



From Existential Descent to Spiritual Renewal: An Interpretative Phenomenological Analysis of Near-Death Survivors and Their Caregivers

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ABSTRACT

Published Online: March 09, 2026

This qualitative study utilized Interpretative Phenomenological Analysis (IPA) to explore the lived experiences and meaning-making processes of 10 COVID-19 survivors and 6 caregivers in the Philippines. In-depth interviews focused on their multidimensional experiences during acute illness, including hospitalization, intubation, and hemoperfusion, and their subsequent journey of coping and post-crisis growth. The findings reveal that participants achieved resilience through a multifaceted process of recovery spanning physical, emotional, psychological, and spiritual dimensions. In this context, resilience is defined as the robust capacity to not only recover from the physiological impact of the virus but also to adapt to the extended social and emotional consequences, such as isolation, profound loss, and stigma. Critically, the study identifies that this resilience is fundamentally anchored in spiritual connections, successful meaning-making, and the ability to emerge with a "Life of Significance". The research concludes that fostering resilience is a holistic endeavor, demanding adequate social support and resources for both survivors and caregivers. This study contributes to the field of palliative care by emphasizing the need to address holistic spiritual, psychosocial, and physical needs throughout the illness and recovery trajectory.

KEYWORDS:

COVID-19 survivors, caregiver burden, Interpretative Phenomenological Analysis (IPA), meaning-making, spiritual resilience, post-traumatic growth, palliative care, Philippines.

1.0 INTRODUCTION

The Covid-19 outbreak, originating in late 2019, precipitated a global crisis that fundamentally altered public health and social structures. Declared a pandemic on March 11, 2020, by the World Health Organization, the virus affected nearly every part of the world through stringent control measures aimed at limiting its transmission. Beyond the official reports of millions of infections and deaths, preliminary estimates suggest that "excess deaths" reached at least 3 million by the end of 2020. In the Philippines, the impact was similarly devastating, with recorded cases exceeding 4.1 million and over 66,000 fatalities by early 2024. This crisis resulted in profound physical and psychological losses, as global quarantines disrupted employment, education, and access to healthcare for non-Covid illnesses. Survivors and their families faced not only

the biological threat of the virus but also global stigma and discrimination, which further destabilized therapeutic responses and hindered recovery (Atinga et al., 2021; Fore, 2020; Gronholm, 2021; Rogers et al., 2020; Torales et al., 2020).

The Lived Experience of Covid-19 Survivors. For many survivors, the journey began with a "downhill journey" from symptom onset to critical care, marked by rapid deterioration (Ragpala, 2022; Trisyani et al, 2024). Many initially underestimated the virus, equating symptoms like a persistent cough with ordinary respiratory ailments, a cognitive bias rooted in everyday health experiences. However, this "initial uncertainty" quickly evolved into "overwhelming anxiety" as the physical dangers became an intimate reality (De Dios, 2022).

The experience was often described as a battle for life or a journey through darkness. Survivors faced severe physical dangers, including respiratory failure that required intense medical interventions such as intubation and hemoperfusion. These near-death experiences acted as a profound turning point, leading survivors to a state of resignation and, eventually, a transformation where they re-

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**Cite this Article: Pinera, M.A., Apuan, V.N., Chavez, M.L.L. (2026). From Existential Descent to Spiritual Renewal: An Interpretative Phenomenological Analysis of Near-Death Survivors and Their Caregivers. International Journal of Social Science and Education Research Studies, 6(3), 245-252*

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evaluated their life priorities in the face of mortality (Sheehy, 2020).

Caregiving and the Burden of Support. The burden of the pandemic was equally shared by caregivers, who faced the "immense burden of helplessness" and isolation during their loved ones' critical illness (Guo, 2022). Caregiving required significant "emotional and moral labor," particularly in low-resource settings where survival often depended on the family's ability to mobilize communal and financial support (Nida, 2021). This journey of support was characterized by intense stress and the constant overthinking of mortality. Despite these challenges, technology and online connections with extended family members became a vital lifeline, empowering caregivers to persevere through the isolation (Bailey et al., 2022).

