

# Exploring the Emotional and Social Challenges of Spouses of Persons Deprived of Liberty (PDLs) in Pangasinan Provincial Jail

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**Abstract** – Despite the growing body of global literature on the collateral consequences of incarceration, limited research has examined the unique experiences of Filipino spouses of PDLs, particularly within a sociocultural context where family cohesion and public perception hold significant value. Thus, this study explored the emotional and social challenges experienced by spouses of persons deprived of liberty (PDLs) in Pangasinan Provincial Jail (PPJ), along with the coping mechanisms they employed. Guided by a qualitative interpretative phenomenological approach, the study documented the lived experiences of twenty legally married spouses—both male and female—of PDLs currently incarcerated at PPJ. Participants were at least 18 years old and voluntarily shared their narratives. Purposive sampling was employed, and data were gathered through in-depth semi-structured interviews and analyzed using Braun and Clarke’s thematic framework. Ethical approval and informed consent were ensured. The findings showed that having a spouse in prison causes serious emotional and social problems for their partner. Emotionally, participants reported experiences of shock, sadness, anxiety, fear, stigma, and loneliness, often accompanied by role strain and health concerns related to stress. Socially, they encountered discrimination, withdrew from community activities, struggled with communication barriers, and faced the demands of managing both household and financial responsibilities alone. Despite these challenges, participants demonstrated resilience through coping strategies such as faith and spirituality, family support, emotional expression, selective socialization, reliance on community networks, and eventual acceptance of their situation. The results, interpreted through Stress and Coping Theory, Stigmatization Theory, Contemporary Family Systems Theory, and Social Support Theory, underscore both the vulnerabilities and strengths of spouses of PDLs. The study shows the need for counselling, peer support, ways to reduce stigma, better communication with jails, and community support services.

**Keywords** – Incarceration, Spouses of Persons Deprived of Liberty, Emotional and Social Challenges, Qualitative Phenomenology, Pangasinan Provincial Jail.

## INTRODUCTION

The family is widely regarded as the cornerstone of society, with spouses playing a central role in sustaining emotional balance, financial stability, and overall household cohesion. When incarceration occurs, this structure is abruptly disrupted, forcing spouses to assume new and often overwhelming responsibilities as sole provider, caregiver, and emotional anchor. These compounded demands significantly affect their

emotional well-being and social functioning. Although global scholarship acknowledges the collateral impact of imprisonment on families, the specific emotional and social challenges experienced by spouses of Persons Deprived of Liberty (PDLs) in the Philippines remain underexplored. Most existing studies focus on the incarcerated individual or their children, leaving a critical gap that this study seeks to address by examining



the lived experiences of spouses at Pangasinan Provincial Jail (PPJ), one of the most congested detention facilities in Northern Luzon.

This issue is situated within a broader global context. As of 2024, approximately 11.5 million individuals are incarcerated worldwide (ICPR, 2024). In the Philippines, the prison population stands at 171,247 (Statista, 2024), with many facilities operating far beyond capacity. Such structural constraints worsen the emotional and logistical burdens faced by families of PDLs. Literature highlights significant emotional strain among spouses, who often assume “fathering roles” and parent “largely on their own” (Bekiroğlu et al., 2022; Kotova, 2019). Consistent with Lazarus and Folkman’s (1984) Stress and Coping Theory, inadequate coping resources place spouses at risk for anxiety, depression, and emotional exhaustion (Garcia et al., 2025). In the Philippine context, cultural expectations of family unity and shame further intensify these challenges, alongside financial instability and the high cost of maintaining contact with the detained partner (Lobo, 2019). Emotional reactions such as fear, guilt, sadness, and helplessness often evolve into long-term psychological difficulties, including diminished self-worth (Cunha et al., 2019).

Social challenges are equally pervasive. Spouses frequently experience “courtesy stigma” (Goffman, 1986, as cited in Moore et al., 2021), resulting in social withdrawal, internalized shame, and weakened community support systems. Such stigma also affects the reintegration prospects of the incarcerated partner, creating what Condry and Minson (2019) describe as “symbiotic harms” shared by both parties. Family Systems perspectives emphasize that incarceration disrupts established roles and emotional bonds, requiring spouses to navigate role overload and decision-making strain (Brown & Errington, 2024; Zeman et al., 2018). Communication barriers—limited visitation, lack of privacy, and emotionally strained conversations—further contribute to emotional detachment and

relational tension (Fang et al., 2021). While international studies reveal similar experiences (Mowen & Visser, 2016), Filipino spouses tend to face unique socio-cultural pressures, and existing local initiatives such as KASIMBAYANAN remain insufficient in addressing their psychosocial needs (Chua et al., n.d.).

Despite overwhelming emotional and social burdens, spouses employ a range of coping strategies. Social support—from family, friends, and community groups—has been shown to strengthen resilience and improve psychological well-being (Insong & Cuevas, 2021; Umamaheswar et al., 2025). Personal coping mechanisms such as positive reframing, meaning-making, strengthened family commitment, communication with the incarcerated spouse, and future-oriented planning also help mitigate distress (Macasocol et al., 2022; Folk et al., 2019; McDonnell et al., 2023). Nevertheless, many spouses remain without adequate support, prompting calls for more gender-sensitive, culturally responsive, and community-based interventions designed specifically for families of incarcerated individuals (Bekiroğlu et al., 2022; McDonnell et al., 2023).

Given these gaps, this study employs a qualitative phenomenological approach grounded in Stress and Coping Theory, Stigmatization Theory, Contemporary Family Systems Theory, and Social Support Theory to explore the emotional and social challenges of spouses of PDLs at PPJ. By centering their lived experiences, the research seeks to generate insights that can inform evidence-based interventions, community programs, and policy reforms aimed at supporting this often-overlooked population. The succeeding sections present the study’s methodological approach, the thematic analysis of findings, and recommendations for practice and policy development.

#### **OBJECTIVES OF THE STUDY**

This study aims to explore the emotional and social challenges faced by the spouses of persons

deprived of liberty (PDLs) in the Pangasinan Provincial Jail (PPJ). Understanding these challenges is crucial in developing targeted support systems, enhancing coping mechanisms, and improving the overall well-being of spouses affected by incarceration.

Specifically, it seeks to achieve the following objectives:

1. To determine the emotional challenges experienced by the spouses of persons deprived of liberty (PDLs) in Pangasinan Provincial Jail (PPJ).
2. To investigate the social challenges experienced by the spouses of persons deprived of liberty (PDLs) in Pangasinan Provincial Jail (PPJ).
3. To evaluate the coping mechanisms employed by the spouses to address the challenges of being married to persons deprived of liberty (PDLs) in Pangasinan Provincial Jail (PPJ).

## **MATERIALS AND METHODS**

This section discussed the research design used, the locale of the study, and respondents of the study, instrumentation, and data gathering procedure. Moreover, the objective of this study is to identify the Emotional and Social Challenges of Spouses of Persons Deprived of Liberty (PDL'S) in Pangasinan Provincial Jail.

### **Study Design**

This study employed a qualitative research design, specifically using interpretative phenomenological analysis (IPA) to explore the lived experiences of spouses of persons deprived of liberty (PDLs) in Pangasinan Provincial Jail. IPA is particularly suitable for understanding how individuals make sense of significant life events—in this case, the incarceration of a partner. The design allows for in-depth examination of emotional, social, and psychological responses by focusing on the subjective interpretations of participants.

The design also reflects the non-experimental nature of the study, where the goal is not to manipulate

variables but to gain insights into personal meaning-making. Through detailed interviews and thematic interpretation, the study provides a rich, contextual understanding of the participants' internal and external challenges, grounded in their own words and perceptions.

By utilizing IPA, this research ensures a deeply human-centered perspective that is consistent with the study's objectives and the sensitive nature of the topic.

### **Locale and Participants of the Study**

This study was conducted at the Pangasinan Provincial Jail (PPJ) located in Pangasinan, Philippines. Pangasinan is a populous province in the northwestern region of Luzon. The jail's environment, structure, and visitation policies significantly affect family interactions and the psychological well-being of the incarcerated and their spouses. This setting provided the contextual basis for analyzing the complexities faced by spouses of PDLs.

The participants of the study were selected from the legally married spouses of PDLs currently detained at PPJ. A total of twenty (20) participants were recruited using purposive sampling to ensure that only those with direct experience as spouses of detainees were included.

To qualify as participants, individuals had to be the female or male legally married spouse of a PDL currently incarcerated at PPJ, must have cohabited with their partner for at least one year prior to the incarceration, be at least 18 years old, and be willing to share their personal experiences through interviews.

Individuals were not considered for participation if they were minors, newly married to the PDL after incarceration, unwilling or unable to participate in in-depth interviews, pregnant women, those with mental health vulnerabilities or if they were currently incarcerated or facing criminal charges themselves.



The combination of a carefully chosen location and the purposeful selection of participants helped ensure that the data collected would be relevant, in-depth, and reflective of the complex emotional and social realities faced by spouses of incarcerated individuals in the Philippine provincial jail system.

### **Data Gathering Tool**

The main tool used to gather data in this study was a semi-structured interview guide created by the researcher. The questions were anchored on the specific research objectives. This ensured that the guide was conceptually aligned with the focus of the study. The tool included open-ended questions, which allowed participants to freely share their personal experiences and feelings. The interview guide focused on three main areas: the emotional challenges faced by spouses of PDLs, the social challenges they encounter, and the ways they cope with these difficulties. Using open-ended questions helped the researcher gain deeper insights into the real-life experiences of the participants, ensuring that their perspectives were fully understood and accurately represented in the study.

