol², Aryen E. Neyra³, Wilter C. Friaes, PhD⁴

¹BS Psychology, Social Science Department, Notre Dame of Marbel University, Philippines

²BS Psychology, Social Science Department, Notre Dame of Marbel University, Philippines

³BS Psychology, Social Science Department, Notre Dame of Marbel University, Philippines

⁴Professor IV, Notre Dame of Marbel University, Philippines

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ABSTRACT

Suicide is seen as a severe mental health problem. It is an intentional and voluntary act for people to end their lives; it may result in substance abuse or other disorders, as well as a prolonged decline in health. Suicide has a varied impact on each member of the family, affecting how they interact and communicate. This study aimed to comprehend the responses and coping experiences of suicide bereavement among families within the vicinity of South Cotabato. The research design utilized in this study was a qualitative design with a phenomenography approach. Phenomenography aimed to illustrate the range of perspectives and comprehensions of the knowledgeable phenomenon from different viewpoints. Using it helped develop a comprehensive understanding of the responses and coping experiences employed by families who have suffered a suicide loss. The researchers transcribed the interviewed audio recordings and used Braun and Clarke's thematic analysis to identify and cluster themes. In line with phenomenographic principles, the researchers differentiated between first-order perspectives and second-order perspectives. From each participant's response, a general theme and a minor theme were determined to show the differences in each experience. As a result, themes were taken, and the researchers found the different responses and coping experiences of each family member from different socioeconomic statuses.

KEYWORDS: Suicide loss, Responses, Coping Experiences, Phenomenography

1. INTRODUCTION

Suicide is seen as a severe mental health problem. It is an intentional and voluntary act for people to end their lives; it may result in substance abuse or other disorders, as well as a prolonged decline in health. In the study of Young et al. (2012), one of the worst experiences in life is losing a loved one to suicide. Every suicide case has an impact on different bereaved family members on an individual and social level.

Suicide is a multifaceted issue with many contributing factors. It continues to take far too many lives despite an array of research and prevention strategies. Worldwide, it is estimated that one person commits suicide every 40 seconds (WHO, 2014). Research had indicated that grieving resulting from suicide is distinct from that resulting from natural death (Pitman et al., 2016). While a significant amount of study has been conducted on general grief studies on suicide, there are few studies on bereavement, particularly those that look at the families of people who took their own lives or are receiving services related to mental health (Grad, 2005). Jordan (2001) examined if these suicide survivors have unique experiences compared to other kinds of loss. Studies on grieving have shown that they tend to concentrate on the symptoms of grief instead of the root cause of suffering (Rothaupt & Becker, 2007). People who have lost a loved one to suicide could refrain from actively seeking assistance to prevent stigma (Pitman et al., 2018).

Families who experience suicide loss frequently face feelings of guilt, disbelief, rejection, humiliation, anger, and the aftereffects of trauma and stigma that increase the feelings of loss, sadness, and loneliness that follow any loved one's death. According to the study of Creuze et al. (2022), suicide bereavement has been identified to have several negative impacts, including effects on mental and physical health. Suicide has a varied impact on each member of the family, affecting how they interact and communicate. It can also affect more than only the relatives of the deceased individual (Harrison et al., 2021). The term grief is used in a variety of circumstances. Thus, the researchers made it clear that in this study, grief is defined as a loss brought on by suicide and will focus on the stages of grief by Elisabeth Kübler-Ross. This study is intended to describe the responses and coping experiences of suicide loss among families, as many view their family to be their primary social support system.

2. REVIEW OF RELATED LITERATURE

Suicide

Suicide is a lethal act of self-harm with some indication of purpose to die. The most common methods among youth are hanging/suffocation, overdose or consumption, and firearms. In the study by the World Health Organization (WHO) in 2017, approximately 800,000 people died by suicide worldwide, making it a global public health concern. Suicide is one of the ten most significant causes of death in the world, especially among teens and adults. The adolescents and young adults in the Philippines, ages 15 to 24, were shown to have more excellent suicide rates than other age groups (Redaniel et al., 2011). This is mainly because bullying, family issues, academic stress, and social media have the potential to increase their chances of contemplating or trying suicide.

According to Mathew et al. (2020), suicidal behavior is a complicated behavior. Its causes are different aspects that work together and include a variety of biological, psychological, and social factors, as well as familial and other contextual factors. Though suicide is considered a public health problem, it is a very personal decision made by the individual.

Suicide is a phenomenon that exists worldwide, regardless of culture. It has a varied impact on each family member, altering his or her interactions and communication styles. It might change family roles and obligations as a result of complicated grief. According to the Centers for Disease Control and Prevention (2024), suicide is still the second leading cause of death among people aged 10-14 and 25-34, leading to an increase in the number of suicide-bereaved parents. Suicide ends one person's painful suffering but causes additional pain for others left behind. Research demonstrates that persons bereaved by suicide experience an array of emotions.

Suicide Loss Experienced by Family

Suicide loss is a risk factor for adverse outcomes such as grief, social functioning, mental health, and suicide behavior. Those who have lost a loved one to suicide grieve and require additional support than those who have lost a loved one due to some other cause (Wilson & Marshall, 2010). People who are unable to cope with mourning frequently require professional help. Individuals who have experienced suicide loss, on the other hand, may be hesitant to seek help to avoid stigma (Pitman et al., 2018). Sudden death as a result of suicide has a significant impact that produces functional changes in a family system since they significantly disrupt their balance without having a complete understanding of the situation.

When compared to those who have lost a loved one due to another cause of death, those who have lost a loved one due to suicide grieve differently and have different needs (Wilson & Marshall, 2010). Berman (2011) discovered that one suicide can influence up to five immediate family members and 80 relatives, friends, and acquaintances. Suicide-bereaved parents are among the most likely to experience physical and mental health issues. Suicide-bereaved parents' main experiences include feelings of responsibility for their child's suicide, self-criticism, and remorse, as well as social stigma and isolation (Kawashima & Kawano, 2016). Suicide deaths of loved ones can elicit a wide range of intense emotions. It is hard to deal with loss, which significantly impacts one's life.

Li et al. (2019) mentioned that in suicidal loss, parents classified a child's death as a harrowing experience, followed by depressive and post-traumatic stress symptoms such as sleep difficulties, nightmares, insomnia, cognitive issues, numbness, self-harm, and suicidal behavior. Understanding the impact of suicide loss on families is critical since familial relationships are often the first source of social support for many persons who have lost loved ones to suicide.

Family of Suicide Victims

A family is a fundamental unit of study in several social science disciplines, including sociology, psychology, economics, anthropology, social psychiatry, and social work. According to the UNESCO report, a family is a kinship unit, and even if its members do not live together, the relationship can exist as a social reality.

Most of the time, people prioritize their families above all else. Individuals from various sectors, groups, and backgrounds improve their knowledge and abilities to support the well-being of their families. Family ties significantly impact how successfully a person is shaped throughout life, for neither good nor bad. According to Umberson, Crosnoe, and Reczek (2010), family members are connected in significant ways at every stage of life and serve as a valuable source of social influence and social connection for people. According to the study of Kapur (2022), the family is seen as the first and fundamental institution through which individuals grow and develop. It is a social institution that plays a significant role in disseminating knowledge about all methods and mechanisms to improve people's quality of life. Family members are regarded as the key support systems. Parents are regarded as the primary teachers of their children; they have the authority and responsibility of providing knowledge to their children in various areas, making decisions for them, properly guiding them, and promoting their well-being and goodwill. However, children must pay attention to their parents and follow their instructions. A common practice among Filipinos is to ask for and accept social support from others, as the nation is said to have a collectivist culture (Broomhall & Phillips, 2020). This culture offers insight into the deep emotions that Filipinos experience for their lost loved ones during their mourning, implying that social gatherings and exchanges at wakes and funerals are important aspects of the grieving process.

Family Dynamics

Family dynamics refers to the patterns of interactions between relatives, their obligations and relationships, and the numerous elements that influence those interactions. Family members rely on one another for emotional, physical, and financial support, making them one of the most important sources of relationship stability or stress. Children's behavior, well-being, and sense of self are strongly influenced by family dynamics (Rodrigues, De Figueiredo & Dias, 2012). Secure and supportive family ties provide love, knowledge, and care, whereas conflict, constant critical responses, and unreasonable expectations characterize stressful family relationships. Jabbari et al. (2023) stated that individualization, mutuality, adaptability, stability, clear communication, and role reciprocity are the most important variables leading to healthy family dynamics. Mutuality, a shared sense of belonging and warmth, has been recognized as the most important contributing component. On the other hand, dependency, isolation, rigidity, disorganization, unclear communication, and role conflict are all contributors to unhealthy family dynamics. According to Jabbari and Rouster (2023), family dynamics is when each family has its distinct way of interacting for the mutual benefit of all family members. It is where relationships can develop and how individuals treat one another emerges. According to Chang et al. (2016), parent-child interaction is critical for adolescents' emotional, cognitive, and behavioral development. The environment that a parent creates for their child influences how a child's behavior is displayed. Interactions with parents create a comfortable environment for the growth of relatedness and personal competence (Pempek, 2017). Children who engage with others, especially their family, will likely feel loved and respected and acquire emotional support. According to Karabanova and Poskrebysheva (2013), adolescents can develop autonomy when they have the relatedness and capacity to make independent judgments and communicate their

opinions in a psychologically mature manner. The family environment that has been established helps adolescents achieve the freedom and independence that they desire, as their loved ones are available to guide and motivate them. Grief's positive and negative effects can profoundly shape a family's relationships. Personality variations, coping strategies, the type of loss, and the family's current communication styles are some variables that affect its impact. According to O2 Counseling (2024), losing family members can affect family dynamics, such as changes in roles and responsibilities. The surviving family members frequently have to take on new tasks and obligations after the death of a family member. The people assuming the new roles and the family may experience significant stress as they adjust to the new dynamics. Although families frequently oppose altering their long-standing roles and routines, the loss demands these changes. It can alter communication patterns; while some people may need to express their emotions more freely, others may become isolated and less conversant. If these changes are not handled correctly, they may cause miscommunications and disputes. Conflict and Emotional Intensity are also affected if higher levels of grief-related emotions, like pain and rage, might cause more family disputes. Tension frequently results from different approaches to expressing and managing these strong emotions. Family members with different grieving styles may experience grief in various ways and at varying rates. If members of the family do not accept or understand one another's grief processes, these differences may cause feelings of loneliness or annoyance. Financial and Practical Stress in losing a family member can cause a lot of economic stress, especially if they are the leading provider for the family. The grieving process may be made more difficult by the immediate financial strain this loss of income may cause.

