



Life after loss: Coping mechanism among grieving parents

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Abstract

This study explored the lived experiences of parents who had experienced the untimely death of a child, with particular attention to their grief journey, coping mechanisms, and post-loss challenges. Guided by the Kubler-Ross Grief Model, the research examined how parents navigated the various stages of grief, managed their emotional suffering, and adapted to life following their loss. To gain an in-depth understanding of these experiences, the study employed Interpretative Phenomenological Analysis (IPA), while data were examined through Structured Narrative Analysis to identify recurring patterns and meanings within participants' narratives. Findings revealed that all participants experienced the five stages of grief identified by Kubler-Ross; however, these stages did not occur in a fixed or linear sequence. Participants utilized various adaptive coping strategies, including preserving memories of their child through symbolic gestures, relying on family support, and maintaining daily responsibilities to sustain functionality. At the same time, some participants engaged in less adaptive responses, such as emotional suppression, grief avoidance, and reliance on unrealistic hopes, which hindered their ability to fully process their loss. The complex and individualized nature of parental bereavement emphasize the importance of accessible postvention services and psychosocial support. By providing deeper insight into the grief experiences of bereaved parents, this study contributes to the understanding of parental loss and offers implications for mental health professionals, support organizations, and policymakers seeking to improve bereavement care.

Keywords: *untimely death, interpretative phenomenological analysis, bereavement, Kubler-Ross Grief Theory*

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1. Introduction

The untimely death of a child due to accident, sudden death syndrome, stillbirth, or homicide brings about one of the most severe forms of parental grief, often lasting for years. This type of loss is frequently misunderstood by the social environment and leaves parents feeling increasingly isolated and unsupported (Berrozpe et al., 2024). According to Yaffe and Levkovich (2025), parental grief is highly complex, as it represents a profound disruption to an individual's emotional and psychological balance. In psychology, understanding grief is crucial because it carries significant implications for society, clinical practice, and theoretical development (Hamilton, 2016). Research has established that bereaved parents are at greater risk of developing mental health disorders such as depression, anxiety, and post-traumatic stress disorder (Szuhany et al., 2021; Hollins Martin & Martin, 2016).

Previous studies have identified several coping mechanisms used by grieving individuals, including seeking social support, engaging in meaning-making processes, and relying on spiritual or religious practices (Benkel et al., 2024; Pereira et al., 2024). However, there remains a gap in the scientific literature regarding the in-depth understanding of the lived experiences of grieving parents and the strategies they use to rebuild their lives after such a loss. This gap is particularly evident in qualitative research, which is essential in capturing the complexity, emotional depth, and diversity of parental grief and resilience. Addressing this gap, the present study seeks to explore the experiences of bereaved parents in a more comprehensive and meaningful way.

In undertaking this qualitative research, the study contributes to filling the gap in literature by capturing the depth and diversity of coping experiences among bereaved parents. It also aims to advance existing theories of grief and loss, particularly the stages of grief proposed by Kübler-Ross and may challenge or expand current perspectives on coping processes. Specifically, this study aims to answer the following questions:

1. How do parents deal with the untimely death of their child across the five stages of grief, denial, anger, bargaining, depression, and acceptance?
2. What coping strategies are employed by parents in managing their grief?
3. What is the impact of their child's untimely death on their present lives?

2. Literature Review

2.1. Untimely Death and Parental Grief

Untimely death refers to a sudden and unexpected loss that occurs without adequate preparation and often result in heightened emotional distress among surviving family members. Such deaths may arise from road traffic accidents, drowning, sudden death syndrome, suicide, homicide, stillbirth, communicable diseases, and other unforeseen circumstances (Statista, 2024). Globally and in the Philippines, these causes continue to contribute significantly to mortality rates and are recognized as major public health concerns (Hasini, 2019; Guevarra et al., 2021; Sefton et al., 2023; Gillette, 2023; Ahmed et al., 2024; Duncan & Byard, 2018; Lagman et al., 2021; van Dillen et al., 2024).

The death of a child is considered one of the most devastating events a parent can experience. Unlike anticipated losses, untimely deaths often leave parents with little opportunity to prepare emotionally, increasing feelings of shock, disbelief, helplessness, and trauma (Weaver et al., 2023; Black & Heo, 2023). Parents who lose a child frequently experience intense emotional reactions that affect their psychological well-being, social relationships, and overall quality of life (Wainwright et al., 2020; Barnes et al., 2014). Research has shown that parental grief following an untimely death can persist for years and may be accompanied by depression, anxiety, post-traumatic stress symptoms, guilt, and social withdrawal (Zavrou et al., 2023). The severity of grief is often influenced by the circumstances surrounding the death, particularly when the loss is sudden, violent, or self-inflicted. Consequently, the untimely death of a child represents not only a personal tragedy but also a significant psychological challenge for bereaved parents (Wagner et al., 2021; Arboleda et al., 2025).