### **Data Gathering Procedures**

Prior to data collection, the data-gathering procedure was developed in consultation with jail personnel, and the interview guide was validated by a qualitative research and counseling expert to ensure relevance, ethical soundness, and cultural appropriateness. Ethical clearance was secured from the institutional ethics review committee to safeguard participants' rights and welfare.

A formal letter of intent was submitted to the Provincial Director of Pangasinan Provincial Jail (PPJ), and upon approval, coordination with jail authorities facilitated participant recruitment. Twenty (20) qualified participants were selected through purposive sampling based on established inclusion criteria. Each participant received an informed consent form detailing the study's purpose, voluntary participation, confidentiality

provisions, use of audio recordings, and the right to withdraw at any time.

Participants who chose not to reveal their identity were assigned coded identifiers (e.g., P1, P2), and no personal information was included in the final report. Confidentiality was maintained through secure storage of audio files, transcripts, and field notes on password-protected devices and restricted-access physical storage. Any information participants preferred to keep private was excluded or anonymized.

Semi-structured interviews were conducted face-to-face or virtually, depending on participant preference. Sessions lasted 45–75 minutes and were held in private, neutral settings conducive to open sharing. With participant consent, interviews were audio-recorded for accurate transcription. The researcher used a neutral, non-directive approach, took field notes, and remained attentive to signs of emotional distress. All recordings were transcribed verbatim and analyzed using Braun and Clarke's six-phase thematic analysis.

Safeguards were implemented to minimize potential risks. Participants were reminded of their right to pause or end the interview if discomfort arose. For on-site interviews, the researcher coordinated with jail personnel to ensure a secure environment, with a designated officer present only for logistical safety and not during the actual interview. These measures ensured confidentiality, reduced psychological and physical risks, and upheld the ethical integrity of the research process.

### **Treatment of Data**

The data gathered from the interviews were analyzed using Braun and Clarke's six-phase method of thematic analysis, which offers a systematic yet flexible approach suitable for qualitative research involving lived experiences. The analysis began with familiarization with the data, where the researcher listened to the audio recordings multiple times and read



the transcribed interviews repeatedly to become deeply immersed in the content. Initial notes were taken to highlight potential patterns and observations that stood out during this phase.

Next, the researcher generated initial codes through manual line-by-line analysis of each transcript. These codes were developed based on repeated words, expressions, emotional reactions, and social contexts relevant to the study's objectives. Coding was both inductive, emerging organically from the data, and deductive, guided by the study's theoretical frameworks.

Following the coding process, the researcher searched for themes by organizing the codes into broader categories and patterns. These emerging themes were aligned with the study's central focus areas: emotional challenges, social challenges, and coping mechanisms. The themes were then carefully reviewed and refined to ensure they were internally coherent and distinctly different from one another. This step also involved validating whether each theme accurately reflected the raw data and was supported by sufficient participant narratives.

Once finalized, the themes were clearly defined and named, and sub-themes were identified to capture the nuanced insights within each broader category. Finally, the themes were organized into a coherent narrative, supported by direct quotations from participants. These narratives offered a rich, contextualized understanding of the emotional and social challenges experienced by spouses of PDLs, along with their coping strategies.

Throughout the data analysis process, the researcher-maintained reflexivity by bracketing personal biases and remaining attentive to ensuring that interpretations were grounded solely in the participants lived experiences.

## **Ethical Considerations**

Ethical standards were strictly upheld to protect the rights, dignity, and well-being of participants. Prior to data collection, the study secured ethical clearance from the institutional ethics review board and formal permission from the Provincial Director of Pangasinan Provincial Jail (PPJ).

Community consultation was conducted with jail administrators, social workers, and support staff to ensure that the research protocol aligned with institutional policies, cultural sensitivities, and participant welfare. These consultations informed interview scheduling, question framing, and ethical management of sensitive disclosures.

To maintain anonymity, participants were assigned alphanumeric codes (e.g., P1, P2), and no identifying details were included in transcripts, field notes, or reports. All data were stored in password-protected digital files and secured physical storage accessible only to the researcher.

Informed consent was obtained in writing and reinforced verbally before each interview. Participants were informed of the study purpose, procedures, voluntary participation, and their right to withdraw at any time. Interviews were conducted in private, neutral settings to ensure comfort and safety, and participants were reminded that they could pause or discontinue the session if needed. Audio recordings and transcripts were kept confidential and used solely for academic purposes.

Upon completion of the study, all raw data will be permanently destroyed in accordance with institutional guidelines—digital files deleted and printed documents shredded. Findings will be disseminated through academic presentations and publications in fully anonymized form.

A summarized report will also be provided to the PPJ administration, presented in an accessible format



to support program development for spouses of PDLs. If requested, a brief presentation of findings and recommendations may be conducted. The researcher declares no conflict of interest.

While formal training activities were not part of this study, the findings may assist in strengthening local capacity-building efforts within PPJ, particularly for social workers, counselors, and decision-makers involved in developing psychosocial and family support services. Future research may expand these insights by designing structured training or community-based interventions tailored to the needs identified in this study.

## **RESULTS AND DISCUSSION**

This section presents the results and discussion of the study on spouses of persons deprived of liberty (PDLs) in Pangasinan Provincial Jail (PPJ). It examines the emotional and social challenges they experience and the coping mechanisms they employ in facing the realities of having an incarcerated partner. The discussion provides insights into how imprisonment affects families and underscores the kinds of support they need.

### **Emotional Challenges Faced by Spouses of PDLs**

Spouses of people deprived of liberty (PDLs) experience a wide range of emotional burdens that deeply affect their daily lives, family roles, and overall well-being. The incarceration of a partner is not only a legal matter but also a personal crisis, often marked by shock at the onset, prolonged sadness, and persistent anxiety about the future. Shame and stigma further compound these struggles, isolating spouses from their communities and leaving them vulnerable to loneliness. At the same time, role strain, psychological distress, and even physical health problems emerge as the weight of responsibilities grows heavier. The following themes capture the complex emotional difficulties voiced by the participants, illustrating both the immediate and long-term effects of their spouse's incarceration.

From the interviews conducted to the twenty (20) participants, the emotional challenges identified are: 8

### **Shock and Denial**

Many participants described the immediate aftermath of their spouse's incarceration as a moment of disbelief and collapse. P5 recalled, "I felt sad and shocked. I couldn't explain what I was feeling—so many questions filled my mind: 'Why?' 'How did it happen?'" Similarly, P10 admitted, "At first, I didn't want to believe it. I thought they had mistaken him for someone else," while P19 said, "I couldn't believe it at first. It felt like a dream. But when I finally saw him inside, that's when I broke down." These accounts reveal how denial functioned as an initial shield against emotional overload. King (2020) describes this experience as ambiguous loss, where the loved one is physically absent but remains psychologically present, making it difficult for spouses to accept reality. Adetunji et al. (2023) likewise documented denial and helplessness as common reactions among partners of incarcerated individuals, confirming that these initial feelings are part of a broader global pattern.

Other participants experienced shock as a sudden emotional breakdown. P1 shared, "When my spouse was caught, I was extremely stressed and scared... I almost reached my breaking point," while P8 said, "It felt like my world collapsed. I suddenly sat down, crying, not knowing what to feel." These testimonies echo McDonnell et al. (2023), who found that spouses often display acute stress symptoms such as crying, withdrawal, and confusion in the days following incarceration. Such parallels highlight how participants' feelings of collapse are not isolated but align with the documented impact of imprisonment on families.

Some participants expressed numbness or emptiness instead of outward distress. P20 explained, "That first week, I didn't feel anything. I became numb. But as the days passed, that's when I felt everything—sadness, fear, and emptiness." Emotional blunting of this



kind is a well-recognized short-term coping mechanism, often used to delay the full weight of distress (Adetunji et al., 2023).

Finally, others turned their shock inward, blaming themselves for their spouse's incarceration. P9 admitted, "I kept asking myself over and over again where I went wrong as a wife. I couldn't sleep for days." This pattern of self-blame reflects what Janer et al. (2019) observed among Filipino spouses of inmates, who often internalize guilt by association. Such self-directed blame intensifies distress and manifests physically through sleeplessness and appetite loss, both of which P9 experienced.

Taking together, these testimonies show that shock and denial are universal but destabilizing responses to incarceration. The disbelief and numbness described by P10, P19, and P20 illustrate how spouses initially shield themselves, while the collapse and self-blame reported by P1, P8, and P9 show the costs of unprocessed shock. These findings suggest the need for early counseling interventions that validate these immediate reactions and provide healthier outlets for distress. For example, spouses who, like P9, experience sleeplessness and appetite loss may benefit from professional support to prevent deterioration, while those who, like P8, described their "world collapsing" could find strength in safe spaces for emotional expression. Linking participants' lived accounts to these interventions highlights the urgent need for community-based programs that reduce isolation and promote psychological recovery in the critical first weeks of incarceration.

