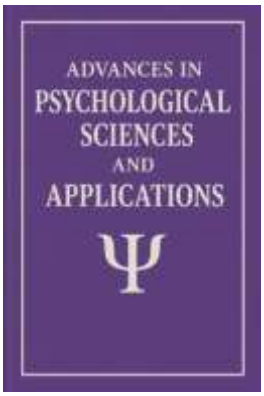
ADVANCES IN PSYCHOLOGICAL SCIENCES AND APPLICATIONS

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Coping Mechanisms of Survivors of Healthcare Adversities

Bases for Community-Based Psychoeducation Management Plan

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ABSTRACT

This study explored the coping mechanisms utilized by individuals who experienced healthcare adversities and examined their effects on psychological well-being. Although healthcare systems are intended to promote healing, some individuals encounter negative experiences such as delayed diagnoses, invasive procedures, neglect, miscommunication, and stressful medical environments, which may lead to emotional distress, anxiety, fear, avoidance, and reduced trust in healthcare systems. The study employed a qualitative research design, using interviews with participants who experienced healthcare adversities within the past five years, and Reflexive Thematic Analysis (RTA) to identify themes and patterns. Findings revealed that participants utilized both adaptive coping strategies, such as emotional support, cognitive reframing, and problem-solving, and maladaptive coping strategies, including avoidance and denial. The study found that coping mechanisms significantly influenced participants' psychological outcomes and resilience. Based on these findings, a community-based psychoeducation management plan was developed to promote adaptive coping skills, resilience, and accessible psychological support through psychoeducation, workshops, and group discussions, highlighting the importance of community-based interventions in addressing healthcare-related distress and promoting mental well-being.

Keywords
Coping Mechanisms
Healthcare Adversities
Psychoeducation
Thematic Analysis

Article history
Received 30 May 2026
Revised 20 July 2026
Accepted 26 July 2026 2024

journal.iistr.org/index.php/APSA
DOI: 10.56741/IISTR.apsa.002335

APSA
Advances in Psychological Sciences and Applications

Vol. 2, No. 02, pp. 114-127

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Introduction

This study focuses on how they understand, process, and cope with these experiences, thoroughly examining the emotional, behavioral, social, and academic effects, as well as the strategies they use to manage them. There is very little existing research on this topic in the Philippines, making this study particularly important. The study aims to deepen understanding of how challenging health-related experiences of Filipinos and how they were coping during adolescence. The whole community can benefit from this as it offers insight that can guide schools, mental health professionals, and youth support systems in developing trauma-informed approaches and better support.

Both mental and physical reactions occur due to pain, injuries, serious illnesses, invasive treatments, or unexpected problems during care [1]-[3]. It can also arise from frightening medical experiences [4]. This happens when a person feels dependent on healthcare providers and vulnerable to physical issues. For instance, people who have spent time in intensive care, had traumatic childbirth [5], undergone cancer treatments [6], or faced major surgeries [7] may experience this. These situations can create feelings of helplessness, fear of death, and a loss of control, which may continue long after the person has physically healed. Such experiences can impact a person's emotional, thinking, and behavioral well-being [8].

Biological, psychological, and environmental factors all play a role. Even if two people go through the same stressful event, their reactions to the trauma can vary because of their unique backgrounds, including history, conception before birth, psychoanalytic background, coping resources, and internal meaning-making processes [9]. Healing from an experience is a personal journey and cannot be generalized, which is a common misunderstanding in mental health. Studies indicate that stress responses can begin even before birth, as stress experienced by the mother can influence a child's emotional development and future vulnerability to trauma [10]. Similarly, resilience is not a fixed trait; for some, it develops over time, while for others, it may come from past experiences and supportive environments [11]-[13]. These early experiences can affect individuals into adulthood, even if they don't remember them, as these memories might be stored in the unconscious mind (Ceruto, 2025). Some people can adapt and recover well from challenges, while others may continue to struggle with psychological issues. Coping strategies are vital in helping individuals deal with and recover from traumatic medical experiences.

