Grief and Coping of Family Members to Loved Ones' Suicide: A Correlational Study

Daniel John D. Arboleda., Rosabeth M. Arturo., Rosebelle V. Tembrevilla

Guimaras State University

DOI: https://dx.doi.org/10.47772/IJRISS.2025.91100007

Received: 07 November 2025; Accepted: 14 November 2025; Published: 27 November 2025

ABSTRACT

With the increasing rates of suicide in one of the provinces in the Philippines, there is a crucial need to research the levels of grief and coping with the bereaved families for prevention, mitigation, and intervention for further suicide cases. This descriptive-correlational research seeks to describe the socio-demographic profile of the 33 respondents; to measure the level of grief and coping of family members who were left by their loved ones who committed suicide; to identify the significant relationship between grief and coping with the demographic variables; and to find the strength of the correlation between grief and coping. Utilizing the Grief Experience Questionnaire and Brief Coping Orientation to Problems Experienced Inventory revealed low grief experience and moderate coping, respectively. Further, the Pearson Product Moment Correlation shows a significant relationship between grief and demographic variables such as municipality and relations to the victim. Similarly, coping is also associated with civil status. Likewise, there is a direct and strong relationship between grief and coping. Thus, the present study concludes that grief can be surpassed with an appropriate coping strategy. Comprehensive intervention programs such as psychoeducation, access to mental health services, financial support, and promotion of family values for bereaved families are suggested.

Keywords: Grief, Suicide, Bereaved Families, Correlational Study

Grief, after suicide, is a natural and human response. It is a process that needs to be faced by a person differently. Grief is expressed in many ways and it heals subjectively without a specific time, and the pain fades away through time (Beyond Blue, 2022). Suicide victims leave a traumatic feeling to their parents or to other members of the family which could put the bereaved member of the family at a high risk of physical and psychological health problems. Further, individuals bereaved by suicide had poorer general health, reported more pain, and reported more physical illnesses and disorders including cardiovascular disease, chronic obstructive pulmonary disease, hypertension, and diabetes (Corcoran et al., 2017).

In 2021, the World Health Organization reported that approximately 700,000 people die by suicide every year; as suicide is the fourth leading cause of death among teenagers aged 15 to 19 years. Furthermore, the World Health Organization (2019) recorded a global suicide rate of 17.8%. Among the six regions surveyed by the WHO, the Eastern Mediterranean had a 24.5% suicide rate, followed by South East Asia with 21.6%, Africa with 20.8%, Europe with 16.3%, Americas with 14.0%, and Western Pacific with 15.6% rates. Likewise, the COVID-19 pandemic also had a significant impact on mental health (Cénat et al., 2021), and there are concerns that it may have contributed to a rise in suicide rates in vulnerable populations (Gunnell et al., 2020).

In the European continent, Sweden had 14.7 suicide rate per 100,000 people in 2019. This may lead to cultural attitudes pertaining to suicide and most especially long, dark winters in the Northern region (World Population Review, 2019). However, with the responsive behavior of their government, the number of cases dropped dramatically with the help of social welfare and mental health services. Further, Spillane et al., (2018) conducted a study in Ireland in which they found that 1 in 20 people have been exposed to suicide in the past year, and 1 in 5 people have been exposed to suicide during their lifetime.

In Asia, South Korea is considered the fourth highest suicide rate globally (World Health Organization, 2019). Suicide rates are high among the elderly. As part of the Asian culture, children have been expected to take care

of their aging parents. Since this system has mostly disappeared in the present situation, many older commit suicide because they feel like they are a financial burden on their families. Moreover, students have higher-than-average rates since they feel the pressure to succeed academically. The most common method of suicide in South Korea is poisoning through carbon monoxide (World Population Review, 2019).

In Southeast Asia region, the Philippines belongs to the top 10 countries with low suicide rate, with a 2.2 percent total suicide rate (World Population Review, 2019). However, due to the factors that affect Filipino's vulnerability, the suicide cases here in the Philippines are increasing dramatically. In the Guimaras province, according to the statistics presented by the Provincial Health Office and Provincial Social Welfare and Development Office, there were fourteen (14) reported cases of completed suicide in 2019; thirty one (31) in 2020; thirteen (13) in 2021 and seventeen (17) cases from January to October 2022. Likewise, as of July 2022 there were two (2) documented several unreported/undocumented cases on suicide attempts.

Previous studies conducted on the depression, hopelessness, and complicated grief in survivors of suicide in Rome Italy (Bellini et al., 2018), the parents' experiences of suicide-bereavement: a qualitative study at 6 and 12 months after loss (Ross et al., 2018), and the forgive but not forget: from self-forgiveness to posttraumatic growth among suicide-loss survivors in USA (Gilo et al., 2022). Presently, there is a scarcity of research conducted with grief and coping of family members in the Province of Guimaras, considering that suicide becomes a widespread problem in the community.

Hence, the results of this study will be the basis for a comprehensive intervention program to be crafted by the multisectoral organizations in the province of Guimaras, which may include preventive strategies to support and strengthen public awareness regarding this phenomenon and to address the needs of the family members who experienced loss of their loves ones due to suicide.

MATERIALS AND METHODS

This study utilized a quantitative, specifically descriptive – correlational research methods to determine the level of grief and coping styles of family members who lost their loved ones due to suicide. According to Frankfort-Nachmias et al. (2015), quantitative research is consistently achieved through with the understanding the relationships between random research variable. Likewise, the descriptive correlational research method is appropriate when describing various research variables and investigating the relationships and associations between and among various variables (Sousa et al., 2007).

The study was conducted in the whole province of Guimaras. There are five municipalities in the province namely, Buenavista, Jordan, San Lorenzo, Nueva Valencia, and Sibunag. The respondents of this research included the total population provided by the PSWDO, through purposive sampling. The respondents were either mother, father, or any sibling of legal age, that were left by their children or sibling due to suicide. Only one respondent per family.