2.2. Bereavement and Support Systems

Bereavement refers to the period of mourning and adjustment following the death of a loved one. It is considered one of the most stressful life experiences and can affect emotional, physical, social, and spiritual well-being (Melhem et al., 2024). For parents who lose a child, bereavement often involves profound sadness, disruption of daily functioning, and changes in family dynamics that require long-term adjustment (Fulbrook, 2015).

Support systems play an important role in helping bereaved parents navigate grief. Professional counseling, psychosocial services, peer support groups, and family support

provide opportunities for emotional expression, validation of feelings, and development of adaptive coping strategies (Weaver et al., 2023; Berrozpe et al., 2024). Community support also contributes to reducing feelings of isolation and helping parents establish meaningful social connections during the grieving process. Access to support services, however, remains a challenge for many bereaved families. Financial constraints, social stigma related to mental health, and limited availability of specialized grief services may hinder parents from seeking professional assistance (Arboleda et al., 2025). As a result, many bereaved parents rely heavily on informal support networks, including family members, friends, and support groups, to assist them throughout the bereavement process.

2.3. Grief Process and Stages of Grief

Grief is a natural response to loss and is commonly explained through Kübler-Ross's five-stage model, which consists of denial, anger, bargaining, depression, and acceptance (Kübler-Ross, 1969). These stages provide a framework for understanding the emotional reactions that individuals may experience following the death of a loved one. Although not all individuals experience every stage, the model remains one of the most influential approaches to understanding grief.

Denial often emerges immediately after the loss as a temporary defense mechanism that protects individuals from the overwhelming reality of death (Lee, 2022). This stage is commonly followed by anger, during which parents may direct frustration toward themselves, others, healthcare systems, or circumstances associated with the death. Feelings of guilt and self-blame frequently accompany anger, particularly among parents who perceive themselves as having failed to protect their child (Ali & Rehna, 2022).

As grief progresses, parents may experience bargaining and depression before gradually reaching acceptance. Bargaining is characterized by persistent questioning and attempts to make sense of the loss, whereas depression often involves sadness, loneliness, hopelessness, and emotional exhaustion (Black & Heo, 2023; Weissinger et al., 2023). Acceptance does not imply the absence of pain but rather the integration of the loss into one's life while continuing to maintain a connection with the memory of the child (Lee, 2022; Zavrou et al., 2023). Contemporary studies further emphasize that grief is often non-linear and may fluctuate across different stages over time (Cabañero & Namoco, 2025).

2.4. Coping Strategies and Meaning-Making

Coping strategies refer to the cognitive, emotional, and behavioral efforts individuals employ to manage stressful situations and adapt to loss. Parents who experience the death of a child often utilize various coping mechanisms to navigate the challenges associated with grief. These strategies may include emotional expression, participation in support groups, spiritual practices, self-care activities, and professional counseling (Benkel et al., 2024; Pereira et al., 2024).

Research distinguishes between adaptive and maladaptive coping strategies. Active and supportive coping approaches encourage emotional processing and social engagement, whereas avoidant coping may contribute to prolonged grief and depressive symptoms (Fisher et al., 2020). The Dual Process Model further explains that bereaved individuals alternate between confronting their loss and adapting to life changes to gradually adjust to their new reality (Albuquerque et al., 2017).

Meaning-making is another important aspect of coping following the loss of a child. It involves finding purpose, understanding, or significance in the loss experience. Parents often seek meaning through spirituality, personal growth, helping others, preserving their child's memory, or developing new perspectives about life and death. The process of meaning reconstruction has been associated with improved psychological adjustment, resilience, and post-traumatic growth among bereaved parents (Henricks, 2018; Rolbiecki et al., 2023; Bogensperger & Lueger-Schuster, 2014).

2.5. Lived Experiences of Bereaved Parents

The lived experiences of parents following the untimely death of a child are complex and multifaceted. Bereaved parents often report feelings of emotional devastation, trauma, confusion, guilt, fear, and loneliness. These experiences can affect multiple areas of life, including mental health, family relationships, work performance, and social interactions (De Guzman & Villazor, 2022; Weissinger et al., 2023).

Parents frequently describe a sense of disconnection from their previous lives as they attempt to adapt to a reality without their child. Many experience significant changes in family roles, personal identity, and interpersonal relationships. The grieving process often requires ongoing adjustment as parents learn to manage the emotional impact of their loss while continuing their daily responsibilities (Ross et al., 2018; Pitman et al., 2014).

