

Exploring the Challenges and Coping Strategies Among Women Survivors of Super Typhoon Rai in Cebu, Philippines: A Phenomenological Study

Denricks L. Tecson^{1*}, Janica Louise C. Ibon¹, Adrian B. Ebesa¹, Michelle P. Trangia¹
Cebu Technological University¹, Philippines

*Corresponding Author: tecsondenricks22@gmail.com

Date Received: 20 January 2025 Revised: 15 March 2025 Accepted: 18 March 2025

Paper Type: Original Research

Abstract

Aim/Purpose: This study explores the challenges encountered and coping strategies employed by women survivors of Super Typhoon Rai in Cebu, Philippines, aiming to shed light on their lived experiences and resilience.

Introduction/Background: Disasters, influenced by both regional and global factors, cause widespread destruction, economic disruption, and profound psychological and social impacts, particularly among women. Although disasters do not choose their victims, women are often more vulnerable during these events, yet their experiences and roles are frequently overlooked. Given the growing number of typhoons in the Philippines, more studies are needed to examine how individuals cope with their lives following each storm. In particular, exploring the experiences of women after disasters is essential, as it can provide valuable insights into their unique vulnerabilities and resilience. These factors have led to this study, which explored the lives of the victims of Typhoon Rai. Additionally, how participants managed to rebuild their lives after the typhoon was investigated.

Methodology: A qualitative approach—specifically hermeneutic phenomenology—was adopted in this study to explore the lived experiences among women when facing disaster, particularly typhoons, and their efforts to rebuild after the disaster. In-depth interviews and focus group discussions were conducted with ten women, five from a rural area and five from an urban area, all of whom had experienced this disaster. Purposive sampling was used to select them based on specific criteria related to their experiences. Semi-structured interviews were the primary method of data collection. Thematic analysis was then applied to identify key themes and produce a coherent report. The focus of the study was participants' perspectives, highlighting the emotional, psychological, and practical aspects of their recovery. To ensure validity of the findings, the data was reviewed by a content analyst, and the participants were invited to validate the results.

Findings: The challenges and coping strategies of Typhoon Rai survivors were examined, focusing on the disaster's aftermath and recovery. Key challenges included social chain disruptions of basic services such as food, water, and shelter, as well as psychological distress, and social fragmentation. Ineffective government disaster response exacerbated logistical challenges, while mental health struggles such as trauma and anxiety were widespread. Social fragmentation hindered recovery, as feelings of isolation and lack of community support prolonged the rebuilding process. In this regard, women survivors reported various coping strategies, with faith-based coping being central to emotional stability and hope. Cultivating an optimistic mindset, emotional catharsis through sharing struggles, and social support networks also played crucial roles in recovery. The study highlights the need for better disaster response systems, equitable resource distribution, and mental health support. Strengthening community bonds and promoting coping strategies like spirituality, optimism, and social support are essential for comprehensive recovery and disaster preparedness.

Contribution/Impact on Society: This study provides new insights into the importance of comprehensive disaster management that addresses not only physical needs, but also psychological well-being, as well as gender-sensitive disaster management and recovery initiatives. This work

addresses gaps in the existing literature and offers innovative perspectives that can stimulate further inquiry and discussion. This research may serve as a valuable resource for scholars and practitioners alike, and spark meaningful dialogue within the academic community.

Recommendations: A multi-pronged approach is essential to support recovery efforts, starting with immediate interventions such as stress debriefing sessions and the mobilization of mental health professionals to provide psychological aid. Local government units must streamline disaster response systems to ensure the timely delivery of resources and financial assistance, with training for government workers to address the psychological needs of survivors for a compassionate response. Faith-based practices, such as prayer, meditation, and religious community involvement, can offer survivors emotional stability and resilience during difficult times. Cultivating an optimistic mindset is also crucial, as focusing on hope and small victories can foster perseverance. Emotional catharsis, allowing individuals to express their emotions, is important for relieving stress and promoting healing. Lastly, social support from family, friends, and the community plays a pivotal role, providing a sense of belonging and encouragement. By integrating these strategies, communities can build resilience and a stronger foundation for recovery.

Research Limitation: The study's use of phenomenology, while effective for capturing personal experiences, limited the ability to make broad generalizations, as the findings were subjective and context-specific. With a small sample size of ten women, the study may not fully represent the broader population of Typhoon Rai survivors, and overlooks the experiences of men or other marginalized groups. Moreover, it was conducted in two areas of Cebu; thus, the findings may not reflect the diverse perspectives of other regions or countries affected by similar disasters. External factors, such as the ongoing recovery process and government responses, may have also influenced the findings, and participants' emotional states during their interviews may have impacted their responses.

Future Research: Future research could employ a broader focus to include men or LGBTQ+ individuals, as these groups may encounter distinct challenges during disaster recovery. While the study highlights women's experiences, it's crucial to explore how gender and sexual orientation affect coping strategies and recovery for other marginalized groups. Men may struggle with cultural expectations around masculinity, hindering their ability to express vulnerability or seek help. LGBTQ+ individuals may face discrimination, social stigma, or exclusion from support networks, potentially leading to heightened psychological distress during recovery.

Keywords: *Women Typhoon Rai survivors, psychological well-being, resilience*

Introduction and Literature Review

Natural disasters can be profoundly destructive, causing widespread harm to families and significantly affecting their mental health (Beaglehole et al., 2018; Goldmann & Galea, 2014; Neria et al., 2008). These can occur in any geographic location, though their occurrence and form often depend on regional, environmental, and societal factors. Natural disasters can cause loss of life, destruction of property, economic disruption, environmental degradation, and long-term psychological and social impacts among affected individuals (Masozera et al., 2007). These impacts are expected to become more frequent, complex, and severe in the future due to factors such as climate change, conflict, displacement, public health crises, rapid and unplanned urban growth, and technological risks (Gasper et al., 2011; Harlan & Ruddell, 2011).

