



“Abe-Abe Bang Matibe (Stronger Together)”: Exploring the Lifeworld of Filipino Emergency Responders

Laarni T. Capinding¹, Maria Lourdes L. Chavez²

^{1,2} Miriam College, Katipunan Avenue, Loyola Heights, Quezon City 1108, Philippines

ABSTRACT

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Emergency responders are at the forefront of any disaster response. The intense psychological demand and repeated exposure to trauma are inherent to this profession; hence, the need for a deep exploration and understanding of their lifeworld. This study examined the lived experiences of 14 Filipino Emergency Responders. Using Giorgi's descriptive phenomenological method, data were gathered through in-depth, semi-structured interviews. Analysis revealed a general psychological structure of their experience, constituted by four primary themes: waiting, duty and the immediate call; handling tragedy and the aftershock; finding strength in the team and personal time; and dealing with poor support and asking for respect. The findings illuminate the profound realization of life's fragility and the indispensable role of informal debriefing among colleagues as a primary coping mechanism. The implication of this study is the critical need for formalized and proactive mental health support systems to sustain the well-being of these vital professionals.

KEYWORDS:

descriptive phenomenology, Filipino emergency responders, mental health, resiliency, well-being

1. INTRODUCTION

The nature of emergency work involves immediate physical demands and environmental hazards that are not present in most other professions. Part of a responder's occupation is that they frequently endure overexertion, movement-induced exhaustion, and lack of sleep due to irregular shift work or extended disaster operations (Kshtriya et al., 2020). They are also constantly exposed to life-threatening conditions and the ever-present fear for personal safety during response are primary occupational stressors (Kshtriya et al., 2020; Ponder et al., 2021). The unpredictable nature of emergencies requires responders to be in a constant state of high alert, which can lead to chronic physical and mental strain (Ancho et al., 2024; McQueston & DePergola, 2019).

The dose-response relationship between the frequency of trauma exposure and psychological distress is a significant factor for first responders (Mitchell, 2021), which includes repeated witnessing of human suffering, gruesome scenes, and death, can lead to vicarious traumatization, compassion fatigue, and acute stress (Doyle et al., 2021; McQueston & DePergola, 2019).

Corresponding Author: Laarni T. Capinding

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In addition, they often face decisional stress, where they must make life-altering choices under extreme pressure (De La Cruz et al., 2025), where moral injury can occur when they are unable to act in accordance with their fundamental beliefs or when they experience unintentional errors that lead to harm to another person (Bell et al., 2025; McQueston & DePergola, 2019). The requirement to manage both their own emotions and the grief of victims' families leads to significant emotional exhaustion (De La Cruz et al., 2025; Kotlaja et al., 2024).

Research also indicates that for emergency responders, the organizational factors can sometimes be more distressing than the emergency events themselves. In many regions, including the Philippines, responders struggle with a shortage of personnel and the burden of working with poorly maintained or outdated equipment, and the psychological support in times of need (Marasigan, 2023). Poor leadership, lack of organizational support, and the pressure of administrative investigations (common for police and medics) contribute to a sense of professional isolation (Bell et al., 2025; McQueston & DePergola, 2019). The demanding schedule often interferes with family life, causing family-work conflict and strain on personal relationships (McQueston & DePergola, 2019; Mitchell, 2021).

Capinding, L.T. et al, "Abe-Abe Bang Matibe (Stronger Together)": Exploring the Lifeworld of Filipino Emergency Responders

For emergency responders, specific environmental and cultural factors play a critical role. The recurring need to respond to typhoons and other natural disasters creates a continuous cycle of stress and recovery among Filipino responders (Arizala et al., 2025; Lam et al., 2018). Like other professionals, emergency responders often feel unappreciated by the public they serve. In some roles, like law enforcement, they may face physical abuse or verbal hostility from the community (Bell et al., 2025). During disasters, emergency responders often experience heightened stress because they are concerned about the safety of their own families while deployed to help others (Kotlaja et al., 2024; O'Neil & Kruger, 2022). Addressing these multifaceted stressors is essential for developing tailored psychosocial support and resilience-building programs that move beyond general interventions to address role-specific and culturally relevant needs (Khankeh et al., 2022; Siwinski & Blankenship, 2024).

The current body of literature regarding the psychological impact of emergency response is characterized by a significant geographic imbalance, focusing predominantly on high-income Western nations such as the United States, Canada, Australia, and the United Kingdom. While these studies provide a foundation for understanding occupational trauma, researchers acknowledge that the contexts of disasters and the professional roles of responders vary significantly across different geographical areas and cultural regions. In the Filipino context, research is strikingly scarce; there is limited empirical data focused on the professional mental health landscape of Filipino emergency responders. This leaves a critical gap in understanding how collectivist social structures and specific Filipino cultural nuances shape responses to the country's unique frequency of natural disasters. In addition, the vast majority of research on first responder mental health uses quantitative, cross-sectional designs that rely on standardized self-report scales. While these tools are useful for establishing the prevalence of conditions like PTSD (estimated at 10% globally) and suicidality, they are often critiqued for overestimating symptoms when they are not specific to the first responder population. Furthermore, quantitative metrics often fail to capture the mechanistic pathways of trauma or the deep-seated "why" behind phenomena like the silent battle of suicidality. There is an urgent call for more qualitative research that can provide a coherent and grounded picture of the experiential impacts of trauma, which are currently under-explored and often ignored by organizational policy.

Despite being described as hidden victims, the raw, unmediated experience of responders is frequently lost in administrative and clinical summaries. Hence, this study sought to answer the research question: What experiences do emergency responders undergo in their line of work? Current literature identifies evocative metaphors, such as the

responder's cumulative photo album of trauma. Still, it lacks the descriptive depth to understand how these photos are processed over the course of a career. To address these gaps, a shift toward descriptive phenomenology is necessary. Unlike interpretive approaches that focus on researcher-led meaning-making, descriptive phenomenology (Husserlian) aims to describe the "essence" of a phenomenon as it appears to the consciousness of those who live it. This method is uniquely suited to explore sensitive and multifaceted topics such as the experience of trauma recovery or the visceral reality of collecting severed parts of bodies at crash sites by setting aside pre-existing assumptions through bracketing. This descriptive phenomenological inquiry into Filipino emergency responders moved beyond statistical prevalence to provide a rich, culturally embedded description of the lived structure of emergency service in one of the world's most disaster-prone regions.

II. METHODOLOGY

Research Design. This study is designed to explore the lived experiences of emergency responders. A qualitative research approach was chosen as the most suitable design for an in-depth inquiry into the subjective world of the participants. Specifically, (A. Giorgi, 2012), descriptive phenomenology was used to explore the lifeworld of emergency responders, its impact on their lives, and the help they need. The core of descriptive phenomenology is a return to 'the things themselves' by describing phenomena in their 'appearing' (Langdridge, 2007) or understanding the phenomenon as it is experienced by the research participant (Willig, 2013). In this practice, this results in (1) a focus on the first-person accounts of experience, (2) an analysis that seeks to discern the underlying structure of an experience, and (3) the production of findings that describe both the universal structure (essence) of the experience and individual idiosyncratic meanings.

The participants of this study were 14 emergency responders in Tarlac Province under the provincial disaster risk reduction management council (PDRRMC), which is a streamlined response team of police, fire, rescue, EMS, and ambulance dispatch that ensures immediate response amidst emergencies 24/7. Purposive sampling was used to select the target participants to highlight the lived experiences of emergency responders. The primary inclusion criterion was at least of year of full-time service as an emergency responder, ensuring participants had sufficient experience to reflect on their lifeworld. The final sample consisted of individuals with diverse backgrounds in terms of age, sex, civil status, education, years of service, and employment status.

This study received ethical approval from the host institution's ethics committee. The research participants were recruited based on the inclusion criteria. It is important

Capinding, L.T. et al, "Abe-Abe Bang Matibe (Stronger Together)": Exploring the Lifeworld of Filipino Emergency Responders

to establish rapport among the research participants; a gatekeeper who's also an employee helped as a bridge for me to the Tarlac PDRRMC personnel. Each prospective participant received a thorough orientation on the study's purpose, the nature and duration of their involvement, and the confidentiality protocols. A written informed consent document was obtained from each of the participants before proceeding with the interview. The in-depth, semi-structured interviews were conducted at the research participants' headquarters, as per their preference. They intentionally invited me to observe a night shift to witness how their duties unfold. Each of the interviews lasted for about an hour. To transcribe and analyze the data properly, all interviews were voice-recorded, and the recordings were anonymized and stored securely, accessible only to the researcher and adviser if needed. After each interview, participants were debriefed and provided with information on resources for psychological support should the interview elicit any distress.

Data Analysis. Giorgi and Giorgi (2008) provided guidelines for descriptive phenomenological research. The researcher interviews a participant or obtains from the participant a description of a situation reflecting the phenomenon under study, the original description from the perspective of the lifeworld or ordinary life. The data was collected by means of an interview, so the researcher transcribed it verbatim. We followed the procedures outlined by Peoples (2021) for analyzing phenomenological data. We proceeded as follows: First, we read the individual interview transcript in its entirety to discern the participant's complete story. This step also consisted of deleting any information that was irrelevant or unnecessary, such as repetitive statements or filler words like "um," "uh," "well," or "you know." The second step in this method is to create preliminary "meaning units" (Giorgi, 1985, p. 10) while concentrating on the research topic. A meaning unit is the allocation of a piece of data that reveals a feature or trait of the phenomenon being investigated. Next, we break down all the preliminary meaning units into final meaning units (or themes), informed by my deeper understanding of each participant's description. This situated narrative is a reiteration of each participant's story, which we organized into specific details and experiences thematically under the research questions. The meanings of each participant's experience will be highlighted thematically through direct quotes from the interviews. We will then create general narratives from the situated narratives, unifying participants' accounts into a general description of all the participants' narratives. We intend to organize the data from the situated narratives while highlighting all the participants' meanings of their experiences. The research questions will organize each narrative. The final step of the analysis is the general description, which moves away from the participants' everyday perspectives. The aim is to discuss the themes

implicit in all or most of the participants' descriptions of their experiences, and to unite the major phenomenological themes into a cohesive general description of the phenomenon's essence.