Despite the profound pain associated with bereavement, some parents report experiences of resilience, personal growth, strengthened spirituality, and renewed purpose. Over time, many find ways to honor their child's memory and transform their suffering into meaningful actions, demonstrating the complex and dynamic nature of parental grief and recovery (Lee, 2022; De Guzman & Villazor, 2022; Bogensperger & Lueger-Schuster, 2014).

3. Methodology

3.1. Research Design

This study primarily employed Interpretative Phenomenological Analysis (IPA) to explore the lived experiences of bereaved parents. To complement this, elements of Structural Narrative Analysis were integrated to examine how participants constructed meaning through their personal stories. This combined approach ensured both depth of interpretation and structural understanding of grief narratives.

3.2. Participants of the Study

The participants of this study were seven parents who had experienced the untimely death of a child at least two years prior to the research. Participants were selected through purposive sampling based on their willingness to share their experiences. The causes of their children's deaths included road accidents, gun violence, myoma-related complications, and stillbirth, providing diverse contexts for understanding parental grief and bereavement.

Consistent with IPA, the study prioritized depth and richness of individual experiences rather than breadth or full data saturation. The findings offer detailed, context-specific insights into how parents navigate grief, cope with loss, and make meaning of their experiences following the death of a child. While the diverse demographic profile enhanced the understanding of bereavement across different circumstances, the study does not claim to represent all parental grief experiences. Therefore, future research is encouraged to include a broader range of participants to capture greater socio-economic, cultural, and experiential diversity.

Table 1

Demographic profile of participants

Code	Age	Sex	Occupation	Marital Status	Age of the child	Status of the child at the time of death	Cause of death of the child	Years since passing
Parent A	55	F	Canteen Staff	Married	20	Working	Road Accident	6
Parent B	55	M	Tricycle Driver	Married	20	Working	Road Accident	6
Parent C	66	F	Housewife	Widowed	27	Working	Gun Shot	10
Parent D	71	F	Housewife	Married	21	Working	Road Accident	27
Parent E	58	F	Factory Worker	Married	22	Working	Myoma	5
Parent F	30	F	Housewife	Single	New Born	New Born	Stillbirth	9
Parent G	49	F	Factory Worker	Single	24	Working	Gun Shot	3

3.3. Instrumentation and Data Gathering Process

A semi-structured interview guide served as the primary data collection instrument. The guide was developed based on existing grief literature, including Kübler-Ross's theory, and focused on participants' emotional responses, coping mechanisms, and sources of social support. To ensure relevance and clarity, the instrument underwent expert validation and pilot testing prior to data collection.

The data collection process involved identifying participants through referrals, conducting home visits, and scheduling interviews. Seven participants from two locations in Quezon were interviewed either face-to-face or through secure video conferencing platforms. Interviews lasted approximately 60 to 90 minutes and were conducted using a trauma-informed approach that allowed participants to share their experiences in their own words while providing opportunities for deeper probing when necessary. Discussions typically began with the child's condition prior to death and concluded with supportive and encouraging closure.

With participants' informed consent, interviews were audio-recorded and supplemented with field notes to ensure accurate documentation. Ethical principles were strictly observed throughout the study, including informed consent, confidentiality, voluntary participation, and the right to pause or terminate the interview at any point to ensure participants' comfort and well-being.

Despite its strengths in generating rich and detailed narratives, the method had several limitations. The emotional sensitivity of the topic may have influenced participants'

willingness to disclose certain experiences, while self-selection bias and reliance on self-reported accounts may have affected the accuracy and transferability of the findings.

3.4. Data Analysis

The study employed narrative analysis to explore the lived experiences of bereaved parents. Narratives were treated as meaningful accounts that connect past experiences, present realities, and future perspectives. To strengthen the analysis, Structural Narrative Analysis developed by Labov and Waletzky (1967) was utilized. This approach organized participants' narratives into key components, including the introduction, background, sequence of events, interpretation, and conclusion.

The analysis focused on several narrative elements, including coping mechanisms, social support, emotional tone, event sequencing, and the use of symbolic language. Direct quotations were incorporated to preserve the authenticity of participants' experiences, while Filipino responses were translated into English to enhance accessibility without compromising cultural meaning and context.

3.5. Research Ethics

This study strictly observed ethical principles in conducting research involving human participants, particularly because the topic involved sensitive experiences of parents who lost a child. Prior to conducting the study, the researchers ensured that the research process was properly explained and ethically appropriate.