On December 16, 2021, Super Typhoon Rai, locally known as Odette, made its first landfall, wreaking havoc across the Visayas and Mindanao Island. The typhoon brought intense rainfall, strong winds, floods, and storm surges, leaving thousands displaced and hundreds of dead within a single night. The strong winds and storm surge caused by Typhoon Rai led to extensive destruction across many communities in the Central Visayas (Esteban et al., 2023). Initial assessments revealed widespread destruction, yet it was only in the subsequent weeks that the full extent of the damage became evident (Office for the Coordination of Humanitarian Affairs, 2022).

Typhoons such as this one can significantly impact the psychological well-being of individuals, as the destruction of homes, loss of loved ones, and displacement from familiar environments often lead to psychological distress and mental health challenges. The common psychological effects observed in the aftermath of disasters include anxiety, depression, emotional instability, Post-Traumatic Stress Disorder, stress responses, trauma, and other symptoms of psychological distress (Makwana, 2019). These effects not only impact the individuals directly affected, but also resonate throughout the broader community.

While the severity of a disaster is frequently assessed through economic and social metrics, these evaluations often fail to account for the profound emotional suffering that survivors endure (Hobfoll et al., 2007). The grief of losing loved ones and the devastation of property may result in an immense psychological burden on victims. Despite these challenges, individuals must find ways to cope and rebuild their lives, emphasizing the resilience required to navigate such adversity.

Numerous large-scale epidemiological studies have highlighted the high rates of mental health disorders and their considerable impact on individuals, families, and society as a whole (Kessler et al., 2007). However, a notable challenge in the Philippine context is the limited access to, and the reluctance to seek, mental health services in the wake of such disasters. Following a disaster, there is a notable rise in psychiatric hospital admissions, indicating direct mental health impacts (Shukla, 2013). It is often linked to the extent of the disaster, including the loss of loved ones, pets, property, or even living in proximity to the event and experiencing damage to one's home (Kar et al., 2007). The management of emotions plays a vital role in preventing overwhelming feelings from impeding constructive recovery efforts. By gaining awareness of their emotional states, individuals could better identify triggers and respond more effectively. Nonetheless, experiencing heightened emotions after a disaster is a natural and expected response (Centers for Disease Control and Prevention, 2018).

Typhoons frequently occur in the Philippines due to its location next to the Pacific Ocean (Desquitado et al., 2020). A study found that typhoons injure people psychologically in addition to causing deaths and financial losses. Research has revealed that specific individuals were more vulnerable due to their inability to react appropriately or adjust (Shen et al., 2020). Exposure to such events can even lead to long-term health effects and risks, such as substance abuse, insomnia, phobias, amnesia, hyperarousal, acute stress disorder, and other mental illnesses (Bryant, 2019). According to a report by the World Health Organization (WHO, 2014) on the mental health impact of natural disasters in the Philippines, typhoons have been one of the leading disasters impairing the psychological health of those who are affected.

Although disasters affect everyone, women are often more vulnerable during such events, yet their experiences and contributions remain underexplored (Chowdhury et al., 2022). Women's physical and mental well-being are strained during disasters due to their increased caregiving and household responsibilities (Erman et al., 2021). Gendered social and cultural norms, combined with household and community duties and expectations, exacerbate their negative experiences (Erman et al., 2021). In some instances, the unwillingness of male counterparts and the assumption of maternal roles have led women to bear full responsibilities for their families and homes (Fagen et al., 2011). Gender roles further limited their mobility and access to aid, complicating their recovery and involvement in recovery efforts (Ott et al., 2022). Despite these challenges, women have played crucial roles in fostering community resilience, particularly through their leadership in grassroots recovery and rebuilding initiatives (Saavedra et al., 2023).

Faith plays a vital role in reinforcing survivors' resilience, underscoring its importance in helping them to navigate and overcome challenges. It has been found to be essential in building their inner strength and coping abilities, contributing to the development of individuals' social and cultural capital. This in turn enhances their capacity to recover, rebound, and move forward after a disaster. Faith serves as a protective factor, helping to reduce trauma and facilitate recovery, particularly for those with strong religious involvement (Lomeli-Rodriguez et al., 2024).

In addition to faith, optimism also plays a critical role in recovery. Women who exhibited a high level of optimism were less likely to develop trauma, and showed quicker recovery in terms of both psychological well-being and physical health (Laranjeira & Querido, 2022). Optimism was also associated with greater levels of adaptive coping behaviors such as seeking help, and taking proactive steps to rebuild their lives. Women who maintained an optimistic outlook were more likely to report feelings of agency and control over their recovery, leading to better mental health outcomes in the long term (Cherry et al., 2016).

Another important factor in the recovery process is emotional catharsis. This could involve sharing painful experiences, expressing grief, and processing trauma. Women survivors who were encouraged to openly express their emotions through social networks have been shown to benefit significantly from this practice (Pérez-Gañán et al., 2022). The act of verbalizing distressing events to trusted community members has been associated with lower levels of post-traumatic stress disorder (Fang et al., 2020). This cathartic expression allowed survivors to regain a sense of agency and control over their emotional states, thus aiding in their recovery.

Moreover, the presence of family, friends, and community members is essential for women in managing the physical, emotional, and social challenges posed by a typhoon. Social support buffers the psychological effects of trauma and promotes resilience by providing emotional comfort and practical assistance (Wang et al., 2021). Women often turn to one another for companionship, encouragement, and help in navigating recovery. Social support was the most consistent predictor of positive mental health outcomes among female survivors of Typhoon Haiyan. Social networks were seen as critical in rebuilding a sense of normalcy, offering women emotional resources (Acoba, 2024).

Given the growing number of typhoons in the Philippines, more studies are needed looking at how individuals cope with their lives following each storm. In particular, exploring the experiences of women after disasters is essential, as it can provide valuable insights into their resilience and unique vulnerabilities, thus enabling more inclusive and effective disaster response strategies. This understanding can also inform policies that address gender-specific needs, promote equality, and empower women as active agents of recovery and community rebuilding. These factors have led to this study being conducted to explore the experiences of victims of Typhoon Rai, and how they put their lives back together.