### Sadness

Sadness emerged as the most pervasive emotional challenge, cutting across all stages of participants' experiences. Many described the arrest as shattering their expectations for the future. P2 reflected, "I felt sad and started thinking about how he could do something like that... I never thought this would happen to us," while P14 said, "Everything felt unplanned. Life

just suddenly changed direction. We had so many dreams, but in an instant, it all disappeared." These voices illustrate what King (2020) calls living bereavement, grieving not only the partner's absence but also the collapse of shared plans. Such grief underscores the need for early grief-informed counseling that acknowledges both immediate loss and lost futures.

For others, sadness was intensified by witnessing their children's suffering. P6 explained, "Our whole family felt so sad. He was the only one helping us. Our kids kept crying when they found out their father was in jail." P12 added, "I felt completely drained in the first few weeks. I didn't want to get up from bed. I became silent, and my children could barely talk to me anymore." These accounts highlight how sadness reverberates through the household, creating a feedback loop where children's pain deepens the mother's distress. Macasocol et al. (2022) found a similar pattern among Filipino families, where the visible grief of children exacerbates maternal suffering. Programs that provide both psychosocial support and child-focused interventions are therefore critical, ensuring that sadness does not cascade through the family system unchecked.

Over time, sadness settled into daily life. P10 noted, "I feel sad every single day. Even when I'm working, I can't stop thinking about my husband." P16 confessed, "Every night, the sadness comes back. I have no one to talk to," while P18 shared, "The hardest part is the loneliness. I don't have anyone to share life's burdens with." These accounts illustrate how grief became habitual, intruding into routines and intensifying feelings of isolation. Ramirez (2023) observed that such rumination often dominates daily functioning, while McDonnell et al. (2023) reported that loneliness strongly predicts declining mental health among spouses of PDLs. Practical responses here include community peer groups and helplines, which can help prevent sadness from becoming an isolating daily cycle.

As months passed, sadness grew chronic, reshaping identities. P8 admitted, "I used to be cheerful,



but now I'm often quiet. I've lost interest in the things I used to enjoy." Similarly, P10 said, "I feel like I'm no longer the same person. There's always a heaviness in my chest." These testimonies reveal sadness as not only an emotion but an erosion of personality and vitality. Janer et al. (2019) likewise noted that spouses often internalize grief, leading to social withdrawal and stigma-driven silence. Sustained mental health care is therefore essential—not only immediate crisis counseling but also long-term therapy and social re-engagement to prevent sadness from calcifying into identity loss.

Finally, several participants described sadness as a life-altering state. P19 explained, "It feels like a part of me is gone. I can't explain it, but I'm no longer the same person," while P14 said, "I can no longer enjoy the things I used to love. There's always something missing." These reflections echo Bekiroğlu et al. (2022), who identified incarceration as producing "ambiguous grief" that permanently alters family members' sense of self. Here sadness intertwined with practical burdens, as P6 noted, "He was my partner in life and helped a lot with our daily expenses." These voices confirm that sadness, if unaddressed, evolves into a long-term identity shift compounded by financial strain. Practical interventions must therefore extend beyond short-term relief, encompassing long-term grief therapy, identity-rebuilding support, and financial assistance programs.

Taken together, these findings show that sadness is not a temporary emotion but a chronic, evolving state that reshapes identity, family roles, and social life.

### **Anxiety and Fear**

Anxiety and fear emerged as recurring emotional struggles, rooted in financial pressures, legal uncertainty, and the destabilization of everyday life. P17 shared, "I was filled with anxiety. I kept thinking about how I would support our family on my own." Similarly, P13 admitted, "There isn't a day that I don't worry about whether we'll have food to eat," while P19 echoed,

"Every day, my mind is filled with fatigue and worry." These accounts reveal how incarceration shifts the entire weight of economic survival to the spouse left behind. Macasocol et al. (2022) noted that women partners of PDLs frequently face heightened anxiety about household income, while Saguran et al. (2023) observed that poverty and incarceration create a reinforcing cycle of stress. The persistence of financial worry illustrates that anxiety is not only emotional but also materially grounded in daily survival. For families like those of P13 and P19, practical interventions such as food security programs and livelihood support are critical, reducing the immediate triggers of distress.

Other participants voiced fears linked to legal outcomes and uncertainty. P14 explained, "I'm always anxious—what if his case gets worse?" while P15 added, "It's hard because I don't know how long this will last." P20 deepened this fear: "The emotional struggle isn't just from his absence. It's also the fear—that he might not be released." These statements highlight the phenomenon Myers (2019) describes as anticipatory stress, where uncertainty over judicial processes intensifies psychological burden. For spouses, fear becomes inseparable from the waiting game of the courts, leaving them suspended between hope and dread. This underscores the need for legal orientation programs and peer support groups to help families navigate ambiguity and cope with prolonged uncertainty.

Fear also permeated daily life, altering participants' basic sense of safety. P15 confessed, "I've become very anxious. Even simple things scare me," while P19 admitted, "My fear of the future has deepened. I don't know what will happen to us." These voices show how prolonged exposure to stress reshapes one's baseline sense of stability, turning anxiety into a lens through which the future is viewed. McDonnell et al. (2023) reported that partners of PDLs often live in a state of "permanent uncertainty," unable to visualize stable futures. Such findings suggest that resilience training and long-term coping strategies are essential to help spouses rebuild confidence in everyday life.



Finally, anxiety often evolved into a chronic condition. P11 admitted, “I’ve become more sensitive and anxious. I constantly worry about the future.” This illustrates how fear becomes embedded in daily functioning, persisting beyond the crisis stage. Giordano et al. (2019) found that prolonged exposure to incarceration-related stress increases the likelihood of chronic anxiety disorders among family members. This finding signals the importance of extending counseling services beyond immediate crises, with long-term monitoring to prevent anxiety from hardening into a lifelong burden.

Taking together, these testimonies show that anxiety and fear are not passing emotions but sustained, structural challenges tied to finances, legal uncertainty, and disrupted futures. They reveal how incarceration destabilizes not only family roles but also a spouse’s sense of safety and direction. Moving forward, this theme transitions into the broader issue of social stigma and withdrawal, as fear often pushes spouses further into isolation from their communities.

### **Shame and Stigma**

Participants described experiencing humiliation, embarrassment, and fear of judgment after their spouse’s incarceration. P11 admitted, “I felt intense shame—not just with my family but with the whole neighborhood. It felt like my neighbors were avoiding me.” Similarly, P2 recalled, “Some people say I might be like him, too. It hurts to accept those words,” while P17 added, “It’s hard facing other people. I’m ashamed of what happened to my husband.” These voices show that imprisonment marked not only the PDL but also their spouses, who were treated as if they bore the same guilt. Shame was felt internally but was reinforced externally through gossip, avoidance, and stereotyping. This mirrors Abd Aziz et al. (2022), who found that families of incarcerated individuals are often subjected to community judgment, as though they share in the offender’s crime. In the Philippines, where *hiya* (shame) and family honor are deeply valued, such stigma carries added weight, branding spouses as morally tainted.

McDonnell et al. (2023) similarly observed that stigma often drives spouses to withdraw from social interaction, while Comfort (2008) called this being “imprisoned by association.” The participants’ fear of facing neighbors or relatives, and the pain of being labeled as “like the offender,” reveal how stigma becomes internalized, compounding their emotional suffering. The practical significance of these findings is urgent. Shame and stigma isolate families at the very moment they most need community support. As P11 and P17’s accounts suggest, silence and avoidance can deepen emotional wounds, leaving spouses to suffer in private. Interventions must therefore include counseling programs that help families resist internalized stigma and community education campaigns to challenge prejudices. Barangay-based or church-led initiatives could create safe spaces for sharing and solidarity, ensuring that stigma does not become an additional form of imprisonment.

### **Loneliness**

Loneliness emerged as one of the most enduring emotional burdens among participants, reflecting not only the absence of physical companionship but also the loss of daily emotional support and shared responsibilities. P1 shared, “It’s been lonely every single day since he was incarcerated,” while P2 explained, “Whenever I got sick, he was the one who cared for me. Now, I feel like I’m completely alone.” Similarly, P15 said, “Before, when I had problems, I had my husband to talk to. Now, it’s just me.” These voices highlight how incarceration disrupts the everyday partnership that anchors family life. Without their spouses, participants were left to face illness, hardship, and decision-making alone. Saguran et al. (2023) noted that this absence creates a void that cannot easily be filled by other family members, intensifying the feeling of isolation.

The sense of loneliness was not limited to practical concerns during the day but also weighed heavily during quiet and vulnerable moments at night. P1 recalled, “My mother-in-law told me that she would often hear me crying at night... calling out my husband’s



name.” Similarly, P2 shared, “I feel like I don’t want to stop doing anything, because once I pause, I suddenly start crying.” These accounts reveal how loneliness goes beyond missing companionship and instead manifests as grief that invades private spaces. McDonnell et al. (2023) described this as a “persistent ache of absence,” where emotional emptiness becomes a daily reality.

For some participants, loneliness eventually led to social withdrawal. P18 admitted, “I’ve become more withdrawn. I don’t want to socialize much anymore.” This retreat into isolation can be understood as both a coping strategy and a sign of emotional strain. Comfort (2008) observed that many women with incarcerated partners deliberately avoid social interaction to protect themselves from judgment or painful reminders of loss. However, while such avoidance offers temporary relief, it risks cutting them off from the very social support that could ease their burden.

