

# A Real-Life Context on Adult Survivors' Perceived Quality of Life, Spirituality, and Resiliency

Rogen Ferdinand E. Alcantara  
Silliman University, Dumaguete City, Philippines  
rogenealcantara@su.edu.ph  
<https://orcid.org/0000-0002-0007-0266>

## ABSTRACT

This study aims to determine the real-life context on quality of life, spirituality, and resiliency among natural disaster adult survivors in Negros Oriental and Bohol. The case study method was utilized to investigate the real-life experiences of seven (7) adult survivors, ages 20 and older, who joined in the Silliman University Continuing Calamity Response Program. The narratives revealed a commonality of opinions on their quality of life. General sentiment on the available resources may be present but was inadequate. However, despite their ominous view on the quality of life, the majority of the participants chose to move on. Moreover, most participants indicate experiencing spiritual struggles, but these struggles sustained them. Momentarily, the love and support from their family and the community have allowed them to strive and make life adjustments. With this, balanced and holistic recovery programs should be implemented to obtain optimal well-being, spiritual empowerment, and positive resiliency.

**Keywords:** Quality of Life, Spirituality, Resiliency, Case Studies, Negros Oriental, Bohol, Philippines

---

Date Submitted: March 2, 2020

Date Revised: June 4, 2020

Date Accepted: June 15, 2020

## 1.0. Introduction

On December 17, 2011, Tropical Storm "Sendong" (international name Washi) slammed into Negros Oriental and other areas in the Visayas and Mindanao, Philippines, bringing strong winds, heavy rains, and unprecedented flooding, leaving many casualties, and thousands homeless. On October 15, 2013, an earthquake of tectonic origin with a magnitude of 7.2 occurred in the Visayas hitting the provinces of Bohol and Cebu, leaving fatalities, displacement of families, the destruction of roads, school buildings, and other infrastructure.

In response to these tragic events, Silliman University, a private research academic institution in Dumaguete City, Negros Oriental, Philippines, organized the Community Care Program, later renamed the Continuing Calamity Response Program

(CCRP), to assist affected families and facilitate the return to normal life. Involving academic units, students, and the Silliman University Church, the University partnered with Gawad Kalinga, meaning to 'give care,' is a Philippines-based movement that aims to end poverty by first restoring the dignity of the poor (skoll.org, 2020), and others to provide psychosocial care and assistance to affected families in Negros Oriental after Sendong. Six community visits were made to five barangays over three months (Silliman University, 2013). For Bohol survivors, the Silliman University Community Care Program Report (2013) cited two-phased visits. The first phase was intended for meeting with agency partners and institutions to finalize logistics and identify communities for psychosocial intervention training and sessions. In the second phase, in coordination with the United Church of Christ in the Philippines (UCCP) Bohol District Conference, psychosocial interventions were done for adult survivors for Barangay Causwagan Norte, Catigbian, and Badbad, Loon, in Bohol Province. The report recommends organizing a core group to expand training of trainers to sustain the psychosocial services extended, do more intervention, and cover more areas to extend assistance to.

Corollary to this, a study entitled "Lessons, Stress Reactions and Coping of Tropical Storm Sendong Victims in Dumaguete City, Sibulan and Valencia, Negros Oriental (Alcantara & Salem, 2012)," revealed that the adult survivors were able to deal with stress positively and effectively. A number of them felt they could master, tolerate, reduce, or minimize stress. However, there was still much to be done. Thus, this study would like to investigate the lived experiences of seven adult survivors of any lingering disparaging effect on how they perceive their quality of life, spirituality, and resiliency in the aftermath of two disasters. Emphasizing that to attain transformation, it is necessary to shift the focus to the well-being of individuals as this will promote a more positive view towards survivors. This view focuses on their inherent resilience and capacity to cope and recover. An important issue that must be attended to in providing assistance and implementation of intervention programs for survivors is assuring spiritual well-being (Ladrado-Ignacio & Verzosa, 2011).

Moreover, this study reiterates the contention that, although the science of disaster in the Philippines is in its outset, there is a deep history of psychosocial response to the disaster. Post-disaster interventions that have been commonly used include individual counseling, group-based counseling, psychosocial processing, and, more recently, psychological first aid. Still, there is a lack of documentation of methods and an overall shortage of proof on the effectiveness of psychosocial backing intervention (Hechanova et al., 2015).