III. RESULTS

The phenomenological analysis reveals that the essential structure of the emergency responder's experience is a journey defined by a profound and recurring confrontation with trauma, mortality, and human suffering. Their journey begins with a calling, either by passion, choice, or chance, that pulls them into the emergency response profession, which in turn is characterized by a rhythm of intense waiting followed by sudden, chaotic action. At the heart of their lifeworld lies the crucible of traumatic incidents, mass casualty events, the suffering of children, and the loss of their own colleagues and selves, which forge their professional identity while simultaneously exacting a significant psychological toll. To navigate this world, responders develop a dual toolkit of coping mechanisms. Externally, they rely on an indispensable network of peer support, where shared experience fosters a unique backstage environment for processing trauma and reinforcing professional norms. Internally, they employ strategies of self-talk, compartmentalization, and belief in divine purpose and protection to maintain composure and function under extreme pressure. This constant engagement with trauma is managed through a necessary but incomplete process of desensitization, which is frequently punctuated by moments of deep reflection on the fragility of life. Their experience is further shaped by an institutional reality in which technical training is prioritized over proactive psychological support, and in which their life-risking work often feels unrecognized and undervalued, leading to a call for tangible support and greater public understanding.

First Theme: Waiting, Duty, and Immediate Call

This theme encapsulates the emergency responders' pathway to emergency response work, the unpredictable cycle where they spend their routine 24-hour shifts in a state of watchful waiting and equipment maintenance, only to be propelled by an alarm, leading to automatic, high-stakes response driven by their commitment to duty and the understanding that every second is vital for saving lives.

Subtheme 1: Why I Do This: Passion, Chance, and Choice

The analysis of data showed that the research participants had three primary pathways into the emergency response profession: the first is a deliberate calling driven by personal passion; the second is an entry by chance that later evolved into a deep commitment; and the third is a deliberate choice. P01 and P03, both graduates of nursing, felt a strong, intrinsic pull towards the work. P01 was drawn to the profession after seeing ambulances in their neighborhood, stating, "*Nag-apply ako dito, gusto ko talaga*

Capinding, L.T. et al, "Abe-Abe Bang Matibe (Stronger Together)": Exploring the Lifeworld of Filipino Emergency Responders

ito" (I applied here, I really want this) (P01). Similarly, P03 pursued EMT specialization because he was drawn to the emergency room environment, expressing, "*gustong-gusto ko naman yung ginagawa ko*" (I really like what I'm doing) (P03). P05, though not a Nursing graduate, has a strong fascination with rescue work and was inspired by watching the American television show *911*, which sparked a desire to pursue a similar line of work in the province "*napapanuod ko lang sa 911 sa America, lagi ko yun pinapanuod at gusto ko ng ganung trabaho*" (P05). P12 who has a genuine desire to help others volunteered before applying formally for the job, "*nag-apply ako dito... volunteer for 6 months... gusto ko talaga ito, hindi pa ako empleyado, mahilig na akong tumulong sa daan... masarap sa feeling na tumutulong ka kahit walang kapalit*" (I applied here after volunteering for 6 months, I really like this job, even though I am not an employee, I always help others along the way, it feels good to help others without expecting anything in return) (P12).

In contrast, other participants entered the profession serendipitously. P02 described her entry not as a choice but as a matter of chance: "*hindi siya by choice, kumbaga, chance lang, may work offer, edi tangapin mo na*" (it wasn't by choice, rather, it was by chance, there was a work offer, so I accepted it) (P02). Despite this unplanned beginning, she, like others, developed a profound dedication to the role over time. P04 describes how entry into his roles was not driven by a deliberate choice but by an immediate need for workforce and the specific skills of swimming, leading to an unexpected first assignment "*nag-apply po ako sa capitol, dito po ako ipinunta, sabi ng head namin, marunong ka bang lumangoy?...opo, sige sama kana, ayun, sinama ako sa search and retrieval kaagad*" (I applied for work at the capitol, they assigned me here (at PDRRMC) the head asked me if I know how to swim, I answered Yes, then he said, you can join us, I joined them with a search and retrieval operations immediately) (P04). P08 and P11 were hired for the job through the recruitment of the PDRRMC's head's recruitment, based on the services they offered from their previous jobs. P08's entry was facilitated by his skills in repairing boats and was called out to be recruited into the response team: "*Nagre-repair ako ng mga banka, nakilala ako ni boss, na recruit ako sa mga nagre-response*" (I was repairing boats, my boss met me and recruited me for the job). Like P08, P11 was also recruited as a mechanic "*Noong nag-aaral pa ako, nagtatalyer na ako, si boss nagpapagawa ng sasakyan sa akin... nagkita kami ulit, sabi niya pasok kanalang sa rescue, kung anong trabaho mo dito sa labas, ganoon din gagawin mo dun, kaya kinuha ako na mekaniko*" (When I was still studying, I work at a car-repair shop, my boss used to avail my services and asked me to join the rescue team, he assures me that I'll do the same work when I get the job, so I was hired as a mechanic) (P11).

If not for passion or happenstance, other participants chose to become emergency responders for varied reasons, including feeling thrilled about responding, eventually liking the job, wanting to help establish the office, and applying skills to help others. P06 sought to transfer from an administrative position to operations. "*Nung una... nasa admin ako, pero one week lang... Sir, gusto ko po sa operations... Kasi nainip ako sa admin... nandun yun thrill sa response*" (At first, I was part of the Admin Staff for a week, I asked my boss to be transferred to operations, I got bored with admin work, the thrill is with response) (P06 L1-7). P07 was a former on-the-job trainee and needed work experience to apply for the job that he wanted. "*Actually, dati ako nag OJT... kailangan ng experience, kaya bumalik ako dito at nag-apply*" (Actually, I was a former OJT. I need work experience for a job that I want, that's why I came back and applied). P10 volunteered for months before applying for the job "*Nagustuhan ko nung nag volunteer muna ako... hanggang nag-aaply na ako*" (I liked the work while I was volunteering, eventually I applied for the job) (P10). P13 was transferred from another office in the Capitol as the PDRRMC was being established. "*Napunta ako dito noon, kasi pa establish palang ang PDRRMC noong naipasa ang Republic Act 10121*" (I was transferred here because they need people to work for the newly established PDRRMC because of the passing of a law – RA 10121) (P13). P14's inspiration for joining the organization was his existing skills as a mechanic, thereby applying his skills to help in emergencies and accidents: "*Nag-apply ako as mekaniko dito para makatulong sa mga nadidisgrasya at emergencies*" (I applied as a mechanic to help in accidents and emergencies) (P14).

Subtheme 2: Work Rhythm: Always Ready for the Unexpected

The work rhythm of emergency responders is characterized by unpredictable demand and mandated shift work. A typical 24-hour duty cycle was described as a state of constant readiness, characterized by long periods of waiting punctuated by sudden, high-adrenaline responses. The research participants detailed their readiness rituals, which involve meticulous maintenance of the physical environment and proper setup of the ambulance, with all equipment prepared, including, but not limited to, checking trauma bags, oxygen tanks, and ambulance fuel, to ensure operational readiness. At the same time, they wait for a distress call. These periods of waiting can best be described as the "calm before the storm," a state of sustained vigilance and anticipation for a reactive response to the inevitable alarm.

The transition from quiet waiting to active response is instantaneous and visceral. P01 described the moment the alarm sounds: "*Once na nakarinig ka ng 50, mag ring yung bell, mag-aalarm yan, kailangan mong tumayo... kahit inaantok ka, kailangan mong maging alert*" (Once you hear

Capinding, L.T. et al, "Abe-Abe Bang Matibe (Stronger Together)": Exploring the Lifeworld of Filipino Emergency Responders

the 50, the bell will ring, the alarm will sound, you have to get up... even if you're sleepy, you have to be alert) (P01). P02 echoed this, explaining that when the buzzer sounds, "*ayan na, since may schedule ka, kahit nasaan kapa, basta duty ka, tatakbo kana*" (there goes the alarm, you have work schedule, wherever you are, as long as you're on duty, you have to respond) (P02). P03 describes "*kapag may tumawag, sisigaw na yung isa 50 then buzzer, takbo na sa ambulance* (when there is a call, a duty personnel will shout 50 then the alarm goes, I rush to the ambulance to respond) (P03). This sharp shift defines the rhythm of their work, a constant oscillation between stillness and chaos.