The physical and emotional stress from illness or hospitalization can lead to lasting psychological effects that may disrupt a person's social growth. According to Erik Erikson's theory of psychosocial development, during young adulthood (ages 18-40), people seek close relationships that involve care and trust, leading to intimacy [14]. If they fail to develop these

connections, they may feel isolated, which can lead to loneliness and depression. Feelings of isolation can occur when there is a lack of social support during times of illness or hospitalization due to healthcare adversities [15]. First, individuals who have experienced healthcare adversities may exhibit persistent fear, emotional numbing, and heightened psychological distress. These disruptions in their emotional responses are due to feelings of helplessness, perceived threat, and loss of control. Additionally, individuals may also experience feelings of guilt, sadness, or frustration when illness-related disruptions affect their daily functioning, their roles and responsibilities, and their sense of autonomy and independence [16]. From a cognitive standpoint, it has been associated with symptoms such as intrusive memories, hyperarousal, and difficulty concentrating. Individuals with more severe trauma-related symptoms often show poorer self-regulated learning and diminished cognitive performance that impairs decision-making and coping [4].

Globally, adults face heightened exposure to serious illness, hospitalization, chronic medical conditions, and pandemic-related disruption, leading to elevated rates of psychological distress and trauma symptoms [17]. International studies show that individuals with medical or health-related trauma commonly experience anxiety, impaired functioning, and reduced academic engagement. Adults are an appropriate population for this study because they usually have greater autonomy and direct responsibility in healthcare decision-making, financial burden, caregiving, and treatment adherence compared to children or adolescents. They are more likely to have personally navigated healthcare adversities such as misdiagnosis, delayed treatment, financial strain, poor healthcare access, negative provider interactions, or treatment complications. Adults often balance illness or healthcare problems with work, family caregiving, parenting, and financial responsibilities. Generally, they have the cognitive and emotional maturity to reflect on their experiences, coping strategies, and psychological adjustment. For community psychoeducation, adults are primary participants. Findings can directly inform psychoeducational interventions aimed at stress management, health literacy, emotional regulation, help-seeking, and resilience-building among community members. The context is also relevant because healthcare adversity is not only a medical issue but a psychosocial one. Negative healthcare experiences can affect trust in health systems, emotional wellbeing, treatment compliance, and future healthcare-seeking behavior making psychoeducation a useful intervention.

Therefore, it is essential to understand coping mechanisms and explore what better strategies must be utilized among adults to respond to trauma significantly that has a huge influence on their psychological recovery, academic functioning, and overall well-being. Effective strategies identified as successful include adaptive coping, such as emotional regulation, self-

efficacy, help-seeking, and adaptive cognitive processing. Research shows that they alleviate negative effects of trauma and reduce the risk of developing long-term mental health problems [18]. In contrast, maladaptive coping such as avoidance, withdrawal, or substance use tends to worsen distress and impair individuals' concentration [19]. Examining coping mechanisms is vital not only for addressing mental health needs but also for improving educational success and long-term adjustment among individuals.

In light of these considerations, this study aims to explore the coping mechanisms of individuals who have experienced healthcare adversities and to utilize these findings as a basis for developing a community intervention program. By doing so, the study seeks to contribute to the development of more responsive, evidence-based support systems that address the psychological impact of healthcare experiences.

Methodology

This study employed a qualitative phenomenological approach. Phenomenology was appropriate because it sought to capture the essence of lived experiences. Through in-depth exploration of survivors' narratives, the study aimed to uncover how coping and resilience were experienced, focusing on how participants navigated healthcare adversities. Qualitative inquiry was selected because the study sought to understand the subjective meanings, lived experiences, and internal processes of individuals who had undergone healthcare adversities. The approach captured the emotional, cognitive, and behavioral processes that shaped coping mechanisms. It emphasized the process of the experience, how it was processed and integrated into an individual's psychological life, enabling the identification of nuanced and context-specific coping strategies and personal interpretations that might otherwise have been overlooked.