Experiences with the Loss of a Family Member

Experiences come up in the interpersonal and intrapersonal interactions that are a part of an individual's surroundings. According to Paulsen (2020), intrapersonal interactions happen in people's bodies and thoughts. Interpersonal interactions occur between people in relationships with others that are anchored in social, natural, cultural, and pragmatic contexts. Human consciousness recognizes experiences as concepts of objects and events in the real or imaginary world. In the study of Grady (2003), it was stated that Dewey believes that experience is the foundation of everything in life. He claims that civilized individuals learn from their past and determine future experiences. Past events have an impact on the circumstances around present and future events. Dewey and Vygotsky's interpretation of experience differs from the usual meaning of the term, which refers to participating in events or activities and, as a result, having specific feelings. Instead, experience is a category of thought, a minimal unit of analysis that encompasses persons' intellectual, affective, and practical traits, their physical and social environment, and their transactional interactions (mutual effects on one another) and affect.

Coping Mechanisms

Coping refers to the cognitive and behavioral effort required to deal with internal and external demands in stressful conditions. Stress management affects individuals' psychological, physical, and social well-being. Previous research had found that family and close friends are the most valued

sources of support (Pitman et al., 2018). Research into how parents' coping mechanisms in various social situations are associated with adaptive recovery that may allow for the development of new culturally appropriate treatments and the revision and enhancement of existing interventions. According to Berjot and Gillet (2011), Lazarus and Folkman's Basic Coping framework has two primary purposes. The first is emotion-focused coping, which involves controlling feelings or discomforts from stressful circumstances. The other option is problem-focused coping, which involves taking control of the stressful situation by directly changing the problematic part. As stated by Nguyen et al. (2021), the Dual-Process Model of Coping with Bereavement of Stroebe and Schut identifies two types of stressors that a person who has experienced a loss must deal with: loss-oriented and restoration-oriented. The methods and approaches used to deal with these stressors are called coping (Stroebe & Schut, 2010). Loss-oriented coping focuses on the feeling of loss; it includes crying, remembering, longing, reflecting on the loss, holding onto memories, and making meaning of it all. The following effects of the loss are the main focus of restoration-oriented coping, which includes taking up activities that the deceased had started, reflecting on life, and creating new identities.

Responses on Suicide Loss

According to Smith (2021), grief is a normal reaction to loss in which a person experiences emotional pain when something or someone they love or have high expectations for passes away. Experiences of grief can take on the pathological form of complicated grief, which is characterized by deep and prolonged grieving that impairs functioning in day-to-day life and causes serious health issues. In the study of Belz and Hamdan (2023), intense yearning, desire, or emotional sorrow, frequent preoccupation with thoughts and memories of the deceased, a sense of shock or incapacity to accept the loss, and trouble envisioning a meaningful future without someone gone are all indicative of complicated grief. Young et al. (2012) explained that acute grief refers to bereaved persons who may go through deep and upsetting feelings following the death of a loved one, regardless of the reason for death. Bereaved people often feel shock, disbelief, and numbness in the immediate aftermath of a death. According to Kubler-Ross (1973), there are five phases of grief: denial, anger, bargaining, depression, and acceptance. The phases of grief highlight the emotional stages that individuals may experience when faced with death or loss. The theory emphasizes the following stages: First is denial, which represents a person's short-term defence mechanism. It is beneficial because it enables people to endure the loss. This may be interpreted as a deliberate or inadvertent rejection of the current state of affairs. Second is anger, which is an essential phase in the recovery process. At this point, the person understands that their denial is unsustainable. It is possible to state this through sentiments of anger or the desire to strike back behaviors like envy and hatred. Third is bargaining which is when individuals think and expect that loss can be delayed. People are willing to do anything to avoid feeling the pain of a loss, thus they may even trade with the pain. Fourth is depression which is a phase in which people have trouble with their emotions and frequently avoid certain activities. This is where an individual begins to accept that loss is unavoidable. This can manifest as hopes, dreams, ambitions, and strong feelings of powerlessness, frustration, and grief over a loss. However, most of

the time, the individual expresses their sense of helplessness and numbness. Lastly is acceptance which is a realization phase. People are aware that they need to accept the loss rather than merely try to live with it in silence. They recognized that they are not to blame for the loss and discovered gains that can result from experiencing loss. These phrases aren't not intended to be comprehensive or sequential. Not every person who goes through grief will go through all five responses, and not everyone who does will go through them in the same sequence. Grieving differs culturally, much like grief does. Mughal et al. (2021) defined grieving as the outward expression of grief through various strategies, such as cultural and/or religious death rituals, which support accepting one's new reality after the loss. In addition to the grieving characteristics discussed, Filipinos experience other factors influenced by Philippine culture. Given the strong influence of Christianity in the Philippines, these aspects include the need to have a close relationship with God, the obligation to honor the person who died by respectfully adhering to traditions, the necessity of having all extended family members present and involved, and several other things.

Social Economic Status

In the United States, there are many differences in mental health, especially among those with different socioeconomic statuses (SES), which include things like occupation, income, and level of education (Safran et al., 2009). Low SES is associated with lower living standards and less access to necessary resources, which leads to problems like food insecurity and unsafe housing. According to studies by Chen, Corvo, Lee and Hahm (2016), these disorders are linked to higher rates of depression and death thoughts. But there is more to the connection between SES and mental health than just the detrimental effects of poverty. Even at high SES levels, research shows a graded linear relationship, meaning that people with higher SES have a lower risk of mental health problems (Stewart-Brown et al., 2015). SES is a moderate to strong predictor of depression, according to a meta-analysis that included 60 research from several nations, including Australia, France, Germany, Mexico, and Canada (Lorant et al., 2007). Furthermore, meta-analyses have shown a substantial correlation between a lower socioeconomic status and an increased risk of suicide (Huang et al., 2017). Moreover, those employed in low-skilled occupations are at a higher risk for suicide compared to those in high-skilled roles (Milner et al., 2013). According to a meta-analysis by Li et al. (2011), when it comes to suicide risks associated with socioeconomic status, males in low-ranked occupational classes and those with low educational attainment have the highest relative and population-attributable chances of committing suicide. Among women, those without jobs and those with less education had the largest population-attributable risks and relative risk ratios. Regarding the relationship between education and suicide, a study integrating census and death registration data from 35 nations found that suicides were 2.12 times more common among those with the lowest educational levels than among those with the highest levels (Lorant, et.al., 2018). In the research of Milner, et.al., (2013) a more recent meta-analysis found a correlation between unemployment and suicide.

Technical Literature

Ference Marton and his associates initially presented phenomenography in 1970. It assesses human knowledge and experiences. Phenomenography describes phenomena because it examines the different qualitative ways that people perceive their surroundings and offers a set of presumptions about people and science. Marton asserted a difference between first-order and second-order views, characterizing the former as the inquiry into "what a thing is" and the latter as "how a thing is perceived." Phenomenography explores the differences in how individuals perceive the possibilities for learning (Akerlind, 2005). According to Cope (2004), phenomenography gives the researcher a more thorough understanding of the phenomena by offering the outcome space. In contrast, phenomenology aims to understand the specific phenomenon of interest better. By incorporating this qualitative research method, the responses and coping experiences of family who lost someone due to suicide can be examined and determined using their distinct unique experiences. According to Ashworth and Lucas (2000), phenomenography looks at how individuals experience or think about things in qualitatively distinct ways. Elisabeth Kübler-Ross' Five Stages of Grief and Lazarus's Basic Coping theory offer structured frameworks for gathering data on the responses and experiences of families who have suffered a suicide loss. The Five Stages of Grief—denial, anger, bargaining, depression, and acceptance—provide a way to understand and categorize the emotional responses of family members. Researchers identified and documented these stages, noting instances where family members initially refuse to believe the loss occurred (denial), express frustration or blame (anger), consider what they could have done differently (bargaining), exhibit profound sadness or hopelessness (depression), and eventually come to terms with the loss (acceptance). Tracking these stages over time helps in understanding the non-linear progression through grief and tailoring support services accordingly. Lazarus's Basic Coping theory focuses on how individuals appraise and cope with stressful situations, which is crucial in understanding how families manage suicide loss. This model includes primary appraisal—determining how family members initially perceive the suicide (as a threat, challenge, or harm/loss)—and secondary appraisal—assessing the resources and options they believe they have to cope with the loss. The theory distinguishes between problem-focused coping (actions taken to deal with the source of stress, such as seeking therapy) and emotion-focused coping (strategies to manage emotional distress, such as talking to friends or engaging in religious practices). By integrating both models, researchers gained a comprehensive understanding of the emotional and coping processes in families dealing with a suicide loss. Emotional tracking through the stages of grief can be mapped alongside the identification and categorization of coping strategies using Lazarus's theory. Elisabeth Kübler-Ross' Five Stages of Grief and Lazarus's Basic Coping theory allowed the researchers to gather necessary data on the diverse experiences of families after a suicide loss, leading to better interventions

Statement of the Problem

This study aimed to gain insights into the experiences of the family's responses and coping with suicide loss in the family. Specifically, it sought to answer the following questions:

1. How may the experience on responses to suicide loss in the family be described?
2. How may the experiences on coping with suicide loss in the family be described?
3. What meaning from the researchers can be drawn from the varying experiences of families on suicide loss?

