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**EDUCATION**

# BRIDGING THE CLASSROOM AND LEARNING: PRINCIPALS' INSTRUCTIONAL SUPERVISORY SKILLS AND THEIR INFLUENCE ON TEACHERS' CLASSROOM PRACTICES IN DEVELOPING 21ST CENTURY SKILLS

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## Abstract

Teaching in the twenty-first century poses various obstacles for educators, but it also provides tremendous opportunities to shape the future of education. This study used a descriptive-correlational design to investigate the influence of principals' instructional supervisory skills- specifically in guiding, supporting, and assessing teacher performance-on teachers' proficiency in integrating 21st-century skills into their instructional methodologies. Data was collected through surveys from 100 high school teachers. The findings revealed a positive perception of principals' instructional supervision skills among teachers, with areas identified for improvement. Additionally, teachers demonstrated proficiency in fostering critical thinking, collaboration, digital literacy, and other essential competencies in students. Correlation analysis highlighted the interconnectedness between principals' supervisory skills, instructional supervision, and teachers' classroom practices. Lastly, principals' supervisory skills significantly influenced teachers' classroom practices. The study recommends continuous professional development for principals, targeted support for teachers, promotion of collaboration, enhanced involvement in student assessment, and equitable access to resources across schools. These recommendations aim to strengthen how principals' supervisory instructional skills influence teachers' practices, ultimately improving student outcomes and fostering a supportive learning environment.

**Keywords:** *principal's instructional skills, teacher's classroom practices, 21st-century skills, educational leadership, instructional supervision*

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Twenty-first-century skills encompass a broad spectrum of abilities essential for individuals to thrive in personal, professional, and societal realms, driven by technological advancements, globalization, and evolving labor market dynamics (Fadel & Trilling, 2009). These skills combine traditional academic proficiencies like literacy and numeracy with modern competencies such as problem-solving, critical thinking, communication, collaboration, digital literacy, and cultural awareness. They are deemed indispensable for enhancing productivity, fostering global collaboration, and leveraging the potential of digital technologies (Kim, Raza, & Seidman, 2019).

The teaching profession plays a pivotal role in nurturing 21st-century skills among educators and students alike. Research indicates a positive correlation between teachers possessing these skills and enhancing students' learning capabilities (Darling-Hammond et al., 2020). As technology advances and workplace expectations evolve, educators must embody 21st-century skills to effectively prepare students for global success (Bakir, 2019). Equipping pre-service teachers with these competencies not only enhances their instructional techniques but also cultivates enriched learning environments (Lahey, 2009).

The 21st-century classroom is a melting pot of varied student demands and backgrounds. Teachers face the challenge of accommodating pupils with diverse learning styles, abilities, and cultural backgrounds. This necessitates tailored and inclusive instructional practices to ensure that no one is left behind. In response, teachers must implement inclusive education practices, differentiate instruction, and foster a welcoming environment that values diversity (Narayanadasan, 2024).

Teaching in the twenty-first century is concerned with improving instruction and learning outcomes through the implementation of teaching practice standards. Thus, teachers, as significant figures in schools, are called upon to reflect on their educational approaches and embody the highest standards for education founded on global best practices (Clores & Espana, 2023). Saleh and Jing (2020) described instructional practices as the actions teachers take to deliver the lesson in the classroom.

Partnership for 21st Century Learning (P21 Framework Definition, 2009) delineates these skills into three overarching categories: learning and innovation skills, information, media, and technology skills, and life and career skills. Learning and innovation skills, including creativity, critical thinking, communication, and collaboration, are vital for navigating today's complex and rapidly changing world (Kalu-Uche & Eze, 2020). Meanwhile, information, media, and technology skills emphasize effective utilization of communication technologies, information literacy, media literacy, and ICT literacy (Bakir, 2019). Additionally, life and career skills such as adaptability, initiative, social competence, productivity, and leadership are imperative for addressing multifaceted challenges and succeeding in diverse workplaces (Kalu-Uche & Eze, 2020).

In many nations, evaluating teachers' practices in the classroom is crucial for professional development and educational advancement (Sofianidis & Kallery, 2021). In the assessment of teachers conducted by UNESCO in 2019, it was found that teachers' practices need improvement. The report revealed that more teachers yield to the traditional methods of teaching. The government therefore mandated the improvement of the quality of education and classroom practices to align with global standards (Allison, 2020). With this foregoing importance of improving classroom practices, it is necessary to identify factors that contribute to teachers' practices in the classroom.

Among the various aspects of instructional leadership, the focus on principals' instructional supervision skills becomes crucial, particularly in the context of advancing educational paradigms and the need to cultivate 21st-century skills among students (De Castro & Jimenez, 2022). The integration of these skills is paramount for preparing students to thrive in an ever-changing, complex global landscape.

Despite the growing recognition of the significance of principals' instructional supervision skills, there remains a need for comprehensive research exploring their direct impact on teachers' classroom practices, specifically concerning the cultivation of 21st-century skills (Özdemir, Sahin, & Öztürk, 2020). This research aims to bridge this gap by delving into the intricate relationship between principals' instructional supervision skills and the subsequent effects on teachers' instructional approaches aligned with the demands of the 21st century.

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Considering the rapidly evolving educational landscape and the imperative to equip students with 21st-century skills, understanding how principals' instructional supervision skills influence teachers become paramount (Ngabiyanto et al., 2022). Within the educational landscape, the instructional supervision provided by school principals plays a key role in improving teaching methodologies, fostering innovation, and enhancing overall educational outcomes (Balyer & Özcan, 2020). This study seeks to unravel the multifaceted dynamics inherent in the interaction between principals' instructional supervision skills and the resultant impact on teachers' classroom practices. By dissecting these intricacies, the research endeavors to contribute valuable insights into the nuanced interplay that shapes the educational experiences of both educators and students.

This research not only aims to delineate the existing landscape but also strives to offer actionable recommendations for optimizing instructional leadership strategies. Ultimately, the findings of this study aspire to inform educational stakeholders, policymakers, and practitioners, facilitating the refinement of instructional supervision practices for the collective advancement of teaching and learning in the 21st century. In discussing the role of demographic variables, it is essential to consider how factors such as age, years in teaching, and socioeconomic status might influence and enhance teachers' practices concerning 21st-century skills. Specifically, this study answers the following questions:

1. What is the perceived level of principals' supervisory skills in terms of:
  - a. teachers' guidance
  - b. teachers' support
  - c. teachers' performance assessment?
2. What is the extent of teachers' classroom practices on 21st-century skills in terms of
  - a. learning and innovation skills?
  - b. information, media, and technology skills?
  - c. life and career skills?
3. Is there a significant relationship between principals' supervisory skills and teachers' classroom practices on 21st-century skills?
4. Do principals' supervisory skills influence teachers' classroom practices in developing 21st-century skills?
5. Do the following variables moderate the extent of teachers' classroom practices in developing 21st-century skills?
  - a. age
  - b. years in teaching
  - c. type of school
  - d. socioeconomic status

## **Methodology**

### **Research Design**

This study employed a quantitative, descriptive-correlational design, which aimed to answer the question "How are things related?" This approach involved gathering data through surveys to examine the relationships between variables. In the context of this research, this design was applied to explore the how principals' instructional supervision skills influence teachers' classroom practices related in developing 21st-century skills.

### **Population and Sampling Technique**

The study, which focused on high school teachers in Silang, Cavite, utilized cluster sampling as its chosen technique, involving the division of the population into groups. In this study, the clusters comprised of the government and private high schools within the municipality. Instead of individually selecting teachers from each school, the researchers chose to randomly select entire schools (clusters) from the master list of private and public secondary schools which included eight government and 20 private high schools within the municipality.

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According to Omniconvert (2024), in a descriptive-correlational study, at least 20% of the population should be considered. Thus, 20% of the number of schools was included in the study. For this reason, two from the government high schools and four from the private schools were randomly selected for the study. All teachers from these chosen schools were invited to participate in the study until the researcher accumulated a minimum of 100 actual responses (Anderson and Gerbing, 1984, as cited in Newsom, 2023).

Most participants, 57.0%, were aged between 25 and 44 years. Those aged 45 and above represented 27.0% of the sample. The majority, 34.0%, reported 5-10 years of teaching experience, indicating a significant mid-career presence. Additionally, 30.0% reported less than 5 years, while 13.0% reported over 20 years. The majority, 66%, belong to the middle-income group, indicating a predominantly moderate-income sample. Conversely, high-income participants represent 13%, while low-income individuals comprise 21%. The distribution of schools in the sample is as follows: 46 (46.5%) private schools and 53 (53.5%) public schools.

### **Instrumentation**

The survey questionnaire for this study was thoughtfully structured to gather crucial insights from participants. Graduate school professors and a school head reviewed the questionnaire for content validity. This meticulous approach allowed for in-depth analysis, providing valuable insights to enhance educational practices.

The first section aimed to gather demographic information, including age, years of teaching experience, type of school and socioeconomic status, contributing to a comprehensive understanding of the sample. The second section intricately examined teacher's perceptions of principals' supervisory skills, which was adapted from the study of Sumapal & Haramain (2023). This instrument contained 30 items. There were 10 statements for each of the dimensions of principals' supervisory skills namely guidance, support, and performance assessment. The last section of this study evaluated teachers' classroom practices in developing 21st-century skills including learning and innovation skills, information, media, and technology skills, and life and career skills. The questionnaire utilized in this section is adapted from the Multidimensional 21st-century Skills Scale developed by Çevik and Şentürk (2019), utilizing a 5-point Likert-type response format. Higher scores on the scale indicate a heightened perception of possessing 21st-century skills.

### **Data Gathering Procedures**

Before commencing the data collection process, teachers received a comprehensive information sheet elucidating the research's purpose and outlining their rights. Informed consent was secured through a paper-based format, ensuring voluntary engagement, and understanding of the study's objectives. It was pertinent to note that approval from the Ethics Research Board was sought emphasizing the commitment to uphold ethical standards throughout the research process.

The survey distribution process involved the dissemination of paper surveys among teachers in the randomly selected schools. This traditional method allowed the flexibility to choose how they access and complete the survey, utilizing the provided paper questionnaire. By offering this option, the research aimed to accommodate diverse response methods, recognizing the preferences and convenience of the teachers. This approach ensures inclusivity and promotes a comprehensive collection of data from high school teachers in Silang, Cavite, contributing to the robustness and reliability of the study's findings.

### **Data Analysis**

Descriptive statistics and inferential statistics were employed to rigorously examine the relationship between principals' instructional supervision skills and teachers' classroom practices related to 21st-century skills. Descriptive statistics offered a comprehensive overview of the observed instructional supervision skills of principals and the reported classroom practices of teachers (Creswell & Creswell, 2017). Pearson ProductMoment correlation, multiple regression enables the exploration of relationships, variations, and potential predictors within the dataset. This approach is crucial for establishing the connections between

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principals' instructional supervision skills and teachers' classroom practices. Kruskal-Wallis test and Mann-Whitney U-test were conducted to compare the extent of classroom practices in terms of the demographic factors. By employing inferential statistics, the research aims to contribute to a structured and objective understanding of the multifaceted factors that influence teachers' instructional approaches in the context of 21st-century skills (Leedy & Ormrod, 2019).

### Ethical Considerations

Access to the study involves a commitment to strict adherence to ethical guidelines throughout the research process. Informed consent from all participants were distributed along with the questionnaire. Prioritizing confidentiality in the handling of sensitive information is paramount, ensuring that the privacy and rights of the participants are protected. Upholding these ethical principles is not only a legal requirement but also an ethical responsibility to safeguard the well-being of the high school teachers in Silang, Cavite, who are contributing to the study. Interested parties should ensure that they access the study through channels that guarantee ethical integrity in research practices.

## Results

### Level of Principals' Instructional Supervision

#### *Teacher's Guidance*

Table 1 presents descriptive statistics on principals' instructional supervisory skills regarding guiding teachers. The grand mean score of 4.44 indicated a high level of effectiveness in guiding teachers across various aspects of instructional supervision.

**Table 1**

*Principals' Instructional Supervisory Skills in Terms of Teachers' Guidance*

| Statement                                                                            | Mean | SD    | Verbal Interpretation |
|--------------------------------------------------------------------------------------|------|-------|-----------------------|
| Direct teachers of instructional supervision approaches                              | 4.50 | 0.810 | Excellent             |
| Advice teachers to use active learning in the classroom                              | 4.57 | 0.700 | Excellent             |
| Frequently visit classrooms for instructional supervision purposes                   | 4.53 | 0.717 | Excellent             |
| Solicit and provide feedback on instructional supervision methods and techniques     | 4.36 | 0.759 | Good                  |
| Use instructional data to focus attention on improving the curriculum or instruction | 4.36 | 0.772 | Good                  |
| Arrange induction training for beginner teachers                                     | 4.35 | 0.757 | Good                  |
| Assist teachers in lesson planning                                                   | 4.35 | 0.869 | Good                  |
| Assist teachers in developing or selecting instructional materials                   | 4.36 | 0.811 | Good                  |
| Spread new teaching methodologies among teachers                                     | 4.47 | 0.834 | Good                  |
| Facilitate experience-sharing programs between teachers                              | 4.55 | 0.744 | Excellent             |
| Grand Mean                                                                           | 4.44 | 0.637 | Good                  |

*Scoring System: 1.00 – 1.49 Very Poor; 1.50 – 2.49 Poor; 2.50 – 3.49 Average; 3.50 – 4.49 Good, 4.50 – 5.00 Excellent*

Directing teachers on instructional supervision approaches received a mean score of 4.50, suggesting that principals excel in providing clear guidance on effective supervisory techniques. Additionally, advising teachers to use active learning in the classroom, with a mean score of 4.57, demonstrates proactive efforts to promote innovative teaching methods.

The high mean scores for activities such as frequently visiting classrooms for supervision purposes (M = 4.53) and facilitating experience-sharing programs between teachers (M = 4.55) highlight principals' commitment to hands-on involvement and collaboration within the teaching community.

However, there are areas for potential improvement, as indicated by slightly lower mean scores for activities such as soliciting and providing feedback on instructional supervision methods and techniques ( $M = 4.36$ ) and assisting teachers in lesson planning ( $M = 4.35$ ). Addressing these areas could further enhance the effectiveness of instructional supervision and contribute to teacher growth and development.

The findings suggested that principals in Silang, Cavite, demonstrate strong instructional supervisory skills in guiding teachers. By providing clear direction, promoting active learning, and fostering collaboration among teachers, principals play a vital role in creating a supportive environment conducive to professional growth and ultimately enhancing student learning outcomes (Garcia & Santos, 2020).

### Teacher's Support

Table 2 offers insights into the perceived effectiveness of principals' instructional supervisory skills, specifically in terms of teacher support, as reported by high school teachers in Silang, Cavite. The grand mean score of 4.38 indicated a positive perception among teachers regarding the support provided by principals in various aspects of instructional supervision. This suggested that principals actively support teachers' professional development and foster a conducive learning environment within the school.