Taking together, these testimonies show that loneliness among spouses of Persons Deprived of Liberty (PDLs) is a layered experience: it is about missing daily companionship, carrying emotional pain into private moments, and withdrawing from social interaction. As McDonnell et al. (2023) warn, if unaddressed, this loneliness can deepen into long-term depression and social isolation. The practical implication is clear: accessible counseling, peer-support groups, and community-based initiatives are vital to provide safe spaces for expression and connection. Programs led by barangay units or faith-based groups could be particularly effective, given the communal nature of Philippine society. Without such interventions, loneliness risks becoming not just an emotional challenge but a defining feature of spouses’ lives.

### Role Strain

Role strain was a recurring challenge for participants, who described the overwhelming pressure of assuming multiple responsibilities after their spouse’s incarceration. P1 shared, “It’s very difficult to fulfill the responsibilities that my spouse used to handle.” P4

added, “I lost a partner in life. Now, I play both mother and father.” Similarly, P9 echoed, “I now do everything. Aside from being a mother, I also act as a father.” These accounts illustrate how incarceration collapses the shared partnership in family life, leaving one spouse to simultaneously act as caregiver, breadwinner, and emotional anchor. As Saguran et al. (2023) noted, role strain is a common consequence among families of incarcerated individuals, where spouses are forced to shoulder duties that exceed their physical, emotional, and financial capacity.

The financial and work-related aspects of role strain were particularly pronounced. P6 admitted, “I’m stressed every day thinking about where I’ll get my children’s allowance and food.” P7 explained, “It has greatly affected our daily life. I’m the only one working, and at the same time, I also take care of the children.” P13 added, “Even my work is affected. I’m often late or absent because I have to take care of the kids.” These voices underscore how single-handed breadwinning, when combined with parenting, becomes an almost unbearable load. McDonnell et al. (2023) similarly observed that women partners of prisoners often reduce workforce participation due to caregiving demands, which worsens financial strain. This highlights the practical importance of livelihood and financial assistance programs to reduce the weight of overlapping responsibilities.

Participants also revealed the emotional consequences of carrying constant responsibility. P14 said, “I don’t get any rest. I wake up early to prepare food, bring the kids to school, then work. I do everything.” P16 added, “It’s hard to function every day feeling incomplete. There are days when I cry while doing laundry or cooking.” The exhaustion described here shows how role strain affects not only physical energy but also mental health. For some, the pressure even spilled over into parenting interactions. P18 admitted, “Because of my emotional struggles, I sometimes end up scolding the kids even when it’s not their fault.” This reflects how stress can undermine



patience and consistency in caregiving. Abd Aziz et al. (2022) reported similar findings, where spouses of prisoners expressed guilt about irritability and emotional distance from their children. These testimonies point to the importance of parenting support and counseling programs to help caregivers manage stress while sustaining positive family relationships.

For others, responsibilities extended beyond their immediate household. P19 explained, “Everything has become difficult—even caring for our elderly parents.” This shows how incarceration often multiplies caregiving duties, stretching already fragile emotional and financial resources. Bekiroğlu et al. (2022) documented similar experiences among Turkish wives of prisoners who became primary caregivers not only for their children but also for aging relatives, leading to heightened risk of burnout.

Taken together, these accounts reveal that role strain is more than just an additional task. It is the collapse of shared partnership, forcing one spouse to carry the weight of an entire household alone. This strain manifests in physical exhaustion, financial instability, emotional distress, and disrupted parenting. Practically, this underscores the need for integrated community support systems that combine livelihood aid, childcare assistance, and counseling services. Without such interventions, role strain risks cascading into long-term family dysfunction and further emotional harm for both spouses and their children.

### Psychological Effects

Participants revealed how their spouse’s incarceration deeply affected their psychological well-being, leaving them vulnerable to stress, depression, and emotional exhaustion. P12 admitted, “I’ve become neglectful of my responsibilities at home. When the sadness gets too heavy, I feel like I don’t want to do anything.” Similarly, P8 shared, “I often lose motivation at work. I constantly think about my husband.” These experiences show how emotional pain translates into both household neglect and diminished work

productivity. According to Ramirez (2023), spouses of incarcerated individuals frequently experience psychological distress that interrupts daily functioning, creating a cycle where grief drains motivation and prevents effective coping. This highlights the need for mental health support and workplace flexibility for affected families.

The psychological toll was also reflected in participants’ loss of energy and drive. P10 expressed, “I lost my energy. I used to wake up feeling happy. Now, it feels like I have no motivation.” P16 further revealed, “I experienced mild depression. There are days when I don’t want to move.” These accounts illustrate how the incarceration of a spouse not only disrupts routines but also triggers symptoms of depression—such as lethargy, lack of interest, and withdrawal. McDonnell et al. (2023) found that prolonged exposure to stressors like financial strain and social stigma can culminate in emotional exhaustion and depressive symptoms among partners of PDLs. This demonstrates the importance of accessible counseling and psychosocial interventions to prevent long-term mental health decline.

Cognitive strain was another recurring theme. P13 stated, “My mind has become disorganized. I’m not sure anymore if my decisions are right.” Meanwhile, P15 admitted, “Honestly, I’ve lost confidence in myself.” These reflections reveal how incarceration indirectly erodes a spouse’s sense of control and self-worth, leading to confusion and indecision. Bekiroğlu et al. (2022) observed similar outcomes among wives of prisoners in Turkey, who reported diminished confidence and difficulty in making independent decisions. Such findings suggest that psychological strain is not only about sadness but also about the loss of agency, making spouses feel disoriented and incapable of leading their families effectively.

Taken together, these narratives reveal that the incarceration of a spouse produces far-reaching psychological effects, from emotional exhaustion and depression to disorganization and loss of confidence.

Without intervention, these effects can weaken both personal resilience and family stability. The practical implication is clear: families of PDLs must be provided with targeted mental health services, stress-management programs, and peer-support groups. These measures can help spouses restore confidence, regain structure in their daily lives, and prevent psychological distress from escalating into chronic mental health conditions.

### **Physical Effects**

Participants shared how the emotional burden of their spouse's incarceration translated into physical symptoms that affected their daily functioning. P9 recalled, "I was confused and couldn't even eat from all the worry. I couldn't sleep for days." Similarly, P10 admitted, "I don't take care of myself properly anymore. Sometimes I even forget to eat." These accounts show how worry and stress not only disrupt normal routines but also manifest as sleep disturbances, appetite loss, and neglect of basic self-care. Ramirez (2023) observed that spouses of incarcerated individuals often present with psychosomatic symptoms, where emotional stress overwhelms physical well-being. This suggests that unresolved distress gradually weakens the body as much as the mind. Other participants highlighted how prolonged stress led to recurring health issues. P20 shared, "I've been having more frequent headaches and I get tired easily. The doctor said it might be due to stress and emotional exhaustion." Such descriptions reflect the somatic toll of carrying sustained emotional burdens. McDonnell et al. (2023) reported similar findings, where caregivers of prisoners experienced chronic fatigue, headaches, and other stress-related health complaints. These physical manifestations serve as visible evidence of the silent toll incarceration takes on families. Taken together, the participants' voices reveal that physical suffering is closely intertwined with emotional pain. Loss of sleep, reduced appetite, headaches, and fatigue are not isolated health issues but symptoms of overwhelming stress and grief. Abd Aziz et al. (2022) stressed that the health of spouses left behind often declines because of the dual impact of caregiving pressures and lack of emotional support. The practical

implication is urgent: counseling and health services should work hand-in-hand, offering stress management, medical check-ups, and wellness programs tailored for families of PDLs. Without such interventions, untreated physical strain could escalate into chronic health conditions, further weakening their capacity to cope.

### **Social Challenges Faced by Spouses of PDLs**

Beyond emotional struggles, spouses of people deprived of liberty (PDLs) also encounter significant social challenges that affect their relationships, community engagement, and access to support. The incarceration of a partner often reshapes how they are perceived by others, exposing them to stigma, discrimination, and judgment. Many withdraw from social spaces to avoid gossip or humiliation, while others experience shifts in friendships and community ties, finding themselves with fewer but more trusted circles. At the same time, the absence of a partner intensifies role strain, as spouses are left to shoulder family and financial responsibilities alone. Difficulties in maintaining communication with incarcerated partners further add to feelings of isolation. While some are fortunate to receive support from family, peers, or faith communities, others endure these burdens in silence. The following themes highlight the varied yet interconnected social challenges faced by spouses of PDLs as revealed through their lived experiences.

From the interviews conducted to the twenty (20) participants, the emotional challenges identified are: 5

#### **Stigma**

The participants frequently described experiences of shame, discrimination, and judgment from their communities after their spouse's incarceration. P4 admitted, "At first, I was ashamed to face people... I used to hide the fact that he was gone." Similarly, P5 shared, "It had a huge effect. You can't stop people from talking about your husband." P8 added, "My social interactions have become limited... afraid they'll talk about me," while P10 noted, "I feel like



people look at me differently... they're avoiding me." These statements highlight how stigma is often internalized, making spouses withdraw socially even without direct confrontation. As McDonnell et al. (2023) observed, many partners of prisoners engage in "shame and secrecy," withdrawing from social circles out of fear of gossip or humiliation.

Other participants described overt discrimination. P1 recounted, "I experienced discrimination. One of the prison guards even said something offensive." Similarly, P2 lamented, "It's sad... some still believe I'm involved in drugs. Some say I'm also selling shabu." Such accounts show how stigma extends beyond the community to institutional settings, where spouses are treated as if they share in the imprisoned partner's guilt. Bekiroğlu et al. (2022) found that women in Turkey experienced similar ostracism, being judged and excluded because of their husband's incarceration. This resonates strongly with the Filipino context, where judgment can be both subtle and explicit, affecting how spouses are perceived by neighbors, community leaders, and even authorities.