In addition, based on field observations, In the Philippines, disaster risk reduction management (DRRM) activities focused mainly on physical readiness like the drills on evacuation and provision of life-saving equipment. There is limited attention given to mental health preparedness exercises like capability building for psychological first aid (PFA.) Effective psychosocial preparedness remains to be achieved (Usami et al., 2018). Likewise, the review and mapping report on the Integration of Mental Health and Psychosocial Support and Disaster Risk Reduction in selected countries revealed that many materials on Mental Health and Psychosocial Support (MHPSS) discussed broad-based principles. However, it was restricted in significance to functional or contextualized implementation. Various materials also contributed broadly-based

guidance, were sometimes principally centered on European or high-income countries, or addressed only particular kinds of risks (Gray, Hanna, & Reiffels, 2020).

Therefore, it is in these contexts that this study intends to ascertain the real-life context on the perceived quality of life and their spirituality and their resiliency or their ability to bounce back among selected adult survivors, in confidence that the endeavor of this study will make an affirmation on the rich history of psychosocial response and the effectiveness of psychosocial support intervention in our country and beyond.

## **2.0. Review of Related Literature**

### **Quality of Life**

Quality of life is the level of fulfillment one has with the real states of one's life, including satisfaction with socioeconomic standing, education, profession, home, family life, liberty, and freedom. Quality of life evaluation examines the perceived and real ability to be self-sufficient and independent in making life decisions, one's feeling of happiness, satisfaction, and security, and the on-going capability to try to attain one's potential (Kelley & Crawford, 2008).

Confini, Carbonelli, Cecilia, and di Orio (2014) surveyed the aftermath of the April 2009 earthquake in Italy. It showed the impact of the earthquake on quality of life and resilience skills by gender and age. It also states that in crisis management, to include a component identifying the areas of a client's life that are affected. Crisis workers must know what clients believe is at stake to formulate interventions to resolve the crisis. He presents the Triage Assessment Form that identifies four life dimensions in assessing crises: physical, psychological, social, and moral/spiritual dimensions. These categories parallel Maslow's hierarchy of needs, according to which people must satisfy basic needs before fulfilling needs higher in the hierarchy (Myer, 2001). For example, before fulfilling esteem needs, a person must be assured that needs related to physiological functioning, safety, and belonging are experienced.

Similarly, life dimensions are hierarchical. The clients must begin by addressing issues related to the physical domain before resolving issues involving the other domains. Once these issues are resolved, clients can move to the psychological well-being domain. After addressing the issues related to this domain, clients can direct their attention to the social relationship domain. Finally, after satisfying concerns in these domains, clients can work on the moral/spiritual domain. Although theoretically, the intervention process is intended to follow this model, in practice, the model breaks down after the first step, the resolving issues related to the physical domain. Experts in the field agree that meeting physical needs is paramount in crisis intervention (Myer, 2001).

Conversely, Williamson and Robinson (2006, cited in Ladrado-Ignacio & Versoza, 2011) proposed that the well-being of individuals as hinging on overlapping factors. There is no stipulation of hierarchy or sequence of priority among these factors, nor are they deemed equal importance. Instead, they are said to be interrelated and interdependent.

## Spirituality

It is essential to appreciate the indigenous views on well-being. They proposed one of the indigenous Filipino psychosocial frameworks in well-being or *kaginhawaan* should take into account is the dimension of *pananampalataya* (spirituality) (Ladrido-Ignacio & Versoza, 2011). Moreover, spirituality is a fundamental component of who we are as rational beings. Spirituality is regarded to be an element of healing. However, researchers have found the term challenging to quantify and concluded that spirituality is a complex and enigmatic concept. It is described as multifaceted to the spiritually lived experience of an individual (Kelly, 2012). It also stated that spirituality is not a given doctrine, a belief system, or a set of rituals (Mattes, 2005).

Moreover, spirituality has also been described as being mindful of what is holy and is correlated to a concept, belief, or power higher than oneself. This relationship might be to God, religious figures such as Jesus, Buddha, or Mohammad, or nature. It is also described as the quest for the sacred (Plante, 2009).