4. METHODS

This section discusses the methods used, including the research design, study locale, participants, research instruments, data-gathering procedures, and data analysis. The study used a qualitative research method and phenomenography study to examine the phenomena of suicide loss. Phenomenography is a qualitative research methodology that discusses diverse ways individuals perceive or comprehend a given issue. Phenomenography aims to learn about people's perspectives on their experiences. Phenomenography is particularly suitable for this study because it focused on understanding the variations in human experiences rather than merely categorizing responses. Suicide loss is a deeply personal and complex experience; with each family's coping mechanism shaped by emotional, social, and cultural factors. By employing this research design, the study captured the depth of these lived experiences, offering a comprehensive exploration of how individuals make sense of their grief and healing processes. A thorough grasp of the responses and ways of coping used by families who suffered the loss of a loved one to suicide was developed with the use of phenomenographic research. The responses and coping of the participants were effectively explained using language matching the original study question. The study was conducted in South Cotabato, Region XII, Mindanao, Philippines. South Cotabato is popularly known as the "Land of the Dreamweavers." It comprises eleven municipalities: District I is made up of Tampakan, Tupi, and Polomolok, and District II is made up of Banga, Surallah, and Sto. Lake Sebu, Nino, T'boli, Tantaran, Norala, and the province center, the City of Koronadal. In recent years, due to the rising rate of suicide in the region, South Cotabato was chosen as the locale of the study. Composed of different ethnic groups such as T'boli, B'laan, and Maguindanaon and different religions, where Catholicism is predominant in the region; there are also significant numbers of Muslims and other religions. Given the broad diversity across different communities, ethnic and cultural practices, traditions, and beliefs on death may contribute to this study and will have a significant influence on how families respond and cope with suicide loss and grief. South Cotabato was specifically chosen as the study's locale due to the alarming rise in suicide cases over the past three years, particularly during the COVID-19 pandemic. The pandemic brought unprecedented challenges, including economic hardships, social isolation, and mental health struggles, which significantly contributed to the increase in suicide rates within the region. Reports from local health and government agencies highlighted a surge in cases, affecting individuals across different age groups and communities. The participants of the study were families who lost a family member due to suicide that happened not less than three years ago, residing within the Province of South Cotabato, Region XII. To determine which families had lost a family member to suicide, data was asked for and obtained by the

researchers from the Philippine National Police of Region XII and the Philippine National Police of Koronadal City. The participants were selected based on a set of inclusion criteria or characteristics; the participants must be parents (mother and/or father), one sibling who is of legal age (if present), and one relative living in the same house. Family 1 from Koronadal City consists of seven family members with five children. Participant 1 is the mother, who is a housewife; Participant 2 is the father, who owns a small business; Participant 3 is the sibling, who is the eldest and a college student. Family 2 from Lambayong, Municipality of Tampakan consists of five family members; the mother is working abroad. Participant 1 is the grandmother who went home from Manila after the loss; Participant 2 is the sister, a student; and Participant 3 is the father, who works as a farmer. Family 3 from Dumadalig, Municipality of Tantaran consists of five family members: two are biological children, and the person who died due to suicide was adopted by the family. Participant 1 is the adoptive mother who manages their land. Participant 2 is the sister, a college student. Participant 3 is the cousin, who is closest to the deceased.

Ethical Considerations

Ethical considerations on participants' confidentiality occurred during the study. Throughout the gathering of data, the American Counseling Association's list of ethical conduct principles was adhered to: Autonomy (the participants' freedom), Fidelity (commitment and trust), non-maleficence (causing no damage), and Veracity (truthfulness) to protect the participants' rights. All the details regarding the research study's purpose and data collection methods were explained to the participants. Permission was asked from the participants, and the researcher informed them that they could withdraw at any time, which entailed trying to keep the informants safe. Pseudonyms were employed when transcribing the interview to protect the confidentiality of any personal information. Moreover, earlier research revealed that recalling traumatic memories through narrative, writing, or question-answering could cause temporary distress. Still, it was unlikely to result in re-traumatization or long-term suffering.

5. RESULTS AND DISCUSSION

This section presents the results gathered from the interviews conducted with family members who experienced the loss of a loved one to suicide. The data analysis procedure used was thematic analysis, the following tables outline the emergent themes derived from the significant statements of the participants, offering a deeper understanding of how the families navigated the grief process and coping experiences. Emergent themes derived from the data provided a comprehensive understanding of the grief and coping processes. These themes illuminated how families navigated their emotional journey through loss and the strategies they adopted to cope with the profound impact of suicide.

Family Condition Analysis of Three Families in South Cotabato

This section provides data on the economic status, family dynamics, socio-economic conditions, and psychological states of the families following the incidents. This serves as the foundation of the comprehensive analysis of the three families, thoroughly examining the various factors that influence their responses and experiences. Additionally, it explored how these factors differ among the families, shedding light on the unique ways each family copes with and navigates through their circumstances.

Different Family Conditions

Families in South Cotabato showed how relationships, roles, and responsibilities shape a child's emotional and mental well-being, especially after tragedy. This analysis examined three families, exploring their financial backgrounds, family dynamics, and the impact of losing a loved one. Key factors include the causes of the suicides, how they were discovered, and the effects on grieving families. The study highlighted the connection between economic conditions, family relationships, and the psychological toll of loss. Each family's story reflected unique challenges and coping mechanisms.

Family I showed resilience through resourcefulness and emotional healing. Family II struggled with poverty and fractur

Relationships, while Family III faced unspoken burdens and internalized grief. This comparison underscores how financial stability, emotional bonds, and community support shape their responses to loss and recovery.

Family I

Economic Status

The family's economic status showcased a dynamic journey of shared responsibility and shifting roles. When the father left to work overseas, the mother, who had previously worked as a sales associate, took on the role of housewife to care for their children. This collaborative approach to sustaining the family's livelihood highlighted their resourcefulness and dedication. However, economic stress and role changes may have influenced their interpersonal relationships, particularly during the father's absence.

Family Relationships

Family I is made up of seven members, with relationships shaped by love, distance, and gradual healing. The children are closer to their mother due to the father's long absence, but efforts to strengthen the bond with the father are evident. The eldest brother has a distant relationship with his father but quietly shows care and protectiveness toward his siblings and mother. These dynamics reflect the family's emotional struggles and efforts to stay connected.

The Deceased Child

The second son, aged 15, was a vibrant and affectionate individual. He shared a deep bond with his elder brother, actively participated in physical activities, and contributed to the family's livelihood by assisting his father. His warmth extended to neighbors and cousins, reflecting a personality rooted in kindness and connection. Tragically, the parents believed that his complicated relationship with his girlfriend led to stress and depression, culminating in his untimely death.

Cause of Death and Discovery

The tragic death of the second son in Family I was attributed to emotional distress linked to a complicated romantic relationship. The parents believed that the stress and depression rooted in this relationship were significant contributing factors. Despite previous assurances from his parents that he would never resort to self-harm, his actions came as an unexpected and devastating shock. The family members, particularly the parents and the eldest brother, expressed deep regret and questioned whether they could have provided better support or intervention. The discovery of the child's body was profoundly traumatic. While the father was in the bathroom and the mother was managing the shop outside, the younger siblings played nearby. It was the younger sister who found her brother in his room, hanging from the ceiling with a rope. Her cries for help alerted the mother, who frantically called the father who was working. Together, they brought the child down and rushed him to the hospital, but it was too late. The mother's observation of the chair beneath his feet suggested a slim possibility that he might have reconsidered, adding to the family's regrets. This sequence of events underscores the unforeseen nature of the tragedy and the enduring impact it has had on the family's emotional and relational dynamics.

Aftermath Relationships and Trauma

The younger sister experienced severe breakdowns, requiring professional intervention. The parents, under community guidance, sought ways to address the psychological needs of their children while dealing with their grief. Though invasive, the mother's decision to alter the house structure for better monitoring underscored her desperation to prevent future tragedies. Family dynamics also shifted significantly. Recognizing the importance of emotional connection, the parents prioritized open communication, fostering an environment where their children felt safe to express their feelings. These changes reflect the family's resilience and determination to heal, despite the lingering pain.

Community and Relational Struggles

Before the tragedy, Family I enjoyed a positive reputation within their community. Known as family-oriented, they maintained strong ties with neighbors and relatives. This close relationship with the community served as both a source of strength and a backdrop for the emotional support and judgment they would later encounter. While the community largely offered support, criticism from certain relatives escalated the family's suffering. Blame was placed on both the parents and the deceased child, causing rifts within the family. The eldest brother and his father conflicted with other relatives.

Family II**Economic Status**

Family II faces significant financial difficulties. The father is a landless farmer who works for others, while the mother seeks jobs in other places but often struggles to secure work. As a result, the family has difficulty providing enough food for three meals a day.

Family Relationships

The family consists of five members. Due to ongoing conflicts, the mother moved away, taking the three children with her, while the father remained behind. The father later worked to bring the children back, believing that the mother was not properly taking care of them. He took the children to their home while continuing to work. The children's grandmother played a significant role in their care during previous years, and the mother consistently called the children to offer financial support by working as a housemaid in another province. The father and children have a distant relationship, while the grandmother shares a closer bond with the children. The sibling relationships are slightly close, with the deceased being particularly close to his younger brother, but not as close to his younger sister.

The Deceased Child

The deceased child was 11 years old and had a strong bond with his younger brother, who was four years old. As the primary caregiver of his siblings, he handled household chores, took them to school, and studied himself while his father worked to meet their daily needs. He was well-liked by the neighborhood and seemed to have no significant problems.

Cause of Death and Discovery

The father could not identify any specific issues or problems the deceased child faced. Although the child was playful, he had grown distant from his father, and the father believed that if the mother had been present, the child would have been properly cared for. The grandmother, also expressed that an 11-year-old should be focused on playing, not dealing with adult problems, and she believed that the child might still be alive if the mother had been around.

According to the grandmother, the child and his younger brother were playing in their room while others in the house were watching a game. The deceased child decided to take his own life, reportedly believing that if he died, he would be with his brother. The younger brother, who was aware of this decision, agreed but left briefly to get something. When he returned, he found his brother had already hanged himself. He called for his younger sister and others, and the neighbors informed the father, who was working in the fields, that he had a case in the barangay hall.

Aftermath Relationships and Trauma

The younger brother of the deceased had one session with the Department of Social Welfare and Development (DSWD), following police recommendations. However, the family did not seek further

professional help, as they did not believe it would be beneficial. The father continued working for the sake of the two remaining children. The younger sister assumed the role of the eldest child, though she still thought about her deceased brother.

Community and Relational Struggles

The deceased was described by the neighborhood as an outgoing, mature child who was responsible for taking care of his younger siblings. His tragic death led to blame and disappointment directed toward the mother by both the community and the grandmother. Many expressed disbelief and disapproval toward suicide victims, adding to the family's emotional burden.

Family III

Economic Status

The parents own a small piece of farmland that both the parents cultivate. Although the family can afford to eat three meals a day, they struggle with other expenses and needs. They live in a compound consisting of three houses: their small house and two boarding-house-style buildings with a shared, poorly maintained outdoor bathroom.

Family Relationships

The family consists of five members: both parents, their two biological children (a son and a daughter), and one adopted son. According to the mother, they tried their best to provide for their children but rarely engage in meaningful conversations beyond casual topics. Only the biological daughter resides with the parents in their house. The eldest biological son and the adopted child live separately within the compound. The eldest son is often away, either drinking or playing and does not contribute to household responsibilities. The three children frequently argued over small matters and have not formed close bonds, even from a young age.