Resilience, Meaning-Making, and Spiritual Transformation. Central to the recovery of both survivors and caregivers was the process of meaning-making, often framed through Viktor Frankl's "will to meaning" (Ahmed et al., 2023; Frankl, 2006). Survivors utilized cognitive reframing to replace negative thoughts with hopeful, balanced perspectives, which fundamentally changed their emotional and behavioral responses to the crisis.

A significant finding in this study is the role of spiritual resilience. When faced with the fragility of life and human helplessness, many participants returned to their faith with a "willing heart," finding peace through a balance of self-limits and God's teachings. This "spiritual transformation" led survivors to rediscover a greater purpose, often resulting in a deep commitment to serve others as "bearers of hope" and a new appreciation for life as a precious gift (Algahtani et al., 2022; Baykal 2019; Ermiş 2023; Sun et al., 2021).

Research Gaps

Despite the volume of literature on the clinical outcomes of Covid-19, several critical gaps remain that this study seeks to address.

- *Subjective Meaning-Making.* While existing studies extensively document the physical symptoms and general psychological distress of the pandemic, there is a lack of in-depth exploration into the specific internal processes by which survivors and their caregivers make sense of near-death experiences.
- *The Dyadic Perspective.* Much of the current research treats survivors and caregivers as separate entities. There is a need for studies that explore the shared and divergent meanings constructed within these relationships, particularly regarding how illness reshapes family dynamics.
- *Contextualized Resilience.* Existing literature often focuses on generic coping strategies. This study addresses the gap by examining resilience through the specific lens of Filipino cultural and spiritual

values, focusing on those who underwent extreme medical interventions like intubation.

The Covid-19 pandemic has caused significant physical, emotional, and psychological distress worldwide, yet there remains limited research on the internal processes by which survivors and their caregivers make sense of these traumatic events. Specifically, this study seeks to understand the lived meaning of these experiences. To achieve this, the following research questions were addressed:

1. What are the lived experiences of Covid-19 survivors and their subjective interpretations of their post-Covid condition?
2. How does a support person make meaning out of their caregiving responsibilities of a Covid-19 survivor?
3. What are the shared and divergent meanings constructed by Covid-19 survivors and their caregivers regarding the impact of the illness on their family dynamics and relationships?

2.0 METHODOLOGY

Research Design. This study adopts a qualitative research approach, specifically utilizing Interpretative Phenomenological Analysis (IPA) to explore the complex life-worlds of those impacted by severe COVID-19 (Smith et al., 2022; Sutton et al., 2022). IPA is uniquely suited for this investigation as it moves beyond simple description to a "double hermeneutic" process; this involves the researcher attempting to make sense of the participants as they, in turn, make sense of their own transformative experiences (Pietkiewicz & Smith, 2014; Smith & Osborn 2008). By focusing on personal perception and the subjective meaning of lived experiences, this design allows for a rich, holistic interpretation of the unique viewpoints and stories shared by both survivors and their caregivers. This methodological framework ensures that the research captures the deep psychological and existential impact of the pandemic on the human person (Englander, 2018).

Participants and Sampling. The researcher employed purposeful and snowball sampling to recruit a specialized group that is often difficult to locate, relying on networking and referrals to identify suitable candidates. The final cohort consisted of 16 Filipino participants, ten Covid-19 survivors and six caregivers, all residing in the Philippines. To meet the criteria for "survivors," individuals must have been hospitalized for at least two weeks between 2019 and 2022 and undergone critical interventions such as intubation or hemoperfusion. The caregivers included family members and friends who provided direct monitoring and support, whether in person within the hospital or through digital platforms. This sample size is consistent with IPA recommendations, providing sufficient data to examine similarities and differences without becoming overwhelming.