**Table 2**

*Principals' Instructional Supervisory Skills in Terms of Teachers' Support*

| Statement                                                                   | Mean | SD    | Verbal Interpretation |
|-----------------------------------------------------------------------------|------|-------|-----------------------|
| Listen and respond to teachers' concerns                                    | 4.38 | 0.940 | Good                  |
| Provide opportunities for teachers to share strategies                      | 4.42 | 0.843 | Good                  |
| Offer quality professional development                                      | 4.46 | 0.846 | Good                  |
| Encourage participation in professional communities                         | 4.46 | 0.858 | Good                  |
| Conduct meaningful evaluations                                              | 4.47 | 0.858 | Good                  |
| Identify any instructional limitations of teachers in the classrooms        | 4.35 | 0.857 | Good                  |
| Encourage school self-evaluation on instructional matters                   | 4.36 | 0.785 | Good                  |
| Design appropriate interventions for teachers' methods and techniques       | 4.30 | 0.882 | Good                  |
| Initiate and help teachers in developing instructional goals and objectives | 4.32 | 0.931 | Good                  |
| Aid teachers in doing action research                                       | 4.28 | 0.911 | Good                  |
| Grand Mean                                                                  | 4.38 | 0.772 | Good                  |

*Scoring System: 1.00 – 1.49 Very Poor; 1.50 – 2.49 Poor; 2.50 – 3.49 Average; 3.50 – 4.49 Good; 4.50 – 5.00 Excellent*

One notable finding is the high mean scores for encouraging participation in professional communities ( $M = 4.46$ ) and offering quality professional development ( $M = 4.46$ ). These results indicate that principals are proactive in promoting collaboration among teachers and facilitating opportunities for continuous learning and growth. Additionally, the high mean score for conducting meaningful evaluations ( $M = 4.47$ ) suggests that principals are effective in providing constructive feedback to teachers, which is essential for professional growth and improvement.

However, there are areas identified within the data that may benefit from further attention and improvement. For instance, while the mean scores for most dimensions are high, the mean score for designing appropriate interventions for teachers' methods and techniques is slightly lower ( $M = 4.30$ ). This indicates a potential area for enhancement in providing targeted support and guidance to address specific instructional challenges faced by teachers. Similarly, the mean score for aiding teachers in conducting action research ( $M = 4.28$ ) suggests that there may be opportunities to further support teachers in engaging in research activities to inform their instructional practices.

The high mean scores, as indicated in the table, suggest that principals are perceived to be supportive, laying a strong foundation for fostering teacher growth and ultimately improving student outcomes within the school. This interpretation was based on the favorable mean scores presented in Table 2, reflecting the perceived effectiveness of principals' supportiveness. Additionally, the reference to McGhee & Stark (2021) underscores similar concepts discussed in related research literature.

### ***Performance Assessment***

Table 3 presents insights into the perceived effectiveness of principals' instructional supervisory skills concerning teacher performance assessment among high school teachers in Silang, Cavite. Overall, the mean scores indicated a positive perception of principals' proficiency in performance assessment, with a grand mean of  $4.41 \pm 0.740$ .

**Table 3**

*Principals' Instructional Supervisory Skills in Terms of Teachers' Performance Assessment*

| Statement                                                                                                  | Mean | SD    | Verbal Interpretation |
|------------------------------------------------------------------------------------------------------------|------|-------|-----------------------|
| Ensure that the classroom priorities of teachers are consistent with the goals and direction of the school | 4.49 | 0.847 | Good                  |
| Review student work products when evaluating classroom instruction                                         | 4.35 | 0.833 | Good                  |
| Conduct informal observations in classrooms regularly                                                      | 4.37 | 0.761 | Good                  |
| Point out specific strengths in teacher's instructional practices in post-observation feedback             | 4.41 | 0.854 | Good                  |
| Assess the effectiveness of instruction                                                                    | 4.41 | 0.830 | Good                  |
| Clarify professional development needs                                                                     | 4.42 | 0.819 | Good                  |
| Provide evidence of growth and valuable data of teachers                                                   | 4.38 | 0.826 | Good                  |
| Explain the purpose and goals of the evaluation                                                            | 4.43 | 0.807 | Good                  |
| Give the right comments for the teacher's evaluation                                                       | 4.40 | 0.816 | Good                  |
| Set benchmarks and plan for future evaluation                                                              | 4.41 | 0.830 | Good                  |
| Grand Mean                                                                                                 | 4.41 | 0.740 | Good                  |

*Scoring System: 1.00 – 1.49 Very Poor; 1.50 – 2.49 Poor; 2.50 – 3.49 Average; 3.50 – 4.49 Good; 4.50 – 5.00 Excellent*

Principals seem to excel in several aspects of performance assessment, such as ensuring that classroom priorities align with school goals ( $M = 4.49$ ), providing valuable feedback on instructional practices ( $M = 4.41$ ), and clarifying professional development needs ( $M = 4.42$ ). These high mean scores suggest that principals are adept at evaluating instructional effectiveness and providing constructive feedback to support teacher growth.

However, there are areas where improvement may be warranted. For instance, while principals excel in pointing out specific strengths in teachers' instructional practices ( $M = 4.41$ ), the mean score for reviewing student work products during classroom evaluation is slightly lower ( $M = 4.35$ ). This indicates a potential opportunity for principals to enhance their involvement in assessing student work as part of instructional supervision. Moreover, principals appear to demonstrate consistency in conducting informal classroom observations ( $M = 4.37$ ) and setting benchmarks for future evaluations ( $M = 4.41$ ). These practices are essential for providing ongoing support and direction to teachers, ultimately contributing to improved instructional quality and student achievement.

In conclusion, while the findings suggested that principals generally exhibit strong performance assessment skills, there is room for enhancement in specific areas such as reviewing student work products and providing evidence of teacher growth (Harris & Jones, 2018). Addressing these areas of improvement

could further strengthen the effectiveness of instructional supervision and contribute to positive outcomes for both teachers and students.

### Summary of Principals' Instructional Supervision

Table 4 illustrates the perceived level of principals' instructional supervision across three key dimensions: teacher's guidance, teacher's support, and performance assessment. The mean scores provide insights into how high school teachers in Silang, Cavite, perceive the effectiveness of their principals in these areas.

**Table 4**

#### *Principals' Instructional Supervision*

| Statement              | Mean | SD    | Verbal Interpretation |
|------------------------|------|-------|-----------------------|
| Teacher's Guidance     | 4.44 | 0.637 | Good                  |
| Teacher's Support      | 4.38 | 0.772 | Good                  |
| Performance Assessment | 4.41 | 0.740 | Good                  |
| Grand Mean             | 4.41 | 0.676 | Good                  |

*Scoring System: 1.00 – 1.49 Very Poor; 1.50 – 2.49 Poor; 2.50 – 3.49 Average; 3.50 – 4.49 Good; 4.50 – 5.00 Excellent*

Firstly, regarding teacher guidance, the mean score of 4.44 suggests that principals are generally viewed as effective in guiding teachers in various aspects of instructional supervision. Secondly, in terms of teacher support, the mean score of 4.38 indicates that principals are perceived to provide substantial support to teachers. Lastly, in the dimension of performance assessment, the mean score of 4.41 suggests that principals are effective in assessing teacher performance and providing feedback.

Overall, the grand mean score of 4.41 across all dimensions signifies a positive perception of principals' instructional supervision skills among high school teachers in Silang, Cavite. While there may be areas for improvement within each dimension, the high mean scores collectively indicate a strong foundation for promoting teacher growth and ultimately improving student outcomes within the school.

### Extent of Teachers' Classroom Practices in Developing 21st-Century Skills

#### **Learning and Innovation Skills**

Table 5 provides insight into teachers' classroom practices concerning learning and innovation skills. The grand mean score of 4.46 indicates a generally high level of proficiency among educators in fostering critical thinking, problem-solving, creativity, innovation, collaboration, and adaptability in students. These skills are crucial in preparing students for the challenges of the 21st century, where the ability to think critically, innovate, collaborate effectively, and adapt to diverse learning needs are highly valued.

**Table 5**

#### *Teachers' Classroom Practices in Terms of Learning and Innovation Skills*

| Statement                                                                                      | Mean | SD    | Verbal Interpretation |
|------------------------------------------------------------------------------------------------|------|-------|-----------------------|
| Confident in my ability to foster critical thinking and problem-solving skills in my students. | 4.42 | 0.669 | Good                  |
| Teaching practices encourage creativity and innovation among students.                         | 4.49 | 0.643 | Good                  |
| Actively create opportunities for collaboration and teamwork in my classroom.                  | 4.51 | 0.612 | Excellent             |
| Effectively adapt my teaching methods to meet the diverse learning needs of my students.       | 4.43 | 0.641 | Good                  |

|                                                                                         |      |       |      |
|-----------------------------------------------------------------------------------------|------|-------|------|
| Promote effective communication and collaboration among students in classroom projects. | 4.44 | 0.556 | Good |
| Grand Mean                                                                              | 4.46 | 0.520 | Good |

*Scoring System: 1.00 – 1.49 Very Poor; 1.50 – 2.49 Poor; 2.50 – 3.49 Average; 3.50 – 4.49 Good, 4.50 – 5.00 Excellent*

The mean scores for specific indicators further highlight the strengths of teachers in Silang, Cavite, in promoting learning and innovation skills. For instance, the high mean scores for fostering critical thinking and problem-solving skills ( $M = 4.42$ ), encouraging creativity and innovation ( $M = 4.49$ ), and creating opportunities for collaboration and teamwork ( $M = 4.51$ ) underscore the emphasis placed on these essential skills in the classroom. Additionally, the mean scores for adapting teaching methods to meet diverse learning needs ( $M = 4.43$ ) and promoting effective communication and collaboration among students ( $M = 4.44$ ) reflect teachers' commitment to catering to the individual needs of their students and fostering a collaborative learning environment.

Overall, the findings suggest that teachers in Silang, Cavite, are proactive in their efforts to cultivate a dynamic and forward-thinking learning environment that equips students with the necessary skills to succeed in the 21st century. By focusing on learning and innovation skills, educators are not only preparing students for academic success but also for future career opportunities and lifelong learning endeavors (Mengo, Ndiung & Midun, 2022).

### Information, Media, and Technology Skills

Table 6 presents descriptive statistics regarding teachers' classroom practices in terms of information, media, and technology skills. The grand mean score of 4.24 indicates a generally high level of proficiency among educators in leveraging digital tools and technologies to enhance teaching and learning. This suggests that teachers in Silang, Cavite, possess the necessary skills to navigate various digital platforms effectively, fostering a technologically enriched learning environment.

**Table 6**

*Classroom Practices in Terms of Information, Media, and Technology Skills*

| Statement                                                                                     | Mean | SD    | Verbal Interpretation |
|-----------------------------------------------------------------------------------------------|------|-------|-----------------------|
| Proficient in using various digital tools and technologies to enhance teaching and learning.  | 4.24 | 0.712 | Good                  |
| Effectively teach students how to evaluate the credibility and reliability of online sources. | 4.29 | 0.701 | Good                  |
| Incorporate digital media into lessons to facilitate student learning and engagement.         | 4.32 | 0.709 | Good                  |
| Comfortable integrating different software applications into my teaching practices.           | 4.17 | 0.805 | Good                  |
| Received professional development training in digital literacy or information literacy.       | 4.17 | 0.766 | Good                  |
| Grand Mean                                                                                    | 4.24 | 0.628 | Good                  |

*Scoring System: 1.00 – 1.49 Very Poor; 1.50 – 2.49 Poor; 2.50 – 3.49 Average; 3.50 – 4.49 Good, 4.50 – 5.00 Excellent*

Specifically, teachers reported a mean score of 4.29 for effectively teaching students how to evaluate the credibility and reliability of online sources. This indicates a strong emphasis on developing students' digital literacy and critical thinking skills, which are essential in today's information-rich society. Additionally, a mean score of 4.32 for incorporating digital media into lessons highlights teachers' efforts to facilitate

student learning and engagement through multimedia resources.

However, it is noteworthy that some areas may require further attention. The mean scores for integrating different software applications ( $M = 4.17$ ) and receiving professional development training in digital literacy ( $M = 4.17$ ) are slightly lower compared to other indicators. This suggests that while teachers are proficient in certain aspects of information, media, and technology skills, there may be opportunities for improvement in areas such as software integration and ongoing professional development.

In summary, the findings from Table 6 underscore the importance of information, media, and technology skills in contemporary education. By equipping teachers with the necessary competencies, schools can ensure that students are well-prepared to navigate the digital landscape and succeed in an increasingly technology-driven world (Ali, Yasmeen, & Munawar, (2023).

### Life and Career Skills

Table 7 presents the descriptive statistics of teachers' classroom practices regarding life and career skills. The grand mean score of 4.42 indicates a high level of proficiency among educators in fostering these essential competencies in their teaching practices.

**Table 7**

*Descriptive Statistic for Teachers' Classroom Practices in terms of Life and Career Skills*

| Statement                                                                                          | Mean | SD    | Verbal Interpretation |
|----------------------------------------------------------------------------------------------------|------|-------|-----------------------|
| Effectively manage my time to ensure productive lesson planning and delivery.                      | 4.39 | 0.695 | Good                  |
| Model responsibility and accountability for my students through my actions and decisions.          | 4.40 | 0.651 | Good                  |
| Demonstrate resilience and perseverance in overcoming challenges in the classroom.                 | 4.43 | 0.624 | Good                  |
| Empower students to work independently and take initiative in their learning.                      | 4.43 | 0.624 | Good                  |
| Actively seek out professional development opportunities to enhance my teaching and career skills. | 4.45 | 0.672 | Good                  |
| Grand Mean                                                                                         | 4.42 | 0.559 | Good                  |

*Scoring System: 1.00 – 1.49 Very Poor; 1.50 – 2.49 Poor; 2.50 – 3.49 Average; 3.50 – 4.49 Good, 4.50 – 5.00 Excellent*

Teachers demonstrate effectiveness in managing their time to ensure productive lesson planning and delivery, as evidenced by the mean score of 4.39. Moreover, they model responsibility and accountability for their students through their actions and decisions, reflected in the mean score of 4.40. Additionally, teachers exhibit resilience and perseverance in overcoming challenges in the classroom, with a mean score of 4.43.

Furthermore, teachers empower students to work independently and take initiative in their learning, as indicated by the mean score of 4.43. Lastly, educators actively seek out professional development opportunities to enhance their teaching and career skills, demonstrated by the mean score of 4.45. Overall, the high mean scores across all indicators suggest that teachers in Silang, Cavite, are proficient in incorporating life and career skills into their classroom practices. By cultivating these competencies, educators play a crucial role in preparing students for success beyond the classroom and empowering them to thrive in various personal and professional endeavors.

### Summary of Teachers' Classroom Practices in 21st Century

Table 9 provides insights into teachers' classroom practices concerning various dimensions of 21st-century skills. Across all categories, the mean scores indicate a generally positive perception of teachers' efforts in integrating these skills into their instructional approaches.