Results and Discussion

A. Psychological Distress

Psychological distress emerged as one of the most prominent consequences of adverse healthcare experiences. These experiences were perceived as overwhelming events characterized by fear, heartbreak, vulnerability, and disruption of personal identity. Participants described not only the physical pain associated with illness and healthcare encounters but also persistent emotional suffering that continued long after treatment had ended. Their narratives reflected cognitive appraisals of illness as threatening, unpredictable, and beyond personal control, consistent with the Transactional Model of Stress and Coping proposed by Lazarus and Folkman, in which perceived threat and limited coping resources contribute to psychological distress and maladaptive emotional responses [20], [21].

A major manifestation of psychological distress was anticipatory anxiety, characterized by fear of death, disease progression, medical complications, and uncertainty regarding recovery. Participants frequently anticipated negative future outcomes, engaged in catastrophic thinking, and remained hypervigilant to bodily symptoms. Such persistent uncertainty generated continuous emotional tension and reinforced feelings of insecurity. These findings align with Shattered Assumptions Theory, which suggests that traumatic events undermine fundamental beliefs about safety, predictability, and personal invulnerability, thereby increasing existential anxiety and fear [22].

Another important manifestation was psychological breakdown, in which prolonged exposure to illness, emotional burden, social pressure, and uncertainty gradually exhausted participants' psychological resources. Many participants described persistent sleep disturbances, emotional exhaustion, hopelessness, and feelings of helplessness after repeated adverse healthcare experiences. These findings indicate that cumulative stress can exceed an individual's coping capacity, leading to significant psychological deterioration. This pattern is consistent with Herman's Trauma and Recovery Model, which explains that traumatic experiences disrupt emotional regulation and require an extended recovery process before psychological stability can be restored [23].

Participants also demonstrated substantial emotional vulnerability throughout their healthcare experiences. Emotional sensitivity was heightened by criticism, perceived judgment, negative interpersonal interactions, and inadequate emotional support from both healthcare providers and significant others. Feelings of shame, helplessness, and heightened emotional reactivity suggested that psychological suffering was influenced not only by illness itself but also by the relational context surrounding healthcare experiences. Previous studies similarly indicate that negative healthcare interactions, perceived stigma, and lack of compassionate communication substantially amplify emotional distress among patients facing serious illness [24].

Finally, adverse healthcare experiences profoundly affected participants' sense of self, resulting in disruptions to identity, self-concept, autonomy, and perceived control over life. Participants described feeling dependent, unstable, and unable to fulfill previous social and personal roles. Their narratives reflected a loss of confidence in their bodies and diminished beliefs about their future, illustrating how traumatic healthcare experiences reshaped their personal identity. These findings further support Janoff-Bulman's perspective that traumatic experiences can fundamentally shatter assumptions about competence, security, and continuity of self, requiring individuals to reconstruct meaning and identity during recovery [22].

B. Psychosocial Burden

Beyond emotional suffering, participants experienced broader psychosocial burdens that extended into financial hardship, strained interpersonal relationships, and diminished trust in healthcare systems. Their narratives illustrate that adverse healthcare experiences have consequences beyond physical illness, influencing social functioning, family dynamics, economic stability, and perceptions of safety. Previous studies have shown that psychosocial distress is strongly associated with increased healthcare costs, reduced quality of life, and poorer long-term recovery outcomes among patients experiencing serious illness [20], [25].

One important dimension of psychosocial burden was financial and systemic distress. Participants described prolonged hospitalization, repeated medical consultations, treatment expenses, and limited healthcare resources as significant sources of additional stress. Financial insecurity frequently compounded the emotional burden of illness, creating concerns about treatment continuity and family welfare. These findings suggest that the impact of healthcare adversities is amplified by structural barriers, healthcare accessibility, and affordability. Existing evidence indicates that financial toxicity has become a major determinant of psychological distress and treatment outcomes, particularly among patients requiring long-term medical care [26].