Research Methodology

A qualitative research approach was adopted in this study to explore the lived experiences of disaster victims and their efforts to rebuild their lives, using hermeneutic phenomenology as the guiding research method. Phenomenology is centered on understanding how individuals interpret and make sense of their experiences; in this study, it was specifically applied to the aftermath of a disaster. By focusing on participants' subjective perceptions, the researchers aimed to uncover the essence of their experiences following Typhoon Rai. In-depth interviews were employed as the primary data collection method, allowing participants to convey their personal interpretations and emotional responses to this disaster. This phenomenological approach, which focused on the participants' perspectives, sought to capture the meaning of their lived experiences rather than to present generalized findings.

The research study was conducted in Barangay Danglag, Consolacion Cebu, and Barangay Tinago, Cebu City, respectively, representing rural and urban contexts. The researchers employed purposive criterion sampling to select participants who met specific criteria based on their lived experiences. A total of ten women were chosen, consisting of five from a rural area and five from an urban area. Participants were selected based on their experiences with Typhoon Rai, ensuring that their stories were rooted in shared experiences of this disaster. Table 1 shows the demographic profile of the women survivors according to their age, income profile, and area of residence. The household monthly income reported by the survivors were categorized according to criteria utilized

by the Philippine Institute for Development Studies to determine their income classification. All of them were assigned pseudonyms to protect their identities.

Table 1 *Socio-Demographic Profile of the Participants*

Key Informants	Age (yrs)	Income Profile	Residence Setting
Marites (P1)	45	Low Income (but not poor)	Urban
Anita (P2)	39	Low Income (but not poor)	Urban
Belen (P3)	30	Poor	Urban
Teresa (P4)	38	Low Income (but not poor)	Urban
Lourdes (P5)	48	Poor	Urban
Emma (P6)	42	Lower Middle-Income class	Rural
Vicky (P7)	32	Low Income (but not poor)	Rural
Melinda (P8)	36	Low Income (but not poor)	Rural
Joy (P9)	38	Low Income (but not poor)	Rural
Chona (P10)	31	Low Income (but not poor)	Rural

To gather in-depth insights, semi-structured one-on-one interviews and focus group discussions were used. The semi-structured nature of the interviews allowed participants the freedom to express their experiences and feelings openly, while providing a framework to guide their conversations. The interview guide was designed to encourage reflective responses, and it was rigorously validated through pilot testing and content analysis, leading to revisions to enhance its clarity and effectiveness. To ensure accuracy, all interviews were transcribed verbatim, preserving participants' original words and the nuances of their lived experiences. Data collection continued until saturation was achieved, a key feature in phenomenological research, indicating that no new themes or insights were emerging from the interviews. Confidentiality and privacy were safeguarded throughout the study. All collected data were treated as confidential, and access to the participants' personal information was restricted to the researchers. The information gathered was used solely for research purposes, ensuring the study's ethical integrity.

To analyze the data, the researchers applied the Six-Phase Framework of Thematic Analysis (Braun & Clarke, 2006). It is a well-suited method for analyzing qualitative data in phenomenological research. This process involves becoming deeply familiar with the data, coding it, identifying themes, refining the themes, and producing a coherent report of the findings. The analysis focused on capturing the essence of participants' lived experiences, emphasizing the meanings that they attached to their encounters with disaster and recovery. To ensure the credibility and validity of the findings, a qualified content analyst and psychometrician reviewed the data. The participants were also invited to validate the findings, ensuring that their voices were accurately represented, and that any misinterpretations could be corrected. This validation process, essential in phenomenological research, ensured that the study's conclusions were based on authentic, reliable data, free from researcher bias or misrepresentation. Through this rigorous process, the study achieved a deeper understanding of how disaster victims, referred to as "key informants", interpreted their experiences and the emotional, psychological, and practical implications of those experiences in their recovery journeys.

Results

This section has two subsections, namely: (a) challenges experienced by the typhoon victims and (b) their coping strategies.

Challenges Experienced by the Female Typhoon Survivors

Interviews with the women typhoon survivors generated three major challenges caused by the typhoon involving social chain disruptions, psychological distress, and social fragmentation.

Theme 1: Social Chain Disruptions. Social chain disruptions refer to breakdowns or significant delays in the delivery of essential goods and services in the aftermath of a disaster. The disruptions resulted in the survivors' struggling to access basic necessities (e.g., electricity, water, food, and shelter). One survivor (Marites), who is a mother, described the situation and stated:

Our roof was blown off and still hasn't been fixed or replaced. It was extended (roof) because our neighbor gave it to us. It has been really tough, and we've suffered a lot—no electricity, no water. We had to search for water.

This statement indicated that the victims experienced a power outage (referred to locally as a "brownout," which typically means a temporary or partial loss of electrical power) and a lack of access to clean water. It further highlighted the immediate challenges faced by survivors in the aftermath of a disaster, where essential utilities—electricity and water—were unavailable, forcing people to wait for restoration.

Another survivor (Teresa) sadly illustrated the damage to their home with the statement: "Our window was really broken, both in our two rooms. Then, the roof of our kitchen was also severely damaged."

She described a chaotic and destructive situation caused by the typhoon. The destruction of homes not only disrupted physical shelters, but also weakened the community's social infrastructure. Displacement of families, loss of daily routines, and separation within the community consequently lead to social fragmentation and reduced ability to support one another. The damage impaired social ties, making it harder for individuals to maintain connections, share resources, and rebuild together, further hindering the community's collective recovery.

Food insecurity, as part of social chain disruptions, was another consequence of the typhoon. This is where survivors lack consistent access to sufficient and nutritious food to meet their basic needs. Lourdes mentioned, there was no food aid! In a related comment, Vicky shared, "we don't have anything to eat if we don't fall in line at the food relief stations." These statements highlighted the scarcity of food and the struggle to obtain it, as exemplified by the absence of aid, along with reliance on food distribution lines.