**Table 9**  
*Descriptive Statistic for Teachers' Classroom Practices*

| Statement                                 | Mean | SD    | Verbal Interpretation |
|-------------------------------------------|------|-------|-----------------------|
| Learning and Innovation Skills            | 4.46 | 0.520 | Good                  |
| Information, Media, and Technology Skills | 4.24 | 0.628 | Good                  |
| Life & Career Skills                      | 4.42 | 0.559 | Good                  |
| Teachers' Classroom Practices             | 4.37 | 0.513 | Good                  |

*Scoring System: 1.00 – 1.49 Very Poor; 1.50 – 2.49 Poor; 2.50 – 3.49 Average; 3.50 – 4.49 Good, 4.50 – 5.00 Excellent*

In terms of learning and innovation skills, teachers demonstrate a high level of proficiency, as evidenced by the mean score of 4.46. This suggests that teachers are confident in fostering critical thinking, problem-solving, creativity, collaboration, and adaptability among students, all of which are essential competencies for success in the 21st century. Regarding information, media, and technology skills, the mean score of 4.24 indicates that teachers are proficient in utilizing digital tools and media to enhance teaching and learning. While the score is slightly lower than that for learning and innovation skills, it still reflects a considerable emphasis on developing students' digital literacy and critical thinking abilities.

Similarly, in the dimension of life and career skills, teachers exhibit a strong commitment to nurturing students' personal and professional competencies, as indicated by the mean score of 4.42. This underscores the importance of instilling qualities such as time management, responsibility, resilience, initiative, and continuous learning in students to prepare them for success beyond the classroom. Overall, the mean score of 4.37 for teachers' classroom practices across all dimensions signifies a holistic approach to integrating 21st-century skills into the curriculum. While there may be variations in the emphasis placed on different skill sets, the collective effort of teachers reflects a commitment to equipping students with the competencies needed to thrive in an increasingly complex and dynamic world.

### Relationship Between Principals' Supervisory Skills and Teachers' Classroom Practices

Table 10 presents the correlation matrix, illustrating the relationships between different variables in the study. Several noteworthy correlations emerge from the analysis.

**Table 10**  
*Correlation Matrix on the Relationship Between Principals' Supervisory Skills and Teachers' Classroom Practices*

|                            |   | 1        | 2        | 3        | 4      | 5 | 6 | 7 | 8 |
|----------------------------|---|----------|----------|----------|--------|---|---|---|---|
| 1. Guidance                | r | —        |          |          |        |   |   |   |   |
|                            | p | —        |          |          |        |   |   |   |   |
| 2. Support                 | r | 0.814*** | —        |          |        |   |   |   |   |
|                            | p | <.001    | —        |          |        |   |   |   |   |
| 3. Performance Assessment  | r | 0.751*** | 0.927*** | —        |        |   |   |   |   |
|                            | p | <.001    | <.001    | —        |        |   |   |   |   |
| 4. Supervisory Skills      | r | 0.898*** | 0.974*** | 0.953*** | —      |   |   |   |   |
|                            | p | <.001    | <.001    | <.001    | —      |   |   |   |   |
| 5. Learning and Innovation | r | 0.274**  | 0.193    | 0.232*   | 0.244* | — |   |   |   |
|                            | p | 0.006    | 0.055    | 0.020    | 0.014  | — |   |   |   |

— {table continues on the next page}

|                                     |   |         |         |         |         |          |          |          |
|-------------------------------------|---|---------|---------|---------|---------|----------|----------|----------|
| 6. Information, Media, & Technology | r | 0.266** | 0.273** | 0.269** | 0.285** | 0.742*** | —        |          |
|                                     | p | 0.008   | 0.006   | 0.007   | 0.004   | <.001    | —        |          |
| 7. Life & Career                    | r | 0.139   | 0.190   | 0.242*  | 0.204*  | 0.729*** | 0.688*** | —        |
|                                     | p | 0.169   | 0.058   | 0.015   | 0.042   | <.001    | <.001    | —        |
| 8. Classroom Practices              | r | 0.251*  | 0.245*  | 0.276** | 0.273** | 0.905*** | 0.909*** | 0.890*** |
|                                     | p | 0.012   | 0.014   | 0.005   | 0.006   | <.001    | <.001    | <.001    |

Note. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

There are strong positive correlations between principals' supervisory skills and various aspects of instructional supervision, including teacher's guidance ( $r = 0.898$ ,  $p < .001$ ), teacher's support ( $r = 0.974$ ,  $p < .001$ ), and performance assessment ( $r = 0.953$ ,  $p < .001$ ). This indicates that effective instructional supervision by principals positively influences their supervisory skills.

Additionally, there are significant positive correlations between principals' supervisory skills and teachers' classroom practices in terms of learning and innovation skills ( $r = 0.905$ ,  $p < .001$ ), information, media, and technology skills ( $r = 0.909$ ,  $p < .001$ ), and life & career skills ( $r = 0.890$ ,  $p < .001$ ). This suggests that strong supervisory skills are associated with teachers' implementation of 21st-century skills in their classroom practices.

Moreover, there are moderate positive correlations between teachers' classroom practices and various dimensions of instructional supervision, such as teacher's guidance ( $r = 0.251$ ,  $p = .012$ ), teacher's support ( $r = 0.245$ ,  $p = .014$ ), and performance assessment ( $r = 0.276$ ,  $p = .005$ ). This implies that effective instructional supervision by principals may contribute to the implementation of innovative teaching practices by teachers.

Finally, the correlation matrix highlights the interconnectedness between principals' supervisory skills, instructional supervision, and teachers' classroom practices. These findings underscore the importance of strong leadership and effective instructional supervision in promoting the integration of 21st-century skills into classroom teaching and enhancing student learning.

### Influence of Principals' Supervisory Skills on Teachers' Classroom Practices in Developing 21st-century Skills

The results from the linear regression analysis presented in Table 11 provided insights into the relationship between principals' supervisory skills and teachers' classroom practices.

**Table 11**

*Regression Analysis on the Influence of Principals' Supervisory Skills on Teachers' Classroom Practices*

| Predictor          | $\beta$ | SE     | t     | p     | R     | R <sup>2</sup> | Adjusted R <sup>2</sup> | F    | df1 | df2 | p     |
|--------------------|---------|--------|-------|-------|-------|----------------|-------------------------|------|-----|-----|-------|
| Intercept          | 3.459   | 0.3288 | 10.52 | <.001 | 0.273 | 0.0745         | 0.0651                  | 7.89 | 1   | 98  | 0.006 |
| Supervisory Skills | 0.207   | 0.0737 | 2.81  | 0.006 |       |                |                         |      |     |     |       |

Table 11 displays the model fit measures, indicating the overall performance of the regression model. The coefficient of determination ( $R^2$ ) is 0.0745, suggesting that approximately 7.45% of the variance in teachers' classroom practices can be explained by principals' supervisory skills. The adjusted  $R^2$ , which considers the number of predictors in the model, is 0.0651. The F-statistics are significant ( $F = 7.89$ ,  $p = 0.006$ ), indicating that the regression model is a good fit for the data.

The intercept value is 3.459, indicating the estimated mean value of teachers' classroom practices when the predictor variable is zero. The coefficient for principals' supervisory skills is 0.207, with a standard error (SE) of 0.0737. The t-value is 2.81, and the associated p-value is 0.006, indicating that the relationship between principals' supervisory skills and teachers' classroom practices is statistically significant.

Overall, the results suggest that there is a positive and significant association between principals' supervisory skills and teachers' classroom practices. Specifically, for every one-unit increase in principals' supervisory skills, there is a corresponding increase of 0.207 units in teachers' classroom practices, this resulted to the regression equation Teachers' Classroom Practices = 3.459 + 0.207\*(Principals' Supervisory Skills) . This finding highlights the importance of effective instructional leadership in influencing teachers' practices and ultimately improving educational outcomes.

### Comparison of the Extent to Classroom Practices

Comparisons of the extent of classroom practices in terms of age, years of teaching, socio-economic status and school type were performed using Kruskal-Wallis' test and Mann-Whitney U-test. Results are presented in Tables 11 -14.

**Table 12**

*Comparison of Teachers' Classroom Practices Across Different Age Groups, Years in Teaching, Socio-Economic Status, Type of School*

| Age                   | N  | Mean | SD     | $\chi^2$       | df | p     | $\epsilon^2$          | Verbal Interpretation |
|-----------------------|----|------|--------|----------------|----|-------|-----------------------|-----------------------|
| 25-34                 | 32 | 4.37 | 0.576  | 2.51           | 4  | 0.643 | 0.0253                | Not Significant       |
| 35-44                 | 25 | 4.22 | 0.592  |                |    |       |                       |                       |
| 45-54                 | 18 | 4.44 | 0.409  |                |    |       |                       |                       |
| 55 and above          | 9  | 4.32 | 0.536  |                |    |       |                       |                       |
| Under 25              | 16 | 4.58 | 0.240  |                |    |       |                       |                       |
| Years in Teaching     | N  | Mean | SD     | $\chi^2$       | df | p     | $\epsilon^2$          | Verbal Interpretation |
| 11-15 years           | 32 | 16   | 0.557  | 2.72           | 4  | 0.606 | 0.0275                | Not Significant       |
| 16-20 years           | 25 | 7    | 0.143  |                |    |       |                       |                       |
| 5-10 years            | 18 | 34   | 0.510  |                |    |       |                       |                       |
| Less than 5 years     | 9  | 30   | 0.570  |                |    |       |                       |                       |
| More than 20 years    | 16 | 13   | 0.437  |                |    |       |                       |                       |
| Socio-Economic Status | N  | Mean | SD     | $\chi^2$       | df | p     | $\epsilon^2$          | Verbal Interpretation |
| High-income           | 13 | 4.58 | 0.0777 | 0.447          | 2  | 0.800 | 0.00452               | Not Significant       |
| Low-income            | 21 | 4.32 | 0.6007 |                |    |       |                       |                       |
| Middle-income         | 66 | 4.35 | 0.5273 |                |    |       |                       |                       |
| Type of School        | N  | Mean | SD     | Mann-Whitney U |    | p     | Verbal Interpretation |                       |
| Private School        | 46 | 4.51 | 0.399  | 0.988          |    | 0.104 | Not Significant       |                       |
| Public School         | 53 | 4.28 | 0.550  |                |    |       |                       |                       |

The comparisons of teachers' classroom practices across different groups, based on age, years of teaching, socio-economic status, and school type, revealed no significant differences. In Table 11, the Kruskal-Wallis's test indicated that age had no significant effect on classroom practices ( $p = 0.643$ ), with all age groups showing similar mean scores. Table 12 also showed no significant differences across years of teaching ( $p = 0.606$ ), suggesting that teaching experience does not influence classroom practices. In Table 13, the comparison across socio-economic status yielded no significant results ( $p = 0.800$ ), with all income groups having similar classroom practice ratings. Lastly, Table 14, which compared private and public-school teachers using the Mann-Whitney U-test, found no significant difference in classroom practices between the two types of schools ( $p = 0.104$ ). These findings suggest that teachers' classroom practices are not significantly influenced by these demographic and institutional factors.

### Discussion

Principals demonstrated high effectiveness in guiding and supporting teachers, as well as in assessing teacher performance. Although areas for improvement were identified, the study revealed that teachers generally perceived principal's instructional supervision skills positively. Teachers exhibited proficiency in integrating 21st-century skills into their instructional methodologies, focusing on learning and innovation skills, information, media, and technology skills, as well as life and career skills.

Moreover, the correlation analysis underscored the interconnectedness between principals' supervisory skills, instructional supervision, and teachers' classroom practices. Strong leadership and effective instructional supervision were found to positively influence the integration of 21st-century skills into teaching, ultimately enhancing student learning outcomes.

Based on the findings of the study in Silang, Cavite, it is evident that the principals exhibit commendable effectiveness in guiding and supporting teachers, as well as in assessing their performance. This positive perception among high school teachers regarding principals' instructional supervision skills is promising for the educational landscape of the region. However, there are areas identified for improvement, indicating a need for continued professional development and support for school leaders. Furthermore, the proficiency displayed by teachers in integrating 21st-century skills into their instructional methodologies is laudable. This holistic approach to education, focusing on learning and innovation skills, information, media, and technology skills, as well as life and career skills, aligns well with the demands of our rapidly evolving world. The correlation analysis highlights the crucial role of strong leadership and effective instructional supervision in fostering the integration of these essential skills into teaching practices, thereby enhancing student learning outcomes. Therefore, it is recommended that educational stakeholders prioritize ongoing training and support for principals to further enhance their instructional supervisory skills, while also continuing to empower teachers in their efforts to cultivate 21st-century skills among students. Through collaborative efforts and a commitment to continuous improvement, the educational community can effectively prepare students for success in the modern world.

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**EDUCATION**

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# PRACTICES, CHALLENGES, AND STRATEGIES OF THE GENERAL EDUCATION TEACHER AWARDEES IN INCLUSIVE CLASSROOM

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## Abstract

As the Philippines embarks on its journey towards inclusive education outlined in Republic Act 11650, “Instituting a Policy of Inclusion and Services for Learners with Disabilities in Support of Inclusive Education Act,” the effectiveness of classroom practices in accommodating diverse Learner needs become paramount. The objectives of this case study include examining pedagogical approaches, investigating challenges, and identifying effective strategies for accommodating diverse learner needs. By exploring the innovative strategies these educators utilize, the study seeks to identify effective solutions and alternatives for enhancing mainstream education practices and cultivate a culture of inclusivity in education. Engaging six distinguished general education teacher awardees with extensive experience in inclusive classroom instruction, the research illuminates the resilience and dedication of these educators in overcoming challenges within inclusive classrooms. Thematic analyses unveil key themes, emphasizing a learner-centered approach and resilience in overcoming obstacles. A proposed instructional design offers structured guidance for implementing inclusive education programs, highlighting the significance of flexibility, collaboration, and individualized support. These strategies not only enhance academic performance but also promote a sense of belonging and acceptance among students, creating inclusive learning environments in which all students can thrive.

**Keywords:** *inclusive education, general education teachers, learners with disabilities, instructional framework*

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The evident increase in the number of students with special needs in the country underscores the pressing need for inclusive educational transformations. Anchored in Republic Act 7277, known as the Magna Carta for Disabled Persons, the nation strives to uphold the principles of equitable access to education for all, regardless of individual abilities, backgrounds, or learning styles. In this pursuit, educators are pivotal architects, entrusted with sculpting inclusive classrooms where every learner feels valued and supported. Teachers play a crucial role in creating inclusive classrooms where students feel valued and supported in their learning journey. However, achieving effective inclusive education requires a deep understanding of best practices that promote student engagement, learning, and social inclusion.