Participants also reported disrupted relationships, in which adverse healthcare experiences affected communication, emotional closeness, and family functioning. Illness altered established family roles and responsibilities, often creating emotional tension, caregiver burden, and interpersonal conflict. In several narratives, family members shared the emotional consequences of illness, demonstrating that healthcare adversities extend beyond the individual patient to affect the broader family system. These findings are consistent with family systems theory, which emphasizes the interconnected nature of family members' emotional and psychological well-being during periods of illness and crisis [27].

Another important consequence was the loss of trust and safety in healthcare. Participants described persistent fear, uncertainty, and reluctance to engage with healthcare services following adverse experiences. Negative interactions with healthcare providers, perceived inadequacies in care, and environmental instability during treatment contributed to long-lasting feelings of insecurity and hypervigilance regarding future medical encounters. Rather than viewing healthcare settings as places of healing, some participants perceived them as sources of potential harm and emotional distress. Previous research similarly demonstrates that adverse healthcare experiences can substantially reduce patients' trust in healthcare professionals, decrease treatment adherence, and negatively influence future healthcare utilization [28].

Addressing the second research objective, the study explored the coping mechanisms employed by survivors following healthcare adversities. Participants utilized a wide range of coping responses to manage emotional, psychological, social, and physical distress throughout the recovery process. These coping mechanisms reflected both adaptive and maladaptive responses that evolved over time as participants continuously evaluated their circumstances and available resources. This pattern is consistent with the Transactional Model of Stress and Coping proposed by Lazarus and Folkman, which conceptualizes coping as a dynamic process involving ongoing cognitive appraisal and behavioral adaptation to stressful experiences [20]. Through Reflexive Thematic Analysis, two overarching themes emerged in relation to coping: Adaptive Coping Strategies and Maladaptive Coping Strategies**.**

C. Adaptive Coping Strategies

Participants demonstrated a range of adaptive coping strategies that enabled them to gradually regain emotional stability, reconstruct meaning, and adjust to the consequences of adverse healthcare experiences. These coping responses included seeking social support, engaging in spiritual practices, making meaning from traumatic experiences, and actively participating in their own healthcare. Together, these strategies facilitated emotional recovery and psychological resilience, consistent with Herman's Trauma and Recovery Model, which emphasizes the importance of safety, connectedness, and reintegration following traumatic events [23], [29].

A central coping strategy identified across participants was social support. Survivors consistently described family members, friends, and trusted individuals as essential sources of emotional reassurance, encouragement, and psychological security during periods of uncertainty. Supportive relationships reduced feelings of isolation, enhanced emotional regulation, and strengthened participants' capacity to cope with ongoing challenges. Within the Filipino cultural context, collectivist values and strong family cohesion further reinforced the protective role of interpersonal support. These findings are consistent with previous research demonstrating that perceived social support is one of the strongest predictors of resilience and psychological adjustment following stressful or traumatic experiences [30].

Another prominent coping mechanism was spirituality. Participants frequently relied on prayer, religious faith, and spiritual beliefs to find comfort, hope, and acceptance throughout their healthcare journeys. Spirituality enabled participants to reinterpret suffering, maintain optimism despite uncertainty, and develop a sense of peace during prolonged illness. Rather than eliminating distress, spiritual practices appeared to provide psychological resources that helped participants endure adversity and sustain emotional well-being. These findings support evidence indicating that spiritual coping contributes positively to resilience, emotional adjustment, and

quality of life among individuals facing serious health challenges, particularly within highly religious societies such as the Philippines [31].

Participants also engaged in meaning-making, gradually reconstructing the significance of their adverse experiences by viewing them as opportunities for personal growth, increased resilience, and a deeper appreciation of life. Over time, many participants shifted from focusing exclusively on suffering to integrating their experiences into broader narratives of survival and transformation. This process reflects cognitive restructuring after trauma, in which individuals revise previously held assumptions about themselves and the world. Such findings align with Janoff-Bulman's theory that recovery involves rebuilding disrupted assumptions and developing a renewed sense of identity and purpose following traumatic experiences [22].