First, informed consent was obtained from all participants before the interviews were conducted. The participants were provided with a consent form that clearly explained the purpose of the study, the procedures involved, the estimated duration of the interview, and the possible emotional risks and benefits of participating. Participation in the study was entirely voluntary, and participants were informed that they had the right to decline answering any question or withdraw from the study at any time without any consequences.

To ensure participants' safety and welfare, the researchers conducted the interviews in private and comfortable settings where participants could freely express their experiences. Because the topic involved emotional memories, the interview process followed a trauma-informed approach. Participants were allowed to pause or stop the interview if they felt overwhelmed while sharing their experiences.

The study also ensured confidentiality and data protection. Personal information of the participants was kept strictly confidential, and their identities were not disclosed in any part of the research. Audio recordings and collected data were used only for research purposes and were securely stored by the researchers. Any information obtained during the interviews was treated with respect and used solely for academic analysis.

4. Findings and Discussion

4.1. The Journey After Their Child's Untimely Death

First Stage: Denial. The loss of a child is one of the most painful experiences a parent can endure because of the deep physical and psychological bond that begins even before birth and continues throughout life (Ali et al., 2021). According to Lee (2022), denial serves as a defense mechanism that helps lessen the initial shock of loss and may manifest through disbelief, emotional numbness, refusal to accept reality, or hope that things will return to normal. Most participants described feelings of shock and disbelief when they first learned about their child's death. Parent A recalled going to the hospital expecting to find her son alive:

"We searched for him at the hospital. We thought he was still there. But it turned out he was already at the funeral home. I couldn't believe it. Because we thought he was by the sea... We couldn't accept it at first... But I told myself we have to accept it."

Similarly, Parent B struggled to believe the news about his child:

"When I got home, I looked for our tricycle. I just asked, 'where is our child?' The one that got into an accident looked like our tricycle. My spouse said our tricycle was in the sea... About 15 minutes later, the barangay captain called, and we opened the door. Then they told us that our child had been in an accident."

Parent C also recalled being unable to comprehend the tragedy when her eldest son delivered the news:

"He had just left the house... So I asked, 'What happened to Bugoy?' but no one answered. My husband and son went to the scene of the tragedy. No one told me what happened. Only my eldest child told me that my youngest got killed."

Likewise, Parent D remembered believing that her daughter was merely hospitalized:

"December 14, we were preparing since my eldest child was about to get married... When we arrived home, we got a call telling us to come to the city"

because my child had been in an accident. But they did not tell us that she had passed away. So when we left, I brought a lot of clothes, thinking we would be staying at the hospital for a while. But when we got there, my child was already in the mortuary.”

She further shared:

“It felt so bad! I could not understand what I was feeling. I was doing the laundry, keeping myself busy with different tasks... Then my tears just started falling. I could not accept that she was really gone.”

Parent D also revealed that she continued hoping for several years that her daughter would return. Parent E similarly experienced disbelief after finally securing treatment for her daughter during the pandemic:

“I felt at ease. I thought everything was fine... I never imagined that something like that would happen, that she would be gone that same day at around eight in the evening... I didn't know what to do when she passed away.”

Denial was also evident among parents who experienced stillbirth and violent death. The loss of a child before birth represents the loss of hopes and expectations developed throughout pregnancy (Siva et al., 2024). Parent F recalled believing her baby was still alive shortly before delivery:

“I felt the baby still move that night... I wish they had checked on me regularly, maybe they would have known that the baby's heartbeat had gone weak. It hurts... That moment was truly painful.”

Meanwhile, Parent G described the shock she experienced after hearing a gunshot and discovering that her daughter had been shot:

“I had just finished eating and was drinking water when I heard a gunshot. I went outside and saw my eldest child running... telling me that my daughter had been shot. I then saw my daughter [covered in blood] being carried by her husband, there was so much blood...”

The participants consistently described shock, disbelief, and difficulty accepting the reality of their child's death. Consistent with the Kübler-Ross model, denial served as an emotional shield that temporarily protected them from the overwhelming reality of the loss

(Lee, 2022). Their experiences demonstrate that denial was not merely a refusal to accept reality but a protective mechanism that allowed them to gradually process and adjust to one of the most painful experiences of their lives (Siva et al., 2024; Livneh, 2018).

Second Stage: Anger. Anger is a natural part of the grieving process and often arises from feelings of injustice, helplessness, or frustration following the loss of a loved one. This emotion may be directed toward oneself, other people, God, or the circumstances surrounding the death (Fisher, 2023). For some parents, anger was directed inward through self-blame. Parent E believed she had failed as a mother and shared:

"I was only angry at myself. I felt like I had been a neglectful mother, and that's why I lost my child. I blamed myself... I never thought something like that would happen to her."