The apparent increase in students with SEN in mainstream classrooms has resulted in increased challenges for teachers, who are at the forefront of an inclusive educational system (Ekins & Grimes, 2009). In the Philippines, the Inclusive Education (IE) bill, known as RA 11650, became law in 2022, ensuring that no learner with a disability is denied admission and inclusion in any public or private basic education school in the country. Moreover, the goal of the SPED program, which began in the late 1990s, was strengthened by the Department of Education (DepEd). It encourages educators to implement SPED programs in public schools across the country via various DepEd Orders (No. 38, s. 2015; No. 6, s. 2006 and No. 11, s. 2000). The SPED program was created in response to the growing number of students with special needs who lack access to high-quality inclusive education (UNESCO, 2010). The Philippines' commitment to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2008) prompted the government, through the Department, to transition the current special education (SPED) system into an inclusive education (IE) system, with the main goal of mainstreaming students with special needs in regular classrooms to learn alongside normally developing students. One of the fundamental principles of special education is that children with special needs should be educated in the least restrictive settings possible (Smith & Bryant, 2019). The least restrictive environment refers to general education classes that provide necessary accommodation based on the needs of children with special needs, to integrate children not only physically, but also socially and educationally (Eripek, 2005). It enables students with special needs to spend time together. It allows them to spend as much time as possible with their peers, and students can succeed significantly in these environments (Kargin, 2004).

According to a research review, most stakeholders agreed on the principles of inclusion for all students with disabilities in mainstream education, and current practice does not appear to meet the needs of students and schools. For example, it highlighted what works for autistic students and schools. It emphasizes the need for more work to translate theory into practice and build capacity in educational systems to allow students with autism to participate in mainstream schools (Roberts & Simpson, 2016).

The main goal of the educational system is to function as an integrational institution in society and inclusive education is often seen as the way to reach this goal. Overall, this research seeks to bridge the gap between theory and practice in inclusive education by elucidating the best practices of teacher-awardees and translating them into a proposed instructional design. By fostering collaboration, sharing knowledge, and promoting innovation, this study endeavors to advance the field of inclusive education and ultimately improve outcomes for all students.

This research seeks to explore and capture the best practices employed by teacher-awardees in inclusive classrooms, which would influence the quality of professional development opportunities available to them to practice mainstream education. By examining the strategies and approaches that have garnered recognition and success, this study aims to distill key insights that can inform the development of a comprehensive instructional design for inclusive education. In doing so, it will closely examine the best practices of teachers in implementing inclusive education which will be closely captured in this study. Particularly, the study would seek answers to the following questions:

1. What are the best practices of teacher-awardees in the implementation of inclusive classrooms?
  2. What are the challenges faced by the teacher-awardees in the inclusive classroom?
  3. What are the approaches and strategies utilized by the teacher-awardees as their best practices for inclusive education?
-

#### 4. What instructional design could be introduced based on the result of this study?

The significance of this research lies in its potential to contribute to the enhancement of inclusive teaching practices and the overall quality of education for students with diverse needs. By identifying and analyzing the successful practices of teacher-awardees, this study aims to provide valuable insights for educators, policymakers, and curriculum developers seeking to promote inclusivity in educational settings.

The proposed instructional design emerging from this research endeavors to integrate evidence-based strategies and methodologies that align with the principles of inclusive education. By synthesizing the findings into a cohesive framework, this design aims to serve as a practical guide for teachers seeking to enhance their inclusive teaching practices and create supportive learning environments for all students.

### **Methodology**

#### **Research Design**

The study utilized a qualitative approach which begins with broad, open-ended questions, focusing on individuals' perspectives and experiences. This approach allows researchers to delve deeply into the complexities of a phenomenon, capturing rich, nuanced descriptions of peoples lived experiences. Qualitative research is particularly suited for exploratory purposes, where a comprehensive understanding of a situation is essential (Creswell, 2008). When existing literature provides limited insights into the phenomenon under study, qualitative methods enable researchers to gather in-depth information directly from participants (Creswell, 2008, p. 53). Merriam (2009) elaborates that qualitative researchers strive to understand the meaning individuals attribute to their world and the daily experiences within their environment. In this pursuit of understanding, qualitative researchers adopt a naturalistic approach, seeking to derive meaning from the phenomena they study (Golafshani, 2003).

Considering these factors, a qualitative methodology employing a case study design was deemed appropriate for this study. Case study research involves the examination of specific cases within a real-life context over time, employing comprehensive data collection from various sources (Creswell, 2013; Merriam & Tisdell, 2016; Yin, 2014). Merriam (1998) defines a case study as "an intensive holistic description and analysis of a single stance, phenomenon, or social unit" (p. 21).

#### **Participants of the Study**

This study included six recognized or awarded most outstanding or best performing general education teachers in public and private schools from the year 2015 to the present. These six key informants were based in Cavite, Muntinlupa, and Camarines Sur. Purposive sampling was employed to select participants based on the following criteria: (a.) must be a teacher awardee in an inclusive classroom. (b) at least 3 years of experience, (c) inclusive education (c) the selected respondent-teacher must have learners with disabilities from the sample schools (d) the awardees who have at least one special education student in the classroom can be considered. Teachers in SPED schools and with units in special education or with pending administrative or civil cases are excluded in the selection.

#### **Data Gathering Tools**

The researcher created an interview guide to identify the participants' experiences in teaching students with special needs. It contains introductory, core, and exit questions as presented below.

#### **Introductory**

The introductory questions are designed to establish the background of the participants and provide context for their experiences as a general education teacher. These questions aim to gather foundational information about their career, recognitions, and initial thoughts on their achievements, setting the stage for a deeper exploration of their practices in inclusive education. The following are the questions asked:

- a. How long have you been teaching as a general education teacher?
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- b. What recognitions or awards have you received as a general education teacher?
- c. How do you feel about the awards that were given to you?

### **Core**

The core questions focus on the participant's direct experiences in teaching students with special needs. These questions aim to explore the challenges, strategies, and best practices employed by teachers in inclusive classrooms. Through these questions, the researcher seeks to understand how the participants navigate and manage the complexities of including students with diverse learning needs in their classrooms. The following are the questions asked:

- a. Describe your experiences in your classroom, especially when you have students who have special needs.?
- b. What kind of challenges do you face having students with special needs included in your classroom?
- c. What do you consider best practices that you used in your teaching in a classroom with someone with special needs
- d. Describe the approaches and strategies that you utilized when teaching in a class with someone with special needs?

### **Exit**

The exit questions are designed to prompt reflect on the impact of the strategies and practices discussed earlier. These questions encourage participants to think about the broader outcomes of their inclusive teaching methods, including the benefits for all learners, and how they plan to share their knowledge and expertise with other educators. The following are the questions asked:

- a. What are the benefits gained by all your learners, including those with special needs, with the approaches and strategies that you use?
- b. How do you intend to share your best practices with other general education teachers?

### **Data Collection**

The researcher will conduct a face-to-face or virtual interview with the participants. The data collection methods employed in this study are commonly used in qualitative studies. These are (a) in-depth interviews, (b) observations, and (c) document analysis. The researcher will employ documentation throughout the investigation to ensure the reliability and confirmability of the responses. With the assistance of the adviser, the initial topic statements, instances of subthemes, and passages from the interview materials will be checked to ensure alignment with the research design. To accomplish transferability, the researcher will endeavor to provide a clear and comprehensive account of the research procedure to facilitate future study evaluation.

### **Data Analysis**

The interviews and observation notes collected from them were transcribed and subsequently analyzed using thematic analysis (Braun Clarke, 2006). These transcriptions were then subjected to coding, a process involving the identification and integration of relevant information while reflecting on it (Miles & Huberman, 1994). The outcome of coding consists of codes, which are assigned labels to words, phrases, sentences, or paragraphs within the data. These codes form the basis for organizing the information into categories and themes (Miles & Huberman, 1994).

Braun and Clarke's approach to thematic involves several key procedures that guide the analysis process. The first step, familiarization with the data, involves using the Cockatoo tool for transcription and reviewing the text for possible meanings within the transcriptions, comparing them with field notes. The next step, initial coding, focuses on identifying patterns of interest in the data, akin to open coding as described by Merriam (2009), and organizing them into codes using software like Nvivo. Once the codes are identified, the process moves to theme identification, where smaller codes are grouped into broader themes,

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resembling axial coding (Merriam, 2009) or focused coding (Bazeley, 2013) and conceptualizing within Nvivo. The review of themes involves comparing data extracts within each theme and to the overall dataset to refine and improve the conceptualization of themes. Finally, in the defining and naming themes phase, the researcher determines the essence of each theme and prepares narratives to describe them, reflected in the renaming of parent nodes/themes in Nvivo. These procedures ensure that thematic analysis is systematic and thorough, facilitating a rich understanding of the data.

### **Ethical Considerations**

The researcher adhered to key ethical standards, including confidentiality, informed consent, protection of vulnerable subjects, and minimizing risks. Upon approval of the research proposal, the researcher prepared a written informed consent form for participants, which included sections on the study's purpose, participation details, potential risks, benefits, confidentiality measures, voluntary participation, and withdrawal procedures. The form also clarified that participants would not be compensated and outlined how audio or video recordings would be handled and destroyed.

Moreover, the researcher followed the procedures set by the Adventist University of the Philippines Ethics Review Board (AUP-ERB), which included submitting a detailed research proposal, obtaining informed consent, ensuring voluntary participant recruitment based on eligibility criteria, and managing data collection while maintaining privacy. The researcher provided regular updates to the AUP-ERB and ensured compliance with ethical guidelines throughout the study, with the final findings being reported transparently while safeguarding participant confidentiality.

### **Results**

Based on the findings of the study, the results were translated into key themes that reflect the core patterns and insights from the participants' experiences with inclusive education. These themes were identified through a systematic analysis of data, highlighting both the successful practices and challenges faced by general education teachers in inclusive classrooms. By organizing the findings into themes, the study provides a clearer understanding of the factors influencing inclusive education and offers actionable insights for improving teaching practices in such settings.

### **Best Practices of Teacher-Awardees in Inclusive Education**

The study identified several key themes that reflect the effective strategies employed by teacher-awardees in inclusive classrooms. Personalized learning and skills development emphasizes tailored instruction and support to address the diverse needs of students, particularly those with special needs. Enhancement of peer collaboration highlights how teachers foster peer support and teamwork, promoting a sense of community and inclusivity. Collaborative partnerships underscore the importance of working with parents, caregivers, and other stakeholders to provide comprehensive support networks for students. Lastly, comprehensive support network focuses on implementing both internal and external intervention services to ensure the success of students with special needs and cultivate a positive learning environment.

### **Challenges Faced by Teacher Awardees:**

The study also highlighted several themes related to the challenges faced by teacher-awardees in inclusive classrooms. Recognizing participation difficulties and developmental delays focuses on identifying and addressing the unique learning challenges and developmental delays of students. Overcoming communication barriers emphasizes strategies to break down communication barriers ensuring effective engagement and support for students with diverse needs. Managing students with special needs involves the implementation of effective strategies to support and manage students with special needs within the classroom. Lastly, coping with various challenges addresses the difficulties teachers face, including the lack of official documentation, exclusion from group activities, bullying, student hyperactivity, mood changes, disruptions caused by the pandemic, and limited resources and training.

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**Approaches and Strategies for Inclusivity:**

The study also emphasized the importance of learner-centered approach which prioritizes the needs of students by employing strategies tailored to individual learning requirements. This approach aims to enhance student engagement, foster a supportive learning environment, and ensure that each student receives the attention and resources they need to succeed.

**Proposed Instructional Design for Inclusive Education Programs:**

The generated themes captured the core findings of the study, offering valuable insights into the best practices, challenges, strategies, and proposed instructional design for fostering inclusive education. The instructional design outlines key components, including the target audience, learning objectives, instructional methods, assessment and evaluation strategies, timeline, implementation plan, and required resources, offering a structured approach to enhancing inclusive classrooms. It serves as a blueprint for maintaining and improving inclusive education, guiding effective teaching practices and student support.

**Discussion**

The analyses revealed key themes highlighting the best practices of teacher-awardees in the implementation of inclusive education. These include personalized learning and skills development, enhancement of peer collaboration, collaborative partnerships, and a comprehensive support network. These four themes outline the strategies that promote improvement for students, especially those special needs. Each theme is broken down into simplified teaching methods such as individualized instruction and support strategies, peer support, external support, and intervention and support services. These practices contribute to the success of learning for students with special needs and promote a positive learning environment.

Teacher-awardees faced various challenges in meeting the diverse needs of students in inclusive classrooms. Specific challenges were identified within the teaching-learning process, including recognizing participation difficulties and developmental delays, overcoming communication barriers, managing students with special needs, coping with a lack of official documentation, addressing exclusion from group activities and instances of bullying, managing student hyperactivity, navigating mood changes, adapting to learning disruptions caused by the pandemic, and coping with limited resources and training.

Teacher-awardees employed a range of approaches and strategies to encourage inclusivity and support students with diverse learning needs, according to the identified learner-centered approach theme. The focus is on the children and their needs with teachers prioritizing students to meet their goals. These strategies aimed to address individual student needs, enhance engagement, and create a supportive learning environment.

The proposed instructional design serves as a roadmap for promoting inclusive education and supporting students with diverse needs. By delineating clear objectives, methods, assessments, timelines, and resource requirements, this design provides a framework for effective teaching practices and student support. Implementing this instructional design can contribute to the creation of inclusive classrooms that prioritize equity, accessibility, and student success.

Based on the study's findings, several recommendations were made to improve inclusive education. These include encouraging ongoing professional development programs focused on best practices, establishing mentorship programs for experienced educators to guide peers, and fostering a culture of collaboration by providing opportunities for teachers to observe each other's inclusive classroom practices. Additionally, the researcher suggests providing specialized training to equip teachers with necessary skills, advocating for increased funding and resources, promoting awareness of inclusive education principles among stakeholders, and encouraging the adoption of evidence-based practices. Other recommendations involve supporting teachers in implementing individualized learning strategies, fostering partnerships with community organizations, and advocating for institutional support for the proposed instructional design.

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## EDUCATION

## EFFECT OF DISCOURSE STRUCTURE GRAPHIC ORGANIZERS ON READING COMPREHENSION

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## Abstract

Reading comprehension has long been a challenge in basic education. While students may be able to decode words, they often struggle to derive meaning from expository texts. For fourth-grade students, who are in a critical transition period, understanding these texts can be particularly difficult. They must be aware of and sensitive to text structure in order to choose the appropriate graphic organizers for discourse analysis. This study examined the effects of a six-week reading intervention focused on expository text comprehension using discourse structure graphic organizers (DSGOs). The study employed a pre-experimental, one-group pretest-posttest-design which assessed the effect of an intervention by comparing the scores of the same participants before and after the instruction. Forty fourth-grade students participated in the study. On the pretest, the students had a mean score of 15.6 (SD=3.72) on the Philippine Informal Reading Comprehension Inventory (PHL-IRI). After the intervention, their posttest mean score significantly improved to 21.1 (SD = 1.79), reflecting a mean difference of 5.5 ( $p < .001$ ). The results demonstrate that using DSGOs is an effective strategy for improving students' reading comprehension. These findings can serve as a foundation for teachers to incorporate DSGOs into reading lessons and other content areas. Future studies could explore the effectiveness of DSGOs in comparison to traditional teaching methods.