The Deceased Child

The deceased was a 19-year-old boy who spent much of his time with friends and cousins, particularly a cousin who had a husband. He often stayed at their house, ate there, and formed a quiet yet caring relationship with his sister, who confided in him. Despite occasional arguments, he supported her during disagreements. In the compound, he took on many responsibilities such as driving, cleaning, and doing tasks neglected by the eldest son. He had a previous romantic relationship and he was known for his helpful nature.

Cause of Death and Discovery

The mother shared that she treated the adopted child as her own, and he often expressed a preference for staying with her rather than his biological parents. Although he occasionally said, "last niyo na ni nga makita ako," the family did not take his words seriously. When asked about his problems, he gave vague or unserious answers. His sister observed that he seemed overburdened and believed the parents and relatives contributed to his struggles by frequently asking for his help. On the day of the

incident, he borrowed a cousin's motorcycle but was refused because it was in use. He became panicked and repeatedly called the cousin, expressing urgency. While the compound was empty, he was found in his small house having hanged himself with a rope from the ceiling. The family was informed through a phone call and rushed to the scene in a state of panic.

Aftermath Relationships and TraumaThe family chose not to seek professional help, opting instead to process their grief internally. They believed discussing the tragedy among themselves would suffice. However, during celebrations or gatherings, they feel guilt for being happy and often reminisce about his favorite things. They sometimes struggle to accept his death and feel the lingering pain of loss.

Community and Relational Struggles

The deceased had a close bond with one cousin, frequently helping in her household, especially when her husband was away. He also formed strong friendships with schoolmates who often visited him at the compound. His suicide shocked the community, as he was known to be responsible, although some attributed his actions to episodes of rebellion or alcohol use. The incident sparked mixed reactions, with some offering support while others spread unkind rumors. Despite hearing negative comments, his sister avoids conflict by ignoring them.

The comparative analysis of the three families revealed common threads of grief, resilience, and community influence, yet underscores the diverse ways they navigate their challenges. Family I's resourcefulness and focus on rebuilding relationships highlighted the potential for healing through communication and community support. In contrast, Family II's economic hardship and fractured relationships demonstrate how financial struggles exacerbate emotional distress. Family III's narrative emphasized the silent toll of unspoken burdens and the importance of addressing mental health openly. Together, these stories reflect the complexities of coping with loss, illustrating how varied circumstances and support systems shape the grieving process and the journey toward recovery.

Varying Themes in the Experiences of Responses and Coping of Three Families This section presents a comprehensive analysis of the differences in how families experience, respond to, and cope with grief, specifically focusing on their unique experiences as families. It highlights the family conditions and other key factors that affect their responses and coping mechanisms, based on the data drawn from their experiences on coping and response. The various reactions and coping strategies of each family, who have lost a member to suicide, are examined to derive meaning. Using the information acquired, the analysis explored how each family respond to the event and identified the factors, such as family dynamics and socioeconomic status, that set them apart from one another.

Summary of Family's Experience to Response

This section will explore the different themes experienced by families in response to grief. By examining how each of these differences, we gain insight into the varied ways grief manifests and is managed within different family dynamics.

Family I's Responses

Family 1's economic and relational dynamics significantly shaped their responses to the tragedy. The father's long absence as an overseas worker created a familial structure where the mother became the emotional anchor. The deceased child's vibrant personality and the family's prior harmony were disrupted by his emotional distress and suicide, leaving the family grappling with grief, guilt, and shifts in their relationships and roles. The story of Family 1 painted a vivid picture of a family navigating grief, loss, and healing after a tragic event. By examining their experiences through common themes, the researchers and readers can better understand the family's emotional responses, the root causes of their struggles, and the steps needed to foster recovery.

Family I, Theme 1: Guilt and Grieving

The parents of Family 1 experienced overwhelming guilt after the loss of their son. The mother frequently questioned her actions and abilities as a parent, while the father reflected on whether his absence due to work might have contributed to the tragedy. Both struggled with the idea that they might have failed their son, replaying events and conversations in their minds to identify what they could have done differently. This guilt is deeply connected to the family's background. The father worked overseas to provide financial stability, while the mother became the primary caregiver.

This separation led to unspoken emotional gaps within the family. The son's tragic death amplified these feelings of guilt, as the parents believed they should have done more to protect and support him. Guilt is a natural part of grieving, especially when families face sudden and unexpected losses. However, it is crucial for families to seek professional help to navigate these emotions. Without support, guilt can weigh heavily, prolonging the grieving process and creating barriers to healing.

Family I, Theme 2: Disbelief

The family's disbelief over their son's death is another central theme. Both parents struggled to reconcile the son's outwardly vibrant and caring nature with his decision to take his own life. They described him as someone who assured them, he would never harm himself, making his actions all the more incomprehensible.

This response highlighted a key challenge many families face: understanding the hidden struggles of a loved one. Outward appearances can often mask deep emotional pain. In Family 1's case, their son's personality and assurances may have made it difficult for them to recognize signs of distress. The family's shock underscores the importance of fostering open and honest communication within

households. When family members feel safe to express their emotions and struggles without judgment, it can create an environment that supports mental health and emotional well-being.

Family I, Theme 3: Managing Anger

In the aftermath of the tragedy, the father admitted to feeling angry. However, this anger was not directed outward in revenge or blame but rather inward, as part of his grieving process. He managed these emotions by focusing on staying composed for his family's sake. The father's anger likely stemmed from feelings of helplessness. As a provider who was away for work, he might have felt that his absence left his family vulnerable. This emotion is compounded by his belief that external factors, such as the son's romantic relationship, contributed to the tragedy.

Managing anger is a vital part of the grieving process, but it requires healthy outlets. For Family 1, seeking professional counseling or support groups provided them a safe space to process these emotions, helping them navigate grief without letting anger become destructive.

Family I, Theme 4: Acceptance

Despite their pain, Family 1 demonstrated resilience by taking steps to prevent future tragedies. The mother made changes to the house, such as removing doors, to ensure better monitoring of her children. The father also made efforts to be more emotionally present, recognizing the need for stronger connections within the family. This acceptance marks a turning point in their journey. While the loss remains painful, their actions reflect a commitment to protect their remaining children and foster a safer environment. Acceptance does not mean forgetting the loss but learning to live with it. By focusing on prevention and emotional connection, Family 1 is demonstrating the strength to move forward, even in the face of immense grief.

Family I, Theme 5: Blame-shifting

The mother admitted to blaming her son's ex-girlfriend for his death but avoided expressing this publicly. This blame-shifting is a common response to loss, as families often seek external factors to explain the tragedy.

In Family 1's case, the blame is tied to their need to make sense of what happened. The son's romantic relationship was seen as a source of stress, leading the mother to view it as a contributing factor to his emotional struggles. While blame can offer temporary relief by providing a sense of understanding, it can also hinder healing. Families in similar situations benefit from professional guidance to redirect their focus toward processing grief and fostering forgiveness.

Family I, Theme 6: Emotional Control

The parents demonstrated remarkable emotional control, prioritizing the needs of their younger children over their own grief. The mother, in particular, suppressed her emotions to create a stable environment for her children, reflecting her dedication to their well-being. This response is tied to

the family's dynamics before the tragedy. As the primary caregiver during the father's absence, the mother was accustomed to putting her children's needs first. While this emotional control helped maintain stability, it also highlighted the risk of unresolved grief. Suppressed emotions can resurface over time, emphasizing the need for ongoing emotional support and counseling.

Family I, Theme 7: Memory Preservation

The siblings and parents often reminisced about the deceased son, sharing stories and reflecting on his personality. This act of preserving his memory helped the family stay connected to him and find comfort in his legacy. Memory preservation is a natural way for families to cope with loss. By focusing on positive memories, Family 1 is keeping their son's spirit alive while gradually learning to live without him.

Family I, Theme 8: Family's Denial

Denial was a significant initial response for Family I. The father, in particular, hoped for a miracle, while the brother struggled to believe the tragedy had occurred. This delayed acceptance is common in families who experienced sudden losses, as the shock of the event makes it difficult to process. Denial is often the first stage of grief, serving as a protective mechanism against overwhelming emotions. For Family I, the support of their community and their own resilience helped them move beyond denial and begin the journey toward acceptance.

Family I, Theme 9: Response as Reflected on the Change in Family Dynamics

The loss of their son brought significant changes to Family 1's dynamics. The mother took on additional responsibilities to ensure her children's safety, while the father made efforts to be more emotionally present. The siblings also adjusted, with the eldest brother becoming more protective and the younger children adapting to new roles. These shifts highlighted the impact of loss on family structures. While grief can strain relationships, it can also foster growth and resilience when families work together to navigate challenges.

Among all the themes, guilt grieving emerged as the most prominent. The parents' reflections on their perceived shortcomings underscored the emotional weight of their loss. This response is deeply tied to their family history, including the father's absence for work and the mother's overwhelming responsibilities as a caregiver. Grief is a complex process that affects every aspect of a family's life. For Family 1, addressing guilt and fostering open communication will be essential steps in their healing journey.

1) Family II's Response

Family II is a household marked by significant financial hardship, fragmented relationships, and shifting family dynamics. The father works as a landless farmer, while the mother often seeks unstable jobs in other areas, leaving their children in the care of their grandmother. This unstable family structure, coupled with the financial burden, forced the deceased child, an 11-year-old boy, to

take on responsibilities beyond his years, such as caring for his younger siblings and managing household chores. The child's tragic death by suicide left the family grappling with grief, disbelief, and blame, while highlighting the complex interplay between economic struggles, relational gaps, and emotional neglect.

a) Family II, Theme 1: Disbelief

Both the grandmother (F2L1) and the sister (F2L2) struggled to believe the suicide of an 11-year-old child. The grandmother repeatedly emphasized the child's young age and playful nature, finding it unimaginable for someone so young to choose such an act. The sister also expressed shock and confusion about the suddenness of the incident. This disbelief stemmed from their perception of the child as carefree and incapable of experiencing severe emotional distress. It reflects a broader societal difficulty in associating childhood with deep psychological pain or hopelessness.

The child, despite being well-liked and described as playful, was forced into a caregiver role, managing adult responsibilities like household chores and looking after siblings. This hidden burden was invisible to the family due to their financial struggles and separation. The grandmother's disbelief highlighted her inability to reconcile the boy's outwardly playful behavior with the hidden emotional toll of his role.