Consequently, in the light of providing assistance and implementing intervention programs to disaster survivors, one of the most important issues that must be attended to is assuring spiritual well-being (Ladrido-Ignacio & Versoza, 2011). It is also suggested that when making community spiritual activities part of the reconstruction and rehabilitation efforts has yielded positive effects. While there may also be skeptics among these survivors, doubting and questioning of God's goodness in a disaster are usually balanced because most everyone shares this spirituality. As a whole, the community shares this faith in a God, irrespective of religious affiliations (Ladrido-Ignacio, 2011). Furthermore, their spirituality gives them an intuitive sense of the spirit within that they accept it as part of life and, therefore, imbues it with meaning, allowing their resilience to come forth in times of crises and extreme life experiences.

## Resiliency

Resiliency or (*kalakasan*) is another dimension that should be taken into account to fully appreciate and understand the indigenous Filipino psychosocial framework on wellbeing. Furthermore, *kalakasan* is coupled with *kayang gawin* or *kailangang gawing*, referring to concrete action plans that Filipino survivors aim to accomplish upon being empowered (Ladrido-Ignacio & Versoza, 2011). Resilience has captured much research interest and its application to help overcome stress and adversities faced by people throughout their lives. Much is known about health-protective characteristics of resilience to rebound from adversities, stay healthy, and lead successful lives, despite adverse circumstances, and stressful life events. These resilience factors are divided into several components, such as disposition factors or temperament, personal abilities and strengths, and social support or environmental resources (Hiew & Matchett, 2002).

In hazard research done by Tejero, Futral, Acedo, Casiño, and Regencia (2016), they defined resilience as the victim's ability to survive and cope with disaster with minimum impact and damage, and the capacity to reduce, contain, and recover with minimal social disruptions. Their findings showed that the support from the family and relatives of the victims living outside of the affected areas and support from government and private organizations is significantly related to the ability of the residents to recover from the impact of a natural disaster. Another related study revealed that survivors

relied on the support of family, relatives, and community members and their source of strength (Hechanova et al., 2015).

### 3.0. Methods

This study used a qualitative research design utilizing the case study method and in-depth interviews with adult survivors from selected villages in the provinces of Negros Oriental and Bohol. These survivors were members of the community where the Continuing Calamity Response Program was implemented in 2012 and 2013. Participants' selection was based on how they best represented or portrayed their capability to cope with their stressful condition spiritually and endeavored to support the well-being of others. The selection was also based on the participants' availability and eagerness to articulate openly about their experiences. Their fellow survivors named them as the best examples of disaster experience.

**Table 1.** Profile of Participants, *n* = 7

Participant	Age	Brief Descriptions
Maria	58	Maria is a Roman Catholic, currently resides in Barangay Junob, Dumaguete. She works as a dressmaker and volunteers at Silliman University Extension Magdalena Program as a Field Educator. Maria is a single parent and a grandmother. Her highest educational attainment is a secondary level. She also suffers from high blood pressure and vertigo.
Anita	49	Anita is presently residing at Barangay Caidiocan, Valencia, Negros Oriental, a mother of two, a widow, and a Roman Catholic. She is self-employed, dealing with Avon products. She indicated her household income of Php 3,000 monthly. Anita also gets her financial support from her earning child. Her highest educational attainment is a secondary level.
Rebecca	46	Rebecca is a resident of Barangay Magatas, Sibulan, married, with three children. She is employed as a Barangay Health Worker (BHW) with a monthly stipend of Php 1,000. Her highest educational attainment obtained is collegiate level.
Celia	66	Celia is a retiree and a church volunteer of the United Church of Christ in the Philippines (UCCP) Badbad, Bohol. She has four children. Her primary source of external support was from the government pension of Php 1,000 monthly. Her highest educational attainment obtained was a collegiate level.
Linda	37	Presently works as an office secretary of Local Government Unit (LGU) Barangay Magatas, Sibulan. She has two children with his common-law husband. She receives a monthly salary of Php 8,000. Her highest educational attainment obtained was a secondary level but added she had taken some vocational training on office management. She has a lingering heart condition.
Doris	34	She works as the secretary of the United Church of Christ in the Philippines (UCCP), Catigbian, Bohol, on a contractual basis. She is married with three children. She receives a monthly stipend of Php 4, 000. Her highest educational attainment obtained was a collegiate level. She has a degree in Bachelor of Secondary Education major in English.
Pedro	56	Pedro is a resident of Barangay Tubtubon, Sibulan. Married, and with eight children. He used to work in a construction business but had to stop due to a stroke in 2014. He now works as a tailor, earning Php 200/day. His highest educational attainment is elementary level.

The case studies were done with seven survivor participants, each representing different barangays and communities: Maria was a resident near a river in Junob. Anita was an uphill resident in Caidiocan.