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Measures and Procedures. Data collection was facilitated through semi-structured, in-depth interviews designed to elicit detailed, first-person accounts while allowing for flexibility and the emergence of unexpected issues. These sessions, typically lasting between sixty and ninety minutes, often began with *kwentuhan* (informal conversation) to establish a foundation of trust and rapport before transitioning into focused prompts. While most interviews were conducted via Zoom due to location and health considerations, face-to-face sessions were utilized when requested. Throughout the process, the researcher maintained a reflexive journal to document immediate insights and observations, ensuring that the researcher’s own inner processes were integrated into the broader documentation of the phenomenon.

Data Analysis. The analysis followed the systematic, multi-staged approach characteristic of IPA, beginning with an immersive process of reading and re-reading transcripts to ensure deep familiarity with each account. This was followed by the exploratory noting and construction of experiential statements, where the researcher transformed raw notes into emerging themes. Rather than seeking broad generalizations, the analysis focused on clustering these statements into themes that captured the complexity of individual meanings while identifying shared patterns and unique voices across the different cases. This culminated in a deep level of

interpretation that read "between the lines" of participant quotes to interpret the participants' own interpretations of their lived experiences.

Methodological Integrity and Ethical Considerations. The study adhered to strict ethical protocols approved by the school’s Ethics Review Committee. Informed consent was obtained from all participants prior to data collection, emphasizing their right to withdraw at any time and the strict confidentiality of their responses. To protect the identities of those involved, anonymization was strictly observed through the use of pseudonyms, and all sensitive data was secured in a restricted location accessible only to the researcher. To ensure methodological integrity, a process of member-checking was employed, where participants were invited to review transcriptions and narratives to provide feedback and correct any inaccuracies.

3.0 RESULTS

The analysis of the lived experiences of ten Filipino Covid-19 survivors and six caregivers revealed a profound journey from existential disruption to spiritual transformation. To provide a clear overview of the findings, the following table serves as a "one-stop look" at the themes identified through Interpretative Phenomenological Analysis (IPA).

Table 1. Summary of Identified Superordinate and Subordinate Themes

Superordinate Themes	Subordinate Themes
I. The Existential Descent	Initial Uncertainty and Anxiety; The Downhill Journey to Critical Care; Physical Dangers of Near-Death
II. The Burden of Care	Helplessness in Isolation; Emotional and Moral Labor; Financial and Systemic Stress
III. The Will to Meaning	Cognitive Reframing of Trauma; Spiritual Resilience and Prayer; Finding Peace in Resignation
IV. Transformative Growth	Re-evaluation of Life Priorities; Discovering Greater Purpose; Becoming Bearers of Hope

Thematic Discussion of Results

The Existential Descent. The results indicate that for survivors, the onset of Covid-19 was not merely a medical event but an "existential descent". Participants initially experienced a stage of uncertainty, often underestimating the virus as a common respiratory ailment (De Dios, 2022). This cognitive bias quickly shifted to "overwhelming anxiety" as their physical condition deteriorated rapidly, a process described as a "downhill journey" to critical care (Rillo et al., 2021; Trisyani et al, 2024). The physical dangers of near-death, including intubation and hemoperfusion, forced participants into a state of total vulnerability (Sheehy, 2020). This aligns with Carl Rogers’ Person-Centered Theory (1951), which posits that such biological crises are not isolated clinical events but personal experiences affecting the "entire being," including one's spiritual and emotional dimensions.

The Burden of Care. For caregivers, the pandemic imposed a parallel trauma characterized by the "burden of helplessness" (Bailey et al., 2022; Gulia et al., 2020)). The restrictive hospital protocols created a unique form of isolation, where the inability to physically comfort a dying or suffering loved one resulted in significant psychological distress (Dar, 2021; Irandoost et al., 2025). Caregivers engaged in intense "emotional and moral labor," balancing the fear of loss with the practicalities of managing financial and systemic stress within a healthcare system under immense pressure (Nida, 2021; Russell et al, 2022). The data shows that digital technology and online connections with extended families became a vital lifeline, empowering caregivers to maintain a sense of agency despite their physical exclusion from the bedside (Aranda, 2021).