Additionally, the limited reach of aid, with resources not reaching certain areas, exacerbated the situation, contributing to the persistent hunger and inability to secure adequate nourishment for the affected families. For example, Chona said that "is what I am looking for . . . Water supply does not reach here. It is only until Pulpogan." [Pulpogan is an area nearby where she lives]. As an alternative, Belen stated, "no choice, we just heated the water to drink. It's so hard!" These statements suggested that in addition to the insufficient distribution of essential resources, there were instances where these resources failed to reach their intended destinations. This exacerbated the situation, contributing to the persistent hunger and inability to secure adequate nourishment for the affected families.

This disparity in aid distribution and inefficiency of logistical support must be addressed to prevent inequities in disaster recovery. A more coordinated effort to ensure that relief supplies are delivered to all survivors, particularly those in hard-to-reach areas, is crucial for a more equitable recovery process.

Survivor experiences highlighted the significant challenges posed by social chain disruptions following a disaster. These disruptions impacted not only the physical survival of the affected populations, but also their social cohesion and psychological well-being. The findings suggest that enhancing disaster recovery systems, particularly focusing on the swift restoration of basic services, equitable distribution of resources, and rebuilding community networks, could greatly improve recovery outcomes. Ensuring that these elements are prioritized in disaster management policies would foster resilience and promote quicker, more effective recovery by survivors.

Theme 2: Psychological Distress. Psychological distress refers to the emotional suffering and mental health challenges experienced by victims following a traumatic event, such as Typhoon Rai. In this context, it was manifested as fear, anxiety, stress, and trauma, stemming from life-

threatening experiences, such as facing strong winds and the destruction caused by the disaster. Survivors expressed ongoing emotional struggles, including heightened fear and feelings of helplessness. Many survivors were left scared and traumatized by their experiences. One survivor, a mother named Teresa, shared her story during the disaster. She stated: "My child got scared. She was crying "Maaa," and it seemed like she was traumatized by it. We were traumatized too, that's why we say that whenever there's a storm, we get scared. Who wouldn't be scared of that?"

The statement described a frightening event that left a lasting emotional impact, causing fear whenever a similar situation arises. This experience was so intense that it triggered a strong, lasting reaction, leading to anxiety regarding the future occurrence of similar events. Her neighbor, Lourdes, added, "we were scared because we were facing the wind directly! They were afraid because they were positioned in a place facing the wind."

As the survivors dealt with the worst part of the typhoon, they could not avoid being distressed. It is common to see emotional struggles, stress, anxiety, and trauma after such disasters or tough experiences. The lack of psychological intervention following disasters represents a significant disaster response and recovery deficiency. Without adequate psychological intervention, these experiences can lead to enduring mental health effects that significantly impact victims' overall well-being and ability to recover.

It is crucial to integrate psychological support into disaster response frameworks, as mental health interventions can help survivors to process trauma, reduce long-term distress, and facilitate a healthier recovery process. The emotional challenges, particularly fear, anxiety, and trauma, illustrate the profound impact that such events can have on mental health. By prioritizing psychological care and incorporating it into recovery programs, communities can enhance resilience and improve the overall recovery process for disaster survivors.

Theme 3: Social Fragmentation. Social fragmentation in this context can be defined as a breakdown of cohesion and cooperation within a community, often observed in the aftermath of a disaster. This phenomenon is characterized by a lack of mutual support, strained relationships, and diminished collective action, as illustrated by survivors feeling isolated in their struggles and receiving little to no assistance from neighbors. Melinda narrated her experiences during the typhoon and in its aftermath. "I expected that our neighbors will help me. I was the only one who hauled our stuff. They were just laughing at me."

The absence of unity hindered effective recovery efforts, prolonged vulnerability, and highlighted the critical need for fostering solidarity and collaboration as essential components of disaster preparedness and response. In contrast, communities that fostered unity and cooperation demonstrated quicker and more effective recovery, highlighting the importance of addressing disunity as a crucial aspect of disaster preparedness and response.

Disaster recovery efforts must emphasize the strengthening social bonds and promotion of a culture of mutual support to ensure more resilient and quicker recovery for all affected individuals. Social fragmentation hampers individual recovery, and undermines a community's overall ability to bounce back. Promoting solidarity, cooperation, and mutual assistance should be central to disaster preparedness strategies. By addressing these social dynamics, communities can enhance resilience and ensure more effective and equitable recovery processes.

Coping and Recovery Strategies

The coping and recovery strategies among the women typhoon survivors included faith-based coping, cultivating optimistic mindsets, emotional catharsis, and social support.

Theme 1: Faith-based Coping. This pertained to the strength and determination that individuals derive from their spiritual beliefs, enabling them to overcome challenges and recover from adversity. Rooted in trust in a higher power, this form of resilience provides emotional stability, psychological healing, and a sense of purpose during difficult times. As illustrated, survivors of

Typhoon Rai relied on their faith to navigate trauma and hardship, finding solace and hope in their spirituality. This was aligned with research emphasizing spirituality as a vital support system that fosters a strengthened sense of identity, and facilitates recovery by offering emotional reassurance and a framework for coping with life's uncertainties. Anita expressed that by placing her trust in God, she surmounted the challenges brought about by the typhoon. She stated: "I can only say that I have to trust the Lord, maybe the Lord will give me (something) because I have been through it all." Her steadfast faith and confidence in a higher power gave her the resilience and determination to overcome the effects of the typhoon.

Another survivor, Chona, explained that she had recovered mentally through her faith. She stated, because "if you have God, in that time when I was traumatized but then it will be gone." Her path from trauma to healing exemplified the profound impact of spirituality as the initial trauma progressively faded, allowing for emotional and psychological rehabilitation.

Faith-based coping was a powerful tool for disaster survivors, especially women, to reclaim their strength and resilience. The emotional and psychological benefits of faith offered not only comfort, but also a stable foundation for recovery. These findings highlight the need for disaster response strategies to recognize and integrate spiritual coping mechanisms, providing survivors with a sense of agency and hope. By leveraging faith as a psychological resource, disaster management programs can enhance emotional recovery, and facilitate a more holistic approach to healing.

Theme 2: Cultivating Optimistic Mindset. A shared characteristic observed in the experiences of individuals facing adversity and natural catastrophes was the capacity for an optimistic mindset. The majority of survivors expressed a belief that adopting an optimistic mindset was advantageous in navigating difficulties. As an example, one survivor asserted: "Yes, we overcame it because we have children. If we don't stay positive, we won't be able to move forward. Yes, I realized that, that's how we overcame it."