Rebecca, Linda, and Pedro also resided near rivers, in Magatas, Campaclan, and Tubtubon. Another uphill resident was Celia of Badbad, and a lowland resident in Causwagan Norte was Doris.

The individual in-depth interviews were conducted on face-to-face engagement. The interviews were based on the psychological first aid guide questions: How are you doing? Where are you now? Where were you at that time? Can you share with me what happened? What unusual things are you experiencing now as a result of the disaster? Did you notice any irregularity in your behavior or body? Are you getting any support? Where do you get your support or inspiration? What other support or assistance do you still need? What did you discover from your experience with a natural disaster?

The qualitative data were organized using thematic analysis. Thematic analysis is a process for identification, analysis, and reporting patterns within data. It also aims to facilitate the structuring and depiction of these themes (Braun & Clarke, 2006).

The participants were informed that the results of the study are held with the utmost confidentiality. They were also made aware of the benefit of referral to a professional clinician if the interview causes them psychological distress. Furthermore, they were also informed that if they feel uncomfortable, they may withdraw from the interview at any time.

#### **4.0. Results**

The case studies were conducted to do an in-depth analysis of the seven survivors' internal dimensions of identity representing the selected barangays and communities in Negros Oriental and Bohol provinces. Participants were six females and one male with an age range from 34 to 66 years old. Five participants were from Negros Oriental, and two were from Bohol province (Table 1). Fictitious names were given to the participants to protect their identity. Each case study followed this outline: Participant's "name" and age; Quality of Life; Spirituality; Resiliency; and Analysis of the case.

##### **Maria, 58**

About Maria's quality of life, her perception was greatly affected by the severity of experience collaborated by her account on how she and her household survived the onslaught of Tropical Typhoon Sendong. Swallowing up and drowning their house and everything she had. The severe effects of Sendong continue to devastate her and the community in Barangay Junob. She relates:

"We are not content with our condition because we have not been relocated, sir. I am calling upon the government. We are pleading to hasten the relocation program for us." She continues saying: "We are not really content, sir. Although the government has rented for us these temporary shelters, this place is still prone to flooding. We are still afraid, especially when it rains so hard, or there is a typhoon. The raging waters (from the river) may rise again and wipe out our temporary shelters."

On her spirituality, Maria revealed she gets her inspiration from God. However, there were still factors that threatened her positive spiritual coping such as the prolonged distress caused by staying in a flood-prone area. In addition to this, Maria and her mother's physical condition and environmental circumstances were gradually deteriorating. She revealed:

"My mother is sickly, sleeping on a handwoven mat. The ceiling is too low. The shelter we are staying in is humid, and it is too cold when it rains. The soil vapor emits. This will make us sick, sir."

Regarding her resiliency, despite Maria's circumstance, she views her resiliency with optimism. She strived to move on, resolved to work hard, not relying on the government's aid, and be self-reliant. Maria bares:

"We will just try to strive hard. Try to endure. Although we are struggling for our food sustenance in the beginning; however, now, in God's mercy, we can eat three square meals every day; we can also share with our neighbors. If we wait for the government, the assistance will take some time to arrive."

Moreover, even without a spouse or partner to support her in these critical times, her child and grandchild gave her hope and life's meaning. She continues saying: "To the remaining years of my life, I would rather devote it to serve God and my family."

#### **Anita, 49**

Anita perceived her overall quality of life as satisfactory and viewed her overall health poorly. Anita still mourns for the passing of her husband after Sendong. She disclosed:

"I could not accept the passing of husband whom we relied on, especially for our other two children who are still in school. We need to continue to be active. Earn a living rightfully. Just be contented with buying your day-to-day essentials and be able to eat adequately."

On her spirituality, Anita revealed experiencing spiritual discontentment. While Anita gets her inspiration from God, some factors threaten her spirituality, such as the passing of her husband and being the source of stability of her household. She reveals:

"My ultimate need while I am still living is to have sound well-being. Earn a living to be able to buy. Follow the path of righteousness and serve God."

About her resiliency, Anita reflects her effort to adapt to stressful circumstances by strengthen her faith and to rise above her dire situation, get on her feet, and earned a living to serve food on the table for her family and day-to-day expenses. She says:

"I will strive to stand and continue to be strong in the Lord. Everything that came along my way was just trials in life. We need to move, do something to be able to eat daily."