Meanwhile, the emergency responder's job involves perpetual anticipation, waiting for a call, even if they hope nothing happens. P04 describes the unpredictable nature of the work of emergency responders and hopes no one buzzes "*naghihintay ng tawag kung may emergency... yung tipong antok na antok ka... kailangan mo ng pahinga, sana walang mag buzzer*" (waiting for a call in case of an emergency, the kind where you're so sleepy... needed a break, I hope no one buzzes (P04). Like P04, P10 routinely engages in preparatory morning meetings to discuss potential response scenarios in anticipation of an emergency, though hopes nothing bad happens "*pagpasoksaumagaga mag-uusap-usap... paano ihanda kung may malaking disaster.. hindi naming alam kailan may mangyari, pero sana wala naman* (when we get into the morning, we'll talk... how to prepare if there's a big disaster... we don't know when something will happen, but hopefully it won't) (P10).

The emergency responders later became habituated with the buzzer as an auditory signal, leading to automatic response. For P06 the buzzer system triggers an automatic physical response stating "*kapag tumunog kasi ang buzzer na yan... automatic na tayo kana, ambulance agad yun.. nung first time ko na 24-hours duty, hindi ako makatulog, abang-abang, kwento-kwento, kape-kape, aabangan mo talaga siya, kahit ayaw mo na may maaksidente*" (when the buzzer goes off... its automatic, it's an ambulance right away... when I was 24-hours duty for the first time, I couldn't sleep, I wait (for the buzzer), converse with co-workers, drink coffee, I really waited (for the buzzer) even though if I didn't want someone to have an accident) (P06). P07 had initial panic and irritation in response to the buzzer but eventually replaced by automatic physical response "*Kapag nagkaroon ng buzzer, emergency yun, kailangan mabilis na maka respond... noong una, naiirita at natataranta ako, hindi alam ang gagawin, pero ngayon hindi na, nasanay na*" (when there's a buzzer, it's an emergency, you need to respond quickly... before, I would get irritated and panicked, not knowing what to do, but now I don't anymore, I'm used to it) (P07). P12 acknowledges initial anxiety due to inexperience upon receiving a distress call, "*medyo may kaba pa dahil bago nga, lalo na kapag*

hindi pa nakita yung location, kung ano ang nangyayari talaga, ngayon normal nalang" (I'm still nervous because I am new, especially when I haven't seen the location, what's really going on, now it's just normal) (P12).

For some responders, like P08, P11 and P14 the waiting game must be filled with proactive tasks to make the 24-hour shift pass by quickly "*Yung trabaho naman ay paulit-ulit lang, kung kabisado mo na, hindi ka mahihirapan, tapos kapag wala kang ginagawa, hahanap ka ng pwede mong gawin para mas mabilis ang oras... tulad ngayon, nakaready na ako, pag dispatch, sasakay nalang* (the work is just repetitive, if you have it memorized, you won't have any difficulty, then when you have nothing to do, you will find something to do to make the time go faster.. like now, I'm ready, when dispatch comes, I'll just ride" (P08). P11, a mechanic states "*kapag walang available na driver, ako na ang gagawa, andiyan lang ako maghahanap ng gagawin kapag wala na*" (I am just there, looking for something to do (when routine tasks are done) (P11). P14 also a mechanic states "*maghahanap ng trabaho, ikot-ikot dito sa compound maghahanap ng gagawin, kapag wala kaming responde*" (I'll go looking for something to do if we don't have a response) (P14).

Second Theme: Handling the Tragedy and the Aftershock

The second theme encapsulates the profound emotional and psychological burden responders face after witnessing gruesome incidents, especially those mass casualty incidents, incidents involving hurt children or fallen colleagues, which initially trigger physical distress, insomnia, and haunting flashbacks that are eventually navigated through deliberate releases such as post-run debriefings, peer venting, family support, spiritual practices, and the gradual development of a protective professional familiarity.

Subtheme 1: The Scenes I Can't Forget

The emergency responders recounted unforgettable responses that served as salient and formative experiences, leaving an indelible mark on their psyches. These events often involved victims of mass casualty incidents (MCI), children, their own colleagues, and sometimes themselves. Mass casualty incidents are characterized by a sudden surge in patients that overwhelms the capacity of local responders and healthcare systems. For responders, it's a shift from individual patient care to a triage-based approach to save the most lives by prioritizing treatment. P01 vividly recounted responding to a bus crash on the Subic-Clark-Tarlac Expressway (SCTEX). He described a scene of immense devastation with numerous patients, some trapped in the wreckage. He recalled, "*andun kami may mga nakaipit pa... hindi kami nag de-declare ng patay, pero wala ng vital signs mga pasyente, nearest hospital dadalhin namin doon, paghatid, balik na naman kami*" (we were there, some were still pinned... we don't declare death, but the patients had no more vital signs, we bring them to the nearest hospital, drop

Capinding, L.T. et al, "Abe-Abe Bang Matibe (Stronger Together)": Exploring the Lifeworld of Filipino Emergency Responders

them off, and then we go back again) (P01). P10 described a similar MCI as the most unforgettable incident of his five-year career, an event that occurred only three months after he was hired, requiring him to make three separate trips to transport victims "Yung aksidente diyan sa may Burot... ilan yung pasyente, ilan din ang nawalan ng buhay, yung time na yun 3 months palang ako na hired... sa five years ko na yun, hindi ko makakalimutan... baguhan ako at ganoon kadami, naka tatlong balik ako, kahit madami na kaming responders, may nakaipit pa" (The accident in Burot, how many patients were there, how many people lost their lives, that time I was only hired for 3 months... in my five years, I will never forget it... I was a beginner, and there were so many, I went back three times (to pick up patients), even though we had many responders, there were still some who got stuck (the victims) (P10).

While all traumatic events were difficult, those involving children carried a unique and profound emotional weight. P04 shared his first traumatic incident involving child fatality, which resulted in severe intrusive thoughts of the victim's face and scattered brain matter, causing two days of sleeplessness and inability to eat for days: "yung batang lalake, naka-kalso sa gulong, kailangan na maabante muna (the mixer-truck) para matanggal yung pagkaka-ipit...Nanginginig ako, hatak ko (in my arms), tumutulo yung dugo... hindi ako nakakain, hindi ako nakatutog, 2 days hindi ako nakakain, 2 gabi na hindi ako nakatutog, as in pagpikit ko, mukha ng bata yung naiisip ko, kapag kakain na, yung utak yung naiisip ko...naisip ko yung bata kasi yung anak ko parang mag kasing edad kasi sila... tapos yung pamangkin ko, kamukha nung isa (the victim)" (the young boy, pinned under the wheel, (the mixer-truck) has to be moved forward to remove the child... I was shaking, I was pulling him (in my arms), blood was dripping... I couldn't eat. I couldn't sleep, I couldn't eat for 2 days; I couldn't sleep for 2 nights. When I closed my eyes, all I could think of was the child's face. When I was about to eat, all I could think of was the brain... I thought of the child because my son and the child were about the same age... then my nephew looked like the other victim (P04). P09 was with P04 during the response to the mixer-truck incident, it was his first time responding to a gruesome incident exposing human organs, which in turn showed signs of post-traumatic symptoms including vivid nightmares and waking visions of a child screaming for help "doon lang ako nakakita ng mga bituka at utak ng tao, first time eh...hindi lang panaginip, talagang makikita mo habang natutulog ka yung bata sumisigaw ng tulong... mga after 2 months nung nangyari yun napapanaginipan ko pa" (that's where I saw human intestines and brains, for the first time... it wasn't just dream, you could actually see the child screaming for help while you were falling asleep... about 2 months after that happened, I was still dreaming about it) (P09). P11 shared a particularly painful memory of

responding to a tricycle accident where a young child was killed. The image of the child was seared into his memory: "patay na yung bata, nakadilat pa yung mata... binuhat ko yung bata, nakadilat pa, ginanito ko yung mga mata (closed them), parang naiisip ko yung anak ko nun... Ilang araw ko rin iniisip yung bata, parang hindi mawala sa isip ko...bago pa lang ako noon, mga 2 years pa lang. Palagi siyang pumapasok sa isip ko kapag pumipikit ako, kapag matutulog na, hindi siya maalis sa isip ko" (the child was dead, his eyes were still open... I picked up the child. His eyes were still open, so I closed them. I felt like I was thinking about my child... I thought about the child for a few days; it seemed like I couldn't get it out of my mind... I was new then, about 2 years. He always came to mind when I closed my eyes; when I was about to sleep, I couldn't get him out of my mind (P11). Both P02 and P11's trauma was exacerbated by the victim children resembling the responder's own child; his personal identification with the victim made the experience exceptionally difficult to process, with the image of the child haunting him for days. This event prompted P11 to call his family immediately to gain a sense of relief that they are safe. P07 recounted an experience of persistent nightmares of the boy who was hit by a car on New Year's Eve: "kami yung last na nakakita na buhay siya...ang saya pamandin nung bata kasi nga mag new year, kapag natutulog ako parang nakikita ko yung mukha niya... (we were the last to see him alive... he was having fun because it was New Year's Eve... when I am sleeping, I could see his face) (P07). While some victims survive, P07 also experienced deflecting a painful question from a conscious child survivor about the status of his dead relatives to shield the child from survivor grief "madami siyang tanong (the survivor) kung buhay pa mga tito niya...iniisip paano ko sasagutin, sinabi ko nalang ikaw palang inuna naming kasi ikaw yung bata" (the child had a lot of question about whether his uncles were still alive... I was thinking how should I answer? I just said, we put you first because you are a child) (P07).