This mindset enabled individuals to focus on possibilities and solutions rather than dwelling on difficulties, which fostered resilience and mental recovery. Survivors demonstrated the significance of optimism as essential for survival.

Fostering an optimistic mindset can play a pivotal role in disaster recovery programs. Optimism can help individuals, particularly women, develop adaptive coping strategies and mental resilience. By integrating interventions that encourage optimism, disaster response efforts can provide survivors with the mental tools necessary to navigate the aftermath of a disaster, leading to improved psychological outcomes and overall well-being.

Theme 3: Emotional Catharsis. The ability to articulate and alleviate feelings of tension is crucial for enhancing one's emotional well-being. One survivor (Emma) noted that she went through emotional release by crying and engaging in a conversation with her spouse, a process called "emotional catharsis." It is the releasing and expressing pent-up emotions to alleviate psychological tension and enhance emotional well-being. It involves openly sharing feelings, often through crying or discussing concerns with a trusted individual, as one participant highlighted by describing how she cried and voiced her emotions to her spouse. This practice exemplified the therapeutic benefits of emotional vulnerability and confiding in someone who provides support and understanding. Another survivor (Chona) indicated that she went through emotional release by crying and engaging in a conversation with her spouse:

"I just cried. Then I said to myself, 'I need someone to talk to. I have something to tell to my husband.' He just told me, 'That's how life is.' I even thought, 'It's easy for those who are dead, right?'"

In her situation, engaging in these activities with her partner was a crucial means of emotional expression. Voicing her feelings and displaying emotional vulnerability exemplified the therapeutic value of confiding in a trusted individual, and openly discussing one's deepest thoughts and concerns.

Encouraging survivors to engage in emotional catharsis, whether through crying or confiding in trusted individuals, can be an essential component of mental health interventions. Offering spaces for emotional expression and ensuring access to supportive relationships can foster resilience and accelerate the recovery process, particularly in the aftermath of traumatic events such as natural disasters.

Theme 4: Social Support. Receiving social support from both the family and the community is crucial for duals to facilitate their recovery process following a traumatic experience. The majority of participants reported receiving various types of social support and solidarity. Joy disclosed that parents helped to facilitate her family's recovery. She expressed: "This is my husband's share from his father. It became big (sari-sari store) because it was bought by my in-laws, by my siblings-in-law."

Vicky expressed gratitude towards their neighbor: "It's been a long time, and we still haven't been able to rebuild. In fact, our roof was extended because our neighbors helped us. We are grateful to them for assisting us." This indicated that neighborly and community support played a vital role in recovery. These gestures not only provided physical help, but also had an emotional impact by showing that people cared for each other in times of hardship. Gratitude and solidarity helped create a sense of shared responsibility and resilience, even in difficult situations.

This reflected the value of familial assistance as a pivotal element in commencing a new beginning. Whether through emotional comfort or practical aid, these collective support systems were pivotal in aiding individuals through their recovery journeys following a traumatic experience.

The findings highlighted the profound impact that social support can have on the recovery process. This emphasized the importance of fostering strong social networks in disaster preparedness and recovery frameworks. Providing mechanisms for families and communities to connect and assist one another, whether through emotional or material support, is crucial for enhancing resilience. Additionally, integrating family and community-based support structures into disaster response systems could greatly reduce the psychological toll on survivors, and ensure a more holistic and faster recovery process. In practical terms, encouraging local community programs that nurture familial ties and cooperative support could significantly contribute to survivors' immediate and long-term recovery.

Discussion

This study highlighted the multifaceted challenges and coping strategies experienced by survivors of Typhoon Rai, offering insightful views of the disaster's aftermath and recovery processes. The challenges identified included social chain disruptions, psychological distress, and social fragmentation, while the coping strategies revolved around faith-based coping, cultivating optimistic mindsets, emotional catharsis, and social support.

One significant challenge faced by the victims was the disruption of social chains, particularly access to basic needs such as food, water, electricity, and shelter. Victims reported frustrations over insufficient aid and uneven resource allocation, emphasizing a need for more robust and equitable disaster management systems. These logistical challenges compounded the struggles of affected individuals and communities, delaying recovery efforts. These disruptions not only affected the physical survival of affected communities, but also hindered their social unity and psychological health, which are vital mechanisms for improving the subjective well-being of survivors (Hamama-Raz et al., 2017). The findings indicated that strengthening disaster recovery systems—especially by prioritizing the rapid restoration of essential services, fair distribution of resources, and rebuilding community ties—could significantly enhance recovery outcomes. Focusing on these aspects in disaster management policies would foster resilience and facilitate a faster, more efficient recovery for survivors.

Psychological distress was another major issue, as survivors dealt with trauma, anxiety, and stress reactions. These findings were consistent with Makwana's study (2019), which emphasized

the long-term mental health impacts of natural disasters. The psychological toll extended beyond individuals, creating a pervasive sense of instability and fear within communities. Addressing these mental health issues is crucial for enabling comprehensive recovery (Usami et al., 2018; Roudini et al., 2017). As survivors confronted the aftermath of the typhoon, emotional distress was inevitable. It is common for individuals to experience emotional struggles, stress, anxiety, and trauma following such catastrophic events.

The absence of psychological interventions in the aftermath of disasters highlights a significant gap in disaster response and recovery efforts. Without proper mental health support, these emotional challenges can lead to long-lasting mental health consequences, affecting survivors' overall well-being and their ability to recover. Integrating psychological support into disaster response frameworks is essential, as mental health interventions can help survivors process their trauma, alleviate long-term distress, and promote a healthier recovery process. By prioritizing psychological care and incorporating it into recovery programs, communities can bolster resilience and enhance the overall recovery experience for disaster survivors.

Social fragmentation emerged as a critical barrier to effective recovery, consistent with previous findings (e.g., Moatty et al., 2021). Many participants reported feeling isolated and unsupported by their communities. This lack of cohesion and unity among neighbors hindered and prolonged collective recovery efforts. Rebuilding community ties was essential for fostering resilience and a quicker return to normalcy (Ma et al., 2023).