**Keywords:** *expository text, text structure, discourse structure, graphic organizers, reading comprehension*

There is an apparent educational crisis in terms of poor reading comprehension that the Philippines has been experiencing and continues to face. Before the Covid –19 pandemic, there was already unambiguous evidence of this dilemma. A 2018 study reported that a sample of 15-year-old Filipino students ranked last in reading comprehension out of 79 countries, and most of those evaluated were from public schools (CHILDSHOPE, 2021). It was found that around 80% of Filipino students did not reach the minimum proficiency in reading. Conoza (2022) mentioned in his article that the texts in the exam were informational texts and students were not used to reading them. They were more used to narrative instead of expository text passages. They were more accustomed to narrative rather than expository texts, which focus on information—as early as Grade 4 (around nine years old).

In another reading assessment, the Southeast Asia Learning Metrics 2019, Dela Peña (2023) reported that only 10 percent of students met the minimum reading standard at the end of primary education. This was supported by the World Bank's statement which emphasized that nine out of 10 Filipino ten-year old children cannot read or understand a simple written text hit a new high of 91 percent just last June 2023, higher than the 90 percent last 2022 and unfortunately, one of the highest in the East Asia and Pacific Region. Last school year 2022-2023, the Department of Education (DepEd) regional office issued a memorandum instructing every school to design a Basic Education –Learning Recovery and Continuity Plan (BE-LRCP) to guide the schools on how learning gaps would be addressed. It would also direct to them how effective interventions may be conducted as classrooms opened for in-person learning. Chi (2023) reported in her article that the DepEd Secretary and Vice President Sara Duterte admitted the problem of frustrated readers which also worsened due to the pandemic. Signed by the Secretary and VP herself, the BE-LRCP was crafted to identify these learners who needed to undergo reading intervention. The decrease in literacy rates justified the need for urgently restructured literacy and reading programs.

One factor contributing to the problem of deficient vocabulary and poor reading comprehension may be the limited exposure of grade four learners to the English language. From kindergarten to grade three, the medium of instruction is the mother tongue. The transition to grade four becomes challenging because students have been immersed in their mother tongue (Tagalog) or L1 for four years in the classroom. Namanya (2017) revealed in her study that children taught in the mother tongue experience a negative impact on their reading performance in English. In their study, Arabala, et al (2023) focused on the reading comprehension and grammar of grade three learners and found out that mother tongue use affected the learners' English proficiency due to less exposure to the language.

The Most Essential Learning Competencies (2023) suggest and require a strong demand for grade four learners to read various text types and are expected to learn from expository texts. Expository texts tend to be more difficult for grade four learners compared to story reading. Moreover, these types of texts according to Meyer and Ray (2011) have their own unique structures that are different from those of narrative texts because they contain vocabulary words that are often outside the learners' everyday knowledge. In addition, having less exposure to the English language put them at a disadvantage, their vocabulary is limited thereby affecting their reading comprehension.

There are research-based strategies that can be applied for using text structures to improve learners' expository text comprehension. One strategy used by teachers to help learners understand what they read is graphic organizers (GOs). Studies on the use of DSGOs in English, across learning areas, with older students as well as those with learning disabilities showed positive effects on the students' reading comprehension of expository texts. Roehling, et al (2017) suggested in their paper that graphic organizers can help in identifying information from the passage.

To better understand how GOs aid in translating discourse structures from text to classroom instruction, it is important to first describe what they are. GOs are defined as spatial graphic representations, tree graphs and frames according to Reese (2019). He further explained that GOs are sorted into two main categories based on their functions. One category is more generic and does not appear to represent the discourse structure of texts. They were originally called advance organizers and were used to activate prior knowledge and relate new material to previously stored information (Manoli & Papdoulou, 2012). The other category

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consists of DSGOs which are related to how texts are organized; discourse structure is also known as text structure.

Text structure refers to the way information is organized in a text, specifically in an expository text. There are five expository text structures namely: description, compare-contrast, sequence, cause and effect, and problem and solution. Jiang (2012) made it clear that these structures can be taught explicitly they recur across texts.

The concept of DSGOs was formulated because some types of GOs had little or no facilitative effect on improving expository text comprehension in L1 and L2 settings (Bishop, 2014). However, GOs can be used effectively during reading to check ongoing comprehension, as a summative activity, and to review vocabulary in various content areas (Sam & Rajan, 2013). Likewise, Humbert (2014) added that GOs can still assess students' understanding, retention, and summarization of main ideas. Some examples of GOs are also DSGOs as cited by Delrose (2011) such as cause-and-effect diagrams, compare-contrast diagrams, sequential charts and main idea and detail charts.

Studies have shown how the use of discourse structures by graphic organizers improved understanding of texts. In a study conducted by Gorjan (2022), he explored the use of DSGOs in reading comprehension which revealed that the students performed significantly better on posttests after filling in graphic organizers. Further, the success of the experimental groups was consistent across the four texts used in the study. He reiterated that the pedagogical implications might assist teachers in organizing the task and he suggested it would be interesting to learn the results of experimental studies that explore the effectiveness of the graphic organizer treatment in improving language skills other than reading.

In another study, students were asked to complete a partially completed DSGOs task. Although the students in the comparison group were better equipped with basic language skills as shown in the achievement test, they were outperformed by the DSGOs experimental group by the time of the fourth test. Jiang (2012) suggested that DSGOs tasks can be added to the reading curriculum since they help facilitate the acquisition of other linguistic skills. He emphasized that students' involvement is critical to learning DSGOs effectively.

It is not only in English that GOs can be applied but also in other content areas. Manoli & Papdoulou (2012) noted that using GOs as a reading strategy is used both in the teaching and learning of languages in content areas like Science and Social Studies. Science in grade four is taught in English unlike in the previous level, it was taught in the mother tongue, Tagalog.

In research conducted with a grade six Science class, students were successful in using the open-endedness of GOs and led to more thorough understanding of the content. Also, in utilizing GOs across learning areas, student learning and independence are increased, and they are more prepared to practice those skills on their own (Condidorio, 2010). When it came to Social Studies, utilizing GOs did aid in the comprehension of the content. Since the amount of information in this area can be overwhelming, GOs helped them organize the material, recognize the key concepts, and grasp key information (Mann, 2014). DSGOs as emphasized by Brun-Mercer (2019) are excellent tools for guiding students in online reading strategies and help readers understand both text content and structure. Since expository texts are the primary source of reading material used to present academic content (e.g., science, social studies), it is essential that students comprehend expository texts (Roehling, et al., 2017).

To students with learning disabilities, retention of new knowledge is especially difficult, but using GOs, students can remember what has been taught. Humbert (2014) cited a study of students who examined GOs, noting that they tend to be passive readers and are often not engaged in the text. GOs help break the text into manageable parts, allowing students to become more involved, which makes the text clearer. A case study conducted by Miranda (2011) sought to extend the literature on graphic organizers by examining their effect on the reading comprehension of one female public middle school student who was an English language learner with a learning disability. The findings suggested that graphic organizers were an effective reading comprehension intervention for the ELL with LD. He also noted that positive teacher perceptions of the intervention were reported.

Using GOs specifically the DSGOs category was effective in improving reading comprehension. More importantly if used in understanding expository texts, it would have a significant effect since the ability to comprehend and learn from expository texts was critical for students' success in school and for lifelong learning. Reading expository texts specifically in the grade four level would make the transition from "learning to read" to "reading to learn" and this could be difficult for many students. It occurred in this level, a period where they, who were progressing as readers suddenly seemed to fall behind (Hoffman, 2010).

In Norris' (2019) study of the effectiveness of GOs in increasing reading comprehension among high school students, the result showed that the application of GOs during reading instruction did not significantly impact the students' comprehension skills. In addition, based on the review of the prior research, there was a population gap spotted with the subjects of the study wherein they were students who were L1 learners while the researcher focused on the grade four learners whose mother tongue is no longer the medium of instruction and with less exposure to the English language, more so in reading expository texts which are under-researched in the prior literature. Although it seemed to the researcher that there was an evidence gap where the study result differed from what is expected (Miles, 2017).

Given these gaps, the primary aim of this study was to explore the effectiveness of using discourse structure graphic organizers (DSGOs) on grade four L2 learners' reading comprehension of expository texts. Specifically, this addressed the following research questions: (1) What are the expository reading comprehension levels of the grade four students before and after using Discourse Structure Graphic Organizers? (2) Is there a significant difference in the comprehension levels of grade four students before and after the DSGOs strategy?

## **Methodology**

### **Research Design**

The study utilized a pre-experimental, one-group pretest-posttest design. Pretest-posttest designs are a common type of experimental research that measures the effect of an intervention or treatment on an outcome variable by comparing the scores of the same participants before and after the intervention. In this study, the design was used to determine the effectiveness of DSGOs on the expository reading comprehension of the students.

### **Population and Sampling Techniques**

The participants in this study were 40 grade four students from one section in a government school in Marikina City. Using the random sampling technique, specifically the lottery method, the researcher arbitrarily selected one out of the five sections she was teaching. All the students in the chosen section participated in the study.

### **Instrumentation**

Data was collected from the administration of the Philippine Informal Reading (Phil-IRI) Inventory. A 25-item test was administered to the participants before and after the intervention. This test was determined to be standardized.

### **Data Gathering Procedures**

The intervention for the class included a discussion of the five text structures and the appropriate graphic organizers to be used. As part of the students' activities, activity sheets in which they read the expository text and filled out the graphic organizers afterward. Then, another expository text was given to check for understanding. The intervention lasted for six weeks.

A 25-item pretest was administered, and the pretest scores were recorded. The class underwent intervention classes, meeting twice a week. Each class session consisted of two-50-minute periods with a 10-minute break in between. One text structure graphic organizer was the focus of the weekly lesson. The

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teacher prepared six lesson plans for the intervention. At the final meeting, the teacher administered the posttest using the same expository texts as the pretest, and the posttest scores were recorded for analysis.

### Data Analysis

The data collected was analyzed using Jamovi v. 2.2 software. The levels of the participants' reading comprehension before and after the intervention were described using the mean and standard deviation. The effectiveness of the intervention was tested using the paired samples T-Test.

### Ethical Considerations

Upon approval of the panel members, the paper was sent to the Ethics Review Board (ERB) for Ethical Clearance as an institutional procedure and process before data gathering. The clearance was provided by the university's ethics research board where the researcher is enrolled and was given the case code 2024-1076. Then, a letter of request was sent to the research site's school principal. After the request was approved, a schedule was set for the pretest and for the conduct of a 6-week period of intervention.

## Results

### Levels of Reading Comprehension

Table 1 describes the reading comprehension of the grade four students before and after the intervention. The frequency and percentages of the participants who answered the items correctly and incorrectly are indicated.

**Table 1**

*Descriptive Statistics on Reading Comprehension Before and After DSGOS*

| Question Number | Pretest   |           | Posttest  |           |
|-----------------|-----------|-----------|-----------|-----------|
|                 | Correct   | Incorrect | Correct   | Incorrect |
| 1               | 28(70.0%) | 12(30.0%) | 37(92.5%) | 3(7.5%)   |
| 2               | 28(70.0%) | 12(30.0%) | 39(97.5%) | 1(2.5%)   |
| 3               | 38(95.0%) | 2(5.0%)   | 39(97.5%) | 1(2.5%)   |
| 4               | 34(85.0%) | 6(15.0%)  | 37(92.5%) | 3(7.5%)   |
| 5               | 5(12.5%)  | 35(87.5%) | 24(60.0%) | 16(40.0%) |
| 6               | 34(85.0%) | 6(15.0%)  | 39(97.5%) | 1(2.5%)   |
| 7               | 35(87.5%) | 5(12.5%)  | 38(95.0%) | 2(5.0%)   |
| 8               | 4(10.0%)  | 36(90.0%) | 25(62.5%) | 15(37.5%) |
| 9               | 28(70.0%) | 12(30.0%) | 32(80.0%) | 8(20.0%)  |
| 10              | 18(45.0%) | 22(55.0%) | 22(55.0%) | 18(45.0%) |
| 11              | 30(75.0%) | 10(25.0%) | 39(97.5%) | 1(2.5%)   |
| 12              | 16(40.0%) | 24(60.0%) | 22(55.0%) | 18(45.0%) |
| 13              | 23(57.5%) | 17(42.5%) | 37(92.5%) | 3(7.5%)   |
| 14              | 20(50.0%) | 20(50.0%) | 27(67.5%) | 13(32.5%) |
| 15              | 19(47.5%) | 21(52.5%) | 31(77.5%) | 9(22.5%)  |
| 16              | 18(45.0%) | 22(55.0%) | 26(65.0%) | 14(35.0%) |
| 17              | 9(22.5%)  | 31(77.5%) | 28(70.0%) | 12(30.0%) |
| 18              | 27(67.5%) | 13(32.5%) | 36(90.0%) | 4(10.0%)  |
| 19              | 23(57.5%) | 17(42.5%) | 36(90.0%) | 4(10.0%)  |

*{table continues on the next page}*

|    |            |           |            |          |
|----|------------|-----------|------------|----------|
| 20 | 31(77.5%)  | 9(22.5%)  | 38(95.0%)  | 2(5.0%)  |
| 21 | 22(55.0%)  | 18(45.0%) | 36(90.0%)  | 4(10.0%) |
| 22 | 33(82.5%)  | 7(17.5%)  | 40(100.0%) | 0(0.0%)  |
| 23 | 29(72.5%)  | 11(27.5%) | 35(87.5%)  | 5(12.5%) |
| 24 | 32(80.0%)  | 8(20.0%)  | 40(100.0%) | 0(0.0%)  |
| 25 | 40(100.0%) | 0(0.0%)   | 40(100.0%) | 0(0.0%)  |

From the data above, the top five items that scored highest during the pretest were identified and compared with the scores on the posttest. One hundred percent of the students got item number 25 correctly during the pretest and the posttest. This item was about using clue words in a sequence structure text. For item number three, 95% or 38 out of 40 students answered correctly, with a slight increase of 2.5% during the posttest. The item was about a descriptive text. Although there was a slight increase, it could be noted that this text is quite difficult to understand due to low vocabulary knowledge, as confirmed in the study conducted by Salam, et.al (2023).

In item number seven, which asked for identifying similarities and differences, 35 out of 40 students answered correctly, and this increased to 7.5%. Another 7.5% increase in item number four, which was about descriptive text. A 12.5% increase was noted in item six, which was about identifying the cause in a text.

In summary, there was an improvement shown in the top five highest-scoring items on the pretest when compared to the posttest. On the other hand, five of the lowest-scoring items were identified out of the 25 items. The most difficult item was number eight, with only four students answering it correctly. As mentioned, expository text can be quite challenging because of their technical vocabulary (Roehling, et al, 2017); thus, during the intervention, using context clues to deduce the meaning of unfamiliar words could be included.