#### **Rebecca, 46**

Rebecca perceived her overall quality of life as poor. This reflects the devastating effect of Sendong on her and her family, particularly on their livelihood. Although she indicated that the family was trying to get back to their "small" livestock business

venture and the stipend she receives as one of the barangay health workers of Php 1,000, this will not suffice. However, she was grateful to the local government unit of Barangay Magatas and the DSWD (Department of Social Welfare and Development). She says:

“I am thankful for my barangay for continuously giving us assistance. 4Ps through the DSWD (Department of Social Welfare and Development) is a great help as well. We are so thankful for this program of the government. This has been great for our family.” \*4Ps, also known as Pantawid ng Pamilyang Pilipino Program, is a conditional cash transfer program of the Philippines under the Department of Social Welfare and Development.

On her spirituality, Rebecca expressed experiencing spiritual discontentment that reflects underlying spiritual tensions and struggles within oneself. Rebecca has not fully recovered and confounded by her family’s limited economic resources. She revealed:

“I have recovered, but not fully. However, we are venturing into raising hogs. We also have a little portion of land to sow corn. This is our source of living for now. It is a small scale, sir. It is not that much, sir.”

Regarding her resiliency, Rebecca tried and strived to adapt to stressful circumstances by strengthening her faith. Rebecca and her family were also trying to get back at their livestock business and venturing on farming as their new source of income. She also volunteers as a barangay health worker to help her recover from emotional distress. She says:

“Volunteering as a barangay health worker is my way of moving on. No matter what trials you just have to rise, sir, so that you will be given a prosperous life ahead.”

### **Celia, 66**

On Celia’s quality of life, she perceived her overall quality of life as satisfactory. She affirmed that her living condition has improved. Assistance from the government and non-government institutions helped them recover from the aftermath of the earthquake. She says:

“We are okay now because we are receiving help from private and government institutions. However, the government’s assistance in this area is not satisfactory. But, it is still fine, it happened, we just have to accept it. Whatever kind of calamity, it is still a blessing.” She continues by saying: “I am just happy that I have my grandchildren. There is also support from my children and support from the community I am in.”

Regarding Celia’s spirituality, though she confessed that God was her protection, He will make her and family overcome the odds. However, there were still factors that may threaten her spirituality. The thought that natural disasters were given by God and people may have done something that angered God, and yet she does not precisely know what angered Him. Only God knows. This view of uncertainty can create an unnecessary spiritual struggle to obtain spiritual stability. She reveals:



"I thought it was the end of the world. However, God still allowed us to survive. We ask God to protect us. However, we have lapses, with what we do, what we have done. We do not know. Only God knows."

About Celia's resiliency, her ability to bounce back is expressed by her striving to strengthen her faith, preoccupying herself as a volunteer of a local church ministry. She says:

"At present sir, I am content. I am preoccupying myself with church ministry. I volunteered myself for church development."

### **Linda, 37**

Linda is content with her overall quality of life. She attributed this to her work as a secretary of Barangay Poblacion, Sibulan. She says:

"I am thankful for the opportunity to have a job. The barangay is also helpful to me. I will just focus on strengthening myself and rise again. She shares further: "I get my strength from my children. I figured that if I do not endeavor to survive, my children will not also survive. As a mother who is also a "father" because their father is not present all the time, I will just have to strive hard and persevere. It is also a great help for me being a barangay official."

About her spirituality, Linda revealed that she has a secure relationship with God. Two events made Linda's spiritual relationship with God secured. First, while trapped inside their house and treacherous waters threatened to drown them. She prayed to God to be rescued and to keep them from harm. The next event was when she felt like a pregnancy cramp or labor pain while being overwhelmed by raging floodwaters. She prayed to God to delay her giving birth on the next day. She says:

"We, the five of us, were trapped inside the house. I thought I would give birth at that time. I prayed to God and pleaded not to let me give birth at that moment. Not now, I implored. By God's mercy, the cramping subsided. "

Regarding her resiliency, Linda has reflected the ability to bounce back or recover from the stress by strengthening her faith; doing what she can to earn a living for her children; and doing what she can to be of service through the Barangay LGU.

### **Doris, 34**

Doris perceived her overall quality of life as poor. She describes it present her actual living condition:

"Although painful for me, our house has just been renovated in April, the windows and sliding doors were done in May or June. We were already staying in this house for five months, and then the earthquake happened in October. We are back as being "homeless." Actually, our house is not safe to stay in until now."