Subtheme 2: Responding to Friends and Near-Death Moments

Another shattering experience reported by the research participants was responding to an accident involving their own colleagues. P02, P03, and P05 both recounted the day their teammates were in a major accident while on a relief operation. P02 and P05 were both at the scene and described the shock and difficulty of the situation. P02 states "unforgettable response ay yung mga kasamahan mo and re-respondahan mo, pinakamasakit talaga iyon, kahit gaano ka kahanda, kapag sila na, hindi mo alam yung gagawin mo... hindi ko alam sino uunahin" (It's unforgettable to respond to your own colleagues, that's the most painful, no matter how prepared you are, when it's your colleagues, you don't know what you're going to do... I don't know who to prioritize. P05 states, "lahat kami

Capinding, L.T. et al, "Abe-Abe Bang Matibe (Stronger Together)": Exploring the Lifeworld of Filipino Emergency Responders

shock noon... ang hirap pala na makita mo yung mga kasama mo... kami nag C-CPR sa mga kasama namin, yun siguro hindi ko malalimutan" (We were all in shock at the time... it's so hard to see your own colleagues... we were doing CPR on our own colleagues, that's probably what I will never forget) (P05). For P03, hearing the radio transmissions from the scene was agonizing: *"masakit na pagka radio palang, si boss ang nag ra-radio, sini-CPR na siya... patay na siya... tapos pati si Kuya patay na din"* (it was painful just hearing it on the radio, it was our boss on the radio, he's being given CPR... he's dead... and then Kuya is dead too) (P03). This event transcended professional trauma, becoming a deeply personal tragedy that shook the entire team to its core.

Some emergency responders experienced personal trauma while on duty. P04 recounted a near-drowning incident during a swift water rescue where he was overpowered by the current *"sa lakas ng alon, nalulunod na ako noon... sigaw ako ng sigaw, release, release, release ako... malapit na malapit na na, buti na lang thank God napatid ang life vest, natangay ako ng alon, medyo bumalik na ang lakas ko, nakabalik ako sa pampang... Akala ko katapusan ko na"* (with the strength of the waves, I was drowning... I screamed, release, release, release... it was so close, thank God the lifevest broke, the waves swept me away, my strength had returned a little, I was able to return to the shore... I thought it was the end of me (P04). P08 on a new year's eve responded to a hit-and-run incident when his team was hit a drunk speeding motorcyclist while actively managing the patient, he had to ignore his personal injury to prioritize patient's safety *"Yung nag ma-manage kami ng pasyente, new year, tapos biglang dumating na nakamotor na sasakyan, tinamaan niya kami... tinamaan yung kamay ko, naipit... kinabahan ako... tuloy pa rin ang pag manage ng pasyente, hindi naming pwede iwanan, pinabayaan ko muna sakit ng kamay ko... mahirap kaming responder pa ang re-respondehin"* (When we were managing a patient in new year, suddenly, a motorcycle came, it hit us.. It hit my hand, it got stuck, I was nervous... we continued managing the patient, we couldn't leave the patient... I let go of the pain in my hands... It's difficult if we, the responders, are the ones being responded to (P08).

Subtheme 3: Psychological Aftermath: Turning Off Feelings to Stay in the Game

For emergency responders, the suppression of emotions was necessary to ensure continuity of operations following an exposure to a traumatic event. P02 states, *"hindi ko pwedeng ipakita na mahina ako, tuloy parin ang operations...kahit gusto mo ng sumigaw, hindi imo man magawa kasi may operations"* (I can't show that I'm weak, the operations are still ongoing... even if you want to scream, you can't because there's still operations) (P02). For P06, cognitive reframing works to help manage her tremors *"kapag nginig moments... stop ka saglit, tapos inhale-*

exhale... para makabalik sa katinuan... girl, kailangan pang bumalik sa office, isa lang ang ambulance, may transport pa" (When you have trembling moments... pause for a bit... then inhale and exhale... to come back to your senses... I need to go back to the office. There's only one ambulance available; we need to transport the patient (P06). P07 experienced gendered emotional suppression and concealment of physiological distress due to professional expectation and stigma *"noong una, naduduwal-duwal ako pero hindi ko pinapahalata... kapangit naman tignan na responder magsusuka-suka... baka sabihin nila, kalalake mo na tao, duwag ka"* (At first, I was feeling nauseous, but I didn't show it, it's not good to see a responder vomiting... they might say, you're a coward man) (P07).

Some emergency responders even experienced fear and episodes of hallucination. P09 feared the ambulance, felt as if the stretcher in the ambulance was moving, prompting him to adopt a team-based spiritual rituals to prevent the victims' soul attachment to the ambulance *"takot na takot kami sa ambulance, after naming kumuha ng pasyente dinadala namin sa simbahan... dinadasalan naming yung mga sasakyan... kapag namamatay sa ambulansya... baka sumama mga kaluluwa... (we are very afraid of ambulances after we pick-up a patient, we take the vehicle to church... we pray for the vehicles... to prevent the victims' soul attached to the ambulance) (P09).*

The emergency responders face repeated exposures to trauma, and they need to develop a necessary psychological armor to shield themselves from the lingering impacts of these exposures. P01 described this process as normalization, based on advice from senior colleagues: *"ganyan lang talaga yan sabi nila, masasanay ka din, yan ang linya natin, kaya kailangan mong masanay"* (they said it's really like that, you'll get used to it, this is our line of work, so you have to get used to it) (P01). P04 shares the same experience: *"kapag nandito sa office tahimik lang ako, sasabihin ng mga kasama ko, 'first time mo no? lilipas din yan, totoo yun... unti-unti mawawala din"* (when I'm here in the office, I'm just quiet, my colleagues will say, 'this is your first time, right?', it will pass... it's true... it gradually forget about it) (P04). P07 asked his peers if they also dreamed about their response and was just told not to think about it: *"wag mo ng isipin yun, isipin mo nalang nakatulong tayo"* (don't think about it, think we that we helped (P07). Aside from following the advice of senior responders, detachment can also come from the responders' personal agency. P10 attributed this to his positive self-talk in normalizing exposures to gruesome scenes; he states, *"baguhan ako kaya ganito, kapag tumagal ako, masasanay din ako"* (I am a beginner, so this is how it is; if I keep going, I'll get used to it). This professional detachment allows them to function effectively in horrific scenes, to handle gruesome injuries, and to make life-or-death decisions without being paralyzed by emotion.

However, this desensitization is not absolute. The trauma frequently pierces through their professional defenses, leading to profound reflections on the fragility of life. After witnessing the MCI bus, P01 reflected, "*napakadali ng buhay*" (life is so easy/fleeting) (P01). This confrontation with mortality forces them to re-evaluate their own lives and those of their loved ones. The experience of being a responder is thus a constant tension between the need to become desensitized to trauma and the unavoidable, deeply human impact of witnessing suffering and death.

Subtheme 4: Belief in Divine Purpose and Protection

The emergency responders engage in spiritual practices as a psychological and emotional buffer to navigate the trauma of their profession, transforming the chaotic tragedy of their lifeworld into one of divine purpose and protection. These practices allow the responders to cleanse themselves of the aftershock of death and find the strength to continue their service. Before facing the unpredictable dangers of a call, the emergency responders engage in communal or silent prayer to ground themselves and ask for safety. P013 emphasizes the necessity of spiritual reliance when facing danger, "*Importante ay may lakas loob, manalig sa Panginoon, sigurado, Panginoon muna ang tawagin mo*" (It is important to have courage, trust in the Lord, for sure, call on the Lord first) (P13). P05 describes praying specifically for emotional distance from the victims to maintain composure "*Yun yung (pinagdarasal)... ko na wala akong kakilala dun sa mga rerespondehan ko*" (That is why I pray for, that I don't personally know the people I am responding to) (P05). These practices serve as a defense mechanism against the fear of high-stakes environments that emergency responders are always confronted with.

Another distinct spiritual practice involves the sanctification of emergency vehicles, especially after the ambulance has been used to transport the deceased. P09 describes what they do: "*Takot na takot kami sa ambulansya namin, after namin kumuha ng pasyente, dinadala namin sa simbahan, pinapa-bless namin... Nakakatulong 'yon para gumaan ang pakiramdam... Dinadasalan namin yung mga sasakyan. Huminto kami kung saan may simbahan, sa harap lang naman, pray lang kami.*" (We are very afraid of the ambulance. After we pick up a patient, we take the vehicle to the church for blessings... it helps lighten our feelings... we also pray over the vehicle; we stop by a church and pray (P09). In remembering the fallen colleagues, P02 describes what they do for them: "*Yearly dinadalaw pa din sila, pagtitirik sila ng kandila.*" (We visit them yearly, lighting candles for them) (P02). These practices of church blessings and symbolic rituals, such as prayers and lighting candles, relieve emergency responders from feeling a lingering presence or heaviness after death.

Emergency responders also frame their own survival and the success of their rescues as a result of divine intervention. P04 recounted his near-death experience while doing rescue, "*Tumingin ako sa taas, Thanks God!... Akala ko katapusan ko na*" (I looked up, Thanks God!... I thought it was the end of me) (P04). Meanwhile, P09 expresses his views regarding his recovery from stroke and their ongoing service as a divine gift, saying, "*Para very strong ang katawan... binigay ni God, madami ka pang matutulungan sabi siguro*" (So the body can be very strong, God gave this, saying perhaps, you still have many people to help) (P09). P01 expresses his gratitude for all of their members surviving the pandemic, saying, "*Mabuti at walang nawala sa amin, nakayanan namin salamat sa Diyos*" (It was good; nobody died among us responders; we got through it, thank God). This perspective helps the emergency responders process the near-miss accidents and the psychological burden of their life-risking work by viewing their continued health as a blessing from God. These spiritual practices are not merely religious obligations but are adaptive strategies used to manage the aftershock of the tragedy, which is necessary for them to face the next buzzer.