This theme underscores the mismatch between outward behavior and internal struggles, especially in children. It also highlights the lack of awareness and support for the emotional well-being of young individuals, particularly in families dealing with financial hardships and parental absence.

b) Family II, Theme 2: Expression of Frustration

The grandmother and sister expressed helplessness and frustration, as they could neither understand nor change the circumstances of the child's death. The sister noted that the deceased showed no signs of distress, leaving them puzzled and powerless. This frustration is rooted in their inability to foresee or prevent the tragedy. It reflects their struggle to make sense of the loss in a situation where no clear signs or warnings were present. The child's role as the primary caregiver masked any signs of emotional distress. With both parents absent for long periods and the father focusing on financial survival, the child bore a silent burden. The family's frustration likely stemmed from regret and the realization that they were unaware of his emotional state. This theme emphasizes the importance of identifying and addressing emotional struggles in children, particularly in households where survival takes precedence over emotional health. It also reveals the devastating consequences of miscommunication and emotional neglect within families.

c) Family II, Theme 3: Finding Reason

The grandmother blamed the mother's absence and perceived neglect for the child's death, asserting that if the mother had been present, the tragedy could have been avoided. She viewed the lack of maternal care as a significant factor in the child's struggles. Finding a reason provides the family with a sense of closure and a way to cope with their loss. By attributing blame to the mother, the grandmother sought to explain the child's actions in a way that aligned with her understanding of familial roles and responsibilities.

The mother's absence and the father's focus on work left the child to shoulder responsibilities far beyond his years. The grandmother's strong maternal instincts likely led her to blame the mother for neglecting these duties, especially given the cultural expectation of mothers as primary caregivers. This theme illustrates the human need to assign blame or find a reason for inexplicable events. It also sheds light on how societal and cultural expectations influence perceptions of responsibility within families.

d) Family II, Theme 4: Response as Reflected in Family Dynamics

The grandmother took on more responsibility for the children in the mother's absence, intensifying her emotional burden. The sister's behavior changed significantly after the incident, becoming less cheerful and engaging in self-destructive habits like drinking. The loss disrupted the family's dynamics, forcing members to take on new roles and responsibilities. These changes reflected their attempts to adapt while coping with grief and trauma. The grandmother, already financially strained, was left to care for the children emotionally and physically. The sister, who assumed the role of the eldest, struggled to manage her grief while adjusting to her new responsibilities. These changes highlighted the ripple effect of the loss in the family's structure. This theme underscores the resilience and adaptability of families in the face of tragedy, while also revealing the emotional toll of role transitions and unprocessed grief.

e) Family II, Theme 5: Acceptance

The grandmother and father expressed a sense of gradual acceptance of the loss, acknowledging that while the pain lingers, they have moved forward. Visits to the cemetery served as a way to honor the deceased's memory while continuing their lives. Acceptance marks the family's journey through grief, allowing them to balance their memories of the deceased with the need to focus on the remaining children and responsibilities. The economic pressures and responsibilities of raising the remaining children necessitated emotional resilience.

Acceptance may also have stemmed from the realization that dwelling on the loss would not change the past or improve their current circumstances. This theme highlights the duality of grief: the need

to remember and honor the deceased while adapting to life without them. It also emphasizes the role of rituals, such as cemetery visits, in the healing process.

f) Family II, Theme 6: Memory Preservation

The family keeps photographs of the deceased and frequently recalls memories of him, maintaining a strong emotional connection despite his absence. Preserving memories allows the family to honor the deceased's life and find comfort in the positive moments they shared. The child's role as a caregiver and his close bond with his siblings left a lasting impact on the family. Remembering him helps fill the emotional void created by his loss. This theme highlights the importance of memory in the grieving process. It reflects how families used remembrance as a coping mechanism, maintaining a sense of connection to their loved ones.

The recurring theme of "Finding Reason" is the most prominent across all themes because it represents the family's collective effort to rationalize and make sense of the tragedy. This theme ties together various elements of their grief, frustration, disbelief, and eventual acceptance. By attributing the child's death to external factors (e.g., the mother's absence, and financial struggles), the family tries to cope with their loss and assign accountability in a way that aligns with their emotional and cultural framework.

Family III's Response

The grief journey of Family III is marked by a range of emotional responses that reflect the complex and multifaceted nature of mourning. At the heart of their emotional struggle is the theme of Acceptance, which emerged as the family comes to terms with the death of a loved one. From the initial denial to the eventual realization of the permanence of their loss, the family members navigated various emotional stages, including frustration, disbelief, and guilt. These responses provide a profound insight into the difficulties of processing grief, revealing how the lack of emotional communication and understanding can shape the way individuals cope with such a profound event.

2) Family III, Theme 1: Acceptance

The participants, particularly F3G1 (Mother), used denial as a coping mechanism, avoiding the reality of the death by convincing themselves that the deceased is just on vacation. F3G2 (Younger Sister) and F3G3 (Cousin) similarly experienced this denial, trying to shield themselves from the emotional pain of accepting the loss. Over time, they began to realize that the deceased is truly gone, which marks a gradual but painful journey toward acceptance. The theme of acceptance is reflected in the family's evolving realization of the permanent nature of the loss. Initially, they used denial to protect themselves from the immediate emotional burden. This delay in acceptance is a natural part of the grieving process, allowing them to gradually confront the loss at their own pace.

The mother's initial refusal to accept the loss can be understood as an instinctual defense against the overwhelming pain. The family's struggles with emotional disconnection before the death of the son, especially the lack of deep emotional engagement and communication, likely delayed their full acknowledgment of the gravity of the situation. The absence of support networks, such as professional guidance or a foundation of strong family communication, also contributed to the difficulty of acceptance. This response underlines the common human tendency to protect oneself from overwhelming grief through denial. However, the delayed acceptance also suggests that without open emotional expression, grief can manifest in ways that are initially difficult to handle, and the family might struggle longer to heal from the loss.

3) Family III, Theme 2: Expression of Frustration

F3G2 and F3G3 expressed frustration over the deceased's actions, particularly the perceived waste of life and the inability to understand why he did not reach out for help. This frustration is exacerbated by their feelings of betrayal and confusion, as the deceased left behind no clear indications of distress or intent. Frustration emerged from the family's inability to understand the deceased's actions. Their emotional response was rooted in unanswered questions and the lack of closure. They felt hurt by the deceased's silence, believing they could have done something to prevent the tragedy if they had known what he was going through.

The family's frustration is partly due to the lack of meaningful communication before the death. The family's disconnection, especially with the eldest son, and the overall absence of deep conversations left the family unable to recognize the signs of distress in the deceased. The absence of open channels for emotional expression within the family likely caused feelings of betrayal and confusion after the incident. This theme highlights the emotional effects of unspoken pain within families. When emotional needs are ignored or go unexpressed, the survivors are left to question whether they could have prevented the tragedy. It emphasizes the importance of open and honest communication to prevent misunderstandings and foster stronger emotional bonds.

4) Family III, Theme 3: Disbelief

Both F3G2 and F3G1 expressed shock and disbelief at the loss, with F3G2 feeling disoriented and unable to function normally, and F3G1 experiencing emotional numbness, unable to process the grief fully. This disbelief is a common response to sudden, traumatic loss. Disbelief is a natural reaction to the sudden and unexpected death of a loved one. The participants described a state of emotional paralysis, where their minds struggle to process the reality of the situation. This theme captures the psychological difficulty of accepting a traumatic event that is hard to comprehend or accept.

The family's prior emotional disconnects and lack of communication likely contributed to their inability to process the death immediately. Their previously superficial interactions with the deceased

may have made it harder for them to grasp the full impact of the loss. The abrupt nature of the death, along with the family's pre-existing emotional isolation, amplified the shock and disbelief. The disbelief theme underscores how sudden loss, especially in families with weak emotional communication, can cause severe emotional paralysis. It highlights the importance of developing emotional resilience and supportive relationships to help cope with traumatic events.

5) Family III, Theme 4: Memory Preservation

F3G1 turns to the memory of the deceased as a way to maintain a connection with him. By holding on to his photos and music, F3G1 keeps the deceased's memory alive, which provides comfort in the face of overwhelming loss. Memory preservation allows the family to cope with their grief by creating a tangible connection to the deceased. The act of holding on to physical reminders, such as pictures and music, reflects a way of honoring the deceased and keeping his spirit present in their daily lives. This response stemmed from the mother's desire to retain a connection with the deceased in the absence of a stronger emotional bond during his life. The family's lack of open communication and closeness before the death may have made it difficult for them to fully engage emotionally with him, leading them to hold on to the memories as a way of compensating for that lost opportunity. Memory preservation is a coping mechanism that allows the bereaved to maintain a sense of closeness with the deceased. It reflects the need to find meaning in the relationship that was lost, offering comfort through rituals and recollections that keep the memory of the person alive.

6) Family III, Theme 5: Guilt Grieving

F3G2 and F3G3 expressed deep feelings of guilt, questioning whether they could have done more to help the deceased. They feel responsible for not noticing the signs of distress and are particularly affected by the timing of the death, especially on significant days like the deceased's birthday. Guilt grieving is central to their emotional experience, as both F3G2 and F3G3 feel that they failed the deceased by not recognizing his emotional pain or by not intervening in time. The emotional burden of guilt makes it difficult for them to fully process the grief and move forward. The family's prior emotional neglect and lack of communication left them unprepared for the signs of distress that the deceased may have been experiencing. The absence of open conversations made it hard for them to understand his emotional needs, which intensified their feelings of guilt after his death. Guilt grieving is often a prolonged and painful experience for those left behind. The survivors' questioning of their actions—or inactions—can hinder the healing process, making it crucial to find ways to forgive oneself and seek closure. It also highlights the need for families to address emotional issues openly to avoid carrying such burdens in the future.

The most prominent theme in Family III's experience is Acceptance, as it underscores the family's gradual realization of the permanence of the loss. While the family members initially grapple with denial and emotional numbness, the journey toward acceptance is central to their emotional

processing. They face a complex and painful shift in family dynamics, where their realization of the deceased's permanent absence forces them to confront not only the emotional void left behind but also the lasting impact on their lives. This theme of acceptance captures the transformative process of acknowledging loss and adapting to life without the deceased, a crucial step in the healing process.

Summary of Family's Experience of Coping to Suicide Loss

This section will explore the differences in themes experienced by families on coping with grief. By examining how each of these differences. The researchers and readers will gain insights into the varied ways grief is managed within different family dynamics.