The stigma also altered long-standing relationships. P13 said, "Many of my former church companions no longer talk to me... pity me or judge me," while P14 noted, "My relationship with my old friends in the barangay changed... they're avoiding me." P11 further explained, "I no longer participate in community meetings... as if everyone's eyes are on me." These stories echo Janer et al. (2019), who found that Filipino families of PDLs often report "pain and shame" when facing their communities. The impact goes beyond embarrassment — it reshapes social networks, erodes trust, and leaves spouses feeling excluded from spaces where they once belonged.

In some cases, stigma was described as a silent but constant presence. P19 expressed, "I feel ashamed. Even though I didn't do anything wrong, I carry the burden." Likewise, P15 stated, "I wasn't judged directly, but I can feel that people look at me differently." This

aligns with Umamaheswar et al. (2025), who describe spouses of PDLs as "hidden victims of crime" — burdened by collateral consequences despite not committing any offense themselves.

The accounts show that stigma is both external (discrimination, gossip, exclusion) and internal (shame, self-blame, avoidance). This dual stigma intensifies isolation and undermines resilience. As Abd Aziz et al. (2022) noted, spouses of prisoners are "impacted by the tag of being the wife of a prisoner," which often forces them into secrecy. The findings underline the urgent need for counseling services and community education programs that address stigma directly. Providing spouses with safe spaces, peer support groups, and public awareness initiatives could reduce discriminatory attitudes and give them avenues to rebuild their confidence and social ties. Without such interventions, the social exclusion of spouses risks perpetuating cycles of silence, marginalization, and poor mental health outcomes.

### **Social Withdrawal**

Many participants described withdrawing from community life and avoiding social contact after their spouse's incarceration. P6 admitted, "Honestly, I don't socialize much anymore. I don't like being asked what happened," while P17 added, "It's harder to go out. When there are barangay events, I just don't attend." Others echoed similar changes, such as P12 who said, "I've become quieter. I'm no longer the cheerful person I used to be," and P18 who shared, "I don't talk to my coworkers much anymore. I've lost interest in socializing." These overlapping accounts reflect how spouses of PDLs often retreat from social spaces, not only to avoid questions or gossip but also because their emotional energy has been drained. Ramirez (2023) similarly found that imprisonment disrupts family members' social participation, leaving them disengaged from community events and relationships.

Withdrawal was also described as a conscious strategy to protect oneself from gossip and judgment.



P15 explained, “I became more selective with the people I spend time with. I avoid gossipers,” while P8 shared, “I’ve become a bit more distant from my neighbors. I chose to stay quiet.” P12 added, “My life in the community became quieter. I prefer staying at home.” These voices show how withdrawal functions both as a shield against stigma and as a form of self-preservation. Bekiroğlu et al. (2022) observed a similar pattern in their study, where women whose husbands were incarcerated deliberately reduced their social interactions to minimize the risk of rejection or humiliation. Taken together, these accounts reveal that social withdrawal is not only a reaction to stigma but also a behavioral pattern shaped by exhaustion, avoidance of pain, and fear of judgment. While it may provide short-term relief, it strips spouses of essential social support, reinforcing loneliness and emotional distress. Abd Aziz et al. (2022) describe this cycle as one of “silent suffering,” where spouses gradually detach from their communities, leaving them invisible and unsupported. In the Philippine context, where barangay life and community ties are central to identity, such withdrawal represents a significant social loss. This underscores the need for peer-support groups, community dialogues, and accessible counseling programs that can help spouses reconnect without fear of gossip or judgment. By addressing social withdrawal through structured, safe spaces, communities can help restore not only the well-being of the spouses but also their role as active and engaged members of society.

### **Changing Social Circles**

Participants frequently described how their friendships and social networks shifted after their spouse’s incarceration. P2 admitted, “My old friends became fake. Some distanced themselves,” while P9 shared, “I’ve chosen to avoid my former friends. Many suddenly disappeared.” Similarly, P11 reflected, “Some friends stayed, but most distanced themselves,” and P10 observed, “There were people who suddenly disappeared from my life.” These accounts reveal how incarceration disrupts social belonging, with many spouses’ experiencing abandonment by people who once offered companionship. Janer et al. (2019) similarly

found that Filipino families of PDLs often lose social support after incarceration, as neighbors and friends avoid them out of fear of association or shame.

Despite this loss, some participants emphasized that a smaller group of supportive people remained. P16 noted, “A few friends even became closer to me. They’re the real ones who stayed,” while P8 explained, “Some of my family members stayed by my side, but others distanced themselves.” Likewise, P16 reflected, “Some actually became more supportive... a few neighbors reached out.” These voices suggest that while incarceration reduces social networks, it also clarifies who can truly be trusted. Bekiroğlu et al. (2022) observed a similar pattern, with families of incarcerated men losing many social connections but simultaneously developing stronger ties with a select few who offered genuine support.

For some, new circles emerged in faith communities. P17 shared, “I became closer to some members of the church,” while P18 described, “The church became my refuge. That’s where I felt real support.” These accounts highlight the important role of religious and community-based organizations in filling the gap left by lost friendships. Ramirez (2023) noted that many spouses of incarcerated individuals in the Philippines turn to faith communities for comfort, belonging, and practical help when other relationships fall away.

The participants’ experiences show that incarceration reshapes social worlds: broad circles shrink, many old ties dissolve, but a smaller and more trusted set of relationships remains — often strengthened by shared empathy or faith. While this transition can be painful, it also opens pathways for resilience by anchoring support in those who remain loyal. However, the loss of broader networks can still limit resources, opportunities, and emotional outlets. This finding underscores the importance of community-based programs and church partnerships to provide safe, inclusive spaces for spouses of PDLs. Supporting both



the preservation of old ties and the creation of new ones can help spouses avoid complete isolation and maintain a sense of belonging during their most vulnerable times.

### **Role Strain**

A strong theme that emerged was the heavy strain of taking on multiple roles within the family. Several participants described the exhaustion of becoming the sole provider and caregiver. P4 admitted, “It’s difficult because I’m the only one they rely on for everything,” while P9 shared, “There are nights when I cry from exhaustion. I’m the only one the family depends on.” Similarly, P10 explained, “It’s really hard to play both roles—as a mother and a father.” These accounts underscore how incarceration leaves spouses overburdened, forcing them to carry all responsibilities alone. Saguran et al. (2023) found that spouses of PDLs often face “role overload,” juggling childcare, breadwinning, and household management, which leads to emotional and physical exhaustion.

Participants also revealed how role strain affected their ability to respond to family crises. P6 explained, “When my children get sick, I’m the only one who takes them to the hospital,” and P14 added, “Both of my kids got sick at the same time. I didn’t have money for medicine.” Similarly, P13 said, “Especially when my child has problems at school... I’m the only one who faces it.” These reflections show how single-handed caregiving amplifies stress, as spouses are left without partners to share practical and emotional burdens. Warfield (2019) notes that in such situations, caregiving responsibilities disproportionately fall on women, leaving them vulnerable to fatigue and burnout.

Others described the struggle of balancing responsibilities while maintaining emotional strength. P12 shared, “Sometimes I want to give up. But I always think, if I don’t stand up, who will? P16 admitted, “There are days when I just want to lie down all day. But I can’t,” while P17 explained, “When my kids have problems, they look for their father. I don’t know how to answer.” For some, this imbalance led to confusion and

frustration. P18 expressed, “I experienced confusion... whether to prioritize children, husband, or myself,” while P19 revealed, “It’s hard to keep the family whole. There are misunderstandings.” These sentiments illustrate how spouses navigate emotional exhaustion while trying to preserve family stability. Giordano et al. (2019) similarly highlighted that imprisonment disrupts family roles, forcing spouses into overwhelming responsibilities that strain family relationships.

Yet amidst these challenges, resilience also surfaced. P20 reflected, “The challenges were many, but this situation taught me how to stand on my own feet.” This statement reflects how, despite role strain, some spouses developed strength and adaptability. Myers (2019) emphasizes that adversity in families of incarcerated individuals sometimes fosters resilience, as spouses discover new capacities to endure and lead.

The participants’ voices reveal role strain as one of the most pressing social challenges, where spouses are forced to carry dual responsibilities with limited support. This strain not only causes fatigue and confusion but also affects children, finances, and family relationships. Left unaddressed, role overload can contribute to long-term emotional and physical decline. These findings underscore the practical need for family support programs, financial assistance, and community-based childcare support, which could ease the burden on spouses of PDLs. Providing access to counseling and skills training may also empower them to manage multiple responsibilities more effectively, while community solidarity could reduce the sense of carrying these burdens alone.

### **Communication Barriers**

A recurring challenge among participants was the difficulty of maintaining communication with their incarcerated spouses. P4 admitted, “Even in simple communication, I’m the one making all the effort for us to talk,” while P14 shared, “Our time is limited. Conversations always feel incomplete.” Similarly, P15 lamented, “I can’t call him in emergencies. I can’t reach



him right away.” These accounts highlight how restrictions on communication create feelings of distance, frustration, and helplessness. Sugie and Turney (2017) observed that families of PDLs often face “communication gaps,” where limited access and lack of privacy in visits prevent genuine emotional connection.