To measure the level of grief, the Grief Experience Questionnaire by Bart and Scott (1998) measures grief reactions. The instrument is a self-report measure of grief responses, which includes some that have been associated with grief after suicide (e.g., rejection, responsibility, shame, stigmatization, etc.). Cronbach's Alpha results revealed an acceptable rate between 0.86 and 0.40 (Bart and Scott, 1998). Further, the factors of the questionnaires revealed an appropriate convergent validity for the subscales namely, depression and somatization to General Health Questionnaire ($p \leq 0.01$) and ($p \leq 0.01$) SCL-25.

Additionally, the Brief-Coping Orientation to Problems Experienced (Brief-COPE) inventory was utilized to measure the coping of bereaved family members. The instrument is a 28-item questionnaire designed to measure multidimensional coping to assess the different ways in which people respond to stress (Carver et al., 1989). COPE is reported to have a good psychometric property. In the study of Matsumoto et al., (2020), the construct validity CFA suggested an acceptable model fit with RMSEA of 0.07 and GFI of 0.92, even though other indices were on the borderline of fitness (CFI = 0.89, NFI = 0.87, and NNFI = 0.83, respectively). The overall Cronbach's alpha of the scale was 0.86, indicating a good internal consistency.

In this study, both instruments was subjected to pilot testing to establish the reliability coefficients of the questionnaires. Furthermore, the questionnaires were translated to Hiligaynon with the help of a field expert.

This study was subjected to Ethics Review by the Guimaras State University – Research, Development and Extension Committee (GSU - RDEC). After a successful approval of the ethics board, the researchers, in collaboration with Provincial Social Welfare Development Office (PSWD0) Guimaras commenced the distribution of questionnaires to the respondents in the five municipalities of the province simultaneously.

The researchers orientied and explained in vernacular, the entire content of the informed consent which primarily includes the objectives of the study, limits to privacy and confidentiality, and other salient information about the research process. After which, the respondents affixed their signature voluntarily, bearing in mind their right to withdraw at anytime in the conduct of the research study.

After signing the informed consent, the researchers administered and assisted the respondents in answering the questionnaires. First part of the questionnaire includes the basic information and significant variables in the study. After which, the respondents answered questions in the Grief Experience Questionnaire, followed by the Brief COPES. The respondents were assured of the highest privacy and confidentiality of their responses.

Data were stored in a personal laptop of the researchers, protected with password. After the conduct of the study, questionnaires, and other information derived from the respondents were deleted and shredded.

After the survey, all responses were processed statistically using computer software. Descriptive statistics wascomputed primarily for socio-demographic purposes such as municipality, age, gender, relation to the suicide victim, educational attainment, family monthly income, civil status and religion. Significant relationships in the demographic variables were explored. Mean, frequency and Pearson product moment correlation were utilized to answer the objectives of the study.

The respondents should consent their participation in the study with voluntariness and free will. Once the respondents agreed to the informed consent, they were protected with anonymity, privacy, and confidentiality in the entire study, including future publications. The researchers, who are all licensed mental health professionals, provided psychosocial processing and appropriate intervention for whatever unanticipated emotions that will surface during the conduct of the study. The researchers adhered to the ethical standards by the Philippine Health Research Ethics Board (PHREB) and Psychological Association of the Philippines (PAP).

RESULTS AND DISCUSSIONS

Objective 1. To describe the socio-demographic profile of the respondents, such as municipality, age, gender, relation to the suicide victim, educational attainment, family monthly income, civil status, and religion;

Municipality	**Frequency**	**Percent**
Municipality A	11	33.3
Municipality B	3	9.1
Municipality C	5	15.2
Municipality D	6	18.2
Municipality E	8	24.2
Total	**33**	**100.00**

Table 1 shows the distributions of participants according to the Municipality to they are affiliated.

ISSN No. 2454-6186 | DOI: 10.47772/IJRISS | Volume IX Issue XI November 2025

Municipality A has the highest number of participants which is 11 or 33.33%. Municipality B has the lowest number of participants which is 3 or 9.1 %.

Age	**Frequency**	**Percent**
21-34	2	6.1
35-48	10	30.3
49-62	9	27.3
63-78	7	21.2
Did Not Answer	5	15.2
Total	**33**	**100.00**

Table 2 shows the frequency of participants according to age.

The age range 35- 48 years old shows the most number of participants in the study. The lowest number of participants in the study is the age range of 21-34 years old. Midlife is customarily defined as the time between age 40 to 65, with varying definitions in different sources (Ayalon et al., 2014; Toothman, 2011). This is a life period characterized by challenges (e.g., high familial and social expectations and declines in physical health) and opportunities (e.g., increased self-confidence, leadership, and community contribution), making midlife both a time of high stress (Infurna et al., 2020; Willis et al., 2010) and a time of well-being and even peak functioning (Heckhausen, 2001). In any case, biopsychosocial well-being during this life phase can vary considerably, from being confident and resilient to changes and difficulties (Burns et al., 2011), to being nervous or overanxious in response to stressful events and conflicts (Allemand et al., 2010; Sung-Man, 2018). Common risk factors for suicide may manifest differently in midlife (Im et al., 2011; O'Neill et al., 2018).

Gender	**Frequency**	**Percent**
Male	7	21.2
Female	23	69.7
Did Not Answer	3	9.1
Total	**33**	**100.00**

Table 3 shows the frequency of participants according to gender.

Table 3 presents the frequency count and percentage of participants according to gender preference. Notably, female got the most number of participants with the frequency count of 23 or 69.7%. The least number of participants is those who did not answer their preferred gender which has the frequency count of 3 or 9.1%. Miller (2019), in his study found out that women in female-dominated occupations also showed a higher suicide rate compared with women in male-dominated occupations.

Gender	**Frequency**	**Percent**
Son	9	27.3
Daughter	4	12.1

ISSN No. 2454-6186 | DOI: 10.47772/IJRISS | Volume IX Issue XI November 2025

Sibling	4	12.1
Wife	6	18.2
Husband	1	3.0
Niece/Nephew	3	9.1
Uncle	1	3.0
Father	1	3.0
Did Not Answer	4	12.1
Total	**33**	**100.00**

Table 4 shows the relation of the participant to the victim

The most number of participants in this is the wife of the victim which is 6 or 18.2%. The least number of participants is 1 which is the husband, the uncle, and the father of the victim. Pitman *et al.*, (2016), the effect of suicide bereavement is not limited to the family of the deceased. Therefore, we should also gather sufficient data to describe the bereavement needs and experiences among those who suffer a loss to suicide outside the immediate family.