In addition to emotional and cognitive adaptation, participants demonstrated active health coping through behaviors that promoted recovery and self-management. These behaviors included seeking appropriate medical care, gathering health-related information, adhering to treatment recommendations, making informed healthcare decisions, and assuming personal responsibility for their recovery. Such proactive engagement reflects problem-focused coping, whereby individuals actively address stressors that are perceived as manageable. The findings suggest that successful adaptation involves not only emotional regulation but also behavioral efforts that strengthen self-efficacy, promote treatment adherence, and enhance long-term recovery outcomes [32].

D. Maladaptive Coping Strategies

Although participants demonstrated several adaptive responses, they also exhibited maladaptive coping strategies that developed in response to overwhelming stress, persistent emotional pain, and psychological exhaustion. These coping patterns were characterized by emotional avoidance, social disengagement, and repetitive negative thinking. According to the Transactional Model of Stress and Coping, maladaptive coping is more likely to occur when individuals perceive stressors as exceeding their available coping resources, thereby reducing their ability to regulate emotions effectively [20], [33].

One maladaptive response identified in participants' narratives was emotional suppression. Participants often attempted to conceal distressing emotions, avoid painful memories, and minimize discussions about their experiences in an effort to maintain emotional control. Although suppression initially provided temporary psychological protection, unresolved emotions frequently resurfaced and intensified over time. These findings suggest that emotional avoidance may delay emotional processing and hinder long-term psychological recovery. Previous research similarly indicates that habitual emotional suppression is associated with increased psychological distress, poorer emotional well-being, and reduced interpersonal functioning [34].

Another commonly reported response was withdrawal. During periods of heightened emotional distress, participants described distancing themselves from family members, limiting social interactions, experiencing sleep disturbances, and disengaging from daily activities. Social isolation appeared to function as a protective strategy against additional emotional burden; however, prolonged withdrawal also reduced opportunities for emotional support and recovery. These findings are consistent with trauma literature demonstrating that withdrawal and avoidance frequently emerge following highly stressful experiences and may contribute to the persistence of psychological symptoms when maintained over time [35].

Participants also demonstrated patterns of negative thinking, including self-blame, rumination, and persistent questioning of their own decisions and circumstances. Many repeatedly revisited distressing healthcare experiences and attributed responsibility for adverse outcomes to themselves, even when events were beyond their control. Such cognitive patterns intensified feelings of guilt, hopelessness, and emotional suffering, making psychological recovery more difficult. Previous studies have shown that rumination and self-critical thinking are strongly associated with anxiety, depression, prolonged emotional distress, and impaired resilience following traumatic events [36].

Addressing the third research objective, the researcher proposes a community-based psychoeducation program for survivors of healthcare adversities. The findings indicate that recovery requires more than medical treatment alone; survivors also benefit from trauma-informed, culturally responsive, and psychologically supportive interventions that address emotional, relational, and psychosocial needs. Participants emphasized the importance of emotional validation, timely psychological intervention, strong social support, psychoeducation, and culturally meaningful coping resources. Collectively, these findings provide the empirical foundation for the proposed community psychoeducation management plan, which aims to strengthen psychological resilience, improve coping skills, and promote long-term recovery among survivors of healthcare adversities [37].

E. The Need for Trauma-Informed and Culturally Responsive Psychosocial Support

The findings demonstrate that adverse healthcare experiences frequently produce long-term psychological consequences that persist well beyond physical recovery. Participants consistently expressed the need for emotionally safe environments, supportive interpersonal relationships, accessible mental health services, and recovery approaches that acknowledge their cultural values and lived experiences. These findings reinforce Herman's Trauma and Recovery Model, which identifies safety, reconnection, and supportive social relationships as essential foundations for trauma recovery and psychological healing [38], [39].