The pain of face-to-face visits was also evident. P2 shared, “Every time I see him behind bars, I feel hurt... I still can’t believe it,” and P3 described, “When I visit my husband, it’s so painful. His eyes seem lifeless.” P5 echoed this, saying, “I cry whenever I see his condition inside. I also can’t talk to him freely.” These statements reveal how visiting a spouse does not always bring comfort; instead, the prison setting intensifies emotional pain. Giordano et al. (2019) likewise found that prison visits are emotionally taxing for families, often reinforcing the reality of loss rather than alleviating it.

Participants also shared struggles with technology and uncertainty. P9 said, “It’s hard to communicate, especially when there’s no phone credit or signal,” while P11 explained, “When I call and he doesn’t answer, I immediately worry.” For others, doubt and guilt complicated communication. P10 reflected, “I don’t know if everything he says is true... I sometimes doubt,” while P16 admitted, “I feel guilty sometimes when I can’t visit.” These experiences show how irregular and fragile communication can heighten anxiety and mistrust, leaving spouses emotionally unsettled. Vatter et al. (2020) emphasized that the uncertainty in prison communication often causes family members to feel disconnected and powerless, reinforcing cycles of stress.

Despite these challenges, some participants described efforts to sustain contact. P19 shared, “I try to write him handwritten letters... even a simple letter means a lot,” while P20 recalled, “I’m not used to us not talking every day. At first, I felt like I had no one.” Similarly, P7 emphasized, “I do everything I can to show him my support.” These accounts illustrate resilience,

showing how even small gestures such as letters or occasional calls become meaningful lifelines of connection. Myers (2019) noted that consistent, if limited, communication helps maintain a sense of family identity despite incarceration.

The participants’ experiences reveal that communication barriers create constant emotional strain. Limited time during visits, restrictions on calls, and technological or financial difficulties prevent spouses from expressing their needs, sharing burdens, or receiving reassurance. While families attempt to cope through letters and small acts of connection, these efforts cannot fully replace the daily conversations and emotional presence of a partner. Such barriers increase feelings of loneliness, mistrust, and emotional instability. The findings highlight the need for policy reforms that improve communication access in jails, such as more frequent visitation schedules, affordable phone or video calls, and private spaces for conversations. Community-based organizations can also provide support workshops for spouses, helping them process the emotional strain of limited contact. Strengthening communication opportunities not only alleviates spouses’ stress but also reinforces family bonds that are crucial for rehabilitation and reintegration.

### **Coping Mechanisms Employed by Spouses of PDLs**

Despite the heavy emotional and social burdens brought by incarceration, spouses of persons deprived of liberty (PDLs) demonstrated resilience through diverse coping mechanisms. Their strategies reflect both personal strength and reliance on external support systems, allowing them to endure challenges and sustain their families. Faith and spirituality emerged as the most consistent anchors, while love and responsibility toward family members served as powerful motivators to persevere. Some spouses engaged in emotional release through crying, journaling, or self-talk, while others chose avoidance of negativity by distancing themselves from gossip and judgment. Support was also sought from family, friends, faith communities, and even institutions,



though access to such networks varied. Distraction activities — such as household chores, small businesses, or volunteering — provided temporary relief and a sense of normalcy. Ultimately, many arrived at acceptance, reframing their situation as a test of strength and choosing to carry on with resilience. The following themes capture the varied coping strategies employed by spouses of PDLs, revealing how they navigate adversity and sustain hope amid uncertainty.

From the interviews conducted with the twenty (20) participants, the emotional challenges identified are: 7

### **Faith and Spirituality**

Faith and spirituality were the most dominant coping mechanisms mentioned by eleven participants. Prayer, church attendance, and trust in God became central ways of enduring the emotional and social burdens of having an incarcerated spouse. P8 shared, “I pray every day. Whenever I feel down, I turn to God and lift all my pain and problems to Him. That’s where I draw strength,” while P18 described, “When I have no one to talk to, I hold my rosary and pray in silence. That’s when I feel I’m not alone.” These testimonies reveal how prayer functions not only as a spiritual act but also as an intimate coping mechanism that relieves emotional pain and restores inner strength. Saguran et al. (2023) noted that Filipino families commonly rely on prayer and religious practices during crises, finding in them both psychological comfort and resilience.

For others, participation in religious rituals and church attendance provided stability and peace. P12 reflected, “Every Saturday, I go to church to attend mass. I feel peace and hope there,” while P2 explained, “I pray before I sell. I go to church and ask God to guide me always. Prayer is really the only thing I hold on to.” These accounts show that religious spaces offered more than worship; they became sanctuaries where participants found hope, belonging, and meaning. Bekiroğlu et al. (2022) observed a similar pattern among women with incarcerated husbands, where churches and

mosques became safe havens that allowed them to reconnect with hope amidst uncertainty.

Faith also helped participants reframe their suffering in a way that made it bearable. P5 said, “I just pray. I believe that God won’t give us trials we cannot handle,” while P7 shared, “I always pray that my husband will be released. That’s the only thing my heart and mind hold on to—there’s still hope.” This demonstrates what Ramirez (2023) describes as spiritual reframing, where hardship is interpreted as part of a divine plan, helping families to endure adversity with patience and hope. In some cases, spirituality also served as protection against judgment and stigma. P8 expressed, “I’ve learned not to explain everything to everyone. What matters is that I know the truth and that God knows what’s in my heart.” By grounding their self-worth in faith rather than social opinion, participants found strength to rise above discrimination. Comfort (2008) found similar coping in her work, where religious practices helped partners of prisoners withstand stigma by offering a sense of moral clarity and inner dignity.

Faith and spirituality emerged as the most dominant anchors of resilience, providing participants with strength, hope, and a shield against stigma. Prayer, church attendance, and spiritual reframing allowed spouses to endure emotional pain while maintaining dignity and purpose. These findings underscore the importance of faith-based interventions that can complement psychosocial support, such as pastoral counseling, prayer groups, and community faith gatherings that offer both spiritual and emotional care. Churches and religious organizations can serve as trusted spaces where families find belonging without judgment, while barangay initiatives in partnership with faith leaders could formalize these networks into consistent sources of encouragement. At a policy level, integrating faith-based organizations into BJMP and DSWD support programs could expand the reach of counseling and livelihood services, ensuring that families receive holistic care that nurtures both psychological well-being and spiritual resilience.



### **Family as Source of Strength**

For many participants, families, especially children and grandchildren—emerged as their strongest source of resilience in coping with the challenges of incarceration. Twelve participants explained that thinking of their children gave them the determination to endure hardship. P5 said, “I just keep thinking about our children. They are the reasons I need to stay strong. I also think this is just a trial, and one day, it will all pass.” Similarly, P19 reflected, “When there’s a problem, I just think that I have to be strong for the sake of my children’s future. I do this for them.” These testimonies show how the responsibility of ensuring a stable future for their children serves as motivation to persist despite emotional pain. Sugie and Turney (2017) also found that caregiving responsibilities often became an anchor for families of incarcerated individuals, compelling them to remain strong even under extreme stress.

Beyond children, grandchildren also played an important role in alleviating emotional burdens. P6 explained, “My grandchildren have become my source of joy. They bring me happiness every day. Since they came into my life, they’ve become my focus.” This highlights how caregiving relationships generate a sense of purpose and joy, offsetting the sadness tied to spousal incarceration. Vatter et al. (2020) noted that positive family roles can function as protective factors against emotional exhaustion, enabling individuals to reframe difficulties into opportunities for care and connection.

Other participants emphasized that the strength they drew from family went beyond children and grandchildren. Immediate and extended family members, such as siblings and cousins, were consistently present in helping them endure daily challenges. P2 noted, “Yes, there are those who support me. My children help—even just by giving money for bread. My mother helps too,” while P3 affirmed, “There was no judgment from my family. They accepted the situation and continue to support me.” Likewise, P4 shared, “I haven’t received any judgment. On the contrary, my family has been very supportive.” These

testimonies illustrate how acceptance within the household eases the weight of stigma and isolation. Similarly, P7 stated, “They still support me. Even if not consistently, I feel that they haven’t left me,” while P16 added, “My siblings are my biggest source of support. Even though they’re struggling too, they still find ways to help.” Extended relatives also became anchors, as P19 reflected, “I have a cousin who helped me a lot. She’s the one who gives me advice and encouragement.” These accounts affirm Giordano et al. (2019), who emphasized that families who maintain solidarity during incarceration serve as protective buffers, reducing the harms of social withdrawal and strengthening resilience.

Other participants drew strength from the love and support within their family, emphasizing how relationships ease the heaviness of daily struggles. P10 shared, “My children help me a lot. When I think of them, the heaviness in my heart eases even just a little. They’re my inspiration to keep going.” Similarly, P19 explained, “My family is where I draw strength. When I’m with them, each day becomes a little easier despite the many challenges.” These reflections underscore the role of emotional support in sustaining resilience, echoing Ramirez’s (2023) observation that strong family bonds provide essential emotional buffering for individuals navigating crisis.

The participants also highlighted how love for their spouse remained a motivating factor. P1 expressed, “As long as he loves me, I can handle everything. I love him too, and that’s enough for me to stay strong despite the guilt, shame, and fear.” This demonstrates how spousal love, even in the context of incarceration, continues to be a powerful force sustaining hope and commitment. As Giordano et al. (2019) pointed out, family ties—whether to children, grandchildren, or partners—often shape resilience by preserving meaning and identity amid incarceration-related stress.