By contrast, communities prioritizing unity and cooperation tended to recover more quickly and effectively, highlighting the necessity of addressing disunity as a key factor in disaster management. Strengthening community bonds is vital to overcoming adversity. Disaster recovery efforts must place greater emphasis on reinforcing social connections and cultivating a culture of mutual support to ensure a faster, more resilient recovery for all individuals affected (Joseph et al., 2021). Social fragmentation not only delays individual recovery, but also diminishes the collective ability of a community to rebound. Promoting solidarity, cooperation, and mutual aid should therefore be central to disaster preparedness strategies. By focusing on these social dynamics, communities can enhance their resilience and ensure a more effective and equitable recovery for everyone involved.

In terms of coping strategies, faith-based coping played a central role in helping survivors to navigate their challenges (Baidhawy, 2015). Many participants drew strength from their trust in God, which provided emotional stability and hope. Spirituality is a powerful source of resilience. Faith enabled survivors to persevere, even in the face of adversity. Faith-based coping proved to be a powerful tool for disaster survivors, particularly women, in restoring their strength and resilience. The emotional and psychological advantages of faith provided not only comfort, but also a solid foundation for recovery. These findings underscored the importance of disaster response strategies that acknowledge and incorporate spiritual coping mechanisms, offering survivors a sense of agency and hope. By utilizing faith as a psychological resource, disaster management programs can foster emotional recovery and support a more comprehensive approach to healing.

Another coping strategy was cultivating an optimistic mindset. Survivors believed that maintaining a positive outlook was essential for survival and recovery. This was aligned with research by Bisson et al. (2017), which emphasized the efficacy of cognitive strategies like positive reappraisal in managing psychological challenges. Optimism became a shared characteristic among those facing adversity, reinforcing their ability to overcome struggles. This mindset allows individuals to focus on possibilities and solutions instead of fixating on challenges, thereby promoting resilience and psychological recovery. Survivors showcased the critical importance of optimism for survival. By incorporating interventions that promote optimism, disaster response efforts can equip survivors with the mental tools needed to cope with the aftermath of a disaster, resulting in better psychological outcomes and enhanced overall well-being.

Emotional catharsis was also crucial for participants' mental well-being (Honeycutt et al., 2008). Survivors described the therapeutic value of crying, confiding in trusted individuals, and openly discussing their struggles. These actions provide emotional relief and facilitate healing. Encouraging

survivors to engage in emotional catharsis, whether through crying or confiding in trusted individuals, can play a crucial role in mental health interventions. Providing opportunities for emotional expression and ensuring access to supportive relationships can build resilience and facilitate a quicker recovery process, especially in the aftermath of traumatic events such as natural disasters.

Lastly, social support played a pivotal role in recovery. The survivors highlighted the importance of family, community, and organizational support in helping them rebuild their lives. This finding was consistent with Bryant et al. (2019), who emphasized the significance of social support networks in disaster recovery. Collective solidarity strengthens survivors' ability to recover and move forward, showcasing the importance of strong interpersonal connections during times of crisis. These findings underscored the significant role of social support, especially from family, in facilitating the recovery process. This highlights the need to strengthen social networks within disaster preparedness and recovery strategies. Creating opportunities for communities and families to connect and offer emotional or practical assistance is vital for building resilience. Furthermore, incorporating family- and community-based support systems into disaster response efforts can alleviate the psychological impact on survivors and promote a more comprehensive and swifter recovery. In practical terms, fostering local community initiatives that strengthen family bonds and collective support can greatly aid in both the immediate and ongoing recovery of survivors.

The findings point out the need for systemic improvements in disaster response, particularly in ensuring the equitable allocation of resources and strengthening mental health support systems. Fostering community cohesion and promoting coping strategies are vital, especially for women. These insights can inform the development of comprehensive disaster preparedness and recovery frameworks that prioritize both physical needs and emotional well-being. In this context, faith-based coping, cultivating optimistic mindsets, emotional catharsis, and social support are interconnected factors that play a significant role in enhancing an individual's ability to cope with stress and adversity. Together, these factors form a holistic approach to emotional and psychological resilience among women.

Conclusion and Recommendations

The study provides an insightful understanding of the unique challenges and coping strategies experienced by women survivors of Typhoon Rai. They faced a lack of essential resources, delayed government responses, and insufficient psychological support, underscoring the need for more efficient and empathetic disaster response efforts. Faith-based comfort was a crucial coping strategy, providing hope and emotional strength to the Cebuano women survivors, with support of family and community playing an essential role in fostering recovery. There was a lack of sensitivity in some social interactions, with feelings of isolation and neglect heightened by the disaster, making the role of empathetic social support even more critical. Recovery should extend beyond rebuilding infrastructure to addressing emotional, psychological, and social needs.

Effective disaster management should integrate material aid with emotional support, including mental health interventions, faith-based practices, optimism, and social networks. To support recovery efforts, a multi-pronged approach is essential. Immediate interventions, such as stress debriefing sessions and the mobilization of mental health professionals, are critical for providing psychological aid to survivors. Additionally, local government units must streamline disaster response systems to ensure that resources and financial assistance are provided promptly, enabling critical interventions to be carried out effectively. Training government workers to understand and address the psychological needs of women survivors would also ensure a more compassionate response. Alongside these efforts, maintaining faith-based practices can offer a strong foundation of comfort and strength for survivors. Whether through prayer, meditation, or participation in a religious community, nurturing spiritual beliefs helps to build resilience during difficult times, providing emotional stability and a sense of purpose.

The significance of this study lies in its ability to illustrate the nature of recovery, emphasizing that it goes beyond merely restoring physical infrastructure. Effective recovery as perceived by women survivors must address emotional, psychological, and social needs alongside the material ones. The implications of these findings stress that disaster management must integrate both material and emotional dimensions to ensure that responses are not only resource-based, but that they are also culturally and emotionally sensitive. The interconnectedness of faith, optimism, emotional expression, and social support emerged as essential elements for fostering resilience, enabling women survivors to heal and rebuild after Typhoon Rai. This study calls for a more holistic approach to disaster recovery—one that combines practical assistance with emotional and psychological support, to promote long-term healing and well-being for women survivors.