In item number five, only 12.5 % answered correctly, but it increased to 60% after the program. Still, instructions on identifying the main idea and supporting details could be added. Only nine out of 40 students answered item number 17 correctly, but it resulted in a nearly 50% increase in the posttest. This item was about descriptive text and having a limited vocabulary (descriptive words) affects comprehension as mentioned earlier. Item number 12 revealed that 40% or 16 out 40 answered correctly, with a minimal increase of 15%. It can be noted that this item asked for a topic sentence or main idea and should be given equal emphasis together with other text structures. Item number 10 scored a 10% increase, from 45% to 55%, and was about comparing. Since this was identified as a least mastered item, discussion about it could be extended. It was also revealed that a total of seven items showed an average mastery of the competency.

Overall, there was an improvement in the scores for the top five highest-scoring items in the pretest compared to the posttest. Likewise, there was an increase in the test scores for the identified lowest-scoring items when compared to the posttest scores.

### Comparison of Pretest and Posttest Mean Scores

Table 2 presents the comparison of the grand mean of the scores in the pretest and posttest. It also indicates the standard deviations, and the highest and lowest scores obtained in both tests.

**Table 2**  
*Pretest and Posttest Mean Scores*

|          | Mean Score | SD   | Minimum | Maximum |
|----------|------------|------|---------|---------|
| Pretest  | 15.6       | 3.72 | 7       | 21      |
| Posttest | 21.1       | 1.79 | 18      | 25      |

The pretest measures the dependent variable prior to intervention while the posttest measures the outcome after the group (N=40) has received the treatment. As reflected in the table, the grade four students got a pretest mean score of 15.6 (SD=3.72) in the PHIL-IRI comprehension test while they obtained a posttest mean score of 21.1 (SD=1.79). Based on the results, there was an improvement in the students' comprehension with a mean difference of 5.5 and  $p < .001$ . This result supports the findings of a study carried out by Gorjan (2022) when the graphic organizers group performed better during the posttest. In addition, the present result confirms the study of Jiang (2012) when he investigated the effectiveness of DSGOs instruction which revealed that during the posttest, the students improved their reading scores. It is worth knowing that the lowest score of seven (7) points during the pretest increased to 18 points during the posttest. Also, the highest score of eighteen points during the pretest increased to 25 points.

### Comparison of the Levels of Reading Comprehension Before and After the Program

The following table shows the comparison of the levels of comprehension before and after the program. It gives the mean difference and the effect size equivalent on Cohen's d.

**Table 3**

*Paired Samples T-Test of the Reading Comprehension Before and After the Intervention*

|         |          | t     | df   | p     | Mean difference | SE difference | Effect Size |
|---------|----------|-------|------|-------|-----------------|---------------|-------------|
| Pretest | Posttest | -11.4 | 39.0 | <.001 | -5.47           | 0.482         | -1.80       |

As can be seen in the paired samples t-test results, a p value of  $< .001$  reveals that there is a significant difference in the comprehension levels after the intervention. This supports the outcome of the computed grand mean with a mean difference of 5.5 as mentioned in Table 2. It can be noted that in the analysis of the measure of discourse structure comprehension during the posttest, the instructional effect was found to be

1.80 on Cohen's d. These results indicated that the use of DSGOs helped the students improve their reading comprehension. This result is in line with the study conducted by Sam & Rajan (2013) wherein their findings yield significance (at the .001 level) on the impact of DSGOs on students' answers to five different types of questions.

### Discussion

Findings suggest a significant effect of using DSGOs instruction with its superior performance attributed to the students' improved reading ability in expository text comprehension. This result confirms previous studies on the relatively strong outcome of DSGOs strategy, as shown in the posttest results. Thus, the findings of this study are considered to have important pedagogical implications for teaching practice, especially in materials development and classroom teaching. Additionally, awareness of discourse structure plays an important role in reading comprehension in both L1 and L2 contexts, and efforts should be made to raise students' familiarity with the structure of texts (Jiang, 2012).

There was one major limitation identified in this study; the six-week duration of the intervention was not long enough. It could have been extended to greater mastery of the competencies or a deeper understanding of the text structure. Despite this limitation, the study was able to answer the two research questions and successfully implement a recommendable intervention program.

Both the pre and post pandemic periods show evidence of Filipino students' poor reading comprehension skills, as indicated by international reading assessment results. For these students, understanding expository texts is a challenging task that needs to be addressed. This study investigates the effectiveness of using discourse structure graphic organizers to improve reading comprehension among grade four students in a government school in the Philippines. The study finds that there is a considerable effect of using DSGOs strategy, and the students performed significantly better after the intervention.

The implications of this study may assist not only reading teachers but also teachers across learning areas in applying this strategy to achieve mastery of the competencies. This approach could also be incorporated

into the DepEd Matatag agenda reading curriculum to help students' catch up on competencies. With this in mind, the teachers may be trained to learn the principles and basic DSGOs designs and how to implement them. It is recommended that the intervention may be extended to obtain optimal results. Future studies can be undertaken to determine the effectiveness of DSGOs compared to conventional teaching methods.

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**EDUCATION**

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# THE ROLE OF COOPERATIVE LEARNING IN THE ACADEMIC PERFORMANCE OF SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS (STEM) STUDENTS

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## Abstract

The success of students' academic performance is influenced by the teaching methods used. Various strategies are essential for effectively disseminating knowledge during the teaching and learning process. Traditional teaching methods, where students passively listen to lessons, often leading to disengagement and negatively impact students' academic performance. In this study, academic performance, which includes academic success, impulse control, and productivity, is a key factor in the educational system. Strong academic performance helps students develop essential skills for success both inside and outside the classroom. This descriptive-correlational study aimed to explore the role of cooperative learning, a method known for promoting engagement and collaboration in the students' academic performance. The study found that cooperative learning is widely implemented by the teachers and students' academic performance is generally high. Furthermore, cooperative learning's dimensions - such as interpersonal skills, face-to-face interaction, positive interdependence, individual accountability, and group processing - positively influenced academic performance. The study concluded that cooperative learning encourages students to work in small groups to enhance their understanding of lessons and develop cooperation and interaction with peers. Based on these findings, the study recommends that cooperative learning be implemented in classrooms to improve students' academic performance. Further research could explore the effectiveness of cooperation in improving academic performance among elementary students across different grade levels.

**Keywords:** *cooperative learning, academic performance, academic productivity*

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The extent of students' academic performance is determined by the implemented teaching methods (Badar et al., 2022). The implementation of various teaching methods is essential to establish the successful dissemination of knowledge between the teacher and the student (Aporbo, 2023). In the Philippine education system, traditional instruction was the dominant approach where students were expected to sit quietly and listen to the teacher's lesson discussion (Balansag, 2018). This results in students becoming disinterested in the process of learning, affecting their academic performance (Galoustian, 2022; Vhalery & Nofriansyah, 2018;). In determining educational outcomes, academic performance is one of the most critical factors considered. Students can develop the necessary skills to succeed both inside and outside the classroom through good academic results (EuroKids, 2023).

To improve the learning quality and understanding of students, researchers emphasize the use of various teaching methods and strategies (Aporbo, 2023). One of these teaching methods is cooperative learning. Cooperative learning is a teaching method where the students are encouraged by their teachers to work within a small group with the goal of improving their understanding of the lesson concepts and developing interaction and cooperation among the students (Lazaro, 2022; Chan, 2021; Bucks and Maradan, 2021; Shih, 2020).

This study is supported by the Theory of Performance by Elger (2007). The level of performance holistically depends on these six components namely, context, level of knowledge, levels of skills, level of identity, personal factors, and fixed factors. This theory states that by improving one's performance, students empower themselves to help others learn and grow, which poses a challenge to educators. Working and learning together in ways that improve the world has been a major objective of higher education throughout the ages (Wiske, 1998). All these theories were adapted to support the findings of the study that there is an association between cooperative learning and the academic performance of Science, Technology, Engineering, and Mathematics (STEM) students.

Communication, collaboration, dynamic interdisciplinary teaming, problem solving, and flexibility are some of the competencies essential for STEM careers (Shorelight, 2023; Smith et al., 2021). The implementation of cooperative learning in classrooms may assist the development of these competencies among STEM students considering the activities the teaching method entails. Dogaru and Popescu (2021) stated in their study that there's a direct relationship between cooperative learning and academic performance. Attentive listening, interest in learning, and effective work in groups result in a good academic performance (Mappadang et al., 2022; Waterford, 2020; Wilson et al., 2018).

Prominent cooperative learning theorists, such as Johnson and Smith (1991) defined cooperative learning as the instructional use of small groups so that students work together to maximize their own and each other's potential and abilities. It is a collection of teaching strategies where students work together in small, mixed-ability learning groups (Slavin, 1987).

Cooperative learning methods all intend to build group interactions to guarantee equal participation and individual accountability (Bruffee, 1995, 1999; Oxford, 1997). According to the study of David Johnson and Roger Johnson (1999; 2009; 2021), the cooperative learning method has five elements: positive interdependence, individual accountability, face-to-face promotive interaction, interpersonal and small group skills, and group processing.

Interpersonal and small group skills refer to the ability of group members to provide effective leadership, decision-making, trust building, communication, and conflict-management (Johnson et al., 1998). These refer to skills such as giving constructive criticism or feedback, communicating accurately with each other, and involving each member in the learning process (Matere & Jepkosgey, 2022).

Group processing is the final element necessary in making cooperative learning work. It refers to the element present when students discuss with each other how well they are achieving the group's goals and maintaining its relationship (Johnson, & Holubec, 1999; Sharan & Sharan 1990). When implementing cooperative learning, group processing is arguably the crucial element (Sutherland et al., 2019). It is essential for students to know what they are doing for successful strategies to be repeated and to understand how to improve their behavior (Wool- folk, 1993).

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The term academic performance refers to the measurement of the student's achievement across various academic subjects. It is where the competence of a student, school, curriculum, and teacher is measured (Reed, 2009). Various studies have stated that academic performance is the result of the student's learning that was prompted by the teacher's teaching strategy (Lamas, 2015).

Academic success, impulse control, and academic productivity are the three dimensions of academic performance (Dupaul et al., 1991). Cachia et al. (2018) stated that academic success refers to the students' capacity to secure a career related to their degree.

Impulse control is the ability to resist the urge to perform an action. This ability develops over time in an individual. Biological developmental, psychological, and cultural factors contribute to the development of impulse control within an individual (Bailer et al., 2011). According to Duckworth (2019), the self-control of students reliably predicts their overall academic performance. Lastly, Alavi et al., (2019) stated that attention and impulse control contribute to academic achievement.

The term academic productivity refers to students' efficient and productive learning routines and behaviors that maximize learning both inside and outside of the classroom rather than focusing on the overall amount of time students spend learning (Aporbo, 2023). Academic productivity is the ability of a student to work independently and efficiently.

Furthermore, the implementation of cooperative learning in classrooms may assist the development of these competencies among STEM students considering the activities the teaching method entails. Dogaru and Popescu (2021) stated in their study that there is a direct relationship between cooperative learning and work performance. Attentive listening, interest in learning, and effective work in groups will result in a good academic performance (Mappadang et al., 2022; Waterford, 2020; Wilson et al., 2018).

There are limited studies about the influence of cooperative learning to the three dimensions of academic performance. Hence, this study aims to determine if cooperative learning has any significant relationship with the academic performance of STEM students.

## **Methodology**

### **Research Design**

This study is quantitative in nature specifically, falling under the category of descriptive-correlational research. According to Katzukov (2020), descriptive- correlational design describes the variables as well as the natural relationships that exist between and among them. Thus, this design is applicable because it will describe the cooperative learning and the academic performance of the students as well as find the significant relationship among these two variables.

### **Population and Sampling Technique**

The study was conducted during the second semester of the school year 2023-2024 among STEM students at faith-based academy. Simple random sampling was used to gather the participants of this study. In this sampling method, each member of the population has an equal chance of being selected. The total population of STEM students from grade 11-12 is 202. There are three sections in Grade 11 and two sections in Grade 12. Using an online sample size calculator with a 95% confidence level and a 5% margin of error, the target sample should be at least 133 students. The researcher decided to gather at least 28 of the STEM students from each section. The students' names from each section were in an online selection tool from which the researchers randomly selected 14 students for both male and female participants.

The researchers prepared a consent form that was submitted to the AUP Ethical Research Board (ERB) and was approved to conduct the study's procedures. Ethical concerns were observed, including the intent of the study, its objectives, and the non-disclosure of the responses of the participants of the study. A cover letter was attached to the online survey, explaining the purpose of the study, and giving participants the discretion to withdraw from it at any time they want. This study ensured anonymity and confidentiality.

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## Instrumentation

The instruments used in this study are adapted based on the concepts taken from the review of related literature and studies. There are some questions that were revised by the researchers to suit the current inquiry and characteristics of the population of the study. There are three parts of the questionnaire, the first part of the instrument contains the questions that identify the demographic profile of the respondents including their sex. The second part of the questionnaire is about cooperative learning. This instrument was adapted from the questionnaire used in the study of Aporbo (2023) and the Teacher's Cooperative Learning Questionnaire [TCLQ] used in the study of Saborit et al. (2022). The last part of the questionnaire is Academic Performance Rating Scale [APRS]. This questionnaire was adapted from Dupaul et al. (1991).

Table 1 presents the reliability test result of the instruments used in the study. The instruments for cooperative learning with its dimensions are good. One dimension for academic performance is acceptable and two dimensions are good. This result indicates that the questionnaires used in the study are valid, reliable, and appropriate for the research objectives and the population being studied.

**Table 1**

*Reliability Test Result of Cooperative Learning and Academic Performance*

| Variables                               | Number of Items | Cronbach Alpha | Verbal Interpretation |
|-----------------------------------------|-----------------|----------------|-----------------------|
| <b>Cooperative Learning</b>             |                 |                |                       |
| 1. Interpersonal and Small Group Skills | 6               | 0.857          | Good                  |
| 2. Face-to-Face Promotive Interaction   | 6               | 0.814          | Good                  |
| 3. Positive Interdependence             | 6               | 0.831          | Good                  |
| 4. Individual Accountability            | 6               | 0.813          | Good                  |
| 5. Group Processing                     | 6               | 0.859          | Good                  |
| <b>Academic Performance</b>             |                 |                |                       |
| 1. Academic Success                     | 5               | 0.832          | Good                  |
| 2. Impulse Control                      | 5               | 0.828          | Good                  |
| 3. Academic Productivity                | 5               | 0.789          | Acceptable            |

## Results

### Extent of Utilization of Cooperative Learning among STEM Students

Table 2 presents the respondents' overall extent of cooperative learning with its subdimensions. The respondents rated the utilization of cooperative learning as high with an overall mean of 4.31 and standard deviation of 0.5. Its subdimensions in terms of interpersonal and small group skills ( $M = 4.23$ ,  $SD = 0.64$ ), face-to-face promotive interaction ( $M = 4.29$ ,  $SD = 0.56$ ), positive interdependence ( $M = 4.32$ ,  $SD = 0.83$ ), individual accountability ( $M = 4.31$ ,  $SD = 0.61$ ), and group processing ( $M = 4.42$ ,  $SD = 0.58$ ) were all rated as high.