Taken together, the testimonies reveal that family, whether through children, grandchildren, siblings, cousins, or the continuing love of a spouse—





functions as both an anchor of hope and a source of responsibility that sustains resilience. For many participants, family ties transformed overwhelming burdens into sources of strength, giving them both practical and emotional reasons to endure. These findings highlight the need for family-centered interventions such as counseling that includes children, parenting support groups, and intergenerational care programs to assist grandparents and other relatives providing care. Partnerships with churches and faith-based organizations could further provide safe spaces for emotional expression, peer-support groups, and pastoral counseling that reinforce the resilience families already draw from their relationships. At the policy level, collaboration between bargains, the DSWD, and the BJMP can ensure that livelihood assistance, psychosocial services, and educational support are integrated into community-based welfare programs. By strengthening family bonds and providing both emotional and material support, interventions can prevent incarceration from fracturing families and instead reinforce their role as the primary foundation of coping and resilience.

### **Emotional Release**

For nine participants, coping with the burden of their spouse's incarceration involved allowing themselves to express and release their emotions instead of suppressing them. Crying, writing, and self-talk were the most common forms of this release. P16 shared, "When the sadness becomes too heavy, I cry. I don't hold it in. Afterward, I feel relieved," while P11 added, "I allow myself to feel what I'm feeling. If I want to cry, I cry. I don't suppress my emotions. After that, I rise again." These accounts show how crying is not merely a display of weakness but a therapeutic act that brings emotional relief. Moore (2019) emphasized that recognizing and expressing difficult emotions can serve as a healthy coping strategy, reducing the buildup of stress and preventing long-term psychological strain. Some participants turned to writing as an outlet for emotions that were difficult to share with others. P9 revealed, "I write in a journal. I pour out all my emotions

there. It makes me feel lighter when I can express the heaviness in my heart through writing" Similarly, P18 said, "I pour out my emotions in a diary. It's not a person, but when I write, it feels like someone is listening." These testimonies highlight how journaling creates a safe, private space to articulate emotions without fear of stigma. According to Warfield (2019), expressive writing provides a means to process trauma and loss, enabling individuals to regain a sense of clarity and control.

Others found comfort in talking to themselves or practicing self-reminders of strength. P13 shared, "I talk to myself in front of the mirror. It's like a self-reminder that I need to keep fighting—not just for myself but for our family." Likewise, P14 noted, "Sometimes I talk to myself. I tell myself, 'This is not your fault. Fight.' In that simple way, I gain strength." These practices suggest that self-talk can act as a coping strategy that reinforces resilience, helping participants counter negative emotions with positive affirmations. This resonates with Ramirez (2023), who found that individuals facing social stigma often turn to self-dialogue as a way of maintaining inner strength and hope.

Finally, some participants described finding relief in moments of pause, silence, and physical calmness. P20 explained, "I've learned to take deep breaths, rest for a moment, and then rise again. The problems don't go away, but what I do helps me avoid falling apart completely." In a similar way, P20 expressed, "When I feel guilt or fear, I distance myself. I take time to rest, to be alone. Sometimes silence is what I need to regain my strength." These coping mechanisms align with Saguran et al. (2023), who emphasized that small acts of emotional regulation—such as rest, silence, or mindfulness—help individuals navigate crises more effectively.

The participants' reflections illustrate that emotional release—whether through crying, writing, self-talk, or mindful pauses—is an essential coping



mechanism. Rather than suppressing feelings, they allowed themselves to process emotions in healthy, non-destructive ways. This suggests that interventions such as journaling workshops, expressive arts therapy, and guided mindfulness activities could be valuable for spouses of PDLs, offering them structured outlets to manage emotional stress. Providing accessible mental health programs that normalize emotional expression can reduce stigma around “breaking down” and instead reframe it as a step toward resilience and healing.

### **Avoidance of Negativity**

Ten participants coped by deliberately distancing themselves from gossip, judgment, and negative comments in their communities. For some, this meant choosing silence and understanding rather than confrontation. P2 expressed, “You need to know how to get along even in difficult situations... So, I endure and just try to understand them,” while P3 echoed, “I just try to understand people. Even when they say hurtful things, I swallow my pride. I don’t want to make it worse.” This shows a conscious effort to reduce conflict and preserve emotional energy, suggesting that avoidance served as a protective mechanism against further psychological strain. Giordano et al. (2019) found that many families of incarcerated individuals use tolerance and withdrawal as strategies to avoid deepening social wounds.

Others adopted avoidance by withdrawing from potentially toxic environments. P4 shared, “I don’t socialize as much anymore. I’d rather avoid people to prevent them from talking,” and P11 added, “I avoided places known for gossip. I spend more time at home with my family instead.” Similarly, P13 said, “When I hear negative comments, I just think they don’t know the whole story. I choose to stay silent rather than fight back because I know it won’t help.” These responses reflect a shift toward selective social interactions, prioritizing spaces where they felt safer from stigma. Arditti (2012) similarly noted that social withdrawal often becomes a coping mechanism for families who feel judged by others, helping them regain a sense of control.

For others, avoidance was not only about withdrawal but also about refocusing their attention on supportive relationships. P9 explained, “I focused on the people who truly understand. I chose to stay close to friends and family who show respect, not judgment,” while P19 emphasized, “I chose to stay silent and focus on my family. Other people’s opinions won’t help me in my daily life.” This highlights that avoidance, while seemingly passive, was paired with an active redirection of energy toward meaningful support systems. Comfort (2008) found that maintaining boundaries with negative individuals while holding onto positive social ties allows spouses of PDLs to preserve dignity and resilience.

Finally, some participants reframed negativity through faith. P10 said, “I chose to stay silent rather than argue. When I hear something negative, I just pray for them,” while P18 stated, “I ignore the people who judge me. I know they don’t know the full truth. That way, I don’t waste myself on anger or shame.” This shows how avoidance was intertwined with spiritual coping, turning potentially destructive experiences into opportunities for self-preservation. As Ramirez (2023) observed, families facing stigma often combine avoidance with faith to transform their struggles into sources of endurance.

Avoidance of negativity emerged as a coping strategy that helped participants manage stigma and protect themselves from emotional exhaustion. While it limited their social interactions, it allowed them to redirect focus toward family, faith, and trusted relationships. The findings suggest that counseling programs, peer-support groups, and stigma-reduction initiatives could strengthen this coping style, turning passive avoidance into active resilience. Providing spouses of PDLs with safe community spaces where they can connect without fear of judgment may reduce isolation while validating their choice to distance themselves from harmful environments.

### **Seeking Support**

A recurring coping mechanism among many spouses was reaching out for support—whether



emotional, material, or spiritual. Interestingly, the accounts reflect two contrasting realities: some spouses had no one to rely on, while others found support in family, friends, church, government, and community groups.

For several participants, isolation and lack of a support network defined their struggles. P1 lamented, “None. I don’t really have anyone specific I turn to for support,” while P2 echoed, “None. No one helps me. It’s just me. I only borrow capital so I can start a small buy-and-sell.” Similar sentiments were shared by P4, “I don’t have anyone to turn to. I really have to find ways on my own just to survive,” and P5, “I don’t have any group or individual to rely on. I have to stand on my own two feet.” These voices reflect the deep loneliness and self-reliance that often accompanies incarceration’s ripple effects on families. Sugie and Turney (2017) observed that partners of incarcerated individuals frequently feel socially abandoned, forced to “make do” without consistent support. The absence of a reliable network also magnifies stress and financial hardship, leaving spouses to struggle in silence.

On the other hand, many participants described how support systems, whether formal or informal helped lighten their burdens. P3 noted, “Yes—my loved ones, especially my family. They’re the ones I hold on to during tough times,” while P13 emphasized, “My eldest child is now my partner. He/she gives me strength and helps with the expenses.” Similarly, P7 shared, “Yes, I do. My husband’s sibling... helps out from time to time.” Likewise, extended family members became anchors: P16 explained, “My siblings are my biggest source of support. Even though they’re struggling too, they still find ways to help,” while P19 added, “I have a cousin who helped me a lot. She’s the one who gives me advice and encouragement.” These statements reveal how family solidarity became an essential buffer against the challenges of imprisonment. Giordano et al. (2019) highlighted that maintaining family closeness often acts as a primary coping resource, helping spouses feel less overwhelmed by financial and emotional strain.

Religious communities also emerged as powerful sources of support. P8 shared, “The church became my refuge. I joined a prayer group, and that’s where I feel strength and support,” while P14 said, “I talk to a church counselor every Sunday... it really does [help].” Similarly, P18 emphasized, “The church became my refuge. That’s where I felt real support.” Comfort (2008) emphasized that faith-based groups often provide not just spiritual comfort but also a sense of belonging for families of incarcerated individuals.

For others, peer groups and community organizations offered emotional and practical assistance. P15 shared, “There’s a Facebook group for wives of PDLs... advice and inspiration,” while P12 said, “I joined a women’s group in the barangay... willing to listen.” In some cases, support extended beyond words into tangible help. P10 explained, “Sometimes I call DSWD (Department of Social Welfare and Development) ... it has helped at times,” while P20 expressed gratitude for institutional outreach: “The LGU... holds outreach programs... we feel like we’re not forgotten.” Similarly, P17 turned to NGOs, saying, “I learned to seek help from an NGO that gives relief. I was able to receive something once.” These accounts highlight how both digital and face-to-face networks provide practical and emotional scaffolding, reinforcing the idea that community resources play a crucial role in sustaining resilience. Warfield (2019) also noted that social support, whether from family, peers, or organizations—can significantly buffer stress for families affected by incarceration.