7) Family I Coping Experience

8) Family 1, a family of seven, navigates the complexities of grief following the tragic loss of their second son, aged 15. The family's journey of coping with this unexpected loss highlights the intricate dynamics of love, pain, and resilience. The father, who was previously working overseas, and the mother, who had been managing their home and the needs of their children, both find themselves struggling with their own ways of dealing with the death. The remaining children, particularly the eldest brother and younger sister, also experience profound emotional shifts as they attempt to cope with their grief in their own ways. Despite their different approaches, one common thread binds them, the desire to find a sense of normalcy while processing the emotional trauma. Through their unique coping strategies, this family's story reflects the complex and personal nature of grief, as well as their ongoing efforts to find healing.

9) Family I, Theme 1: Diversion

The family members each respond to the loss of their child and sibling by diverting their attention to other aspects of their lives. The mother (F1P1) focused on her remaining children, the father (F1P2) threw himself into his work, and the sibling (F1P3) coped by sleeping as a way to avoid confronting their grief. The common theme is the use of diversion as a coping mechanism. Each family member uses a method that allows them to temporarily escape or manage the intense emotions tied to their grief.

Given the family's complex dynamics, including the long-term absence of the father due to overseas work, the mother's shift to focusing on her remaining children reflects a need to maintain family function after the loss. The father's work as a diversion mirrors his emotional detachment as he was distanced from the deceased child. The sibling's sleep pattern as a diversion is rooted in the coping mechanism of shutting out distressing feeling. Diversion is a natural response to trauma, allowing individuals to process grief without becoming overwhelmed. However, this method may not fully address emotional pain, and it is crucial for families to eventually confront their grief for long-term healing.

Family 1, Theme 2: Understanding Family Members

The family's approach to coping includes providing comfort and understanding to one another. The brother (F1P3) emphasized giving each other time to process the loss, and the father (F1P2) highlighted the importance of staying together as a family and supporting each other through this difficult period. This theme underscores the importance of empathy and patience in the family's response to grief. Understanding each other's coping mechanisms and giving space to grieve is vital in maintaining familial bonds. The family's previous experiences with the father's absence due to overseas work might have contributed to the necessity of emotional support and understanding. The brother's recognition of the need for family members to have time and space suggests that the family has learned the value of emotional patience after the trauma of losing a child. Coping with loss in a family often involves adjusting to one another's ways of grieving. Offering time, patience, and emotional comfort can prevent feelings of isolation and promote healing within the family unit. This approach highlights the significance of relational understanding when dealing with a shared tragedy.

a) Family I, Theme 3: Practical Coping

Practical coping strategies include seeking professional help to manage the trauma, particularly when the grief becomes overwhelming. The family sought psychiatric assistance after their daughter witnessed the suicide, indicating a recognition of the need for external support. This theme reflects the family's proactive steps in dealing with the emotional aftermath of the tragedy. Seeking professional help shows a practical approach to coping, acknowledging that the support of loved ones alone may not be sufficient.

The traumatic nature of witnessing the suicide likely intensified the family's need for professional intervention. The backstory indicates that the grief was so consuming that external support was necessary, especially for the sibling who witnessed the event. Professional assistance is a crucial part of healing after traumatic events, especially when the emotional burden is too great to handle alone. It shows the family's awareness that certain experiences, such as suicide, require specialized care to manage effectively the psychological aftermath.

The most prominent theme among the three is Diversion. This theme stands out because it is a primary coping mechanism for each family member. The mother, the father, and the sibling all engage in different forms of diversion, whether focusing on the remaining children, work, or sleep—as a way to manage the overwhelming grief caused by the loss. The family's response to the tragedy is initially centered around temporary distractions, showing their immediate need to shield themselves from the emotional pain. This diversion ultimately reflects the difficulty of confronting the trauma head-on and the need for time and space before the family can fully process their grief.

Family II's Coping Experience

Family II is grappling with the aftermath of a heartbreaking tragedy the loss of an 11-year-old child to suicide. The family, already struggling with economic hardship, faces a complex web of emotional and relational challenges. The father, a landless farmer, and the mother, who works sporadically, have a distant relationship with their children, especially after the mother moved away. The grandmother, who played a significant role in the children's upbringing, finds herself at the center of the family's emotional recovery. In the wake of the loss, the family members' responses reflect various coping mechanisms, from immersing themselves in work to caring for the surviving children, as they try to make sense of the tragedy and navigate the difficult road ahead.

Family II Theme 1: Diversion

The family members cope with their grief by diverting their attention to the surviving children and their daily responsibilities. The grandmother (F2L1) and the father (F2L3) both focused on providing for the other children, using work as a way to cope with the loss of the deceased child. The grandmother finds comfort in taking care of her surviving grandchildren, and F2L3 also immerses himself in work to support his remaining children. The central theme of "Diversion" highlights the family's collective effort to shift their focus away from grief by engaging in caregiving and work. By focusing on the remaining children and practical tasks, they try to regain a sense of normalcy despite the overwhelming loss. Given the family's economic challenges, the mother's absence, and the father's distant relationship with the children, these coping mechanisms reflect a need for stability.

The grandmother, who has a closer bond with the children, seeks to restore a sense of security. The father's focus on supporting his remaining children through work is a natural response to protect them, as financial stability is key to the family's survival. This theme reflects how families in grief often use practical actions, like focusing on surviving family members and managing day-to-day needs, as a way to cope with the emotional weight of loss. It illustrates the resilience of the family members in trying to find meaning and purpose in their roles, despite the tragedy they are dealing with.

Family II, Theme 2: Practical Coping

The father prioritizes practical aspects, like managing funeral expenses and addressing logistical issues after his child's death. He works with municipal support to arrange the funeral and navigates the lockdown restrictions during this difficult time. The theme of "Practical Coping" shows the father's immediate response to the death: focusing on tangible matters, such as finances and funeral arrangements, instead of confronting the emotional pain directly. This reflects a need for control in the face of overwhelming circumstances.

F2L3's focus on logistical issues is likely a reflection of his role as the primary breadwinner in the family, alongside the ongoing financial struggles and the emotional detachment between him and his children. His decision to deal with practical matters immediately could have stemmed from a lack of

emotional outlets and the need to protect his family from further distress. This theme shows how individuals may cope with grief by taking on tasks that require problem-solving, especially when emotional healing feels difficult or unattainable. By dealing with the immediate practicalities, F2L3 likely seeks to fulfill his responsibility as a provider, giving him a sense of control and purpose amidst the emotional turmoil.

The emotional landscape of Family II highlighted the interplay between grief and survival. In this family, the coping mechanisms of diversion and practical problem-solving emerged as crucial strategies for managing the trauma of losing a child. The father and grandmother, instead of addressing directly the emotional pain, channelled their focus into work and caregiving for the remaining children. This response may indicate a desire to provide stability and safety for the survivors, while also avoiding the intense emotional confrontation of grief. While this approach may seem practical and necessary, it also speaks to the emotional toll that can be left unaddressed. The family's reaction to the loss underscores how survival, in both emotional and physical terms, takes precedence over processing grief, revealing the painful complexities of dealing with such profound loss within a context of limited resources and strained relationships.

Family III's Coping Experience

Family III's journey through grief highlighted a complex interplay of emotional withdrawal, practical tasks, and as their primary coping mechanisms. In the wake of the loss of their adopted son, the family members, though bound by shared grief, show varied approaches to handling the pain. The economic struggles, lack of emotional closeness, and ongoing familial tension have shaped their responses to the tragedy, where avoiding the deep emotions surrounding the loss becomes a way of survival. This family's experience underscores the diverse ways individuals cope with profound loss, reflecting both their personal and collective struggles to navigate grief.

Family III, Theme 1: Practical Coping

Both F3G1 and F3G3 focused on managing the practical aspects of the situation, such as processing documents and taking care of necessary tasks, to cope with the grief of the loss. They expressed a desire to complete these tasks in order to avoid emotional distress. This response ties directly to the theme of "Practical Coping", where participants attempt to manage the overwhelming grief by engaging in day-to-day responsibilities. The tasks become a means to distract themselves from the emotional burden. The family did not seek professional help and instead chose to process their grief internally. Their focus on practical matters, such as funeral arrangements, aligned with their choice to handle the situation without confronting deeper emotional pain.

This theme highlights how, for some, focusing on tangible tasks serves as a coping mechanism to create emotional distance from the loss. It also reflects the lack of emotional communication within the family, as many members avoid discussing openly their grief.

Family III, Theme 2: Isolation

F3G1 described retreating inwardly and processing the grief alone. They expressed emotional isolation, avoiding connection with others in their time of loss. The theme of “Isolation” is evident here as F3G1 withdraws emotionally, choosing to process the grief alone rather than sharing it with others. This internalization of emotions reflects a coping strategy based on isolation.

The family dynamics in the back story reveal a history of strained relationships, such as the distant bond between the parents and children, and the lack of emotional closeness. This likely contributed to F3G1's choice to cope alone, as the family struggles with open communication. Isolation can sometimes be a result of strained familial relationships, where emotional support is lacking or unspoken. In this case, the family's communication patterns appear to have contributed to the emotional withdrawal of some members after the loss.