References

Acoba, E. F. (2024). Social support and mental health: The mediating role of perceived stress. *Frontiers in Psychology*, 15. <https://doi.org/10.3389/fpsyg.2024.1330720>

Baidhawy, Z. (2015). The role of faith-based organization in coping with disaster management and mitigation Muhammadiyah's experience. *Journal of Indonesian Islam*, 9(2), 167–194. <https://doi.org/10.15642/JIIS.2015.9.2.167-194>

Beaglehole, B., Mulder, R. T., Frampton, C. M., Boden, J. M., Newton-Howes, G., & Bell, C. J. (2018). Psychological distress and psychiatric disorder after natural disasters: Systematic review and meta-analysis. *The British Journal of Psychiatry*, 213(6), 716–722. <https://doi.org/10.1192/bjp.2018.210>

Bisson, J. I., Tavakoly, B., Witteveen, A. B., Ajdukovic, D., Jehel, L., Johansen, V. J., Nordanger, D., Garcia, F. O., Punamaki, R. L., Schnyder, U., Sezgin, A. U., Wittmann, L., & Olff, M. (2017). TENTS guidelines: Development of post-disaster psychosocial care guidelines through a Delphi process. *British Journal of Psychiatry*, 196(1), 69–74. <https://doi.org/10.1192/bjp.bp.109.066266>

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://www.tandfonline.com/doi/abs/10.1191/1478088706 qp063oa>

Bryant, R. A. (2019). Post-traumatic stress disorder: A state-of-the-art review of evidence and challenges. *World Psychiatry*, 18(3), 259–269. <https://doi.org/10.1002/wps.20656>

Cherry, K. E., Sampson, L., Galea, S., Marks, L. D., Nezat, P. F., Baudoine, K. H., & Lyon, B. A. (2016). Optimism and hope after multiple disasters: Relationships to health-related quality of life. *Journal of Loss and Trauma*, 22(1), 61–76. <https://doi.org/10.1080/15325024.2016.1187047>

Chowdhury, T. J., Arbon, P., Kako, M., Muller, R., Steenkamp, M., & Gebbie, K. (2022). Understanding the experiences of women in disasters: Lessons for emergency management planning. *Australian Journal of Emergency Management*, 37(1), 72–77. <https://doi.org/10.47389/37.1.72>

Desquitado, A. M. S., Perez, M. R. R., Puchero, R. S. R., & Macalalad, E. P. (2020). A climatological study of typhoons over the Philippine Area of Responsibility from 1989–2018. *E3S Web of Conferences*, 200, 02001. <https://doi.org/10.1051/e3sconf/202020202001>

Erman, A., Anne, D. V. R., Fabian, T. S., Kayenat, K., & Mirai, M. (2021). *Gender dimensions of disaster risk and resilience: Existing evidence* [Report Number 157046]. World Bank Group. <http://documents.worldbank.org/curated/en/92673161437254454>

Esteban, M., Valdez, J., Tan, N., Rica, A., Vasquez, G., Jamero, L., Valenzuela, P., Sumalinog, B., Ruiz, R., Geera, W., Chadwick, C., Spatarau, C., & Shibayama, T. (2023). Field survey of 2021 Typhoon Rai – Odette – in the Philippines. *Journal of Coastal and Riverine Flood Risk*, 1(1), 1–19. <https://doi.org/10.48438/jcrfr.2023.0001>

Fagen J. L., Sorensen, W., & Anderson P. B. (2011). Why not the University of New Orleans? Social disorganization and sexual violence among internally displaced women of Hurricane Katrina. *Journal of Community Health*, 36(5), 721–727. <https://doi.org/10.1007/s10900-011-9365-7>

Fang, S., Chung, M. C., & Wang, Y. (2020). The impact of past trauma on psychological distress: The roles of defense mechanisms and alexithymia. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.00992>

Gasper, R., Blohm, A., & Ruth, M. (2011). Social and economic impacts of climate change on the urban environment. *Current Opinion in Environmental Sustainability*, 3(3), 150–157. <https://doi.org/10.1016/j.cosust.2010.12.009>

Goldmann, E., & Galea, S. (2014). Mental health consequences of disasters. *Annual Review of Public Health*, 35, 169–183. <https://doi.org/10.1146/annurev-publhealth-032013-182435>

Hamama-Raz, Y., Palgi, Y., Leshem, E., Ben-Ezra, M., & Lavenda, O. (2017). Typhoon survivors' subjective wellbeing—A different view of responses to natural disaster. *PLoS ONE*, 12(9), e0184327 <https://doi.org/10.1371/journal.pone.0184327>

Harlan, S. L., & Ruddell, D. M. (2011). Climate change and health in cities: Impacts of heat and air pollution and potential co-benefits from mitigation and adaptation. *Current Opinion in Environmental Sustainability*, 3(3), 126–134. <https://doi.org/10.1016/j.cosust.2011.01.001>

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., Friedman, M., Gersons, B. P. R., de Jong, J. T. V. M., Layne, C. M., Maguen, S., Neria, R., Norwood, A. E., Pynoos, R. S., Reisman, D., Ruzek, J. I., Shalev, A. Y., Solomon, Z., Steinberg, A. M., & Ursano, R. J. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes*, 70(4), 283–315. <https://doi.org/10.1521/psyc.2007.70.4.283>

Honeycutt, J. M., Nasser, K. A., Banner, J. M., Mapp, C. M., & DuPont, B. W. (2008). Individual differences in catharsis, emotional valence, trauma anxiety, and social networks among hurricane Katrina and Rita victims. *Southern Communication Journal*, 73(3), 229–242. <https://doi.org/10.1080/10417940802219728>

Joseph, J., Irshad, S. M., & Alex, A. M. (2021). Disaster recovery and structural inequalities: A case study of community assertion for justice. *International Journal of Disaster Risk Reduction*, 66, 102555. <https://doi.org/10.1016/j.ijdrr.2021.102555>