An important recommendation emerging from the participants' narratives is the implementation of early mental health intervention. Survivors emphasized that timely psychological assessment, education, and supportive intervention could reduce emotional suffering and facilitate healthier adjustment following adverse healthcare experiences. Early identification of psychological distress may prevent the progression of trauma-related symptoms while promoting resilience and adaptive coping. Previous evidence similarly indicates that early psychosocial intervention improves emotional outcomes, reduces long-term psychological morbidity, and enhances recovery among individuals exposed to traumatic or highly stressful health events [40].

Participants also underscored the importance of family- and community-based support systems throughout their recovery journeys. Emotional encouragement from family members, friends, and local communities strengthened resilience, reduced feelings of isolation, and provided practical assistance during periods of vulnerability. Within the collectivist Filipino cultural context, recovery was viewed as a shared process rather than an individual responsibility. These findings support previous research demonstrating that family-centered and community-based interventions enhance psychological well-being and contribute significantly to successful recovery following traumatic experiences [37].

Another major implication concerns promoting adaptive coping and help-seeking behavior. Participants highlighted the value of open communication, psychoeducation, and empowerment in encouraging healthier responses to emotional distress. Psychoeducational interventions may normalize emotional reactions after healthcare adversities, improve mental health literacy, strengthen coping skills, and reduce stigma associated with seeking professional psychological support. Encouraging survivors to actively participate in their own recovery also enhances self-efficacy and long-term psychological adjustment [41].

The findings further emphasize the importance of integrating Filipino cultural values into recovery programs. Participants consistently described family connectedness, collectivism, spirituality, resilience, and mutual support as central elements of their healing processes. These culturally embedded values influenced both emotional coping and recovery trajectories, suggesting that psychosocial interventions should extend beyond conventional clinical approaches. Community-based psychoeducation programs that incorporate Filipino concepts such as *pamilya*, *bayanihan*, spirituality, emotional connectedness, and communal resilience are therefore likely to be more culturally relevant, acceptable, and effective in supporting survivors of healthcare adversities [42].

The lived experiences of the five participants provide important contextual understanding of the phenomenon under investigation. Although each participant encountered different forms of

healthcare adversity, common patterns emerged across their narratives regarding emotional distress, psychosocial burden, coping strategies, and recovery processes. These individual accounts formed the experiential basis for the themes and subthemes identified through Reflexive Thematic Analysis, allowing the study to capture both the diversity and shared characteristics of survivors' experiences while informing the development of the proposed community-based psychoeducation management plan [39], [42].

Conclusion

This study explored the lived experiences and coping mechanisms of Filipino adults who have undergone healthcare adversities such as serious illness, hospitalization, invasive procedures, and other distressing medical events. Using a qualitative phenomenological approach and Reflexive Thematic Analysis, the research provided an in-depth understanding of how participants experienced psychological and emotional disruption following healthcare-related stressors, as well as how they navigated these challenges over time. The narratives highlighted that healthcare adversities extend beyond physical illness, often resulting in emotional distress, changes in self-perception, fear, helplessness, and difficulties in adjusting even after medical recovery.

Findings further showed that participants employed a range of coping mechanisms that were both adaptive and maladaptive. Adaptive strategies included seeking social and familial support, engaging in spiritual practices, cognitive reframing, acceptance, and meaning-making, all of which contributed to emotional stabilization and gradual psychological recovery. On the other hand, maladaptive coping such as avoidance, emotional suppression, withdrawal, and denial were also evident and, in some cases, prolonged distress and delayed healing. These patterns emphasize that coping is a dynamic and context-dependent process shaped by personal experiences, available support systems, cultural values, and the broader healthcare environment.

Overall, the study underscores the importance of recognizing healthcare adversities as significant psychological experiences that require attention beyond physical treatment. It highlights the need for culturally responsive, community-based psychoeducational programs that promote adaptive coping, strengthen resilience, and encourage early help-seeking among individuals affected by medical trauma. By bridging the gap between lived experiences and mental health support systems, this research contributes to a deeper understanding of recovery processes and offers a foundation for interventions aimed at improving psychological well-being within the Philippine context.

Conflict of Interest

The authors declare no conflict of interest.

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