Likewise, Parent F expressed resentment toward both herself and the midwife involved in her pregnancy:

"I'm angry. I just felt really bad toward the midwife. And I don't know... I'm really angry at myself too. If only I hadn't agreed to give birth at the lying-in clinic... I wish I had done it like with my eldest, at the hospital."

Other participants directed their anger toward individuals or objects associated with the incident. Parent A recalled that seeing the bus involved in the accident still triggered painful emotions:

"Even now, whenever I see an X bus, I remember and feel bad. Every time I see a bus, the memory of what happened never leaves our minds."

Similarly, Parent D remained angry toward the driver responsible for her daughter's death:

"I'm angry at the driver, the one who caused the accident... I can never forgive him. I'll leave it to God, he has taken so many lives."

Her anger was intensified by the family's lengthy pursuit of justice:

“For about ten years, we kept going back and forth to Manila for hearings. At first, 15 families attended. Then it became nine, then six, and eventually only four remained. The others stopped trying.”

Parent G likewise struggled with unresolved anger toward the person who shot her daughter. Although compensation was accepted, forgiveness remained difficult:

“For me, I really don’t want to accept the reparation, but our house was already in a bad situation. If I didn’t feel sorry for my children I wouldn’t take the money.”

“Even though we crossed paths, no matter what, I cannot directly look at him. Of course, for me, I’m still angry at him. Although he had already paid the price of what he had done, the lingering emotion remains... I just can’t accept it.”

“My daughter didn’t wronged him, so why did he kill her? He says it wasn’t on purpose. He did apologize, saying he didn’t even realize what he did.”

“Even if they say they’ve made up for it, the pain is still there. I know lying is wrong, but if I had been there at the station, I might have said my child was pregnant, just so they’d charge him with double murder. That’s how much anger I still feel.”

Not all anger was directed toward people. Parent C expressed resentment toward God:

“I won’t even contest, but I really resented God for it. Of all the people who He could’ve taken, why did he take my children who didn’t even have illnesses? That’s the only grievance I still hold against God.”

Meanwhile, Parent B described anger toward the situation itself:

“If I had gone down to that accident and intervened, something bad would have happened. Maybe I was kept away from there so I wouldn’t end up hurting someone. I was angry, but only a little. People say anger eventually fades, anyway.”

The participants’ narratives show that anger manifested in various forms, including self-blame, resentment toward others, frustration over the lack of justice, anger toward God, and anger toward the circumstances of the loss. Consistent with Fisher (2023), anger emerged after parents began to recognize the reality of death. These experiences also support the view that anger often stems from perceived injustice and serves as a response to the emotional pain associated with loss (Denson & Tan, 2022).

Third Stage: Bargaining. According to the Kübler-Ross theory, bargaining is a stage in which grieving individuals seek hope amid feelings of helplessness and loss. During this stage, people often negotiate with themselves, others, or a higher power through “what if” and “if only” thoughts as they attempt to lessen feelings of guilt and responsibility. For Parent F, bargaining centered on regret over the decision to give birth in a lying-in clinic rather than a hospital. She repeatedly reflected on what could have been done differently:

“I really wish I hadn’t agreed to give birth at the lying-in clinic. I should’ve just gone to the nursery. But my husband and daughter-in-law said it was free, so I went along with it.”

She also imagined what life would have been like if her child had survived:

“Maybe if she were still alive, she’d be happy here. She and my youngest would’ve shared a birthday, March 23. And there would’ve been another older sister my youngest calls. Those kinds of ‘what ifs.’ are what I always say to myself now.”

Similarly, Parent B found himself wishing for impossible alternatives that would allow him to reunite with his son:

“If only it were like in the movies, where a soul can take over someone else’s body, it would’ve been easier. Because accepting what happened is really hard. His habits, his personality, and the things he used to do, they’re difficult to forget.”

Unlike the others, Parent A did not negotiate for her son’s life but instead drew strength from his words:

“You are not just a mother to one child. No matter what happens, you must be strong.”

For Parent C, bargaining took the form of questioning God and wishing that she had been taken instead of her child:

“My God, I don’t know. What sin have I committed against You? Why won’t you just take me instead?”

Meanwhile, Parents D and E found comfort in believing that their daughters were now at peace with God. Parent E prayed:

“I asked the Lord, ‘Please don’t abandon my child. Give her peace and restfulness for their soul.’”

Despite this, Parent D continued to imagine the future her daughter could have had:

“If she were still alive, she would be 46 years old... Who knows where we would have been if she were still here. She might be singing in different places.”