Third Theme: Finding the Strength in the Team and Personal Time

The third theme encapsulates the emergency responder's reliance on a combination of strong peer support, internal psychological strategies, and personal activities outside of work to manage the immense stress of their profession.

Subtheme 1: The Team as Best Support

The most crucial and consistently mentioned coping mechanism was the team's support system. The shared experience of the job creates a unique bond, making colleagues the first and most effective line of defense against psychological distress. Post-response discussions, whether formal or informal, were cited as essential for processing events. P01 explained that after a difficult run, "*nag-uusap-usap kami, nagkukwentuhan din mga ka-grupo namin, ano need na improve, ano need na idadag*" (we talk among ourselves, our team talks about our response, what needs to be improved, what needs to be added) (P01). P02, a team leader, described these sessions as a time to discuss "*what went well, and what needs improvement, not what went wrong*" (P02), framing it as a constructive process to improve performance and collectively manage the emotional toll. The same goes for P04; doing post-action critique during meals or breaks serves as an informal debriefing (P04).

This peer support system is also foundational for training new responders. Senior members play a vital mentorship role, guiding newcomers through their first encounters with severe trauma. P10 described how he prepares new team members before they arrive at a difficult scene: "*ganito yung tinawag sa atin, medyo malala, kaya*

Capinding, L.T. et al, "Abe-Abe Bang Matibe (Stronger Together)": Exploring the Lifeworld of Filipino Emergency Responders

prepare mo na sarili mo" (this is the call we got, it's quite severe, so prepare yourself) (P10). He added that if a new responder freezes, he assigns them a simpler task like managing equipment, allowing them to contribute without being overwhelmed, stating, "*Gina-guide ko sila, kasi na experience ko din eh*" (I guide them, because I experienced it too) (P10). This culture of mutual support and mentorship is the bedrock of their resilience. P04, on the other hand, reassures that the trauma will pass to help stabilize recruits: "*Yung mga bago sinasabihan ko sila na mahirap, pero kaya din, sa una lang talaga... Kailangan na labanan mo yung trauma*" (I tell the new ones that it's difficult, but they can do it, it's just in the beginning... You need to fight the trauma) (P04). P01 also helps recruits to adjust to trauma response through gradual exposures for them to habituate. If the recruits seemed traumatized, he advises them to take it easy and rest, that they will be familiarized with work as time passes by, tell recruits to "*kung hindi mo kaya mag paalam ka, eventually sa panahon na lilipas, ma familiarize ka rin*" (if you can't do it, tell us, eventually as time passes, you will become familiar too) (P01). P05 uses emotional screening to recruit and introduce the job, gradually exposing them to prevent quitting. "*Tatanungin yung bago, sigurado ka? Kaya mo?... gradual exposure, kapag binigla mo baka hindi na pumasok kinabukasan*" (I'll ask the new one, are you sure? Can you do it?... gradual exposure, if they get shocked, they might not go back for work the following day) (P05). When P06 sees colleagues affected by a previous response she frame the trauma as lesson learned for personal life and encourage spiritual framing, encouraging to pray for the victim's family to facilitate emotional closure "*pamilyado din yung kasamahan ko na nag responde, hindi daw mawala sa isip niya yung itsura ng bata, sabi ko okay lang yan, lesson learned na din para sa anak mo, hindi talaga agad mawawala sa isip mo, kaya ipagdasala mo nalang... maging okay yung family*" (my colleague who responded with me has family, the face of the child couldn't get out of his mind, I said that's okay, lesson learned for your child, it won't get out of your mind easily, so just pray... that the family will be okay) (P06).

Some support may not necessarily be spoken at times, but may be in the form of gestures to express support to team members. For P02, a tap on the shoulder of a colleague after a difficult response "*hahawakan ko or tap yung shoulder after ng responde*" (I will hold or tap the shoulder after the response) (P02). P06 relies on her team leader's non-verbal support during freeze moments "*kapag nakita niyang medyo shock ako, alam niyang pupunta yung tingin ko sa kanya... kapag tumango siya, hinga, tapos balik na ako*" (when my team leader sees that I am a little shocked, he knew that my gaze would go to him... when he nodded, I sighed, and then I am back again) (P06). This serves as affirmation and validation from colleagues and team members to go on.

Subtheme 2: Using Pep Talks and Keeping Work and Home Separate

Alongside external support from their team, responders employ internal psychological strategies to maintain focus and emotional control during and after a crisis. Self-talk is a common technique used to fortify one's resolve in the face of a daunting situation. To manage dissociation, P07 engages in self-talk to remind herself that the job requires strength "*ginusto mo ang trabahong ito, kaya kailangan magpakatibay ka*" (you liked this job, so you need to be strong) (P07). In addition, P07 internalizes motivation rehearsal out of resilience modeled by peers, "*sila kinaya nila, ako hindi ko kaya?*" (If they handled it, why can't I?) (P07). When confronting a gruesome scene, P10 tells himself, "*kaya mo yan, trabaho mo yan*" (you can do this, this is your job) (P10). This internal monologue serves to reinforce their professional identity and push past feelings of fear or revulsion.

Work-life boundary management of compartmentalization is another critical skill. Responders learn to separate their personal lives from their professional duties to prevent emotional spillover. P01 articulated this clearly: "*yung problema sa bahay wag dadalhin sa opisina. Iwan mo sa bahay, balikan mo after ng duty*" (don't bring your problems from home to the office. Leave them at home, and go back to them after your duty) (P01). P07 compartmentalize to focus on his job, saying "*Kahit may problema ka sa labas, pag andito kana sa trabaho, focus lang pag-iisip mo sa trabaho... Pag pasok mo sa gate ng compound ng trabaho mo dapat yung pag-iisip mo nasa trabaho na*" (Even if you have problems outside, once you are here at work, your mind must be focused only on work... When you enter the gate of your work compound, your mind should already be on the job). This mental division allows them to be fully present and effective during a response, preserving their psychological energy for the task at hand.

Subtheme 3: Getting Back to Normal: Family, Rest, and Recharge

To decompress and recharge, responders actively seek out self-soothing activities in their personal lives. Family was frequently mentioned as a primary source of comfort and a way to reconnect with normalcy. P01 described his routine on his day off as spending quality time with his family, stating, "*naglalaro kami ng anak ko, hatid ko sa school, making time with family*" (I play with my child, I take him to school, making time with my family) (P01). When P02 feels she's about to go insane, she'll go home to her sanctuary "*Kaya kapag ramdam ko na malapit na ako maloka, uuwi ako... kasi family talaga nakakapag appease*" (So when I feel like I'm about to go crazy, I go home... because family really can appease me) (P02). P03's family presence and activities with them give a source of stress relief and renewal of energy "*sa family ko, lalabas kami, manuod ng movie, malaking bagay na para sa akin*"

Capinding, L.T. et al, "Abe-Abe Bang Matibe (Stronger Together)": Exploring the Lifeworld of Filipino Emergency Responders

yun, kasi nakakaalis ng pagod kapag sama-sama kayo, makita mo na okay sila, okay na din ako" (as for my family, we go out to watch a movie, that's a big thing for me, because it relieves my tiredness when we're together, seeing that they are okay, I'm okay too) (P03). P07 spends focused time with his child to relax "*sa bahay, yung baby ko naman inaasikaso ko para ma relax*" (At home, I take care of my child to relax) (P07).

Aside from family, friends outside work also helps the emergency responders to decompress and re-charge P01 shares "*lumalabas ako, pupuntahan ko yung mga barkada, magsho-shot kami, para mailabas ko at maikwento ko ano man yung saloobin ko or may problema sa opisina or yung mga experiences, kailangan mong ilabas, kailangan mo ikwento para gumaan ang pakiramdam*" (I'm going out to meet my friends, we'll drink, so I can get it out and tell them whatever my thoughts are or there's a problem in the office or my experiences, I need to take it out, share it with friends so I can feel better) (P01). To have a break, P02 liked to go to the beach or mountain climbing with friends and also drink to chill. "*Kakagaling naming mag beach ng mga kasama, kung hindi beach, akyat ng bundok, dati inom, pero ngayon chill nalang*" (We just went to the beach with friends, if not the beach, we will go for mountain climbing, I used to drink (as in drunk), but now I just drink to chill) (P02).

Hobbies and physical activity also serve as important outlets. P11 mentioned engaging in sports, such as basketball, with his colleagues to unwind. For many, however, the most fundamental form of self-care is rest. After a grueling 24-hour shift, the need for sleep is paramount. P03 emphasized, "*tulog lang, rest lang talaga*" (sleep and rest, really) (P03), some tries to make up from lacking sleep P10 states "*ibabawi ko yung sarili ko sa tulog*" (make up for it with sleep) (P10) while P06 says "*basta makabawi lang ng tulog*" (to catch on sleep) (P06) and for P08 "*tulog... kasi kapag wala kang tulog baka ikaw respondehin*" (sleep... because if you don't sleep, you might end up being responded to) (P08). These personal sanctuaries provide a necessary counterbalance to the high-stress environment of their work, allowing them to find a break and restore their capacity to respond.