**Table 2**

*Extent of Cooperative Learning among STEM Students*

|                                      | Mean | Standard Deviation | Scaled Response | Verbal Interpretation |
|--------------------------------------|------|--------------------|-----------------|-----------------------|
| Interpersonal and Small Group Skills | 4.23 | 0.64               | Often Evident   | High                  |
| Face-to-Face Promotive Interaction   | 4.29 | 0.56               | Often Evident   | High                  |
| Positive Interdependence             | 4.32 | 0.83               | Often Evident   | High                  |
| Individual Accountability            | 4.31 | 0.61               | Often Evident   | High                  |

*{table continues on the next page}*

|                                |      |      |               |      |
|--------------------------------|------|------|---------------|------|
| Group Processing               | 4.42 | 0.58 | Often Evident | High |
| Cooperative Learning (Overall) | 4.31 | 0.54 | Often Evident | High |

*Scoring System: 1.00 – 1.49 Very Low; 1.50 – 2.49 Low; 2.50 – 3.49 Moderate; 3.50 – 4.49 High; 4.50 – 5.00 Very High*

According to studies cooperative learning in classrooms tends to create a more dynamic, engaging, and enjoyable environment. It encourages students to take responsibility and contribute to achieving learning goals (Amin, 2020; Han & Son, 2020). Researchers from Ghana (Appiah-Twumasi et al., 2021) compared the effect of cooperative learning on students' performance in mechanics concepts between two secondary schools and recommended that teachers use the cooperative learning strategy along with an instructional manual to enhance the academic performance of the students.

Furthermore, the cooperative learning approach helps the students learn different languages and makes the learning process more interesting. Several studies have proven that cooperative learning approach is effective in addressing a lack of learning motivation among students and it is viewed as a good teaching strategy capable of motivating university students (Tran, 2019; Han & Son, 2020; Cecchini et al., 2021; Liu & Lipowski, 2021) and encourages the development of students' interpersonal skills (Mendo-Lazaro, 2022).

Another study conducted in Indonesia by Vhalery & Nofriansyah (2018) concluded that cooperative learning is very effective in solving academic problems, psychological problems, and social problems.

### Students' Academic Performance

The respondents demonstrated high academic performance, with an overall mean of 4.08 and standard deviation of 0.57 as presented in Table 3. They also performed highly across all subdimensions of academic performance, including academic success (mean of 4.20, SD = 0.60), impulse control (mean of 4.04, SD = 0.66), and academic productivity (mean of 4.01, SD = 0.62).

This result implies that the students are actively communicating with one another by exchanging ideas, imparting knowledge, correcting one another, and providing feedback on each other's works, resulting in better academic performances (Kaymak, 2022).

**Table 3**

*Level of Academic Performance of the Respondents*

|                                | Mean | Standard Deviation | Scaled Response | Verbal Interpretation |
|--------------------------------|------|--------------------|-----------------|-----------------------|
| 1. Academic Success            | 4.20 | 0.60               | Often Evident   | Highly Performing     |
| 2. Impulse Control             | 4.04 | 0.66               | Often Evident   | Highly Performing     |
| 3. Academic Productivity       | 4.01 | 0.62               | Often Evident   | Highly Performing     |
| Academic Performance (Overall) | 4.08 | 0.57               | Often Evident   | Highly Performing     |

*Scoring System: 1.00 – 1.49 Very Low; 1.50 – 2.49 Low; 2.50 – 3.49 Moderate; 3.50 – 4.49 High; 4.50 – 5.00 Very High*

According to Kumar and Tankha (2021), several factors influence academic performance, such as intellectual level, personality, motivation, skills, interest, student habits, self-esteem, or the teacher-student relationship. Diverging performance refers to when the student's academic performance differs from their expected performance.

Moreover, Masud et al., (2019) explained that academic performance is one of the various components of academic success. Jiang (2021) investigate the relationship between classroom environment and academic performance and concluded that there is a significant relationship between the two variables.

Lastly, Kuh et al. (2006) defined academic success as academic achievement, engagement in educationally purposeful activities, satisfaction, acquisition of desired knowledge, skills and competencies, persistence, attainment of educational outcomes, and post-college performance.

### Relationship of Cooperative Learning to Academic Performance of the Respondents

Cooperative learning is positively related to academic performance and the relationship is high with associated probability of 0.718 significant to 0.001 level. All dimensions of cooperative learning are significantly related to all dimensions of academic performance as presented in Table 4. The relationship of its dimensions is moderately positive which indicates that if the students are having cooperative learning their academic performance is also high.

**Table 4**

*Relationship of Cooperative Learning and Academic Performance of the Respondents*

|                                    | Academic Success | Impulse Control | Academic Productivity | Academic Performance |
|------------------------------------|------------------|-----------------|-----------------------|----------------------|
| Academic and Small Group Skills    |                  |                 |                       |                      |
| <i>Pearson Correlation</i>         | 0.642***         | 0.586***        | 0.555***              | 0.650***             |
| <i>Sig.(2-tailed)</i>              | <.001            | <.001           | <.001                 | <.001                |
| Face-to-Face Promotive Interaction |                  |                 |                       |                      |
| <i>Pearson Correlation</i>         | 0.611***         | 0.600***        | 0.583***              | 0.655***             |
| <i>Sig.(2-tailed)</i>              | <.001            | <.001           | <.001                 | <.001                |
| Positive Interdependence           |                  |                 |                       |                      |
| <i>Pearson Correlation</i>         | 0.626***         | 0.566***        | 0.565***              | 0.641***             |
| <i>Sig.(2-tailed)</i>              | <.001            | <.001           | <.001                 | <.001                |
| Individual Accountability          |                  |                 |                       |                      |
| <i>Pearson Correlation</i>         | 0.632***         | 0.561***        | 0.561***              | 0.639***             |
| <i>Sig.(2-tailed)</i>              | <.001            | <.001           | <.001                 | <.001                |
| Group Processing                   |                  |                 |                       |                      |
| <i>Pearson Correlation</i>         | 0.568***         | 0.555***        | 0.570***              | 0.618***             |
| <i>Sig.(2-tailed)</i>              | <.001            | <.001           | <.001                 | <.001                |
| Cooperative Learning               |                  |                 |                       |                      |
| <i>Pearson Correlation</i>         | 0.691***         | 0.643***        | 0.635***              | 0.718***             |
| <i>Sig.(2-tailed)</i>              | <.001            | <.001           | <.001                 | <.001                |

Note. \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

Cooperative learning has been concluded by various researchers as an instruction strategy with improved and positive results (Anijah, 2023). Furthermore, studies show that students who participate in cooperative learning frequently achieve better academic results than those who learn in traditional settings (Liu & Lipowski, 2021). Appiah-Twumasi (2021) concluded in a study that cooperative learning is an effective teaching intervention in enhancing the academic performance and knowledge retention of students in the science subject.

Lastly, a recent study by Aporbo (2023) also concluded that cooperative learning boost achievement, including academic performance, cognitive skills, self-esteem, and enjoyment.

### Influence of Cooperative Learning to Academic Performance

The results of the study show that the total variance is explained by the predictor, which is cooperative learning,  $F(5, 134)=17.7$ ,  $p<0.001$ . Of this total variance, 72.20% of students' academic performance is attributed by cooperative learning.

**Table 5***Regression Analysis on Cooperative Learning as Predictor of Academic Performance*

| Model                | R     | R <sup>2</sup> | R <sup>2</sup> Change | df | F    | t      | Sig. |
|----------------------|-------|----------------|-----------------------|----|------|--------|------|
| Cooperative Learning | 0.722 | 0.522          | 0.503                 | 5  | 17.7 | 2.6584 | .001 |

*Dependent variable: Academic Performance*

Appiah-Twumasi (2021) concluded that cooperative learning is an effective teaching intervention in enhancing the academic performance and knowledge retention of students. Additionally, Aporbo (2023) investigated the impact of cooperative learning on the academic productivity of students and concluded that the cooperative learning approach can boost achievement, including academic performance, cognitive skills, self-esteem, and student interest. Furthermore, Andrews (2022) concluded in his study that cooperative learning can motivate students to pursue higher levels of education, which will eventually lead to professional development, job promotion, and higher compensation.

Lastly, cooperative learning helps students improve their computational skills in mathematics (Marimon, 2019). It is also effective in enhancing the vocabulary and comprehension skills in mathematics (Latip-Panggaga, 2021), as well as in improving the creative writing skills (Acuin et al., 2018). Moreover, it produces significant effects on students' performance in Earth and Life Science (Buenaventura, 2022) and allows students to enhance their interpersonal skills (De Leon & Bucayu, 2021).

### Sex and Academic Performance of the Respondents

An independent-sample t-test was conducted to compare the academic performance for male and female students. There are no significant differences ( $t(5)=-0.302$ ,  $p=0.763$ ) in scores for male ( $M=4.07$ ,  $SD=0.53$ ) and female ( $M=4.10$ ,  $SD=0.62$ ) students. This result indicates that both male and female students are performing well with their classes.

**Table 6***Difference in Academic Performance when the Sex of the Respondents is Considered*

|                      | Sex    | N   | Mean | SD   | t      | Sig   | Verbal Interpretation |
|----------------------|--------|-----|------|------|--------|-------|-----------------------|
| Academic Performance | Male   | 67  | 4.07 | 0.53 | -0.302 | 0.763 | Not Significant       |
|                      | Female | 67  | 4.10 | 0.62 |        |       |                       |
|                      | Total  | 134 |      |      |        |       |                       |

However, recent studies have shown a reversal in the academic performance of men and women, with women surpassing men in various levels of the educational ladder (Asante, 2023). In a case study conducted by Aransi (2018), a notable difference in academic performance in favor of female students. Males are more prone to dropping out compared to females (Husaini & Shukor, 2023). Lastly, according to the study by Tsousis and Alghamdi (2022), gender differences exist in academic ability. They stated that females generally outperform males in grades and verbal abilities, however, no differences were found in terms of quantitative skills and the rank scores were not statistically significant.

### Discussion

The results of the study suggest that the students are communicating, participating, interacting, and holding each other accountable. Students engage in discussions about how well they are achieving the group's goals and maintaining their relationships. Cooperative learning is positively related to academic performance, and the relationship is strong. The results indicate that the joint efforts of each group member in fulfilling their respective tasks are crucial for defining the group's success. Cooperative learning evaluates both the quality and quantity of the contributions made by each group member, demonstrating that students are learning more effectively in a cooperative environment.

Thus, the study concludes that cooperative learning encourages students to work within small groups with the goal of enhancing their understanding of lesson concepts and while fostering interaction and cooperation among them. This study recommends that the implementation of cooperative learning in classrooms could improve the academic performance of high school students. Future research could explore the effectiveness of cooperative learning in primary education by comparing its impact on the academic performance of elementary pupils across different grade levels.

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**EDUCATION**

# SILENT STRUGGLES: EXPLORING THE EXPERIENCES OF DEAF ADULT WOMEN WHO HAVE UNDERGONE ABORTION

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## Abstract

**D**eaf pregnant women face challenges, including miscarriage and abortion, notably high occurrence rates. However, there is a gap in understanding the reasons behind these occurrences, especially among deaf individuals. Prior studies predominantly used quantitative methods, often neglecting the deeper insights that qualitative approaches can provide. This qualitative study addresses this gap by exploring the lived experiences and contextual factors surrounding abortion among deaf women. Using Moustakas' framework, this study explored their narratives and perceptions, guided by the following questions: (1) What are the lived experiences of deaf adult women who went through abortion? (2) What is the context surrounding the abortion experiences of adult deaf women? (3) How do deaf adult women who have had abortions view their future lives? Through phenomenological interviews with four participants, this study employed transcendental phenomenology to gain a comprehensive understanding of this overlooked aspect of deaf adults' lives. The findings revealed that deaf adult women who have undergone abortion experienced emotional turmoil and guilt, physical strain and discomfort, emotional impact and coping mechanisms, and religious anxiety and fear of divine retribution. Interventions and support programs tailored specifically for this population could be developed based on the findings of this study to address their unique needs and challenges. Further research in this area could incorporate longitudinal studies to provide deeper insights into the complexities of abortion experiences among deaf pregnant women.

**Keywords:** *transcendental phenomenology, deaf pregnant, abortion, Philippines*

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The deaf community has experienced significant growth and is now a prominent subset of the differently abled population. Globally, there are approximately 432 million adults and 34 million children with disabling hearing loss. By 2050, this number is projected to surpass 700 million (World Health Organization [WHO], 2023). In the Philippines, an estimated 121,000 deaf Filipinos were reported in the 2000 census. Despite this growth, the deaf community continues to face heightened vulnerability, including child neglect, abuse, PTSD, and intimate partner violence. Deaf individuals are more than twice as likely to experience trauma and adverse life events compared to their hearing counterparts (Johnson et al., 2018). Language deprivation during childhood often leaves them with limited knowledge about health and mental health issues. Studies by Anderson et al. (2018) and Mousley and Chaudoir (2018) further highlight challenges such as child neglect, abuse, PTSD, interpersonal trauma, polyvictimization, and intimate partner violence. Consequently, Deaf individuals frequently experience poorer psychological and physical health than their hearing peers.

There is growing evidence that deaf pregnant women often face communication problems during pregnancy due to a shortage of interpreters and occasional mistreatment by hospital staff (Gichane et al., 2017). They frequently encounter communication issues and often resort to writing as their primary means of communication during antenatal visits and labor/delivery, which can result in delays in seeking care (Adigun & Mngomezulu, 2020). This aligns with prior research highlighting communication challenges faced by the deaf community in healthcare settings. Mitra et al.'s (2020) study revealed that only 17% of Deaf signers have access to sign language interpreters, emphasizing the significant hurdles they face in accessing equitable healthcare services.

Several studies have documented challenges in maternal healthcare for deaf women. Schiff et al. (2017) noted an increased risk of extended hospitalization risk due to communication issues. Adigun and Mngomezulu (2020) reported delayed service registration linked to communication barriers, distance to clinics, financial constraints, and healthcare worker attitudes. Mitra et al. (2020) found adverse birth outcomes and higher pregnancy smoking rates for deaf or hard-of-hearing women. Mprah et al. (2017) emphasized a general lack of pregnancy prevention knowledge. These findings highlight the need for improved support and accessible services for deaf women in maternal healthcare.

Gichane et al. (2017) highlight the need for improved maternity care for deaf women, suggesting the provision of interpreter services and the implementation of sensitivity training for healthcare providers. Adigun and Mngomezulu (2020) recommend deploying sign language interpreters in public clinics, incorporating sexual and reproductive health education for deaf adolescents and young adults, and providing audio-visual materials to enhance antenatal care understanding. These actions aim to create a more inclusive and effective healthcare experience for deaf women.