Family III, Theme 3: Diversion

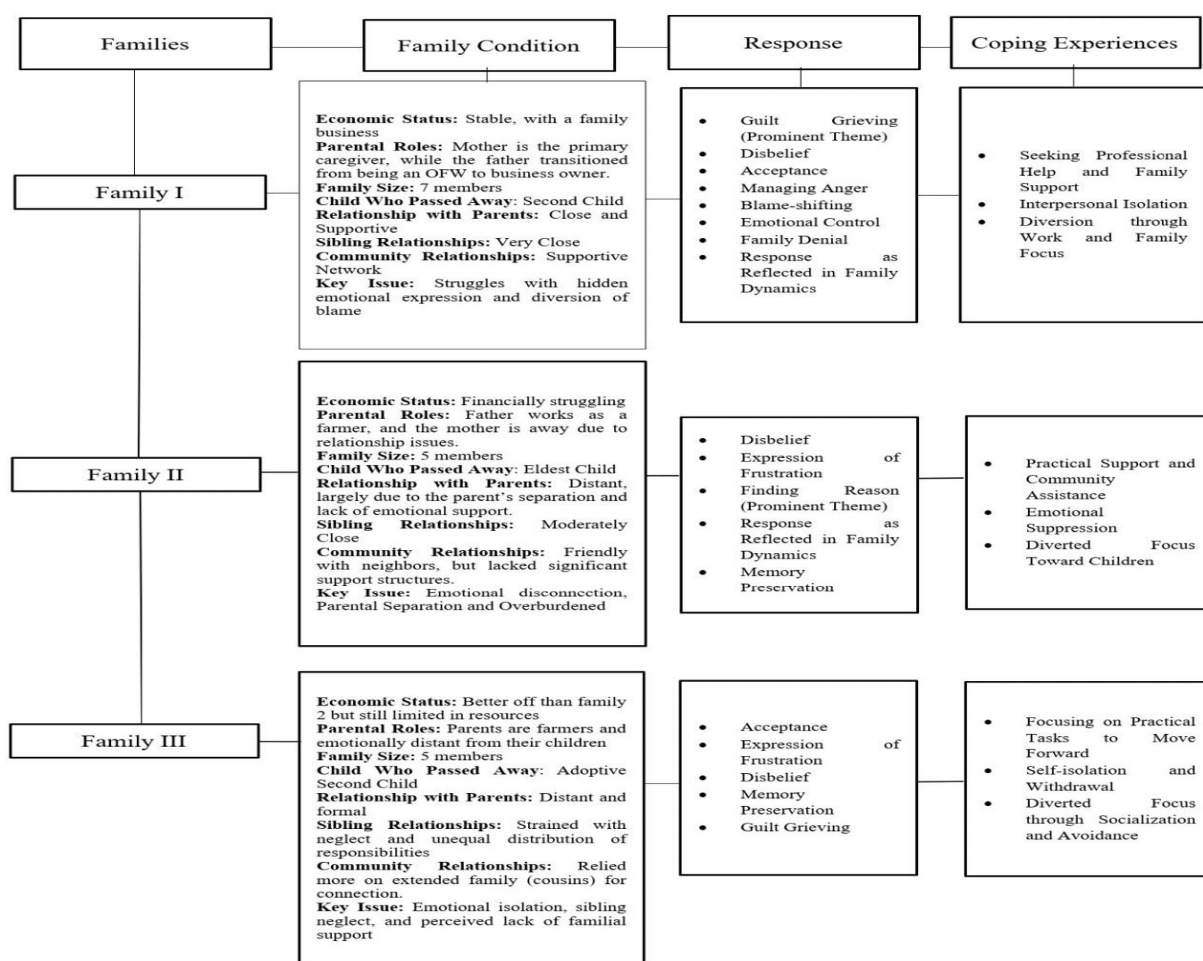
F3G3 and F3G2 discussed how they distract themselves from grief by engaging in activities such as watching videos, socializing, or playing games. They avoid discussing the deceased and focus on staying busy to prevent sadness from overwhelming them. The theme of “Diversion” is central to their responses, as they engage in activities to keep their minds off the loss. This strategy of avoidance prevents them from directly confronting their grief.

The family's reluctance to confront the emotional impact of the loss is consistent with the back story, where communication about grief is avoided. The avoidance of the topic and focus on diversion highlights the family's discomfort with emotional expression, as seen in their lack of meaningful conversations. Diversion is often a temporary coping mechanism that helps individuals avoid the immediate pain of loss. However, it can hinder emotional processing and may contribute to unresolved grief in the long run if the underlying emotions are not addressed.

The most prominent theme among the three is diversion, while practical coping and isolation are significant responses. The consistent pattern across the responses from F3G2 and F3G3 is their effort to distract themselves from grief through various activities, such as avoiding discussions about the deceased and staying busy. This theme appears most frequently, highlighting the family's struggle to avoid confronting the overwhelming emotions associated with loss. Their attempts to "move on" by diverting their attention to other activities, whether through socializing, playing, or focusing on tasks, are the primary coping mechanisms evident in their responses. This avoidance strategy suggests a collective desire within the family to shield themselves from emotional pain, which resonates strongly with the family's history of strained communication and emotional distance.

Schematic Diagram of the Varying Themes of Three Families on their Experiences of Responses and Coping in the Family

This diagram provides an overview of how various family conditions influence the response and coping experiences of family members. It illustrates the complex interaction between internal and external factors, such as familial dynamics, socio-economic status, emotional well-being, cultural influences, and environmental stressors. The schematic highlights how these conditions can affect how family members collectively or individually respond to challenges, and how they develop coping mechanisms to navigate adversity. The diagram also emphasizes the interconnectedness of these factors, showcasing the varying impacts on each family's unique coping processes and emotional



III. Meaning from the lens of the researchers drawn from the varying experiences of families on suicide loss

The meaning drawn from the varying experiences of families on suicide loss was derived from a thematic comparison of the responses and coping mechanisms of three families dealing with suicide loss. Key factors such as economic status, social relationships, family dynamics, the cause of death, and how the tragedy occurred played significant roles in shaping how each family coped. Family 1 may have learned more on their community and social connections to cope, with relationships playing a larger role in helping them through the grief. Family 2 may have dealt with their grief by suppressing

emotions or avoiding the issue, possibly due to financial struggles or social isolation, which made it harder for them to openly process the loss. In contrast, Family 3 might have found it more difficult to cope due to the sudden and traumatic nature of the suicide, leaving them with many unanswered questions and emotional pain. Understanding these actors helps the researchers better understand the complexity of how families experience and deal with such a painful loss.

With the different experiences on the responses and coping of families on suicide loss, it is essential to understand how families deal with the loss of their loved one varies. Family members in a family respond and cope with the loss differently, especially the relationship they have with the deceased. In the study of McKinnon and Chonody (2014), the analysis of meaning of the families' experiences was drawn out from the thematic analysis as researchers compared the differences of each family in terms of response and coping experience. Factors such as economic, social relationships, family dynamics, cause of death, and how the tragedy occurred played a great factor in their differences. Coping through the analysis it provided the researchers understanding of the distinctive characteristics of every suicide survivor's experience, especially their lived experience which turned out to be crucial in this regard. From a psychological standpoint, this research examining lived experiences has typically concentrated on the bereaved person's grieving processes and how they affect them; it can affect the family dynamics, how family members communicate, and other aspects. However, a sociological lens can show how the person's social and cultural background can significantly impact their grieving process (Pietila, 2002). The grieving process for bereaved individuals can also be impacted by the extent of the bereaved person's relationship with the deceased, the strength of their social networks, the date of the suicide, the deceased person's and the bereaved person's cultural and association with religion (Parris, 2011)

Insights

All are at risk of suicide. Studies have found suicide as the third leading cause of death. Families who have lost a loved one to suicide usually endure feelings of guilt, disbelief, denial, embarrassment, and anger, as well as the aftereffects of trauma and stigma, which heighten the sentiments of loss, sadness, and loneliness that come with any death. Similar to other situations, there are responses and coping mechanisms to the loss of a family member due to suicide. This research described the differences between each family regarding their responses and coping experiences. Shock, unacceptance, self-questioning, and disbelief are some of the responses to the loss of their loved one because they see and are complacent that their family member who lost is a happy and optimistic person. Even positive personality and close family ties are not a guarantee for a person not to commit suicide. A person's vulnerability can change one's decisions. As families suppress their emotions and feelings during and after the loss, acceptance is in the process, no matter how long it takes. Losing a family member can change family dynamics not only from the attitude and behavior of family members but also the entire life of a family member who witnessed it. Each family member struggles to find the comfort that they need during this challenging time. While dealing with the loss, denial, and delay in accepting the loss, family members distract themselves by diverting focus to other members of the family and doing things

during the wake to conceal their thoughts and emotions about the loss. The diverse responses of families to loss highlighted the deep impact that background, relationships, and the nature of the death greatly affect how grief is processed. Families' coping mechanisms showed not only their emotional resilience but also their unique struggles, such as financial pressures, strained relationships, or community influences. Grief is a complex, multifaceted experience that is deeply personal yet influenced by family dynamics and external circumstances. Understanding the ways different families respond to loss—whether through diversion, isolation, or seeking practical solutions—can guide effective support strategies to help them navigate their grief and move towards healing. Families with strong support systems tend to heal more effectively, as seen in Family 1, where emotional support and practical coping mechanisms were balanced. However, in families where there is emotional withdrawal or distant relationships (like Family III), the inability to confront grief directly creates a more challenging path toward healing. Families employ various coping strategies depending on their circumstances. Diversion, seen across the families in different forms, is a common coping mechanism, but it can delay emotional healing by avoiding deeper conversations about the loss. It is important for family members to eventually confront and process their emotions for long-term recovery. Family members often avoid seeking professional help due to cultural or social stigma, as seen in Families II and III. This can make the grieving process harder. Providing mental health resources and fostering open conversations about grief can facilitate healing, helping families process their emotions constructively. Analyzing these families' responses to grief provides valuable insights into the psychological impact of loss and the different coping mechanisms families adopt. It underscores the importance of individualized support, as every family reacts differently based on their emotional dynamics, cultural context, and external stressors like financial hardship. Grief is not a linear process, and understanding the unique needs of each family is critical in providing meaningful support. The role of mental health professionals becomes crucial in guiding families through this journey, ensuring that they have the tools and support necessary for emotional healing. Moreover, this analysis highlights the need for community-based mental health programs to help families avoid isolation and find the strength to rebuild their lives after loss. The ways families cope and respond to the loss due to suicide must be understood and must not be dismissed by anyone. There is no exact time for them to accept and heal from the loss. It is a long process, and there is a possibility that they might redirect their blame to other people whom they think are the cause of the death of a loved one. The different responses and coping mechanisms can contribute to how well they deal with the loss without causing harm to their other family members.

Implications

Families who experienced loss indicated that the occurrence of loss is capable of changing their perspective toward mental health and suicide. The families who experienced this phenomenon serve as an eye-opener that families should not be complacent about the vulnerability that their family members show to them. This research could provide an understanding of how relationships, responsibilities, and communication within the family are influenced by suicide loss. As families work through their grief, they draw attention to changes in roles, stressful emotions, or strengthened

relationships. With this phenomenon as a foundation, families, advocates, government, and mental health professionals can build the needed training and interventions to understand better and support individuals grieving a suicide loss and even those struggling with their mental health. Society must be sensitive toward approaches and perspectives in terms of mental health these days. Advocates of mental health must consider these results as a guide on how to provide and improve mental health services to families who lost a family member due to suicide as well as in creating, campaigns to raise awareness and interventions. The support of other family members, friends, and society influences the dealing and acceptance process of the loss.