Fourth Theme: What We Need: Dealing with Poor Support and Asking for Respect

The fourth theme highlighted the significant disconnect between the availability of technical training and the scarcity of formal psychological support, alongside a strong desire from responders for greater institutional recognition and tangible benefits, and public understanding of what it's really like to be an emergency responder.

Subtheme 1: The Big Gap: Training for Skills, but Not for the Mind

Participants reported that their primary form of institutional support is technical training. They regularly

attend seminars and courses offered by organizations such as the Red Cross to update their skills in CPR and Basic Life Support (P01; P03). While these trainings are essential for responders' operational effectiveness, they do not address the psychological impact of their work.

Formal psychological support, such as stress debriefing, was described as rare and almost exclusively reactive. P05 mentioned that a stress debriefing was provided only after the traumatic death of their colleagues, "*binigyan kami ng stress debriefing.. kasi nga ganuon ang nangyari... nadisgrasya mga kasama ko*" (We were given stress debriefing.. because of what happened... our colleagues got in an accident) (P05). P02 and P04 confirmed this, stating that such support is not a regular program and the debriefing occurred only when their colleagues died; other considered support programs occurred a few times, usually in the form of a team-building activity facilitated by doctors "*minsan palang kami nag debriefing, doon lang sa aksidente (of colleagues)... yung ginawa naming na parang team-building ang labas niya, pero Doctors facilitators*" (We had a debriefing once, when our colleagues got into accident, the other one that we did was in a form of team-building activity facilitated by Doctors) (P02), P04 stated "*meron stress debriefing, yung sa team-building namin, then kakausapin din ng Doctor one-on-one assisted by a nurse*" (we had stress debriefing, it's when we had our team-building, after the activity, a Doctor assisted by a nurse is there for one-on-one session) (P04). P03 recognizes the need for regular stress debriefing, noting "*yun nga kailangan lagi ng stress debriefing, hindi naman tulad ng individuals sa amin, pare-parehas yung tibay ng sikhura*" (we really need to have regular stress debriefing, not all responders have the same strength in handling critical experience) (P03). This indicates a systemic gap where psychological well-being is addressed only in the aftermath of a crisis, rather than being proactively supported as a routine part of the job.

Subtheme 2: Plea for Recognition: Better Pay, and Protection

A powerful theme that emerged was the responders' deep-seated need for greater recognition and tangible support from the government and the public. P01 expressed a desire for people to appreciate that their work is "*buwis buhay*" (life-risking) and that this recognition should not only come after a tragedy "*may mga kasama din kami na nadisgrasya sa aksidente, bigyan ng oras at panahon itong mga responder, hindi kapag may nangyari doon mo lang sila makikilala, appreciate sana ng government*" (we have colleagues who were injured in accidents, give these responders time and opportunity, you don't just acknowledge them when something happens, the government should appreciate them) (P01).

This call for recognition was directly linked to the need for improved material and financial support.

Capinding, L.T. et al, "Abe-Abe Bang Matibe (Stronger Together)": Exploring the Lifeworld of Filipino Emergency Responders

Participants, particularly those with "Casual" or "Job Order" employment statuses, voiced concerns about their financial security. P01 emphasized "*Recognition, madaling salita, may pamilya yan (the responders), dagdagan ng pasahod, financial support, may mga pamilya kami, may mga binubuhay kami, kapag nadisgrasya kami sa line of work paano na yung pamilya namin, lalo na sa Job Order*" (recognition can be easily said, the responders have families, increase their wages, give financial support, we have families, we have people to support, if we have an accident in line of work, what about our families, especially the Job Order status employees) (P01). P03 also highlighted the inadequacy of their salary, stating, "*parang hindi pa nga makakabuhay ng pamilya... Ako nga sa parents ko pa nakatira, paano kapag may sarili na akong bahay*" (it's like it's not even enough to support a family, I still live with my parents, what if I have my own house) (P03). P02 emphasized the need for benefits such as insurance, especially given the high-risk nature of their work and their direct exposure to hazards, including COVID-19. She noted, "*kung ikaw mismo alam mo na insured ka, hindi ka matatakot na may mangyari sa iyo kapag may operations*" (if you yourself know you are insured, you won't be as afraid if something happens to you during operations) (P02). P06 also has the same sentiment, the undervaluation of the emergency responders having low salaries and lack of benefits despite their extensive, multifaceted service and untenured service "*yung mga Job Order, wala silang ebenefits katulad ng mga casual at permanent... ilang years na in service... ma promote... mabigyan ng mataas na salary*" (The Job Orders, they don't have benefits like casuals and permanents... they have served for years... they should be promoted... and be given a higher salary) (P06). For P08, financial assistance is necessary to support his family: "*nagkukulang kasi sa financial assistance, yun ang kailangan naming, kasi job order kami, pamilyado pa*" (we lack financial assistance, that's what we need, because we are on Job Order status, we have a family to feed) (P08). For the responders, tangible support in the form of better pay and insurance is a direct acknowledgment of the value and risks of their work.

Subtheme 3: The Public Obstruction: Dealing with People Who Get in the Way

The emergency responders expressed significant frustration with public misunderstanding and interference during emergency responses. They described situations where drivers refuse to give way to ambulances, not believing there is a real emergency, so P04 resorts to an aggressive response to safety obstruction "*minsang talagang bababaan ko, sisigaw ako. Hindi sila naniniwala na may emergency*" (Sometimes, I'll actually go out of the ambulance, I'll shout. They don't believe that there's an emergency) (P05). In addition, bystanders at an accident scene crowd around, take videos, and impede their work

(P10). P10 lamented how some people will "live-stream" an incident on social media before even calling for help (P10).

Their plea is for the public to understand the reality of what they do. P01 articulated this wish clearly "*sa mga hindi nakakakilala sa trabaho namin, makikita ninyo tumatakbo ang ambulansya, hindi po ninyo alam ang nagyayari sa loob ng ambulansya... gusto mo na maidala (in hospital) siya na buhay*" (for those who don't know our work, you see the ambulance running, but you don't know what's going on inside the ambulance... you want to bring the patient to the hospital alive) (P01). The public is unaware of what's happening behind the scenes of an emergency responder's operation, "*kung makikita lang nila ang behind the scenes (of a response), ma amaze talaga sila (of what they do)*" (if they could see behind the scenes of a response, people would be truly amazed [by what they do]) (P06). They want the public to see beyond the flashing lights and sirens and recognize the life-saving efforts happening within, the dedication behind their actions, and the high-stakes reality of their profession. Ultimately, the responder advocates for public safety and urges the public to prioritize their own safety. P03 wishes that all people will think of their safety all the time, "*safety first, yung laging iisipin kahit nasaan kapa*" (Safety first, always think about it no matter where you are) (P03).

Essence of the Phenomenon

The essence of the lived experience of Filipino emergency responders is defined as the lived paradox of self-sacrifice, a state of sustained vigilance, where a mandatory psychological shield is constantly challenged by profound human empathy, sustained only by the foundational resilience of peer bonds and the unmet plea for societal value. Essentially, the responder's life is a constant fight; they must always be ready and act tough, but their human feelings keep breaking through. They survive because of their teammates, but they still feel unappreciated and undervalued by the system and the public they serve.

The core of this experience is the constant switch from waiting to crisis. Their professional existence is a rhythm of anxious readiness; the long periods of quiet anticipation, hoping the call never comes, the loud, urgent alarm that instantly and violently breaks that. They must instantly transition from calm to high-stakes action. To handle the horrors of this reality, they are forced to put on emotional armor. This is a necessary survival tool that allows them to suppress their feelings and act tough to perform their duties. However, this armor is fragile and is constantly breached by profound human empathy, especially when they see the death or injury of children, which reminds them of their own families. This leads to deep emotional pain that manifests as intrusive thoughts, nightmares, and a constant, heavy reflection on the fleeting nature of life.

Capinding, L.T. et al, “Abe-Abe Bang Matibe (Stronger Together)”: Exploring the Lifeworld of Filipino Emergency Responders

To counter this emotional toll, the most reliable support comes from the lifeline of their teammates. The team acts as their first responders, providing essential emotional shelter where they can talk about tough calls and heal through shared experience. They also rely on an inner toolkit, using self-talk, “I must be strong,” and strict compartmentalization to keep their stressful work life separate from their home life. Their family serves as a sanctuary where they can feel normal again, and rest is treated as a necessary survival rule, not a luxury. They also believe in divine purpose and protection that helps them manage the aftershock, necessary for them to face the next buzzer.

Finally, the responder faces an unfair trade; they risk their lives daily, yet feel the system undervalues them. While they receive excellent technical training, there is a major gap in proactive mental health support, which is typically offered only after a major tragedy. This systemic neglect fuels their plea for real recognition. They are asking for tangible value, better pay, job security, and insurance as the true measure of respect for their sacrifice. This internal struggle is compounded by the burden of public misunderstanding, which often obstructs their work or interferes with filming. Ultimately, their message to the world is simple: look past the sirens, respect the risk, and acknowledge the true human cost of the life-saving work happening “behind the scenes.” The powerful lived experiences of emergency responders detailed in this chapter reveal a complex interplay of professional duty, personal sacrifice, and systemic gaps.