Gender	**Frequency**	**Percent**
Elementary	11	33.3
High School	13	39.4
College	6	18.2
TESDA	1	3.0
Did Not Answer	2	6.1
Total	**33**	**100.00**

Table 5 revealed the educational attainment of the participants

Table 5 shows the educational attainment of the participants. Most of the participants were high school graduates which is 13 or 39.4%. Only 1 or 3% of the participants graduated from TESDA-related courses. Øien-Ødegaard et al., (2021) claimed that low educational attainment also seems to have a similar association with suicide risk for both men and women. High educational attainment, on the other hand, has to some extent a protective impact on suicide risk for men, but not for women.

Gender	**Frequency**	**Percent**
1-10000	29	87.9
10,001-20000	2	6.1
30001-40000	2	6.1
Total	**33**	**100.00**

Table 6 shows the family monthy income of the participants

Table 6 shows the family monthly income of the participants. Most of the participant's family monthly income ranges from 1- 10000 pesos per month (low-income earner), this has a frequency count of 29 or 87.9%. Only 2 or 6.1% of the participants disclose that their family monthly income is between the range of 30,001- 40,000 pesos per month. Lemmi, et.al. (2017), in their study, reported a positive association between economic adversity using a variety of poverty measures and completed suicide in bivariate analyses.

Gender	**Frequency**	**Percent**
Self-Employed	12	36.4
Private Employee	3	9.1
Government Employee	2	6.1
Housewife	10	30.3
Farmer	3	9.1
Pensioner	1	3.0
Did Not Answer	2	6.1
Total	**33**	**100.00**

Table 7 shows the occupation of the participants

Table 7 shows the occupations of the participants in the study. Most of the participants state that they are self-employed (personal or protected services) which means that 12 or 36.4% of the participants. The least number of occupations of the participants is the pensioner. Santander, et. al. (2022), in their study found that women in the 'life science and health professionals' group and men in the 'metal, machinery and related workers' as well as 'personal and protective service workers' groups have increased incidences of suicide after controlling for sociodemographic characteristics, the precariousness of the employment relationship, spells of unemployment, previous mental disorders, and previous suicide attempts. Moreover, men in female-dominated and male-dominated occupations and women in female-dominated occupations have a higher incidence of suicide, compared with those working in gender-balanced occupations.

Civil Status	**Frequency**	**Percent**
Single	3	9.1
Widow/Widower	11	33.3
Married	19	57.6
Total	**33**	**100.00**

Table 8. Civil Status

Table 8 shows the frequency distribution of the Civil Status of the participants. Most of the participants are married, 19 or 57. Single is the least civil status of the participants which is 3 or 9.1%. Married persons usually experience higher levels of social support as compared to unmarried (Soulsby and Bennett, 2015), which is believed to enhance general well-being in daily life through positive affect and recognition of self-worth, and to buffer adverse psychological and physiological reactions that may arise from stressful live-events and conditions (Cohen and Wills, 1985).

Religion	**Frequency**	**Percent**
Roman Catholic	22	66.7
Protestant	5	15.2
Aglipay	3	9.1
Baptist	1	3.0
Born Again	1	3.0
Did Not Answer	1	3.0
Total	**33**	**100.00**

Table 9. Religion of the Participants

Table 9 shows the religious affiliation of the participants. The most number of participants are Roman Catholics which is 22 or 66.7%. The least number of religious affiliations of the participants are Baptist, Born Again which Is 1 or 3%, and 1 or 3% who refuse to answer. Morphew (1968) in his study compared 50 suicide attempters hospitalized after self-poisoning concerning their religious beliefs and practices. He found no significant differences in terms of Catholic versus Protestant affiliation. Malone (2000) reported that religious persuasion, defined as Catholic and non-Catholic, did not differ between suicide attempters and nonattempters.

Objective 2. To measure the level of grief and coping of family members who were left by their loved ones who committed suicide.

Grief Subscales	**Score**	**Interpretation**
1. Somatic Reactions	2.35	Moderate
2. General Grief Reactions	2.45	Moderate
3. Search for Explanation	2.62	Moderate
4. Loss of Social Support	1.49	Low
5. Stigmatization	2.0	Low
6. Guilt	2.67	Moderate
7. Responsibility	1.65	Low
8. Shame	2.13	Low
9. Rejection	2.32	Low
10. Self-Destructive Behavior	1.58	Low
11. Unique Reactions	2.28	Low
Overall Grief Score	**2.14**	**Low**

Somatic Reactions. The respondents moderately experience sickness or trembling, shaking, or twitching. Also, somewhat feels light-headedness, dizziness, fainting, or nervousness.

The symptoms described, including trembling, shaking, light-headedness, dizziness, fainting, and nervousness, are consistent with those anxiety (Mercado, 2019). The experience of losing a loved one to suicide can have a profound impact on the physical and psychological health of family members. Spillane (2018) found that guilt, blame, and anger often lead to enduring physical and psychological difficulties, while Feigelman (2018) noted that these experiences are associated with greater mental health distress. Dutra (2018) further highlighted the stages of this experience, from shock to rebuilding life, and the need for support. Spillane (2020) added that family members may experience adverse health impacts, including vomiting, hypertension, and depression, following a loved one's high-risk self-harm. These studies underscore the need for proactive support and intervention to address the wide-ranging effects of suicide bereavement on family members.

General Grief Reactions. The respondents moderately felt uncomfortable when somebody offered condolences to them. In addition, they somewhat feel like they could not make it through another day or would never be able to get over the death. Moreover, they quietly question or feel anger or resentment towards their relative after their death due to suicide.