The Will to Meaning and Transformative Growth. A pivotal finding of this study is the transition from suffering to "meaning-making." Survivors and caregivers utilized

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Cognitive Reframing, a concept proposed by Aaron Beck, to identify negative thought patterns (such as the certainty of death) and replace them with a balanced perspective rooted in hope (Abuhammad et al, 2025; Ahmed et al., 2023). This reframing was deeply intertwined with **Spiritual Resilience**. Faced with human helplessness, participants returned to their faith, finding a "sacred anchor" in prayer and divine trust (Algahtani et al., 2022; Bentzen 2021; Nida, 2021).

This spiritual transformation led to "Transformative Growth," where the encounter with mortality acted as a catalyst for a fundamental re-evaluation of life priorities (Ermiş, 2023; Sun et al., 2021). Survivors and caregivers alike emerged from the experience with a "new appreciation for life" and a "rediscovery of their purpose". No longer focused solely on material pursuits, they expressed an intense passion for service, seeking to become "bearers of hope" for others facing similar crises.

Synthesis: The Meaning-of-Meanings

The "meaning-of-meanings" in this study lies in the participants' ability to navigate the "existential disruption" of the pandemic to reach a state of purpose-driven existence. Drawing from Viktor Frankl's logotherapy, the "will to

meaning" served as the primary motivation for survival; those who found a "why" were significantly more likely to endure and find peace in their recovery (Frankl, 2006).

The study affirms that the trauma of severe Covid-19 illness does not leave individuals in a permanent state of victimhood. Instead, through the process of interpretation and spiritual engagement, survivors and caregivers move beyond the "downhill journey" to prove their own inner strength. Ultimately, the shared meaning constructed by these dyads highlights that resilience is not just an individual trait but a relational and spiritual process that transforms a near-death experience into a new, meaningful life path.

EMERGENT FRAMEWORK: FROM EXISTENTIAL DISRUPTION TO SPIRITUAL RENEWAL

The emergent framework of this study illustrates a transformative three-phase journey undertaken by Covid-19 survivors and their caregivers. This process transitions from a state of profound crisis to one of integrated meaning and purpose. This model illustrates the non-linear interplay between individual spiritual transformation (inward) and communal resource mobilization (outward).

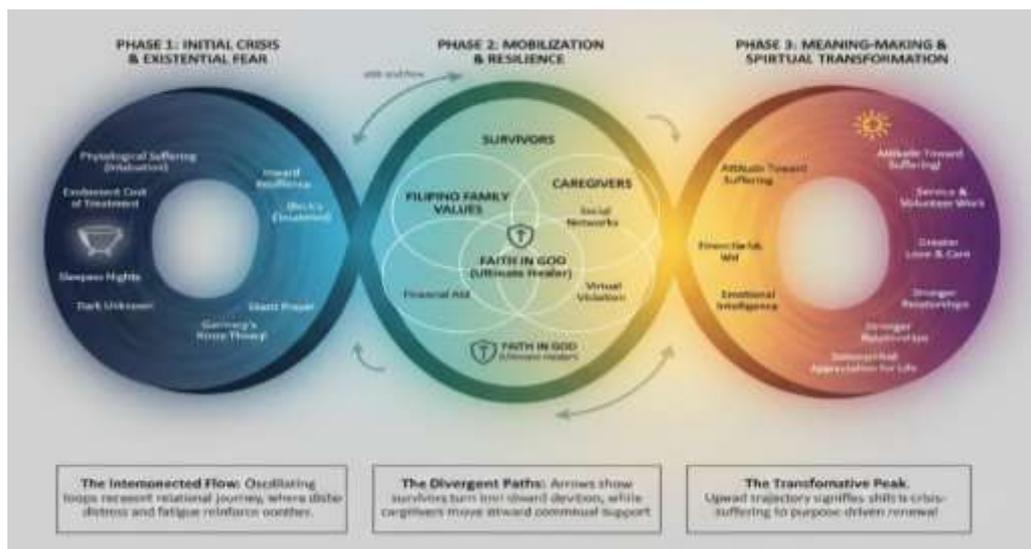


Figure 1: The Relational Oscillation of Resilience: A Conceptual Framework of COVID-19 Survival and Caregiving