Likewise, Parent G reflected on the many possibilities she had imagined after her daughter's death:

“I had so many 'what ifs' during that time. But I just accepted it. Nothing will change, no matter what I say. So, I stayed silent and let myself sink into the quiet.”

The participants' experiences demonstrate that bargaining was characterized by regrets, "what if" thoughts, imagined alternatives, and negotiations with oneself or God. These reflections provided temporary comfort and hope amid overwhelming grief. Consistent with Sawyer et al. (2021), bargaining served as a way for bereaved parents to lessen emotional pain and cope with feelings of helplessness, even though the outcomes they imagined could never alter the reality of their loss.

Fourth Stage: Depression. Depressive features are common during the grieving process and may include hopelessness, withdrawal, emotional numbness, difficulty functioning, frequent crying, and loss of interest in previously meaningful activities (Weissinger et al., 2023). Several participants described losing motivation and disengaging from activities they once valued. Parent A initially avoided expressing her emotions, stating:

“There are many unsaid words, but I just don't want to speak anymore. I'd rather not speak.”

She later admitted a loss of interest in life and activities she once enjoyed:

“I've lost interest. It's gone.”

“I'm not going to run to the altar for the procession anymore. That part of me is over.”

Similarly, Parent D described feeling detached from reality even during an important family event:

“My eldest got married, but I felt disconnected... like I was floating. I couldn't grasp the significance of the wedding. Honestly, it meant nothing to me, I was just there, detached. I don't even remember what happened back then.”

Other parents responded differently to their grief. Parent E reported maintaining her daily routine despite occasionally crying when remembering her daughter:

"Nothing much, just work as usual... work, home, work, home... that's it. The only thing I focus on now is my children... but they already have their own lives."

Likewise, Parent G coped by constantly keeping herself occupied and staying away from home:

"Honestly, I like being away from home. My life is just back and forth, always moving. I leave, then when I get tired of working in Manila, I go back, settle for a bit, and then leave again. And when I get bored or fed up with another job, I start wanting to go back there again."

In contrast, Parent F experienced grief in solitude and described crying alone every night:

"Every night, I cried—but I never said a word to anyone."

She further explained:

"Crying with deep sobs? No. Just silent tears in the dark, tucked away in a corner. When the memories hit, I'd let it pass, just like that."

The participants' experiences reveal that depression manifested in different ways, including withdrawal, emotional numbness, loss of interest, detachment, persistent sadness, and silent grieving. While some parents became disengaged from their surroundings, others immersed themselves in work and daily responsibilities as a way of coping. These findings support previous research indicating that parental bereavement is often associated with depressive symptoms and disruptions in emotional and social functioning (Cacciatore et al., 2014; Harper et al., 2014). The variation in responses also highlights how individual coping styles influence the experience of grief and adjustment following the loss of a child.

Last Stage: Acceptance. Acceptance is a highly personal and evolving stage of grief in which bereaved parents gradually come to terms with the reality of their loss. The participants described different pathways toward acceptance, influenced by their memories, beliefs, coping strategies, and personal circumstances (Calderwood & Alberton, 2021). For Parent A,

acceptance remained difficult because of the unique bond she shared with her child. She explained:

"He was really the only one like that, and that's why it's so hard to accept. But I told everyone, we have to."

She also acknowledged how memories made acceptance more challenging:

"Back then, we always felt that it was difficult. That's why I said, accepting it is really hard when there are so many memories."

Despite the pain, she found strength through faith:

"But we held on to the Lord God, and that's what helped us accept everything that happened."

Similarly, Parent B reached acceptance when a major reminder of the tragedy disappeared from his daily life:

"So, I said, it feels like I've accepted it because I haven't seen that bus in a long time. That's why the heavy feeling inside me slowly disappeared. Since the bus is gone here, I felt relieved."

Parent C found acceptance through silence and the realization that nothing could change the outcome:

"I just accepted it. Nothing will change anyway. Even if I speak, nothing will come out, or something will, but it won't matter. So, I stayed silent."
"We just stayed quiet. We've accepted it. I have accepted it."

In contrast, Parent D struggled for years before accepting her daughter's death. She continued hoping for her return:

"She will eventually come home. Yet it's been five years, and I've always been waiting for her return."

Over time, she gradually accepted the reality of the loss, although the pain remained. Likewise, Parent E accepted her daughter's death by focusing on positive memories and recognizing the inevitability of death:

"She's truly gone... You shouldn't keep thinking about it when someone is gone. They won't come back to life. Our lives just keep on going."

She further reflected:

"I'm getting older, and soon, I will be gone too.."