Regarding her spirituality, Doris was still trying to make sense and actively seeking to understand and deal with her present situation. However, she claimed her absolute trust in God. She believed that God has a greater plan for her and her household. She reveals:

“Yes, it is painful, but there is nothing we can do about it. He (God) is all-powerful. It is part of His plan; in the beginning, I believe God’s great plan will establish our household. But despite what happened, I prioritized helping the church, as the coordinator for rehabilitation. This is my coping, my way of moving on. It is painful, but life goes on.”

On her resiliency, Doris has reflected the ability to bounce back or recover following a stressful event. She showed this in her effort to adapt by strengthening her faith in God, involving in church work and, prayer. She says:

“In the aftermath of the earthquake, I tried to cope by praying.”

### **Pedro, 56**

Pedro perceived his overall quality of life as poor. Pedro’s perception of her severity of experience collaborated by his account when the floodwaters wiped out his entire house. This was compounded by bodily pains and frequent numbness of his fingers and legs, due to stroke. He reveals:

“Yes, sir, I am still suffering from pain in my arms, hands, and feet. I had a stroke many years ago. However, it was a mild stroke, said the doctor, sir. However, I have a hard time walking. My movement is limited.” He continues by saying: “I get my strength from my children. They also give me support, especially financial support. Now and then, they would provide me rice. Sometimes, two kilos or five kilos.”

About Pedro’s spirituality, although he is experiencing spiritual struggles within oneself, he declares he gets strength and inspiration from God. However, his physical health condition that limits his mobility and could deteriorate as he aged may lead to frustration and further distress, thus create spiritual discontent or spiritual tensions with one oneself, with others and God.

Likewise, Pedro viewed his resiliency with optimism, active coping, social support, and positive adaptation. He can cope and bounce back positively with stress or stressful circumstances. Pedro did not let his health condition and physical limitation to strive. He tried to cope and adapt by exploring other means to earn a living. He also made his resolve to accept the painful experience and move on.

### **Survivors’ views and experiences**

**Poor quality of life.** The case studies unveiled more commonality of beliefs and experiences on quality of life. Most of the participants regarded their overall quality of life to be poor. However, most of the case participants perceived that the love and the social payment of family and loved ones had sustained them despite their dire situations. The cases follow the same trend of perceptions among survivors on the presence of resources and assistance but were not adequate.

**Experiencing spiritual struggles.** The case studies also showed that the majority of the case participants were enduring spiritual struggles. Their spirituality was threatened. However, the majority of the case participants declared their absolute trust in God. Three participants even expressed their faith in God by being active in a religious organization or church ministry.

**Ability to bounce back.** The majority of the case participants depicted their ability to bounce back with optimism and positive adaptation despite their stressful circumstances. Most of them have made their resolve to accept the painful experiences and choose to move on.

## 5.0. Discussion

**Choose to move on.** The cases showed the impact of the earthquake on quality of life among adult survivors (Confini, Carbonelli, Cecilia, & di Orio, 2014). However, most of them have not achieved the level of satisfaction one possesses with the real situations of one's life, especially on their socioeconomic status, occupation, home, one's sense of happiness, and security (Kelley & Crawford, 2008). Nevertheless, the survivors have the conditions necessary to live (Alcantara & Salem, 2012). They were able to deal with stress positively and effectively, even with inadequate resources and assistance. There was still much to be done. More so, there were participants who were still experiencing physical and emotional pains, and some needed medical treatment. Nonetheless, they have enough energy to function in their everyday life. Others may have chosen to move on; their lives have normalized and made life adjustments.

**Spiritual struggles: psychological distress or spiritual growth.** The case studies correspondingly indicate that the majority of the case participants were also experiencing spiritual struggles. However, these struggles might link to not only psychological distress but also spiritual growth. Thus, the results suggest that the respondents' spiritual struggles sustained them by strengthening their faith and get their inspiration from God. Spirituality is that energy that stimulates and drives us (or survivors) to move forward (Mattes, 2005), and imbues it with meaning (Ladrigo-Ignacio, 2011).