The experience of suicide bereavement is complex and often marked by feelings of discomfort, anger, and resentment. Feigelman (2018) and Pitman (2018) both highlight the pervasive nature of suicide bereavement and the stigma associated with it, which can exacerbate these negative emotions. Levi-Belz (2020) underscores the importance of self-forgiveness in mitigating emotional distress among suicide-loss survivors, suggesting a potential intervention strategy. Azorina (2019) further explores the impact of suicide bereavement on interpersonal relationships, revealing a range of responses including social discomfort, withdrawal, and fear of further losses. These findings collectively underscore the need for targeted support and interventions to address the unique challenges faced by those bereaved by suicide.

Search for Explanation. The respondents reflect moderately on their search for an explanation of the reasons why their loved one died by suicide, also, they somewhat do not accept the fact that the death had happened due to suicide, and fairly find a good reason for their death.

The process of grieving a loved one's suicide is complex and evolves over time. Brazda (2018) found that the search for an explanation is a significant aspect of this process, with the rationality of the suicide influencing the intensity of this search. Kõlves (2020) highlighted the enduring feelings of rejection, stigmatization, shame, and responsibility among suicide-bereaved individuals, which may contribute to their struggle to accept the reality of the suicide. This struggle is further complicated by the negative impact of stigmatizing discourses, as noted by Hagström (2018). However, Dutra (2018) emphasized the potential for growth and healing in the aftermath of suicide, suggesting that the search for a good reason for the death may be a part of this process.

Loss of Social Support. The respondents reflect low negative perceptions of the other people to them knowing they have family members who died due to suicide.

Research consistently shows that individuals who have lost family members to suicide experience significant stigma and negative perceptions from others (Pitman, 2018; Sajan, 2021; Sheehan, 2018). This stigma can lead to social withdrawal, communication challenges, and role changes within the family (Sajan, 2021). The bereaved families are often viewed as contributing to the suicide, leading to pressure to keep the suicide a secret and a withdrawal of support systems (Sheehan, 2018). The emotional and behavioral responses of families to adolescent suicide are particularly devastating, leading to prolonged grief and a range of psychological and physical symptoms (Kourkouta, 2019).

Stigmatization. The respondents show low feelings of being stigmatized by society because of the death of their family member due to suicide.

Research on the stigma experienced by those who have lost a family member to suicide reveals a complex interplay of factors. Weinberg (2021) found that personality traits, particularly neuroticism and openness to

experience, are associated with higher levels of public stigma. This is further compounded by the emergence of feelings of blameworthiness, which are linked to grief complications and mental health difficulties (Feigelman, 2020). The role of death anxiety and self-esteem in perpetuating this stigma is also highlighted, with reminders of death leading to increased stigma, particularly among those with low self-esteem (Kheibari, 2021). These findings underscore the need for targeted interventions to address the multifaceted nature of stigma surrounding suicide loss.

Guilt. The results indicate that the respondents moderately display guilt about the death of their loved one due to suicide.

Research consistently shows that guilt is a significant factor in the bereavement process for those who have lost a loved one to suicide (Camacho, 2018; Wagner, 2021). This guilt is often exacerbated by rumination, leading to increased levels of guilt (Camacho, 2018). The presence of guilt is also associated with symptoms of depression, prolonged grief, and posttraumatic stress disorder (Wagner, 2021). Despite these challenges, those who seek professional help often report experiencing guilt and stigmatization, suggesting a complex relationship between guilt and help-seeking behaviors (Gelezelyte, 2020).

Responsibility. The results show that the respondents reflect low responsibility for the death of their loved one due to suicide.

Suicide survivors often experience a range of psychological and emotional challenges, including fear, anger, self-blame, guilt, and confusion (Chakraborty, 2018). These can be exacerbated by the stigma associated with suicide, leading to complicated grief and a higher risk of severe psychological distress and suicidal behavior (Bellini, 2018). In some cases, survivors may deny the cause of death due to fear of stigma and isolation, economic repercussions, and religious beliefs (Ohayi, 2019). However, self-disclosure has been found to have a beneficial effect, serving as a protective factor against complicated grief (Levi-Belz, 2019).

Shame. The results reveal that the respondents have low feelings of shame for the death of their loved one due to suicide.

Research consistently shows that individuals bereaved by suicide often experience feelings of shame and guilt (Kõlves, 2019; Gelezelyte, 2020; Levi-Belz, 2023). These emotions can be particularly strong in those with low self-esteem, leading to increased stigma and decreased willingness to intervene (Kheibari, 2021). However, the extent of these feelings can vary, with some studies suggesting that the level of shame may be lower than expected (Kõlves, 2019).

Rejection. The results reveal that the respondents have low feelings of rejection from their deceased loved ones who died from suicide. Further, they show little sense of abandonment from them.

Research on suicide bereavement has found that while there are similarities in grief reactions between suicide and sudden death, there are also significant differences. Kõlves (2019, 2018, 2020) found that suicide-bereaved individuals experience higher levels of rejection, stigmatization, shame, and responsibility compared to those bereaved by sudden death. However, Goulah-Pabst (2021) highlighted the importance of social support, particularly through support groups, in alleviating these feelings of rejection and abandonment. This suggests that while these feelings may be present, they can be mitigated through appropriate support.

Self-Destructive Behavior. The results show that the respondents reflect a low risk of threatening behavior after the death of their loved ones due to suicide.

The research indicates that suicide bereavement can increase the risk of suicidal behavior (Hamdan, 2019). However, it also highlights the presence of resilient behaviors in those affected by suicide, such as artistic expression and support provision (Gallardo-Flores, 2023). Capron (2021) introduces the concept of unacceptable loss thresholds, suggesting that individuals contemplating suicide may set these thresholds, which, if violated, can trigger suicidal action. Westerlund (2020) further explores the risk factors for suicidal thoughts and behaviors among suicide-bereaved women, including the loss of a child, feelings of guilt and shame, and

perceived avoidance from family members. These findings suggest that while suicide bereavement can increase the risk of suicidal behavior, the presence of resilient behaviors and the understanding of individual thresholds can help mitigate this risk.

Unique Reactions. The result shows that the respondents reflect a low assertion that loved ones who died from suicide were motivated to do so. Also, the respondents expressed little feeling that their relative who died from suicide did it to get even with them. In addition, the respondents have low attempts to tell other people the true reason for their loved one's death. Further, they show low feelings that the death of their loved one due to suicide was a senseless and wasteful loss of life.