REFERENCES

- Berjot, S., & Gillet, N. (2011). Stress and coping with discrimination and stigmatization. *Frontiers in Psychology*, 2(33). <https://doi.org/10.3389/fpsyg.2011.00033>
- Berman, A. L. (2011). Estimating the population of survivors of suicide: Seeking an evidence base. *Suicide and life-threatening behavior*, 41(1), 110–116. <https://doi.org/10.1111/j.1943-278x.2010.00009.x>
- Bot Verification. (n.d.). Southcotabato.gov.ph. <https://southcotabato.gov.ph/general-info/>
- Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a qualitative description approach in health care research. *Global qualitative nursing research*, 4(1), 1–8. <https://doi.org/10.1177/2333393617742282>
- Broomhall, A. G., & Phillips, W. J. (2020). Collective harmony as a moderator of the association between other-referent upward counterfactual thinking and depression. *Cogent Psychology*, 7(1). <https://doi.org/10.1080/23311908.2020.1714833>
- Centers for Disease Control and Prevention. (2024, July 23). *Facts about suicide*. Centers for disease control and prevention. <https://www.cdc.gov/suicide/facts/index.html>
- Chang, H., Shaw, D. S., Shelleby, E. C., Dishion, T. J., & Wilson, M. N. (2016). The long-term effectiveness of the family check-up on peer preference: Parent-child interaction and child effortful control as sequential mediators. *Journal of Abnormal Child Psychology*, 45(4), 705–717. <https://doi.org/10.1007/s10802-016-0198-9>
- Chen, W.-Y., Corvo, K., Lee, Y., & Hahm, H. C. (2016). Longitudinal trajectory of adolescent exposure to community violence and depressive symptoms among adolescents and young adults: Understanding the effect of mental health service usage. *Community Mental Health Journal*, 53(1), 39–52. <https://doi.org/10.1007/s10597-016-0031-5>
- Chicago, in. (2024, June 12). *O2 Counseling in Chicago*. O2 Counseling in Chicago. <https://www.o2counseling.com/blog/how-grief-impacts-family-dynamics>
- Cope, C. (2024). Ensuring validity and reliability in phenomenographic research using the analytical framework of a structure of awareness. *Qualitative Research Journal*, 4(2), 5-18.
- Creuzé, C., Lestienne, L., Vieux, M., Chalancon, B., Poulet, E., & Leaune, E. (2022). Lived experiences of suicide bereavement within families: A qualitative study. *International Journal*

- of *Environmental Research and Public Health*, 19(20), 13070.
<https://doi.org/10.3390/ijerph192013070>
- Grad, O. (2005, September 1). *Suicide survivorship: an unknown journey from loss to gain—from individual to global perspective*. <https://doi.org/10.1093/med/9780198529767.003.0020>
- Grady, R. (2003). *An interpretation of Dewey's experiential learning theory*.
<https://files.eric.ed.gov/fulltext/ED481922.pdf>
- Harrison, O. M., Shankleton, J. L., Veldhof, M. L., & Abraham, S. P. (2021). The impact of suicide on family functioning. *ResearchGate*, 2, 94–108.
https://www.researchgate.net/publication/357897742_The_Impact_of_Suicide_on_Family_Functioning
- Huang, X., Ribeiro, J. D., Musacchio, K. M., & Franklin, J. C. (2017). Demographics as predictors of suicidal thoughts and behaviors: A meta-analysis. *PLOS ONE*, 12(7), e0180793.
<https://doi.org/10.1371/journal.pone.0180793>
- Jabbari, B., Rouster, A. S., & Schoo, C. (2023, September 16). *Family dynamics*. PubMed; StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK560487/>
- Jordan, J. R. (2001). Is suicide bereavement different? A reassessment of the literature. *Suicide and Life-Threatening Behavior*, 31(1), 91–102. <https://doi.org/10.1521/suli.31.1.91.21310>
- Kapur, R. (2022, April 13). *Understanding the meaning and significance of family*.
https://www.researchgate.net/publication/359920029_Understanding_the
- Karabanova, O. A., & Poskrebysheva, N. N. (2013). Adolescent autonomy in parent-child relations. *Procedia - Social and Behavioral Sciences*, 86, 621–628.
<https://doi.org/10.1016/j.sbspro.2013.08.624>
- Kawashima, D., & Kawano, K. (2016). Meaning reconstruction process after suicide. *OMEGA - Journal of Death and Dying*, 75(4), 360–375. <https://doi.org/10.1177/0030222816652805>
- Li, Z., Page, A., Martin, G., & Taylor, R. (2011). Attributable risk of psychiatric and socio-economic factors for suicide from individual-level, population-based studies: A systematic review. *Social Science & Medicine*, 72(4), 608–616. <https://doi.org/10.1016/j.socscimed.2010.11.008>
- Li, G., Wang, L., Cao, C., Fang, R., Cao, X., Chen, C., Elhai, J. D., & Hall, B. J. (2019). Posttraumatic stress disorder and executive dysfunction among children and adolescents: A latent profile analysis. *International journal of Clinical and Health Psychology*, 19(3), 228–236.
<https://doi.org/10.1016/j.ijchp.2019.07.001>
- Lorant, V., Croux, C., Weich, S., Delière, D., Mackenbach, J., & Ansseau, M. (2007). Depression and socio-economic risk factors: 7-year longitudinal population study. *British Journal of Psychiatry*, 190(4), 293–298. <https://doi.org/10.1192/bjp.bp.105.020040>
- Lorant, V., de Gelder, R., Kapadia, D., Borrell, C., Kalediene, R., Kovács, K., Leinsalu, M., Martikainen, P., Menvielle, G., Regidor, E., Rodríguez-Sanz, M., Wojtyniak, B., Strand, B. H., Bopp, M., & Mackenbach, J. P. (2018). Socioeconomic inequalities in suicide in Europe: the widening gap. *The British Journal of Psychiatry*, 212(6), 356–361.
<https://doi.org/10.1192/bjp.2017.32>

- Mathew, A., Saradamma, R., Krishnapillai, V., & Muthubeevi, S. B. (2020). Exploring the family factors associated with suicide attempts among adolescents and young adults: A qualitative study. *Indian Journal of Psychological Medicine*, 43(2), 113–118. <https://doi.org/10.1177/0253717620957113>
- McKinnon, J. M., & Chonody, J. (2014). Exploring the formal supports used by people bereaved through suicide: A qualitative study. *Social Work in Mental Health*, 12(3), 231–248. <https://doi.org/10.1080/15332985.2014.889637>
- Milner, A., Spittal, M. J., Pirkis, J., & LaMontagne, A. D. (2013). Suicide by occupation: systematic review and meta-analysis. *British Journal of Psychiatry*, 203(6), 409–416. <https://doi.org/10.1192/bjp.bp.113.128405>
- Mughal, S., Azhar, Y., & Siddiqui, W. J. (2021). *Grief reaction*. PubMed; StatPearls Publishing. <https://pubmed.ncbi.nlm.nih.gov/29939609/>
- Nguyen, H., Elmer, M., & Harms, L. (2021). Understanding grief in social work: Dual process model of coping with bereavement. *Advances in Social Work and Welfare Education*, 23(2), 126–131. <https://journal.anzswwer.org/index.php/advances/article/view/277>
- Mårten Kae Paulsen. (2020). Appearance of experience as form and process. *Appearance of Experience as Form and Process*, 54(4), 861–879. <https://doi.org/10.1007/s12124-020-09526-3>
- Pempek, T. A., & Lauricella, A. R. (2017, January 1). *Chapter 3 - The effects of parent-child interaction and media use on cognitive development in infants, toddlers, and preschoolers* (F. C. Blumberg & P. J. Brooks, Eds.). ScienceDirect; Academic Press. <https://www.sciencedirect.com/science/article/abs/pii/B9780128094815000031>
- Pietilä, M. (2002). Support groups: A psychological or social device for suicide bereavement? *British Journal of Guidance & Counselling*, 30(4), 401–414. <https://doi.org/10.1080/0306988021000025600>
- Pitman, A. L., Osborn, D. P. J., Rantell, K., & King, M. B. (2016). Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults. *BMJ Open*, 6(1), e009948. <https://doi.org/10.1136/bmjopen-2015-009948>
- Pitman, A., De Souza, T., Khrisna Putri, A., Stevenson, F., King, M., Osborn, D., & Morant, N. (2018). Support needs and experiences of people bereaved by suicide: Qualitative findings from a cross-sectional British study of bereaved young adults. *International Journal of Environmental Research and Public Health*, 15(4), 666. <https://doi.org/10.3390/ijerph15040666>
- Rothaupt, J. W., & Becker, K. (2007). A literature review of western bereavement theory: From decathecting to continuing bonds. *The Family Journal*, 15(1), 6–15. <https://doi.org/10.1177/1066480706294031>
- Safran, M. A., Mays, R. A., Huang, L. N., McCuan, R., Pham, P. K., Fisher, S. K., McDuffie, K. Y., & Trachtenberg, A. (2009). Mental health disparities. *American Journal of Public Health*, 99(11), 1962–1966. <https://doi.org/10.2105/ajph.2009.167346>
- Smith, W. (2021, June 20). *What is grief? 4 stages, models, & cycles explained*. PositivePsychology.com. <https://positivepsychology.com/grief-stages/>

- Stewart-Brown, S., Samaraweera, P. C., Taggart, F., Kandala, N.-B., & Stranges, S. (2015). Socioeconomic gradients and mental health: Implications for public health. *British Journal of Psychiatry*, 206(6), 461–465. <https://doi.org/10.1192/bjp.bp.114.147280>
- Stroebe, M., & Schut, H. (2010). The dual process model of coping with bereavement: A decade on. *OMEGA - Journal of Death and Dying*, 61(4), 273–289. <https://doi.org/10.2190/om.61.4.b>
- Umberson, D., Crosnoe, R., & Reczek, C. (2010). Social relationships and health behavior across the life course. *Annual Review of Sociology*, 36(1), 139–157. <https://doi.org/10.1146/annurev-soc-070308-120011>
- Yossi Levi-Belz, & Hamdan, S. (2023). *Shame, depression, and complicated grief among suicide loss-survivors: the moderating role of self-disclosure*. 14(1). <https://doi.org/10.1080/20008066.2023.2182820>

Authors Profile

Franchesca Yllaine Guanga

BS Psychology Student, Social Science Department, Notre Dame of Marbel University, Philippines
yllaineguanga1207@gmail.com

Hyfa Grace A. Mapambocol

BS Psychology Student, Social Science Department, Notre Dame of Marbel University, Philippines
hyfagracesmapambocol.com

Aryen E. Neyra

BS Psychology Student, Social Science Department, Notre Dame of Marbel University, Philippines
neyraaryen11@gmail.com

Wilter C. Friaes, PhD

Professor IV, Notre Dame of Marbel University, Philippines
wcfriaes@ndmu.edu.ph