Furthermore, the sufferings and emotional pains caused by the two natural disasters may be deep and intense, causing the survivors to experience spiritual struggles. However, they see these as opportunities for spiritual growth and transformation, acknowledging that despite the enormity of the devastation, there is a vast reservoir of spiritual potential. Inspiring them to be involved with church work and prayer, to live morally, happily serving God. In addition, despite their struggles, these enabled them to understand more about God's goodness, giving them the courage and endurance to face their "new realities." They felt it and eventually accepted it. The participants' spirituality allowed their resilience to come forth in times of crises and extreme life experiences.

**Rising above the circumstance.** The case studies also provided an in-depth understanding of the survivors' ability to be resilient. The narratives revealed that despite their different perception in their quality of life and painful experiences, the majority of participants chose to move on and rise above their stressful circumstances by trying to restore their livelihood, earn a living, and volunteering as barangay health workers or in the church ministry. The survivors have the health-protective characteristics of resilience by staying healthy and leading successful lives despite adverse circumstances and stressful life events (Hiew & Matchett, 2002).

Some participants even considered their crises as inspiration to embark on public service and an opportunity for growth and promoted the well-being of others.

They were also grateful for the love and financial support of their families, friends, and the community that has helped them cope and normalize their lives after the disasters (Tejero, Futralan, Acedo, Casiño, & Regencia, 2016). Furthermore, they relied on their family, relatives, and community for strength (Hechanova et al., 2015)

## 6.0. Lessons Learned

**Striving to make life adjustments.** Based on the survivors' narratives during the in-depth interviews, significant lessons were drawn. Prominently, the majority of the case participants have expressed their dissatisfaction with the quality of life. Resources and assistance may be available but were regarded as inadequate. With this, it is incumbent upon the government to pay particular attention to the relief operations and infrastructure recoveries and, more essentially, to enhance fundamental psychosocial and health services. These will address survivors' concerns, such as experiences of physical pain, medical threat needs, and social and mental health concerns. These services can also help improve survivors' ability to function effectively in daily living, engage in leisure activities, and have the capacity for work. Though in the meantime, the love and support from their families and the community have allowed them to strive, to move on, and making life adjustments.

Nevertheless, it is still imperative to lobby for the environment and economic concerns of survivors before relevant national and local government agencies to hasten the implementation of relevant post-disaster reconstruction and recovery process, such as immediate relocation and provision of permanent housing or shelter assistance for the internally displaced population; livelihood opportunities to address unemployment among survivors; and guaranteeing adequate social protection and accessibility to financial assistance, and full coverage of quality health care program.

**Spiritual struggles, growth, and transformation.** Spiritual struggles were evident among the case participants, but this may be related to the presence of distress caused by the unimproved quality of life. On the other hand, their spiritual struggles may be indicative of spiritual growth and transformation that sustained them despite the wreckage and extreme life experiences. The cases also suggest that survivors unable to achieve complete recovery. To address this aspect, it is vital to establish the community spiritual care program, faith-based post-disaster intervention, and recovery program that integrates the psycho-spiritual approach utilizing the ministry of prayer and maximizing survivors' faith resources in coping and recovery. This approach endorses the collaboration of clergy, faith group leaders, and mental health professionals to assist individuals and communities in mitigating negative psychological and spiritual consequences by facilitating interpretation and positive spiritual responses to disasters, recognizing spiritual activities, and meaningful rituals.

**Conservation of spiritual well-being in psychosocial processing protocol.** Additionally, a conversation on the relevance of spiritual well-being is added to the existing protocols for psychosocial processing or psychological first aid to give survivors the space to speak their views of God freely in the light of their disaster experience as well as to ventilate and validate their emotions particularly their uncomfortable or unacceptable feelings about God and their state of spirituality.

**Endeavour to adapt and establishing normalcy.** The results indicate, at least for the meantime, survivors were trying to adapt, establishing a semblance of normalcy by compensating it with optimism and positive adaptation, as an attempt to neutralize the negative impacts of the two disasters. With these findings, balanced and holistic recovery programs and interventions must be necessary to achieve a sustainable development that will enable survivors to obtain optimal well-being, spiritual empowerment, and positive resiliency. It is also essential to design and implement comprehensive resiliency programs to hone coping skills and enable survivors to rise above the inevitable challenges and setbacks in life.

**Mental health professionals, mental health, and post-disaster management initiatives.** Finally, it is of great value to include mental health professionals and mental health advocates in the emergency preparedness and post-disaster management initiatives through education and disaster risk reduction legislation or policy development and projects. Let them be at the forefront in providing a culturally-adapted and mindfulness-informed psychological first aid.