The studies by Kourkouta (2019), Kheibari (2021), Pitman (2018), and Corrigan (2018) collectively highlight the complex emotional and social responses of individuals who have lost a loved one to suicide. Kourkouta (2019) and Pitman (2018) both emphasize the profound and prolonged grief experienced by these individuals, with Pitman (2018) specifically noting the presence of stigmatizing social attitudes. Kheibari (2021) further explores the role of death anxiety and self-esteem in shaping these attitudes, finding that reminders of death can lead to increased stigma towards suicide, particularly among those with low self-esteem. Corrigan (2018) adds to this by identifying specific stereotypes, prejudices, and discriminations faced by families of suicide loss survivors. These findings collectively underscore the need for greater understanding and support for individuals affected by suicide loss.

Coping Subscale	Mean	Interpretation
1. Problem-Focused	2.98	High
2. Emotion-Focused	2.42	Moderate
3. Avoidant Coping	1.98	Moderate
Overall	**2.43**	**Moderate**

Problem-Focused. The results show that the respondents display high coping ($\bar{x}$= 2.98) on problem-focused which includes their active coping, use of informational support, planning, and positive reframing. Therefore, the results indicate very adequate coping strategies that are aimed at changing the stressful situation. Further, it connotes that they have highly sufficient psychological strength, grit, and a practical approach to problem-solving and are predictive of positive outcomes.

Research consistently shows that problem-focused coping, including active coping, use of informational support, planning, and positive reframing, is a key predictor of positive outcomes in bereavement, particularly in the context of suicide loss (Drapeau, 2019; Mathieu, 2022; Hallen, 2022). This coping style is associated with posttraumatic growth (Drapeau, 2019), and is utilized by both suicide and sudden death bereaved individuals, particularly those with a previous mental health diagnosis (Mathieu, 2022).

Emotion-Focused. The results indicate moderate ($\bar{x}$=2.42) emotional-focused coping of the respondents which includes their use of emotional support, humor, acceptance, self-blame, and religion. The results indicate adequate coping strategies that aim to regulate emotions associated with the stressful situation.

The coping strategies of family members left by loved ones who committed suicide are complex and multifaceted. Zavrou (2022) emphasizes the importance of maintaining a non-traumatizing memory of the deceased, destigmatizing the experience, and transforming it into support for others. Hallen (2022) further explores the role of coping styles in mitigating the impact of client suicide, with positive coping and humor being particularly effective. Groh (2018) and Dutra (2018) both highlight the need for culturally relevant postvention programs and the stages of the family's experience, from shock to rebuilding life. These studies collectively underscore the significance of coping strategies in the aftermath of suicide, and the potential for interventions to support those affected.

Avoidant Coping. The result indicates moderate ($\bar{x}$=1.90) avoidant coping of the respondents which includes their self-distraction, denial, substance use, and behavioral disengagement. The respondents display mild physical or cognitive efforts to disengage from the stressor. Also, results show fair adaptive coping.

The coping strategies of family members left by loved ones who committed suicide are complex and varied. Mathieu (2022) found that individuals bereaved by suicide tend to use avoidant coping, particularly those with a previous mental health diagnosis. This is consistent with the moderate avoidant coping observed in the study. However, Jurado (2021) and McCann (2018) both highlight the importance of adaptive coping strategies, such as seeking support and reorienting life, in dealing with the effects of suicide grief and substance misuse. These findings suggest a need for targeted support and interventions to promote adaptive coping in this population.

Objective 3. To identify the significant ~~r~~elationship between grief and coping with the demographic variables;

Variables	**n**	**r**	**p**
Grief and Municipality	33	0.375	0.031*
Grief and Age	33	0.278	0.017
Grief and Gender	33	0.254	0.154
Grief and Relation to the Victim	33	0.348	0.047*
Grief and Educational Attainment	33	0.265	0.136
Grief and Family Monthly Income	33	0.051	0.788
Grief and Occupation	33	0.267	0.132
Grief and Civil Status	33	0.337	0.055
Grief and Religion	33	0.143	0.428
*Note:** the correlation is significant when p<0.05			

The results of the present study demonstrate a significant relationship between grief, municipality (r=0.375; sig=0.031), and relation to the victim (r=0.348; sig=0.047). Other demographic variables such as age (r=0.278; sig=0.117); gender (r=0.254; sig=0.154); educational attainment (r=0.265; sig=0.136); family monthly income (r=0.051; sig=0.778); occupation (r=0.267; sig=0.132); civil status (r=0.337; sig=0.055); and religion (r=0.143; sig=0.428).

A weak relationship exists between grief and municipality may be attributed to the variations in the number of completed suicides per municipality. Likewise, this significant association is primarily affected by its geographical area and population. Among the five municipalities in the Province of Guimaras, Buenavista is the largest municipality and has the highest population share (Provincial Government of Guimaras, 2018). Moreover, this significant association may also affected by access to mental health services and social services among the bereaved families in every barangay. Thus, each Local Government Unit (LGU) has a unique strategy for helping families in times of crisis.

Furthermore, the association between grief and the relationship with the victim may be ascribed to the emotions invested by the significant others toward the suicide victim. Culturally, Filipinos possess a value of close family ties (Gozum, 2020). Similarly, Selman et al., (2022) further claimed that emotional and overall support needs were much higher for close families compared to distant family members and friends. Likewise, Breen et al.,

(2021) surveyed people bereaved by COVID-19 and found a close relationship with the deceased with higher functional impairment compared to distant relationships. Existing literature hypothesized the type and quality shared between the deceased and bereaved person might influence grief processes (Ennis & Majid, 2021; Tseng et al., 2017).