Parent F also acknowledged the loss but continued to avoid discussing it, suggesting that acceptance did not necessarily remove the pain:

"It's been nine years, but it still hurts to bring it up. I don't like talking about what happened to my child. I haven't even told my other children about it."

Meanwhile, Parent G continued to struggle with unanswered questions and the perceived injustice of her daughter's death:

"It's like I... I can't accept it. I keep asking myself two questions. My child did nothing wrong. Why was she killed? He said he didn't mean to, but he asked for forgiveness. He said he didn't know what he had done."

The participants' narratives illustrate that acceptance was not a single moment but a gradual process shaped by faith, memories, environmental triggers, personal reflection, and the search for meaning. While some found comfort through spirituality, silence, or the passage of time, others continued to struggle with lingering questions and emotional pain. These experiences support the view that acceptance is dynamic and individualized, with coping strategies and personal circumstances influencing how parents adapt to the loss of a child (Calderwood & Alberton, 2021; Moriconi et al., 2022).

4.2. The Coping Mechanism Parents Employed After Their Child's Untimely Death

As grief progressed, parents developed different coping strategies to manage the emotional pain of losing a child. Their coping mechanisms were shaped by personal beliefs, available support systems, and individual circumstances. For Parent A, coping involved finding comfort in symbolic reminders and strengthening her faith. She recalled repeatedly encountering a butterfly after her child's death:

"And when I came home here at night, most of the time, a butterfly came with me. Then I said, even though I don't believe in those things, I don't feel afraid. Even if I go far, even if I travel, I am not afraid."

She further shared:

"I did it. Because I said, truly, he should accompany me. Because he knows, I don't know where to go."

The butterfly became a source of comfort and a reminder of her child's presence.

"It feels like I'm not alone. Even though I am alone, I know he is here. It's like my mind tells me that even if he's gone, he's still here."

She also kept her child's photographs despite advice to put them away:

"They told me to put his picture away, some people believe in things like that. So, I kept it for a year, tucked it aside. But the more time passed, the harder it felt. Without his picture, it was like he had disappeared too, like we had just pushed him away... and that made it even harder to accept."

Faith also became a major source of strength for Parents A and B:

"So, we just strengthen each other. Whenever we're here, we pray. Thankfully, even back then, right after it happened, we often held prayers here, that's what Bro. Wally would do."

"After I attended a worship, the heavy feelings I had became lighter even after I went home. Even if I have problems or struggles, even if we lose things or run out of what we have, I will never stop worshiping. Because I said, that is where I truly draw my strength, from the Lord God."

"What I always say is, maybe if I weren't close to God, if I weren't part of the Iglesia Ni Cristo, I might have lost my mind or even ended my life."

Parent C relied primarily on faith because health limitations prevented participation in previous religious activities.

"Since I had a stroke, I haven't been able to attend worship."

She also described having limited support:

"There's nothing else. It's just the two of us."

Instead, she entrusted her grief to God:

"I just entrusted it to God."

Parent D coped by preserving her daughter's belongings, maintaining a tangible connection to her memory.

"Until now, some of her clothes are still here, I haven't removed them. I haven't thrown away her things from work, like the hairnets... She still has tools here, like small pliers... I haven't thrown them away. I don't use them either... They're just kept in storage."

Despite encouragement from friends to move forward:

"My friends said, 'You have to accept it. It is part of God's calling... Accept it, for the sake of your four children.'"

Parent F adopted a different approach by giving away her baby's belongings:

"I have given away all my child's belongings. I have given away everything."

She relied heavily on advice from her aunt:

"It was only my aunt who kept giving me advice, to stay strong, to fight the sadness. She reminded me that I still have another child who's here for me, that my spouse is also there, going through this with me. That's what she kept telling me."

Similarly, Parent E relied on her spouse and maintained a sense of connection with her daughter.

"Yes... it feels like she was here... like I can still feel she's here."

"I still remember when she said I shouldn't neglect her things, that I shouldn't let them get damaged... And I really haven't let them be ruined."

"After work, I just go straight home and sleep. That's it. You shouldn't keep thinking about it... that she's gone. Or else, my mind might break from overthinking... but I just stay calm."

Parents E and F often focused on daily responsibilities rather than openly expressing their emotions. Parent G, however, coped through constant work and social interaction.

"I prefer being away most of the time. My life is always back and forth. I leave, then when I get tired of working in Manila, I come back. Then when I get bored again, when I get tired of another job, I want to go back there."

"I place bets on jueteng, going back and forth there. It's something that keeps me entertained, and I get to interact with people. Then, eventually, I hang around, and we end up chatting."