IV. DISCUSSION

The Essence of Being an Emergency Responder

The phenomenological analysis reveals that the essential structure of the emergency responder’s experience is a journey defined by a profound and recurring confrontation with trauma, mortality, and human suffering. Their journey begins with a calling, either by passion, choice, or chance, that pulls them into the emergency response profession, which in turn is characterized by a rhythm of intense waiting followed by sudden, chaotic action. At the heart of their lifeworld lies the crucible of traumatic incidents, mass casualty events, the suffering of children, and the loss of their own colleagues and selves, which forge their professional identity while simultaneously exacting a significant psychological toll. To navigate this world, responders develop a dual toolkit of coping mechanisms. Externally, they rely on an indispensable network of peer support, where shared experience fosters a unique backstage environment for processing trauma and reinforcing professional norms. Internally, they employ strategies of self-talk, compartmentalization, and belief in divine purpose and protection to maintain composure and function under extreme pressure. This constant engagement

with trauma is managed through a necessary but incomplete process of desensitization, which is frequently punctuated by moments of deep reflection on the fragility of life. Their experience is further shaped by an institutional reality in which technical training is prioritized over proactive psychological support, and in which their life-risking work often feels unrecognized and undervalued, leading to a call for tangible support and greater public understanding.

“Abe-Abe Bang Matibe” (Stronger Together): An Emerging Resilience Framework for Emergency Responders

The work of an emergency responder is a unique calling, demanding an extraordinary level of dedication in the face of constant risk and profound emotional toll. Every day, responders willingly place themselves in the path of crisis, offering skill, strength, and compassion in moments of chaos and despair. This framework is a tribute to that commitment, built from the ground up using the shared experiences, challenges, and hard-won wisdom of fellow responders, highlighting the collective strength that fosters resilience “*abe-abe bang matibe*”. Its guiding principle can be best summarized by the concept of “Stronger Together” (*Abe-abe bang matibe – a Kapampangan term that literally means “together, we become stronger”*). This framework encompasses a structured approach to building and sustaining the resilience required not only to endure but to thrive in an emergency response career, focusing on three interconnected levels – the Self, the Team, and the Organization. The following figure is a visual representation of the model.

The Abe-Abe Bang Matibe (Stronger Together) is an emerging occupational resiliency model specifically designed for emergency responders, grounded in the findings of the study. It utilizes the six-point Star of Life, a universal symbol for Emergency Medical Services (EMS), which reflects the structured and life-saving process of pre-hospital care, namely: detection, reporting, response, on-scene care, care in transit, and transfer to definitive care. The model mirrors the workflow of emergency medical services, framing a six-stage continuous loop that mimics the patient care process, ensuring that resilience is not a vague concept but a series of actionable steps integrated into the emergency response cycle. This model also emphasizes that resilience is a shared responsibility, with the burden of staying strong shifting from the individual’s shoulders to the collective system.



Figure 1. Abe-Abe Bang Matibe (Stronger Together) Model of Occupational

Structural Pillars. The model is supported by a foundational base and two protective outer arcs that represent the level of intervention:

The Foundation – Purpose and Readiness. Resilience does not begin at the scene of an emergency; it starts with a deep-seated sense of purpose that calls an individual to this work and is reinforced through disciplined, proactive readiness. Like how Friedrich Nietzsche puts it, "he who has a WHY to live for, can almost bear any HOW", emphasizing that a sense of purpose ("why") provides resilience needed to endure any hardship or challenge ("how"), suggesting that meaning is the key to overcoming suffering. This foundational stage is not about learning a new skill but about validating and structuring the professional identity and foundational practices that every effective responder already embodies. It is the foundation upon which all other layers of strength are built. The purpose serves as the existential shield of the responder; without a clear "why," they succumb to burnout. Readiness serves as a technical shield, where competence reduces the fear response during a crisis.

The Individual Arc – Fortified Self. This arc encompasses the emergency responder's personal resilience. Personal resilience is the ability to adapt to, navigate, and recover from stress, adversity, or trauma through intentional, actionable steps. The intense physical and mental demands of emergency response necessitate a robust toolkit of individual coping mechanisms. Fostering self-care, maintaining a positive and flexible outlook, proactively solving problems, and nurturing supportive relationships fortify a responder's personal resilience. The personal strategies derived from the experiences of veteran responders are deemed essential for managing the pressures of the role. Collectively, these field-tested practices fortify oneself against the inevitable stresses of the job faced by the responder every day on duty.

The Collective Arc – Fortified Team and Organization. This arc represents the external supports for emergency responders' resiliency. In the high-stress, high-stakes world of emergency response, the team functions as the primary source of psychological safety, real-time support, and professional growth. Building team resilience is about cultivating trust, open communication, and psychological safety to help members adapt to challenges and thrive. The key strategies to foster team resilience include strong, supportive relationships, a shared purpose, proactive problem-solving, and leaders modeling positive, adaptive behaviors. The bond forged in the ambulance, at the scene, and behind the scenes is the ultimate lifeline for responder well-being. For the resilience of individuals and teams to be sustainable, the organization must provide a comprehensive and supportive structure. Building organizational resilience is the strategic process of developing an organization's

capacity to anticipate threats, cope with disruptions, and adapt to change, thereby emerging stronger. Responders cannot be expected to bear the weight of this demanding work alone; the system must be designed to protect and care for them. The critical systemic supports that responders have identified as necessary for their long-term well-being, professional effectiveness, and personal security. The organization must move beyond simple crisis management by integrating resilience into daily operations, culture, and long-term strategy.

Mapping of Resilience

Identification of Occupational Distress (Detection). In the first point, the responders identify distress through somatic and psychological signals, which include the "nginig moments" (trembling) and intrusive flashbacks of mass casualty incidents or hurting children. Early recognition of cognitive, emotional, or physical red flags enables the emergency responder to move from automatic numbing to the conscious recognition of the psychological aftershock. Just as a responder assesses a patient for signs of shock, they must be trained to detect secondary traumatic stress in themselves, thereby preventing the escalation of acute stress into long-term trauma by acknowledging the impact of the event immediately.

Sharing the Distress (Reporting). This point addresses the act of expressing the emotional burden and utilizing the team as the best support to externalize trauma verbally. Informal debriefings during coffee breaks, shared meals, and normalizing the weight of everyday mission or response. Normalizing the psychological burden by moving the experience from private to public within the team, through a psychological status report in which responders communicate their stress levels as clearly as they would communicate patient vitals. This is the act of reporting the emotional burden to the "Abe" (companion) rather than suppressing it, breaking the gendered stigma of appearing weak, and establishing a baseline for team support.

Tactical Stress Management (Response). This point shows that during active duty, the responders engage in adaptive compartmentalization through temporarily turning off feelings to maintain operational functionality while still in the field. This real-time physiological and cognitive regulation enables the responders to utilize breathing, grounding exercises, or self-talk to manage the autonomic nervous system during the intensity of the response. This helps the responder to think clearly and perform skills accurately under extreme pressure.

Immediate Self and Peer Support (On-Scene Care). This point focuses on real-time grounding and psychological first aid provided by colleagues while still in the field. Checking in on a team member immediately after a difficult procedure or a bad call, while still on the scene, to provide immediate emotional stabilization and prevent moral injury from taking root.

Capinding, L.T. et al, "Abe-Abe Bang Matibe (Stronger Together)": Exploring the Lifeworld of Filipino Emergency Responders

Meaning Making and Support (Care In-Transit). This point represents the tragedy site back at the station. Processing the narrative of the event together after the immediate danger has passed, during the return to headquarters, or during downtime. Utilizing the concept of "Abe-Abe" (together) to discuss the "why" of the outcome and finding shared meaning in the service provided, regardless of the patient outcome. This will help in re-establishing a sense of coherence and belonging within the team. Cognitive cleansing and spiritual integration, such as praying over the ambulance, create a transitional space between tragedy and normalcy.

Restoration and Advocacy (Transfer to Definitive Care). In this final point, the burden of resilience is transferred from the individual and the team to the institution's structural scaffolding: the long-term systemic reintegration and professional psychological support provided by the organization. Provision of formal debriefings, mental health resources, and a safety culture allows recuperation, transitioning the responder from surviving to thriving, ensuring the responder is ready for the next "why" and "how". The organization provides the "matibe" (strong) support and security for the responders.

Outcome. The fortified system operates as a continuous loop of connection, growth, and sustained well-being. This indicates that resilience is not a static shield but a constantly evolving process in which insights from past distress inform future readiness. In addition, the model also emphasizes that the psychological well-being of the emergency responder is transformed from an individual burden into a shared institutional priority, hence "abe-abe bang matibe" (stronger, together). Ultimately, this framework ensures that responders do not merely endure the trauma of their calling but thrive through collective strength, creating a sustainable environment for long-term professional effectiveness and personal security.

Implications. Based on the rich descriptions of the responders' lived experiences and identified needs, the implications point toward the development of a proactive, multi-faceted well-being program and highlight contributions to theory.

The Performance of Emotional Labor. Hochschild's (1983) theory of emotional labor provides a framework for understanding the immense psychological effort responders exert to manage their feelings. The professional expectation to remain calm and composed in chaotic and horrifying situations forces them to engage in surface acting. As P05 stated, a responder must ensure that "hindi mo papakitang natataranta ka" (you don't show that you are panicking) (P05). This suppression of authentic emotions, such as fear, shock, or disgust, is a form of labor required to perform their duties effectively. The culture of stoicism within the emergency services acts as a powerful

feeling rule, dictating the appropriate emotional display. However, this emotional labor has a cost. The informal post-run debriefs with peers, described by P01 and P02, function as a crucial backstage area. In this space, away from the frontstage of the emergency scene, responders can drop their professional masks and process the authentic emotions they were required to suppress. These peer interactions are not just for operational feedback; they are a collective mechanism for managing the accumulated burden of emotional labor.