Variables	**n**	**r**	**p**
Coping and Municipality	33	0.284	0.110
Coping and Age	33	0.189	0.292
Coping and Gender	33	0.329	0.062
Coping and Relation to the Victim	33	0.209	0.243
Coping and Educational Attainment	33	0.121	0.501
Coping and Family Monthly Income	33	-0.083	0.646
Coping and Occupation	33	0.127	0.480
Coping and Civil Status	33	0.462	0.007*
Coping and Religion	33	-0.012	0.945
*Note:** the correlation is significant when p<0.05			

The results illustrate that among the demographic variables correlated with coping, only civil status (r=0.462; sig=0.007) had a significant relationship. Other demographic variables such as municipality (r=0.284; sig=0.110); as age (r=0.189; sig=0.292); gender (r=0.329; sig=0.062); relations to the victim (r=0.209; sig=0.243); educational attainment (r=0.121; sig=0.501); family monthly income (r=-0.083; sig=0.646); occupation (r=0.127; sig=0.480); and religion (r=-0.012; sig=0.945).

In this paper, the results revealed that coping was associated with civil status. This association is linked with the frequency of marital status among the respondents since most of them were married. Contextually, it has been found that those who are married have better physical and mental health as well as lower mortality (Drefahl, 2012). Despite their bereavement coping, married individuals, experience adequate levels of social, emotional, and financial support, monitor one another's health, and provide connections to a larger social network (Murray, 2000). For single and widowers, receiving support from others from their relatives and surrounding people shown to lessen grief reaction. Also, having spiritual anchors helped alleviate relative's grief reactions (Tyson, 2012). Thus, making their coping more efficient and effective.

Objective 4. To find the strength of the correlation between grief and coping.

Variables	**n**	**r**	**p**
Grief and Coping	33	0.749	0.000*
*Note:** the correlation is significant when p<0.05			

The results revealed a significant relationship between grief and coping (r=0.749, sig=0.000). According to Dancey and Reidy (2007), 0.7 demonstrates a strong relationship between two variables. The results revealed a strong and positive relationship between grief and coping. This suggests that when a person experiences a profound level of grief, there is an innate tendency and personal disposition for the individual to cope accordingly.

Moreover, Stroebe and Schut (1999) claimed the results of the study by introducing their concept of the dual process model of grief. According to this model, bereaved families experience loss-oriented strategies such as rumination about the suicide victim and maintaining a continued relationship with the deceased. Simultaneously, the bereaved families also experience restoration-oriented coping such as adjusting to new identities and roles in response to losing the deceased person. Individuals with habitual styles of perception, thought, and coping determine how a person handles the stress of bereavement (Tantrarungroj et al., 2022). Likewise, more flexible individuals and able to use mature coping strategies will deal with bereavement more effectively than others (Institute of Medicine, 1984).

The present findings also resonate with existing studies that coping has been associated with increased severity of grief (Fisher et al., 2020; Harper et al., 2015; McDevitt-Murphy et al., 2019; Schnider et al., 2007). In contrast, the study of Anderson et al., (2005) revealed coping has been associated with lower grief severity. Hence, this suggests the complicated relationship between coping and grief and may be affected by additional factors related to the suicidal event.

CONCLUSIONS

The results revealed low grief and moderate coping levels among the respondents. There were significant relationships between grief and demographic variables (municipality and relation to the victim). Similarly, a significant relationship between coping and demographic variables (civil status). Lastly, the study revealed a strong direct relationship between grief and coping. Thus, the present study concludes that the respondents had successfully surpassed the tumultuous journey of grief. With sufficient and appropriate coping strategies, the grief becomes meaningful to the bereaved families.

Based on the results of the present research, it is hereby recommended that the Provincial Social Welfare and Development Office (Guimaras) conduct a regular suicide awareness program to mitigate the increasing cases of suicide in the entire province. Likewise, it is imperative to strengthen the holistic development of every individual which covers the moral, spiritual, and value formation.

Further, in collaboration with Local Government Units may create ordinances or policies that would prevent discrimination towards bereaved individuals, and allocate a budget to increase access to mental health services. It is suggested that barangay officials and health workers will be trained in basic helping skills and crisis intervention.

Lastly, it is recommended to provide livelihood programs to bereaved family members or financial support for them to start all over again and move on with their lives. Regular follow-ups for psychological debriefing and psychological debriefing to bereaved families may be valuable.

ACKNOWLEDGMENT

The researchers would like to acknowledge the Provincial Social Welfare and Development Office (PSWDO) Guimaras, headed by Mrs. Shirley T. Gabutin, for funding the entire research project. This study would be invaluable without the efforts of Guimaras State University, headed by Dr. Lilian Diana B. Parreño, the LGUs of the five municipalities in the Province of Guimaras, and social workers who helped in a little way or another to make this study possible. All for the greater glory of God!

Conflict of Interest Statement

AI Disclosure

REFERENCES

1. Ayalon, L., Doron, I., Bodner, E., Inbar, N., 2014. Macro-and micro-level predictors of age categorization: results from the European Social Survey. Eur. J. Ageing 11 (1).