Kar, N., Mohapatra, P. K., Nayak, K. C., Pattanaik, P., Swain, S. P., & Kar, H. C. (2007). Post-traumatic stress disorder in children and adolescents one year after a super-cyclone in Orissa, India: Exploring cross-cultural validity and vulnerability factors. *BMC Psychiatry*, 7(8), 1–9. <https://doi.org/10.1186/1471-244X-7-8>

Kessler, R. C., Angermeyer, M., Anthony, J.C., De Graaf, R., Demyttenaere, K., Gasquet, I., DE Girolamo, G., Gluzman, S., Gureje, O., Haro, J. M., Kawakami, N., Karam, A., Levinson, D., Mora, M. E. M., Browne, M. A. O., Posada-Villa, J., Stein, D. J., Tsang, C. H. A., Aguilar-Gaxiola, S., Alonso, J., Lee, S., Heeringa, S., Pennell, B. E., Berglund, P., Gruber, M. J., Petukhova, M., Chatterji, S., & Ustün, T. B. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's world mental survey initiative. *World Psychiatry*, 6(3), 168–176. <https://pubmed.ncbi.nlm.nih.gov/18188442/>

Laranjeira, C., & Querido, A. (2022). Hope and optimism as an opportunity to improve the “Positive mental health” demand. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.827320>

Lomeli-Rodriguez, M., Parrott, E., Bernardino, A., Rahman, A., Direkcia, Y., & Joffe, H. (2024). Psychological resilience following disasters: A study of adolescents and their caregivers. *Journal of Loss and Trauma*, 1–32. <https://doi.org/10.1080/15325024.2024.2391903>

Ma, C., Qirui, C., & Lv, Y. (2023). “One community at a time”: Promoting community resilience in the face of natural hazards and public health challenges. *BMC Public Health*, 23, 2510 <https://doi.org/10.1186/s12889-023-17458-x>

Makwana, N. (2019). Disaster and its impact on mental health: A narrative review. *Journal of Family Medicine and Primary Care*, 8(10), 3090–3095. https://doi.org/10.4103/jfmpc.jfmpc_893_19

Masozena, M., Bailey, M., & Kerchner, C. (2007). Distribution of impacts of natural disasters across income groups: A case study of New Orleans. *Ecological Economics*, 63(2–3), 299–306. <https://doi.org/10.1016/j.ecolecon.2006.06.013>

Moatty, A., Grancher, D., & Duvat, V. (2021). Leverages and obstacles facing post-cyclone recovery in Saint-Martin, Caribbean: Between the ‘window of opportunity’ and the ‘systemic risk’? *International Journal of Disaster Risk Reduction*, 63, 102453. <https://doi.org/10.1016/j.ijdrr.2021.102453>

Neria, Y., Nandi, A., & Galea, S. (2008). Post-traumatic stress disorder following disasters: A systematic review. *Psychological Medicine*, 38(4), 467–480. <https://doi.org/10.1017/S0033291707001353>

Office for the Coordination of Humanitarian Affairs (OCHA). (2022). *Philippines: Super typhoon Rai (Odette) humanitarian needs and priorities*. ReliefWeb. <https://reliefweb.int/report/philippines/philippines-super-typhoon-rai-odette-humanitarian-needs-and-priorities-revision>

Ott, J., Champagne, S. N., Bachani, A. M., & Morgan, R. (2022). Scoping ‘sex’ and ‘gender’ in rehabilitation: (mis)representations and effects. *International Journal for Equity in Health*, 21(1), 179. <https://doi.org/10.1186/s12939-022-01787-1>

Pérez-Gañán, R., Moreno, S. D., Arias, R. G., & Díaz, V. C. (2022). How do women face the emergency following a disaster? A PRISMA 2020 systematic review. *Natural Hazards*, 116(1), 51–77. <https://doi.org/10.1007/s11069-022-05663-7>

Roudini, J., Khankeh, H. R., & Witruk, E. (2017). Disaster mental health preparedness in the community: A systematic review study. *Health Psychology Open*, 4(1), 1–12. <https://doi.org/10.1177/2055102917711307>

Saavedra, A. G. F., Arias, R. G., Moreno, S. D., & Díaz, V. C. (2023). Gender and leadership in the wake of the 2010 earthquake and tsunami in Chile. *Disaster Prevention and Management an International Journal*, 32(2), 323–336. <https://doi.org/10.1108/dpm-04-2022-0093>

Shen, Y., Lou, S., Zhao, X., Ip, K. P., Xu, H., & Zhang, J. (2020). Factors impacting risk perception under typhoon disaster in Macao SAR, China. *International Journal of Environmental Research and Public Health*, 17(20), 7357.. <https://doi.org/10.3390/ijerph17207357>

Shukla, J. (2013). Extreme weather events and mental health: Tackling the psychosocial challenge. *International Scholarly Research Notices*, 2013, 127365. <https://doi.org/10.1155/2013/127365>

Usami, M., Lomboy, M. F., Satake, N., Estrada, C. A., Kodama, M., Gregorio Jr., Usami, M., Lomboy, M.F.T., Satake, N., Estrada, C.A., Kodama, M., Gregorio Jr., E., Suzuki, Y., Uytico, R., Molon, M., Harada, I., Yamamoto, K., Inazaki, K., Ushijima, H., Leynes, C., Kobayashi, J., Quizon, R., & Hayakawa, T. (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. *BMC Proceedings*. <https://doi.org/10.1186/s12919-018-0159-0>

Wang, Y., Chung, M. C., Wang, N., Yu, X., & Kenardy, J. (2021). Social support and posttraumatic stress disorder: A meta-analysis of longitudinal studies. *Clinical Psychology Review*, 85, 101998. <https://doi.org/10.1016/j.cpr.2021.101998>

World Health Organization. (2014). *WHO: Mental health problems emerging in Yolanda-hit areas*. Rappler. <https://www.rappler.com/nation/57376-mental-health-problems-yolanda-communities/>