## REFERENCES

- Alcantara R. F. and Salem, D. M. (2012). Lessons, stress reactions and coping of Tropical Storm Sendong Victims in Dumaguete City, Sibulan and Valencia, Negros Oriental. A paper presented at the 49<sup>th</sup> Psychological Association of the Philippines (PAP) Annual Convention, Cebu City, August 2012
- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). pp. 77-101. Available online: <https://core.ac.uk/download/pdf/1347976.pdf>
- Confini, V., Carbonelli, A., Cecilia, M.R., & di Orio, F. (2014). Quality of life, psychological well-being and resilience: A survey on the Italian population living in a new lodging after the earthquake of April 2009. Available online: <http://www.ncbi.nlm.nih.gov/pubmed/24452183>.
- Gawad Kalinga Community Development Foundation (2020). Retrieve on March 2020 from <https://skoll.org/organization/gawad-kalinga-community-development-foundation/>
- Gray, B., Hanna, F., & Reifels, L. (2020) The Integration of Mental Health and Psychosocial Support and Disaster Risk Reduction: A Mapping and Review. *International Journal of Environmental Research and Public Health*. Retrieve on March 14, 2020 from file:///C:/Users/hp%20pc/Downloads/ijerph-17-01900-v2.pdf
- Hechanova, M.R., Waelde, L.C., Docena, P.S., Alampay, L.P., Alianan, A.S., Flores, M.J., Ramos, P.A., & Melgar, M.I. (2015). The development and initial evaluation of *Katatagan*: A resilience intervention for Filipino disaster survivors. *Philippine Journal of Psychology*, 48(2), 105-131.
- Hiew, C., & Matchett, K. (2002). The spiritual side of psychology at century's end. In Roswith, R., & Farley, F. (Eds.). *Resilience measurement: Using a Resilience Scale*. Berlin, Germany: Pabst Science.
- Kelly, P. (2012). *Nursing leadership and management* (3<sup>rd</sup> ed). South Melbourne, Victoria: Cengage Learning
- Kelly, P. and Crawford, H. (2008) *Nursing leadership and management* (1<sup>st</sup> Canadian Edition), Canada: Nelson Education.
- Ladrado-Ignacio, L. (2011). Basic framework: Transformation of victims of disasters to survivors. In Ladrado-Ignacio, L., Ed. *Ginhawa: Well-being in the aftermath of disaster*. Manila: Philippine Psychiatrists Association and World Association for Psychosocial Rehabilitation, Philippines.
- Ladrado-Ignacio, L., & Verzosa, M.R. (2011). Focus on the human person: Promoting well-being. In Ladrado-Ignacio, L., Ed. *Ginhawa: Well-being in the aftermath of disaster*. Manila: Philippine Psychiatrists Association and World Association for Psychosocial Rehabilitation, Philippines.
- Mattes, R. (2005). Spiritual development: The aging process—A journey of life spiritual formation. *Journal of Religion, Spirituality and Aging*, 17, 3-4.
- Myer, R. A. (2001). *Assessment for crisis intervention: Triage assessment model*. Belmont, CA: Wadsworth Thomson.
- Plante, T. (2009). *Spiritual practices in psychotherapy*. Washington, DC: American Psychological Association.

- Silliman University (2013). Silliman University Community Care Program for Bohol: Updates. Unpublished report submitted to the Office of the Vice President for Development, Silliman University, Dumaguete City.
- Tejero, W., Futralan, G., Acedo, C.E., Casiño, G.J., & Regencia, L.V. (2016). *Factors contributing to the recovery and continuity of local business and the resiliency of residents in the aftermath of typhoon Yolanda (Haiyan): The Philippine Case*. Dumaguete: Silliman University Press.
- Usami et al (2018) Addressing challenges in children's mental health in disaster-affected areas in Japan and the Philippines – highlights of the training program by the National Center for Global Health and Medicine. *National Center for Biotechnology Information, U.S. National Library of Medicine BMC Proceedings*. Retrieve on December 19, 2018 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6299512/>
- Williamson, J. & Robinson, M (2006). *Seven Domains of Well-being*, adapted by Ladrado-Ignacio, L., & Verzosa, M.R. (2011). Focus on the human person: Promoting well-being. In Ladrado-Ignacio, L., Ed. *Ginhawa: Well-being in the aftermath of disaster*. Manila: Philippine Psychiatrists Association and World Association for Psychosocial Rehabilitation, Philippines.