2. Azorina, V., Morant, N., Nesse, H., Stevenson, F., Osborn, D., King, M., & Pitman, A. (2019). The perceived impact of suicide bereavement on specific interpersonal relationships: A qualitative study of survey data. International journal of environmental research and public health, 16(10), 1801.https://doi.org/10.3390/ijerph16101801
3. Bellini, S., Erbuto, D., Andriessen, K., Milelli, M., Innamorati, M., Lester, D., Sampogna, G., Fiorillo, A., & Pompili, M. (2018). Depression, Hopelessness, and Complicated Grief in Survivors of Suicide. Frontiers in Psychology, 9. https://doi.org/10.3389/fpsyg.2018.00198
4. Brazda, G. F., Range, L. M., Remley, T. P., & White, C. C. (2019). Does knowing that a suicide was "rational" influence grief?. Death studies, 43(4), 235-239. https://doi.org/10.1080/07481187.2018.1450792
5. Burns, R.A., Anstey, K.J., Windsor, T.D., 2011. Subjective well-being mediates the effects of resilience and mastery on depression and anxiety in a large community sample of young and middle-aged adults. Aust. N. Z. J. Psychiatr. 45 (3).
6. Camacho, D., Pérez-Nieto, M.A., & Gordillo, F. (2018). Cause of Death and Guilt in Bereavement: The Role of Emotional Regulation and Kinship. Journal of Loss and Trauma, 23, 546 - 558. https://doi.org/10.1080/15325024.2018.1485277
7. Capron, D.W., Bauer, B.W., & Bryan, C.J. (2021). When people die by suicide: Introducing unacceptable loss thresholds as a potential missing link between suicide readiness states and actively suicidal clinical states. Suicide & life-threatening behavior. https://doi.org/10.1111/sltb.12820
8. Chakraborty, S., & Halder, S. (2018). Psychological sequelae in suicide survivors: A brief overview. Indian Journal of Social Psychiatry, 34, 105 - 110. https://doi.org/10.4103/ijsp.ijsp_57_17
9. Corrigan, P.W., Sheehan, L., Al-Khouja, M., Lewy, S.A., Major, D.R., Mead, J.K., Redmon, M., Rubey, C.T., & Weber, S. (2018). Insight into the Stigma of Suicide Loss Survivors: Factor Analyses of Family Stereotypes, Prejudices, and Discriminations. Archives of Suicide Research, 22, 57 - 66.
10. Drapeau, C.W., Lockman, J.D., Moore, M., & Cerel, J. (2019). Predictors of Posttraumatic Growth in Adults Bereaved by Suicide. Crisis, 40 3, 196-202 . https://doi.org/10.1027/0227-5910/a000556
11. Dutra, K., Preis, L., Caetano, J., Santos, J.L., & Lessa, G. (2018). Experiencing suicide in the family: from mourning to the quest for overcoming. *Revista brasileira de enfermagem, 71 suppl 5*, 2146-2153 . https://doi.org/10.1590/0034-7167-2017-0679
12. Feigelman, W., Cerel, J., McIntosh, J.L., Brent, D.A., & Gutin, N.J. (2018). Suicide exposures and bereavement among American adults: Evidence from the 2016 General Social Survey. *Journal of affective disorders, 227*, 1-6 . https://doi.org/10.1016/j.jad.2017.09.056
13. Feigelman, W., & Cerel, J. (2020). Feelings of Blameworthiness and Their Associations With the Grieving Process in Suicide Mourning. Frontiers in Psychology, 11. https://doi.org/10.3389/fpsyg.2020.00610
14. Gallardo-Flores, A., Morán-Carrillo, J., & García-Carmona, M. (2023). The Detection of Resilience in Families Grieving Over a Suicide. Omega, 302228231219047 . https://doi.org/10.1177/0030222823121904
15. Geležėlytė, O., Gailienė, D., Latakienė, J., Mažulytė-Rašytinė, E., Skruibis, P., Dadašev, S., & Grigienė, D. (2020). Factors of seeking professional psychological help by the bereaved by suicide. Frontiers in Psychology, 11, 592. https://doi.org/10.3389/fpsyg.2020.00592
16. Goulah-Pabst, D.M. (2021). Suicide Loss Survivors: Navigating Social Stigma and Threats to Social Bonds. OMEGA - Journal of Death and Dying, 87, 769 - 792. https://doi.org/10.1177/00302228211026513
17. Groh, C.J., Anthony, M.J., & Gash, J. (2018). The Aftermath of Suicide: A Qualitative Study With Guyanese Families. Archives of Psychiatric Nursing, 32, 469–474. https://doi.org/10.1016/j.apnu.2018.01.007
18. Hamdan, S., Berkman, N., Lavi, N., Levy, S., & Brent, D.A. (2019). The Effect of Sudden Death Bereavement on the Risk for Suicide. Crisis, 1-11 . https://doi.org/10.1027/0227-5910/a000635
19. Heckhausen, J., 2001. Adaptation and resilience in midlife. In: Lachman, M.E. (Ed.), Handbook of Midlife Development. John Wiley & Sons, Inc.,
20. Iemmi V, Bantjes J, Coast E, Channer K, Leone T, McDaid D, Palfreyman A, Stephens B, Lund C (2016). Suicide and poverty in low-income and middle-income countries: a systematic review. *The Lancet Psychiatry* 3.