Phase I: The Disruption (Existential Crisis). The journey begins with the Disruption Phase, triggered by the "dark unknown" of the virus. At the onset, both survivors and caregivers lacked adequate information, often dismissing early symptoms as a common flu. However, as the severity of the infection became clear, a multidimensional crisis emerged. For survivors, this was an intimate confrontation with mortality, manifested through intense physiological suffering and critical interventions such as intubation or hemoperfusion. Simultaneously, caregivers faced systemic and psychological barriers, including the exorbitant cost of treatment and the burden of advocating for their loved ones in a healthcare system with limited resources. This phase

aligns with Carl Rogers' theory, where a biological crisis impacts the "entire being" of the person.

Phase II: The Mobilization (Resilience in Action). In the Mobilization Phase, both groups activated distinct pathways of resilience to navigate the trauma. Survivors primarily turned inward, utilizing Aaron Beck's Cognitive Theory to reframe distressing thoughts of death into a focus on survival and the "miracle of God". This internal resilience was often sustained through silent prayer. In contrast, caregivers mobilized outward, leveraging technology for "virtual visitation" to bridge the gap created by hospital isolation and gathering communal support from social networks. Despite these differing directions, both groups

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were firmly anchored by Filipino family values and a shared faith in a higher power as the ultimate life-giver.

Phase III: The Meaning-Making (Spiritual Transformation). The final stage of the framework is the Meaning-making Phase, viewed through the lens of Viktor Frankl's Logotherapy. Here, the suffering of the pandemic is reframed into a "Life of Significance". The near-death experience serves as a catalyst for a profound spiritual renewal, moving participants from a state of victimhood to one of agency and purpose. Survivors emerged with a renewed commitment to serve their communities and churches, while caregivers translated their ordeal into greater empathy and compassion for others. Ultimately, the framework demonstrates that the encounter with mortality does not merely result in recovery but in a deeper, more intentional appreciation for the gift of life.

4.0. CONCLUSION

This study concludes that the journey of severe COVID-19 infection is a profound "existential crucible" that moves survivors and caregivers from a state of total disruption to one of integrated spiritual renewal. The findings reveal that the meaning of this experience is not found in the medical recovery itself, but in the psychological and spiritual shifts that occur when individuals are forced to confront the "dark unknown" of mortality. This process of interpreting suffering as a catalyst for growth aligns with the core tenets of logotherapy, suggesting that the "will to meaning" is the primary driver for psychological survival. The emergent framework demonstrates that while survivors turn inward to reframe their trauma and caregivers mobilize outward to bridge the gap of isolation, both groups are fundamentally anchored by Filipino cultural values and a shared faith. Ultimately, the "meaning-of-meaning" for these participants is the transition from being victims of a global pandemic to becoming "bearers of hope". The study affirms that the encounter with near-death catalyzes a "Life of Significance," characterized by a re-evaluation of life priorities and a deep-seated commitment to serve others. This transformation proves that resilience in the face of a global health crisis is not merely about returning to a previous state, but about evolving into a more purpose-driven existence.

5.0. LIMITATIONS OF THE STUDY

While this research provides deep insights into the meaning-making processes of Covid-19 survivors and caregivers, several limitations must be acknowledged. First, the study faced significant recruitment challenges due to the specific medical criteria required; finding survivors who had specifically undergone intubation or hemoperfusion proved difficult, resulting in a relatively small and uneven sample size. Second, the restrictive nature of hospital protocols during the pandemic meant that only a limited number of caregivers could be physically present with patients. This

restriction narrowed the scope of direct caregiving experiences captured, as many support persons had to rely on digital or "virtual" involvement rather than bedside care.