Friendship ties, though fewer, also carried weight. P9 expressed, “I have a best friend who never left my side. I always talk to her when I’m feeling really down,” while P10 added, “When sadness becomes overwhelming, I call a longtime friend. Even if they can’t solve my problems, it’s enough that someone listens.” P11 similarly reflected, “I received support, but not in the way I expected. Sometimes it is just moral support, not financial. But that still means a lot.” Likewise, P19 noted, “I have a cousin who helped me a



lot. She's the one who gives me advice and encouragement." These testimonies show that even a single consistent friend or relative can become a lifeline, helping spouses feel less invisible. Myers (2019) underscored the importance of trusted individuals as emotional anchors when formal systems fall short.

The accounts reveal that while some spouses endure profound isolation, others actively draw strength from supportive networks of family, church, friends, and institutions. This duality suggests that support is not evenly distributed but depends heavily on context, relationships, and community resources. When available, support not only alleviates loneliness but also empowers spouses to better manage emotional and financial struggles. Importantly, the findings underscore the need for accessible counseling, peer-support groups, and institutional outreach programs to ensure that no spouse faces these burdens alone. Encouraging family-based interventions, strengthening faith and peer networks, and expanding community services could greatly enhance the well-being of spouses of PDLs.

### **Distraction Activities**

Many spouses turned to distraction and purposeful engagement as coping strategies, using various activities to momentarily set aside sadness and maintain a sense of normalcy. These included household tasks, volunteering, entertainment, small businesses, and hobbies.

Several participants described keeping themselves busy with everyday routines to avoid being consumed by negative emotions. P11 explained, "I keep myself busy—cleaning, cooking, taking care of the kids—so I don't get consumed by sadness." Similarly, P16 noted, "When I'm busy with housework or a small business, I'm less stressed." These responses reveal how ordinary tasks can serve as grounding mechanisms, giving structure to otherwise overwhelming days. This aligns with Moore (2019), who found that meaningful routines can create stability for families dealing with incarceration-related stress.

Other spouses sought comfort in simple pleasures and entertainment. P1 shared, "Music helps me cope... I listen to music to calm my emotions and feel better," while P20 said, "I entertain myself by watching movies. Even simple comedies help." P14 also highlighted, "I enjoy the simple things—my child's laughter, watering the plants." These coping methods show how spouses find small pockets of relief to soften persistent sadness. Warfield (2019) similarly emphasized the role of "small joys" in building resilience, even when major challenges remain unresolved.

For some, volunteering and community involvement provided both distraction and purpose. P15 explained, "I volunteered at the barangay center. Talking and connecting with others helped me a lot," while P12 added, "During occasions, I still help as a volunteer. That way, I show that even in my situation, I can still contribute." These narratives highlight how service to others restores dignity and self-worth, echoing Saguran et al. (2023), who found that participation in community activities can mitigate feelings of isolation among families of incarcerated individuals.

Spouses also used small businesses and social media as outlets. P17 shared, "I tried selling online... keeps me focused on productive things and takes my mind off the sadness," while P14 remarked, "Scrolling through social media helps me forget sometimes. But I also avoid reading negative posts about me." Similarly, P18 turned to books, "I read inspirational books. They help shift my perspective, especially when people say hurtful things." These coping approaches show efforts not only to distract but also to rebuild identity and agency in environments that may otherwise feel oppressive. Comfort (2008) observed that partners of PDLs often reframe their roles by seeking alternative outlets for agency and control.

At the same time, participants admitted that distraction is not always sufficient. P14 reflected, "Sometimes even when I'm laughing, I still feel the

sadness inside. But still, the things I do help ease the heaviness a bit.” This illustrates that while distraction eases burdens temporarily, it does not erase the underlying pain.

Overall, distraction activities served as a crucial coping strategy, allowing spouses to regulate emotions, maintain productivity, and carve out moments of relief. However, these strategies function more as short-term stabilizers rather than long-term solutions, since deep emotional wounds often resurface. The findings underscore the importance of encouraging structured community programs, skill-building workshops, and recreational outlets for spouses of PDLs. By providing accessible and meaningful activities, communities and institutions can help these spouses channel stress into constructive engagement, reducing the risk of emotional exhaustion and social isolation.

### **Acceptance**

For many spouses, coping eventually evolved into a process of acceptance—an acknowledgment of the situation, along with a conscious effort to adapt and carry on. Acceptance did not mean the pain disappeared, but it reflected a shift in mindset, from resistance to resilience.

Several participants spoke of choosing humility and strength as their guiding principles. P1 explained, “Be true to yourself. Just always be humble. You don’t need to explain everything to people—just stay grounded and sincere.” Similarly, P2 emphasized, “I stay strong... I’d rather act than lose hope.” These statements show how spouses framed acceptance not just as passive endurance, but as an active choice to maintain dignity despite stigma. This echoes Giordano et al. (2019), who noted that families of incarcerated individuals often draw strength by redefining their identities around perseverance and integrity.

Acceptance was also expressed in the willingness to continue supporting their incarcerated spouses despite hardships. P2 reflected, “A lot has

changed... But still, I didn’t leave him. I have no regrets,” while P3 added, “I fight back even if it hurts... nothing else to do but accept it and move on. I don’t give up.” This steadfastness highlights the moral and emotional commitment of spouses, which Sugie and Turney (2017) identify as a protective factor against family breakdown, even amid social stigma and financial strain.

Others described acceptance as separating their identity from their spouse’s imprisonment. P8 asserted, “I’m not the one who committed the crime. I’m the spouse, not the prisoner,” while P9 noted, “I avoid blaming myself... I choose to fight rather than let fear win.” These statements reflect an important step of cognitive reframing, distancing personal worth from the stigma of incarceration. Myers (2019) highlighted that this type of mental shift helps individuals prevent self-stigmatization, enabling healthier emotional adjustment.

Participants also described acceptance as learning to live with uncertainty and fluctuating emotions. P13 admitted, “There are days when my coping strategies work, and days when they don’t... it’s still important to try.” Similarly, P4 shared, “I can’t say they’re effective... not enough to lighten the emotional burden.” These narratives reveal that acceptance is not static but an ongoing negotiation with pain and resilience. As Vatter et al. (2020) argue, resilience in families of incarcerated individuals is best understood as a dynamic process rather than a fixed outcome.

For others, acceptance became a way to transform suffering into strength. P12 explained, “I accept everything—the pain, the shame... I use the pain to make myself stronger,” while P19 shared, “I always tell myself that everything happens for a reason. Maybe this is just a test to make me a stronger person.” These reflections resonate with Ramirez (2023), who noted that spouses of PDLs often reinterpret adversity as an opportunity for growth and self-reliance.





Finally, some spouses emphasized practical acceptance—focusing only on what they could control. P10 stated, “When I feel afraid, I focus on the things I can control... I can manage my own emotions.” Likewise, P20 shared, “When someone questions or criticizes me... I turn every painful word into a lesson.” These perspectives highlight a form of adaptive acceptance, aligning with Warfield (2019), who described acceptance as fostering a sense of agency by concentrating on manageable aspects of life.

Acceptance among spouses of PDLs is not resignation but rather a process of adaptation, resilience, and meaning making. It helps protect individuals from prolonged psychological distress, strengthens family bonds, and allows them to move forward despite persistent stigma and uncertainty. However, acceptance is fragile and cyclical—spouses may oscillate between strength and vulnerability. To reinforce this coping mechanism, counseling services, peer support groups, and community education programs are essential. These can provide safe spaces for spouses to normalize their experiences, validate their feelings, and sustain resilience, ensuring that acceptance becomes not just survival, but a pathway to well-being and empowerment.

### **CONCLUSION AND RECOMMENDATION**

This study explores the emotional and social challenges of spouses of persons deprived of liberty (PDLs) in Pangasinan Provincial Jail and the coping strategies they employ. The findings show that incarceration affects not only the detained individual but also places significant emotional and social burdens on their spouses. Many experience shock, sadness, anxiety, fear, and stigma, often leading to withdrawal from social interactions and an overwhelming responsibility for family care. Despite these difficulties, spouses demonstrate notable resilience. Faith and spirituality, support from children and family members, emotional expression, selective social connections, and engagement in work or daily routines help them

maintain strength and gradually accept their circumstances.

Based on these findings, several measures are recommended. Psychosocial support—such as counseling, peer support groups, and grief- or trauma-informed interventions—should be strengthened to help spouses manage emotional distress. Community and faith-based organizations may also intensify stigma-reduction efforts to foster inclusive and supportive environments. Correctional policies should prioritize accessible communication between PDLs and their families through affordable calls, video visits, and structured visitation programs to reduce emotional strain. Partnerships among jail management, local government units, and agencies like the DSWD can expand integrated services, including health consultations, livelihood assistance, and parenting support. Future studies may also consider involving children and examining long-term family adjustment to better guide comprehensive, community-based interventions. Strengthening both immediate and long-term support systems will help alleviate the burdens faced by spouses and reinforce family resilience within the context of incarceration.

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