21. Im, J.S., Choi, S.H., Hong, D., Seo, H.J., Park, S., Hong, J.P., 2011. Proximal risk factors and suicide methods among suicide completers from national suicide mortality data 2004-2006 in Korea. Compr. Psychiatr. 52 (3).
22. Infurna, F.J., Gerstorf, D., Lachman, M.E., 2020. Midlife in the 2020s: opportunities and challenges. Am. Psychol. 75 (4).
23. Kheibari, A., & Cerel, J. (2021). The Role of Death Anxiety and Self-Esteem in Suicide Attitudes. OMEGA-Journal of Death and Dying, 86, 1069 - 1088. https://doi.org/10.1177/00302228211000935
24. Kõlves, K., Zhao, Q., Ross, V., Hawgood, J., Spence, S.H., & de Leo, D. (2019). Suicide and other sudden death bereavement of immediate family members: An analysis of grief reactions six-months after death. Journal of affective disorders, 243, 96-102 . https://doi.org/10.1016/j.jad.2018.09.018
25. Kõlves, K., Zhao, Q., Ross, V., Hawgood, J., Spence, S. H., & De Leo, D. (2020). Suicide and sudden death bereavement in Australia: A longitudinal study of family members over 2 years after death. Australian & New Zealand Journal of Psychiatry, 54(1), 89-98. https://doi.org/10.1177/0004867419882490
26. Kourkouta, L.I., Koukourikos, K., Iliadis, C., & Tsaloglidou, A. (2019). CHILD SUICIDE: FAMILY'S REACTIONS. https://doi.org/10.32437/mhgcj.v2i2.57
27. Levi-Belz, Y., & Lev-Ari, L. (2019). "Let's talk about it": The moderating role of self-disclosure on complicated grief over time among suicide survivors. International journal of environmental research and public health, 16(19), 3740. https://doi.org/10.3390/ijerph16193740
28. Levi-Belz, Y., & Gilo, T. (2020). Emotional Distress Among Suicide Survivors: The Moderating Role of Self-Forgiveness. Frontiers in Psychiatry, 11. https://doi.org/10.3389/fpsyt.2020.00341
29. Levi-Belz, Y., & Hamdan, S. (2023). Shame, depression, and complicated grief among suicide loss-survivors: the moderating role of self-disclosure. European Journal of Psychotraumatology, 14. https://doi.org/10.1080/20008066.2023.2182820
30. Liu RT, Miller I. Life events and suicidal ideation and behavior: a systematic review. Clin Psychol Rev 2014;34:181–92.
31. Matilla Santander N, Blazevska B, Carli V, et al. Relation between occupation, gender dominance in the occupation and workplace and suicide in Sweden: a longitudinal study. BMJ Open 2022.
32. Mathieu, S.L., Todor, R., de Leo, D., & Kõlves, K. (2022). Coping Styles Utilized during Suicide and Sudden Death Bereavement in the First Six Months. International Journal of Environmental Research and Public Health, 19. https://doi.org/10.3390/ijerph192214709
33. McCann, T.V., & Lubman, D.I. (2018). Adaptive coping strategies of affected family members of a relative with substance misuse: A qualitative study. Journal of Advanced Nursing, 74, 100–109. https://doi.org/10.1111/jan.13405
34. Mercado, G. (2019). anxiety. *The Filmmaker's Eye: The Language of the Lens*. https://doi.org/10.4324/9780429446894-39
35. Morphew JA. Religion and Attempted Suicide. International Journal of Social Psychiatry. 1968;14(3)
36. O'Neill, S., Ennis, E., Corry, C., Bunting, B., 2018. Factors associated with suicide in four age groups: a population based study. Arch. Suicide Res. 22 (1).
37. Ohayi, S.R. (2019). "Doctor, please don't say he died by suicide": exploring the burden of suicide survivorship in a developing country. Egyptian Journal of Forensic Sciences, 9, 1-7. https://doi.org/10.1186/s41935-019-0153-3
38. Øien-Ødegaard C, Hauge LJ, Reneflot A. Marital status, educational attainment, and suicide risk: a Norwegian register-based population study. Popul Health Metr. 2021 Jul 12;19(1):33
39. Perdomo Jurado, Y.E., Caro Delgado, Á.G., Ortiz Amerita, N., & Ramírez Jaramillo, C.L. (2021). Duelo por suicidio. Salud y afrontamiento. Una revisión de literatura. Poliantea.https://doi.org/10.15765/poliantea.v16i28.2332
40. Pitman, A. L., Rantell, K., Moran, P., Sireling, L., Marston, L., King, M. B., & Osborn, D. P. J. (2017). Support received after bereavement by suicide and other sudden deaths: a cross-sectional UK study of 3,432 young bereaved adults. BMJ Open, 7(5), Article e014487.
41. Pitman, A.L., Stevenson, F.A., Osborn, D.P., & King, M.B. (2018). The stigma associated with bereavement by suicide and other sudden deaths: A qualitative interview study. *Social Science & Medicine (1982), 198*, 121 - 129. https://doi.org/10.1016/j.socscimed.2017.12.035

42. Sajan, M., Kakar, K., & Majid, U. (2021). Social Interactions While Grieving Suicide Loss: A Qualitative Review of 58 Studies. The Family Journal, 30, 401 - 410.
43. Sheehan, L., Corrigan, P.W., Al-Khouja, M., Lewy, S.A., Major, D.R., Mead, J.K., Redmon, M., Rubey, C.T., & Weber, S. (2018). Behind Closed Doors. OMEGA-Journal of Death and Dying, 77, 330 - 349.https://doi.org/10.1177/0030222816674215
44. Silvén Hagström, A. (2019). "Why did he choose to die?": A meaning-searching approach to parental suicide bereavement in youth. Death Studies, 43(2), 113-121. https://doi.org/10.1080/07481187.2018.1457604
45. Soulsby LK and KM Bennett, 2015. Marriage and psychological wellbeing: The role of social support. Psychology, 6: 1349
46. Spillane, A., Matvienko-Sikar, K., Larkin, C., Corcoran, P., & Arensman, E. (2018). What are the physical and psychological health effects of suicide bereavement on family members? An observational and interview mixed-methods study in Ireland. *BMJ Open, 8*. https://doi.org/10.1136/bmjopen-2017-019472
47. Spillane, A., Matvienko-Sikar, K., Larkin, C., & Arensman, E. (2020). How do people experience a family member's high-risk self-harm? An interpretative phenomenological analysis. *Archives of Suicide Research, 24*, 280 - 302. https://doi.org/10.1080/13811118.2019.1574248
48. Van der Hallen, R., & Godor, B. P. (2022). Exploring the role of coping strategies on the impact of client suicide: a structural equation modeling approach. OMEGA-Journal of death and dying, 00302228211073213.https://doi.org/10.1177/00302228211073213
49. Wagner, B., Hofmann, L., & Grafiadeli, R. (2021). The relationship between guilt, depression, prolonged grief, and posttraumatic stress symptoms after suicide bereavement. Journal of clinical psychology. https://doi.org/10.1002/jclp.23192
50. Weinberg, M., & Soffer, M. (2021). The Relationships Between Personality Traits and Public Stigma Attached to Families Bereaved Due To Suicide. OMEGA - Journal of Death and Dying, 87, 872 - 883. https://doi.org/10.1177/00302228211029147
51. Westerlund, M., Hökby, S., & Hadlaczky, G. (2020). Suicidal thoughts and behaviors among Swedish suicide-bereaved women: increased risk associated with the loss of a child, feelings of guilt and shame, and perceived avoidance from family members. Frontiers in psychology, 11, 539028.https://doi.org/10.3389/fpsyg.2020.01113
52. Willis, S.L., Martin, M., Rocke, C., 2010. Longitudinal perspectives on midlife development: stability and change. Eur. J. Ageing 7 (3).
53. Zavrou, R., Charalambous, A., Papastavrou, E., Koutrouba, A., & Karanikola, M.N. (2022). Trying to keep alive a non-traumatizing memory of the deceased: A meta-synthesis on the interpretation of loss in suicide-bereaved family members, their coping strategies and the effects on them. Journal of psychiatric and mental health nursing. https://doi.org/10.1111/jpm.12866