Furthermore, logistical constraints necessitated that the majority of interviews be conducted virtually. While digital platforms facilitated national reach, only one participant was interviewed in person. This reliance on virtual communication may have slightly limited the nuances of non-verbal cues and the environmental depth typically found in face-to-face phenomenological interviewing.

Finally, while this study focused on the journey toward recovery and renewal, the findings are specific to those who survived critical illness. Future research should expand on this by exploring the unique stressors and coping mechanisms of caregivers attending to dying or terminally ill patients. There is also a significant need for case studies focused on families within the palliative care framework to better understand the implementation and importance of end-of-life support across schools, hospitals, and hospices.

6.0. PRACTICAL VALUE AND IMPLICATIONS

The practical value of this study lies in its shift from a purely clinical understanding of pandemic recovery to a holistic, human-centered approach. It underscores that for survivors and caregivers, the process of coping with mortality is significantly strengthened through the integration of *spirituality, faith, and communal support systems*. These elements are not merely peripheral coping mechanisms but are core pillars that foster resilience during existential crises.

A primary implication for healthcare is the identification of *palliative care* as a non-negotiable, interdisciplinary component of treatment. Palliative care should be viewed as essential for maintaining a holistic quality of life, bridging the gap between medical intervention and emotional peace. Furthermore, the study highlights the vital role of *professional counseling* in managing the severe emotional distress associated with near-death experiences. Effective counseling in this context must be:

- *Holistic and Dyadic:* Interventions should involve both the patient and the family, recognizing that trauma is shared.
- *Culturally and Spiritually Responsive:* Practitioners must respect diverse belief systems and collaborate with spiritual or cultural leaders to ensure trust and dignity.
- *Empathy-Based:* Counseling must remain patient-centered, using empathy to help individuals navigate meaningful decisions and find a "Life of Significance" amidst trauma.

Ultimately, the study suggests that nurturing courage, hope, and faith—supported by robust social groups—enables individuals to overcome the most severe adversities. For institutions such as hospitals, schools, and religious organizations, the practical value of this research is in its call

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to institutionalize these support structures, ensuring that psychological and spiritual care are treated with the same urgency as physical medical procedures.

7.0. DIRECTIONS FOR FUTURE RESEARCH

To build upon the findings of this study, several avenues for future research are recommended to deepen the understanding of existential crises in medical contexts. While this research focused on the lived experiences of those who survived critical Covid-19 infections, future studies should explore the specific stressors and coping mechanisms of caregivers attending to patients who do not survive. Investigating the unique meaning-making process of the bereaved would provide a more comprehensive view of the trauma associated with pandemic-related loss. Additionally, there is a need for in-depth, longitudinal case studies focused on families of terminally ill patients to observe how the construction of meaning evolves over time when recovery is not the ultimate outcome.

Furthermore, future research should examine the systemic implementation and impact of palliative care across various institutions, including schools, hospitals, and hospices. Mapping the availability and effectiveness of interdisciplinary support in different geographical and socio-economic settings would help identify critical gaps in the healthcare system. Finally, researchers may consider conducting comparative studies across different cultural contexts to determine how varying societal values and religious beliefs influence the "spiritual transformation" and "will to meaning" discovered in this study. Such research would contribute to a more globalized and culturally sensitive framework for counseling individuals facing near-death experiences.

8.0. ACKNOWLEDGEMENT

This article is based on a dissertation defended before a committee. The authors would like to thank Dr. Ma. Paz A. Manaligod, Dr. Jerry J. Jurisprudencia, and Dr. Jesus E. Dacillo for their valuable feedback and insights as members of the panel during the development of this research.

9.0. ETHICAL APPROVAL

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

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