"But still, of course, rumors about me and my child will never go away."

The participants utilized diverse coping strategies, including faith, symbolic connections, preserving or giving away belongings, focusing on family responsibilities, work engagement, and social interaction. These experiences support existing grief literature

emphasizing the importance of continuing bonds, meaning reconstruction, social support, and culturally influenced coping mechanisms in the bereavement process (Tan & Andriessen, 2021). Their narratives further reflect concepts from the Dual Process Model and Meaning Reconstruction Framework and demonstrate how individual and cultural factors shape adaptation following the loss of a child.

4.3. The Parents Reflection and Sense-making

Years after the death of their children, the participants continued to carry their loss while finding ways to move forward. Their experiences reflected that healing was not about forgetting or overcoming grief but learning to live with it while continuing their responsibilities and relationships. For Parents A and B, faith became their primary source of strength. Parent A explained:

“Because God is the only one I can hold on to. I never thought that I should disappear, no. Because so much happened when he was gone, but I still have many children left.”

Similarly, Parent B emphasized the importance of faith in enduring loss:

“No matter what happens, as long as God is at the center of your lives, you can endure, at least that’s what we believe. Because when we see those who struggle to accept it, we realize it’s because their faith isn’t strong enough. But is that really where life ends? They didn’t think beyond that. For us, it’s different.”

Parent B also honored his son's memory by fulfilling a promise his child had made:

“He wanted to give his sibling a bag as a gift. Even though he's gone, I fulfilled his promise and bought the bag.”

For Parent C, healing came through maintaining close relationships with family, particularly her grandchild:

“When my grandchild, my late child's child, arrived, I was truly happy whenever they were here at home. I got to spend time with them. Since they sleep here, it brings me joy.”

Meanwhile, Parents D and F found motivation in caring for their remaining children. Parent D often recalled the advice given to her:

“Accept it, and remember that you still have children to care for.”

Similarly, Parent F focused her attention on her surviving child:

“I will focus on my eldest child for now. Because losing another one would be even more painful.”

Both parents also reported becoming closer to their spouses as they navigated their grief together. Likewise, Parents E and G persevered through work and family responsibilities. Despite the pain of losing a child, they continued providing for their families and carried forward the memories of their children as a source of motivation.

The participants' experiences demonstrate that moving forward after the loss of a child involved personal growth, strengthened relationships, renewed purpose, and changes in perspective. Consistent with Tan and Andriessen (2021), many parents developed a greater appreciation for family, relationships, faith, and their roles as caregivers. While the pain of loss remained, they found meaning through spirituality, family connections, marital support, and continued commitment to their remaining loved ones, allowing them to adapt to life after bereavement.

5. Conclusion

Grief is a deeply personal experience, and there is no single or correct way to navigate it. Consistent with this understanding, all participants in the study experienced the five stages of Kübler-Ross's Grief Theory; however, these stages did not occur in a fixed or linear sequence. Participants moved through grief differently, with the anger stage manifesting in various forms, including self-directed frustration, resentment toward others, and distress related to the circumstances of their child's death. Some participants also coped by holding onto unrealistic hopes, which at times concealed unresolved or complicated grief and delayed emotional processing.

Participants employed a range of coping strategies to manage their loss. Many sought to preserve their child's memory through meaningful acts of remembrance and symbolic gestures. However, several participants also adopted less adaptive coping mechanisms, such

as suppressing their emotions and avoiding open expressions of grief. They often perceived emotional restraint as a sign of strength and believed that dwelling on their loss would hinder their ability to fulfill parental and household responsibilities. Furthermore, most participants relied primarily on family members and limited social support networks, with none reporting access to professional mental health services.

Despite these challenges, participants gradually reshaped their relationship with their deceased child in ways that allowed them to maintain an enduring emotional bond while continuing with their lives. Remembering their child through memories, rituals, and symbolic acts helped them integrate the loss into their personal narratives. The experience also heightened their awareness of the importance of social connection and support during times of adversity. Maintaining meaningful connections with both the deceased and living support systems emerged as an important factor in fostering resilience and facilitating adaptation to loss.

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Institutional Review Board Statement

This study was conducted in accordance with the ethical guidelines set by Manuel S. Enverga University Foundation-Candelaria, Inc. The conduct of this study has been approved and given relative clearance(s) by Manuel S. Enverga University Foundation-Candelaria, Inc.

AI Declaration

The authors declare the use of Artificial Intelligence (AI) in writing this paper. In particular, the authors used ChatGPT in paraphrasing ideas and translating Tagalog words to English. The authors take full responsibility in ensuring proper review and editing of contents generated using AI.

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