The Responder's Lifeworld and the Search for Meaning. The findings, when viewed through the existentialist lens of Viktor Frankl, reveal a powerful search for meaning amidst suffering. While the responders' work is saturated with traumatic events, they do not succumb to nihilism. Instead, they find purpose in helping others and saving lives. As P03 expressed, the feeling of saving a life is a reward that cannot be quantified: "Magaan sa loob dahil nakakatulong ka, may ilang buhay na din po akong nasagip... iba yung pakiramdam, tapos magpapasalamat sila sa iyo, yun yung walang tutumbas dun" (It feels good inside because you can help, I have saved a few lives already... the feeling is different, and then they thank you, that is something that can't be compared to anything) (P03). This aligns with Frankl's (2011) assertion that meaning can be found through creative values or what we give to the world.

Furthermore, the constant confrontation with mortality forces a re-evaluation of their own existence, leading to what Frankl termed experiential values or what we take from the world. P01, after a mass casualty incident, reflected on how the experience taught him to value life: "paano ko e value ang buhay, napakahalaga ng buhay... appreciate mo ngayong araw na buhay ka" (how I value life, life is so precious... appreciate that you are alive today) (P01). This capacity to derive a deeper appreciation for life directly from witnessing its fragility is a powerful manifestation of finding meaning through suffering, a central tenet of Frankl's philosophy.

This study contributes to the application of established theories within a new context. It demonstrates the utility of a phenomenological approach in uncovering the essential structure of a high-risk occupation in the Philippines, providing a model for future qualitative research in this area. Studies have shown that surface-acting and negative emotion suppression among emergency responders negate work engagement (de Sousa Oliveira et al., 2024). Furthermore, it validates the applicability of Hochschild's theory of emotional labor beyond its traditional service-industry origins, showing that feeling rules and emotional management are central to the functioning of emergency services. Finally, it provides a powerful, real-world illustration of Frankl's concepts, demonstrating how the search for meaning operates as a

Capinding, L.T. et al, "Abe-Abe Bang Matibe (Stronger Together)": Exploring the Lifeworld of Filipino Emergency Responders

potent resilience factor in the face of extreme and persistent adversity. It has been found that low psychological resilience after disaster response is significantly associated with high existential anxiety and increased secondary traumatic stress levels among emergency responders (Bekircan et al., 2025).

This study also contributes to understanding the coping mechanisms linked to Filipino Culture among emergency responders, centered on social circles, spiritual rituals, and a unique reliance on domestic routines to manage professional trauma. These practices reflect a cultural emphasis on camaraderie (pakikisama) and the deep integration of family life into the professional identity of a responder. The drinking session of emergency responders with friends to release or vent their feelings and make a way for some responders to be more open to disclose how they really felt about a traumatic response is through an informal drinking session. In addition, sharing stories with their friends helps lighten the emotional load they carry. It provides them with a sense of pride when their service is recognized by their peers, helping them be more cautious in what they do to prevent accidents. The emergency responders also blend their professional duties with traditional beliefs and practices to handle death, such as taking the ambulance to a church to be blessed or stopping in front of the church to pray to ensure the victim's soul does not follow them back in the office, and calling on the Lord first, before the response for guidance and protection. These practices provided them with a spiritual barrier between the tragedy they had just confronted and their next response. To keep their minds busy while waiting for a response, or to prevent triggers and flashbacks, they engage in manual labor such as cleaning and sweeping, following the senior responder's advice to maintain focus and order, making their waiting period still productive. And lastly, Filipino family-centric values serve as a motivator and stress reliever. Successful rescues are gifts from God that have to be celebrated with the family. The role of the spouse includes preparing the things needed for the no-go home until the red alert is off.

Recommendations for a Health and Wellness Program for Emergency Responders. The study's findings indicate that a one-size-fits-all or purely reactive approach to mental health is insufficient. To ensure that the emergency responders can continue their professional roles and responsibilities, careful consideration and promotion of collective well-being is required (Levido et al., 2024). A comprehensive program should be proactive, destigmatized, and integrated into the responders' organizational culture; hence, a Health and Wellness Program for Emergency Responders is recommended with the following components:

Regular Proactive Debriefing. A regular and proactive debriefing has been found to provide an

opportunity to communicate, connect, and reflect on the challenging nature of emergency work. It is a potential intervention to aid in the promotion of well-being (Levido et al., 2024). Instead of offering debriefing only after a major crisis, the PDRRMC should implement regular debriefing sessions, whether individual or in groups, facilitated by trained mental health professionals. As suggested by P02, the debriefings should be framed as routine team activities or training rather than as interventions for a problem. This approach normalizes discussions about psychological stress and reduces the stigma associated with seeking help, and thus will help in getting better attendance from the emergency responders.

Peer Support Training. Peer support has been identified as a promising approach for high-risk professions, such as emergency services (Oliveira et al., 2021). The existing informal peer support network is the responders' greatest asset. The PDRRMC should formally strengthen this by providing training to team leaders and senior responders in Psychological First Aid (PFA), active listening, and peer counseling. This would equip them with enhanced skills to support their colleagues effectively and to recognize when a peer may need referral for further professional help. This will also address the immediate support needs of the distressed responder, as the organization does not have full-time mental health professionals readily available to them 24/7.

Family Support and Education. Shift work impacts numerous aspects of family life, including marital and parental roles, leisure opportunities, and home schedule and rhythms (Roth & Moore, 2009). Families who successfully coped with challenges associated with their loved one's EMS work accomplished this by negotiating role responsibilities, developing their own interests, giving their family "space," and providing support by listening and helping the EMS worker process their reactions to difficult work (Roth & Moore, 2009). The emergency responders often feel unable to share the details of their traumatic experiences with their families for fear of worrying them. The program should include workshops for responders' families. These sessions would educate family members on the nature of emergency response work, the signs of occupational stress, and strategies for providing effective support at home, thereby strengthening the responders' primary social support system and promoting healthy work-family fit.

Advocacy for Systemic Change. Aside from health and wellness concerns, financial issues also pose risks to the psychological well-being of emergency responders (Bevan et al., 2022). Hence, psychological well-being cannot be separated from material and financial security. The PDRRMC administration should use the findings of this study as evidence to advocate for systemic changes. This includes pushing for the regularization of Job Order and

Capinding, L.T. et al, "Abe-Abe Bang Matibe (Stronger Together)": Exploring the Lifeworld of Filipino Emergency Responders

Casual employees and ensuring that all responders receive adequate salary, comprehensive health insurance, and hazard pay. Linking tangible benefits directly to mental health acknowledges the holistic needs of the responders.

Launch Public Awareness and Campaign.

Responders report that the public acts as an obstruction due to a lack of understanding regarding their technical procedures, the intensity of life-saving measures inside the vehicle, and the institutional protocols they must follow. Therefore, it is necessary to educate the public on yielding to emergency vehicles and respecting responders' space at a scene. This can improve safety and efficacy, addressing public obstruction with obstruction. This can be done through campaign illustrations or what is happening inside and ambulance and correcting traffic myths – why the responders need to rush. Managing the bystanders, educating them to call for emergency services instead of posting online, while also violating the privacy of patients in sensitive moments. This public awareness can help the already burdened emergency responders, responding to critical incidents, and relieve them from the critical eyes of onlookers.

Situating the Experience within Existing Literature. The findings of this study align with the literature reviewed. The high frequency of trauma exposure (Carleton et al., 2018), the reliance on peer support as a primary coping mechanism, and the significant barriers to formal mental health care due to stigma and organizational culture (Haugen et al., 2017) are consistent themes. The psychological aftermath described by the emergency responders, including desensitization and intrusive thoughts, resonates with the findings of qualitative studies with firefighters and other rescue workers (De Soir et al., 2012; Jahnke et al., 2016).

However, this study also illuminates some nuances specific to the Philippine context. The participants' emphasis on the precarity of their employment status, with many holding job order or casual positions and their corresponding lack of benefits like insurance and adequate salary, introduces a layer of financial and existential anxiety not as prominently featured in studies from other countries. This financial insecurity compounds the psychological stress of their work, making their calls for tangible support not just a desire for recognition, but a fundamental need for stability and security for themselves and their families.

Limitations. While this study provides a rich and deep understanding of the lived experience of emergency responders, it is important to acknowledge its limitations. The primary limitation is its focus on a single provincial unit, the Tarlac PDRRMC. The experiences of these participants may not be fully generalizable to responders in highly urbanized metropolitan areas in the country or in more remote, rural settings, where resources and types of emergencies may differ significantly. Future research could conduct comparative phenomenological studies between

urban, suburban, and rural emergency response units to explore how geographical and demographic contexts shape their lifeworld. A longitudinal study following a cohort of new responders from their initial training through the first several years of their careers would provide invaluable insight into the process of adaptation, the development of coping mechanisms, and the long-term trajectory of their mental health. Should the health and wellness program proposed in this study be implemented, quantitative and qualitative research would be needed to measure its effectiveness in reducing stress, improving coping skills, and enhancing the overall well-being of the responders.

V. CONCLUSION

In conclusion, this study gives voice to the profound dedication, resilience, and vulnerability of Filipino emergency responders. Their stories are a testament to the human capacity to find meaning amid chaos and a powerful call to action for the institutions and society they serve. Supporting their well-being is not merely an organizational responsibility; it is a critical investment in the health and safety of the entire community.

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VII. DISCLOSURE

The author reports no conflicts of interest in this work.

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