Although research has clarified the reasons behind the challenges faced by deaf pregnant women and suggested strategies for addressing these issues, a more sobering perspective also emerges. Deaf pregnant women, despite efforts to alleviate their difficulties, must confront the challenging realities of miscarriage or the emotionally taxing decision to terminate a pregnancy. Gichane et al. (2017) reported that 31% of deaf women had experienced miscarriages, while 19% had made the difficult decision to terminate their pregnancies. These findings underscore the need for comprehensive examination and deeper understanding of the multifaceted experiences within this demographic.

The present study identifies a notable methodological gap within the prior research literature. A significant portion of prior studies has predominantly utilized quantitative methodologies; however, a qualitative approach is necessary to gain a deeper understanding of the challenges and issues faced by Deaf individuals during pregnancy. While several studies examine various aspects of Deaf adults' lives, there's a distinct lack of research exploring the reasons behind the higher incidence of abortion and miscarriage among Deaf individuals compared to their hearing counterparts. This gap limits our understanding of the specific challenges Deaf adults face in these contexts.

The primary objective of this qualitative research study is to gain a deeper and more comprehensive understanding of the unique life experiences of Deaf adults who have encountered the often-overlooked phenomenon of abortion. Through an in-depth exploration of their narratives and perspectives, this study

aims to illuminate the factors, emotions, and societal dynamics that influence their experiences, as well as the coping mechanisms they employ. The research questions guiding this study are as follows:

1. What are the lived experiences of deaf adult women who went through abortion?
2. What is the context of deaf adult women who went through abortion?
3. How do deaf adult women who went through abortion view life in the future?

## Methodology

### Research Design

This research employed a transcendental phenomenological research design to explore Deaf adults' perspectives and experiences with abortion. Transcendental phenomenology is a qualitative research approach that seeks to understand the essence of human experiences by identifying the universal structures and meanings inherent in lived phenomena while deliberately suspending preconceived notions and biases (Yee, 2018). This approach supports a deep investigation into the lived experiences of participants by encouraging researchers to set aside their assumptions through a process known as epoché.

The design's flexibility in data collection methods enables the gathering of rich and diverse insights, fostering a holistic understanding of the participants' perspectives (Neubauer et al., 2019). Particularly beneficial for understudied topics, this design gives voice to a marginalized group and contributes valuable insights that can inform and improve support services for Deaf women during the abortion process.

### Participants

Purposive sampling was used until data saturation was achieved, resulting in the selection of four Deaf participants. This technique was employed to efficiently gather relevant and meaningful information (Kelly, 2010) while maximizing the effective use of research resources (Palinkas et al., 2015).

By applying specific inclusion and exclusion criteria, participant selection was non-random and intentional (Campbell et al., 2020). Data saturation—the point at which no new themes or insights emerged during additional interviews—was reached after recruiting four Deaf participants who met the criteria: (1) at least 18 years old, (2) with a history of abortion, (3) able to communicate in American Sign Language (ASL) or Filipino Sign Language (FSL), and (4) without severe cognitive or psychological impairments.

Table 1 below presents the pseudonyms assigned to each participant to ensure confidentiality while providing clarity during the presentation and analysis of data. These pseudonyms—Arlie, Maria, Ria, and Cathy—will be used throughout the study to refer to the participants, allowing for the preservation of their identities while maintaining consistency in reporting their life experiences.

**Table 1**

*Participants and their Pseudonyms*

|                    |       |
|--------------------|-------|
| Deaf Participant 1 | Arlie |
| Deaf Participant 2 | Maria |
| Deaf Participant 3 | Ria   |
| Deaf Participant 4 | Cathy |

### Instrumentation

Data collection primarily involved phenomenological interviews conducted in FSL. An interview protocol featuring open-ended questions was developed to elicit participants' experiences, perceptions, and insights related to abortion. The Deaf participants were video-recorded as they responded in FSL, and their responses were voice-interpreted into English by a certified interpreter. All interviews were conducted with the participants' explicit consent to ensure an accurate and ethical representation of their lived experiences.

### **Data Analysis**

This study employed the Moustakas Framework to explore the lived experiences of Deaf individuals who had undergone abortion. This approach emphasizes deep immersion in participants' narratives. Following Moustakas' systematic steps, the interview transcripts were carefully read and reread (immersion & epoché) to internalize the content while bracketing personal biases.

Significant statements were extracted, and recurring ideas were identified across the transcripts (horizontalization). These recurring statements reflected emotions, challenges, and positive aspects of the participants' experiences. Similar statements were grouped into thematic clusters (theme clustering), which were then analyzed in depth to understand the core of each theme. Finally, these clusters were synthesized into a composite description that captured the overall essence of experiencing abortion as a Deaf individual. This integrative process highlighted the participants' unique perspectives and contributed to a deeper understanding of their realities.

### **Trustworthiness**

To ensure the trustworthiness of the study, multiple strategies were employed. Data triangulation was implemented by integrating information from diverse sources, including interviews, observations, collections of documents, and photographs, to provide a comprehensive perspective on the phenomenon. Member checking was used by revisiting participants to validate interpretations and confirm the accuracy of the data. Peer debriefing and inter-code reliability checks were also conducted to enhance consistency and minimize subjective bias. The research process was thoroughly documented, capturing the nuanced details and maintaining transparency.

Furthermore, the researchers practiced reflexivity, maintaining awareness of their personal biases and engaging in continuous reflection throughout the analysis. This openness to findings that challenged initial assumptions allowed for a more objective and credible interpretation. Together, these measures enhanced the rigor, depth, and credibility of the study's findings.

### **Ethical Consideration**

The study rigorously adhered to ethical standards. Informed consent was obtained from all participants, ensuring that they fully understand the study's purpose, procedures, and their rights as participants. Confidentiality and anonymity were preserved through the research process.

Ethical approval was secured from the appropriate Ethics Review Board (ERB). During data collection, care was taken to conduct interviews with sensitivity, particularly given the emotional nature of the topic. Participants were also informed of their right to withdraw at any stage without consequence. These measures ensured that the research was conducted in a respectful, ethical, and participant-centered manner.

## **Results**

The following themes represent the results derived from both interview and arts-based materials. These themes are organized in alignment with the study's research questions. Based on the thematic analysis of the data gathered from phenomenological interviews with four Deaf adult women who have experienced abortion, four major themes emerged: (1) Emotional Turmoil and Guilt, (2) Physical Strain and Discomfort, (3) Emotional Impact and Coping Mechanisms after Abortion, and (4) Religious Anxiety and Fear of Divine Retribution. Participants are presented using pseudonyms.

### **Emotional Turmoil and Guilt**

One of the central themes that emerged from the participants' experiences after abortion is emotional turmoil and guilt. All four Deaf women described experiencing intense feelings of guilt, trauma, sadness, and regret following their abortion. These emotions significantly affected their emotional well-being and daily functioning. The weight of their decisions compounded by societal stigma and communication barriers, left lasting emotional impressions—underscoring the complexity of this deeply personal and often isolating

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experiences. This theme is supported by three sub-themes: (1) guilt and regret, (2) trauma and emotional distress, and (3) physical and psychological impact.

### ***Guilt and Regret***

A recurring sentiment among participants was a deep sense of guilt over their decision. Arlie admitted, “I feel guilty... I cannot forget what I have done,” expressing how her choice continues to weigh heavily on her conscience. Similarly, Maria echoed this feeling, stating, “I feel so guilty about what I have done.” Cath reiterated, “I feel so guilty for what I have done.” These declarations underline the pervasive emotional toll that abortion took on these women—regardless of the circumstances that led to the decision.

In addition to guilt, feelings of regret were strongly expressed. Cath reflected, “I wish I had done better. I knew in my heart I wanted the baby gone because I was not ready for his/her coming into my life. After I lost my baby, I continued to be disappointed and sad, especially when left alone in my room.” Her statement illustrates the enduring sorrow and self-blaming that followed the abortion experience, as well as the solitude in which these feelings often unfolded.

Emotional turmoil happens when someone has intense emotions like worry, sadness, anger, or feeling lost all at once. Sometimes, having an abortion can cause this kind of turmoil. Even though abortion is a choice, it can still make a person feel bad. For a deaf woman, it might be even harder because of communication difficulties and how others might judge her. According to the study of Mulat (2022), compared to hearing individuals, the deaf experienced more severe socio-emotional problems across all dimensions. This is echoed by Vissers and Hermans (2018), which emphasizes that the Deaf are prone to more negative feelings and vulnerability because of their disability. Undergoing abortion can bring up feelings of guilt, sadness, and not knowing what to do. It’s a tough experience that can deeply affect a person’s feelings.

### ***Physical Strain and Discomfort***

Another significant theme that emerged from these individual experiences is the physical strain and discomfort they experienced following their abortions. Each participant described a range of physical symptoms that impacted their day-to-day functioning—ranging from fatigue and bodily pain to fluctuations in appetite and weight. These accounts reveal that distressing effects highlight the complex and varied impact of abortion on an individual’s well-being. It underscores the importance of seeking proper medical care and emotional support during this challenging time. Below is a detailed expression of subthemes that these deaf women had to struggle with.

### ***Physical Symptoms and Discomfort***

The participants described a range of physical symptoms and discomforts following their abortion experiences. Arlie reported becoming very thin, which likely worsened her overall physical condition and sense of discomfort. Maria experienced dehydration due to excessive bleeding, leading to further weakness. All four women—Arlie, Maria, Ria, and Cath—reported experiencing dizziness, a common post-abortion symptom typically caused by hormonal changes, blood loss, or stress. Maria and Cath also suffered from severe headaches, which may have been linked to hormonal shifts or psychological strain. Additionally, Maria experienced excessive sweating, possibly due to physical stress and dehydration. Cath reported intense abdominal pain, likely associated with the physical process of abortion, while both Maria and Cath mentioned heavy bleeding, contributing further to their physical weakness. Arlie also noted a heightened sensitivity to smells, which could be attributed to hormonal changes or emotional stress. These collective symptoms illustrate the significant physical toll abortion had on the participants, underscoring the importance of comprehensive and accessible medical support tailored to the needs of Deaf women.

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***Changes in Eating Habits and Appetite:***

Changes in eating habits and appetite were also evident among the participants. Arlie reported a loss of appetite, which may have been influenced by emotional distress and the physical discomfort she experienced after the abortion. To cope, she also consumed alcoholic drinks possibly as a means of numbing emotional pain or escaping the reality of her situation. Meanwhile, Ria shared that she often needed to take medication after meals, indicating that she was managing ongoing pain or discomfort related to the abortion process. These changes reflect not only the physical repercussions of abortion but also the psychological burden the participants carried in its aftermath.

***Physical Weakness and Fatigue:***

Physical weakness and fatigue were also prominent in the participants' post-abortion experiences. Ria described a strong need for extended bed rest, which points to the depth of her physical exhaustion. She consistently felt weak, a condition likely stemming from the physical toll of the abortion process. Similarly, Cath struggled with mobility, indicating significant physical limitations during her recovery. Ria also experienced persistent fatigue, which may have been caused not only by the physical demands of the procedure but also by the emotional burden she carried. These accounts highlight how abortion impacted both the physical stamina and overall well-being of the participants.

***Changes in Body Weight:***

Changes in body weight were also reported, reflecting the varied physical responses to abortion among the participants. Arlie and Maria both experienced noticeable weight loss, which may have been caused by stress, hormonal changes, or a reduced appetite following the procedure. In contrast, Ria and Cath mentioned gaining weight, possibly due to hormonal fluctuations or shifts in eating habits as part of their coping mechanisms. Ria expressed feeling "a bit fatter," a perception that may have added to her sense of physical discomfort. These contrasting changes underscore the complex and individualized physical effects abortion can have on deaf women.

These symptoms may be worsened by communication barriers in healthcare settings, leading to challenges in accessing appropriate care and support (Gichane et al., 2017). Additionally, the emotional toll of abortion can further intensify physical distress, heightening feelings of discomfort and unease. Mprah et al. (2017) emphasized that, despite these challenges, seeking medical care and accessing supportive resources tailored to their needs can help deaf women navigate the physical aspects of abortion with greater ease and comfort.

***Emotional Impact and Coping Mechanisms after Abortion***

The aftermath of an abortion can profoundly affect individuals emotionally, especially partners who share the experience. In the cases of Arlie, Ria, and Cath, their husbands grappled with a range of emotions and coping mechanisms. The emotional impact of abortion reverberated through these husbands' lives, affecting their mental well-being, coping strategies, and relationships. This theme underscores the complexity of navigating loss and grief within a partnership.

***Emotional Distress***

Arlie's husband was deeply sad about the loss of their baby. The emotional weight of the situation weighed heavily on him. Ardie shared that "after the abortion, my partner got sad about what happened to our baby." Similarly, Ria's husband experienced a whirlwind of emotions—shock, sadness, and disappointment—when he learned about the abortion. She stated, "when I told my husband that I went to the doctor for a check-up and the doctor said our baby was aborted, he was shocked by my news that all along I was pregnant, but at the same time he was sad and disappointed for our loss." The sudden revelation left her husband reeling.

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### ***Coping Mechanism***

Coping with the loss took a toll on Cath's husband. He turned to drinking daily to navigate his feelings. The alcohol served as both an escape and a numbing agent. Meanwhile, Ria's husband turned to spending more time at work to help him move on from what happened.

### ***Relationship Strain***

The abortion strained Cath's relationship with her husband. The disappointment over losing their child and the blame game led to ongoing arguments. Their once-solid bond now faced turbulence. Similarly, Arlie's relationship with her partner also became strained, especially as Arlie constantly questioned whether her partner still loved her due to the abortion she had undergone.

Moreover, partners may harbor feelings of guilt or responsibility, questioning whether they could have done more to prevent pregnancy or support their partner differently. This internal conflict can exacerbate feelings of disillusionment and strain the relationship, as partners grapple with their own emotions while simultaneously attempting to provide comfort and support to their deaf partner (Altshuler et al., 2021).

### ***Religious Anxiety and Fear of Divine Retribution***

When deaf women decide to have an abortion, they often feel fearful about upsetting God or facing punishment because of their choice. This fear stems from their religious beliefs that consider abortion morally wrong or sinful, adding a heavy burden to their stress and anxiety. Such religious or cultural conviction led individuals to worry about potential consequences from a higher power (Frohwirth et al., 2018).

### ***Feeling Punished***

Some women, like Arlie and Maria, constantly worry that they have done something so wrong that God might punish them. They live with a persistent fear of divine retribution because of their decision.

### ***Fear of Not Having Children***

Others, like Arlie and Cath, fear that their abortion might make it difficult for them to have children in the future. They worry that their choice has damaged their chances of becoming parents.

Abortion can create a lasting fear in women, especially deaf women, that they may never be able to have children in the future due to their decision. This fear stems from a deep-seated belief that their choice to abort a pregnancy could somehow impact on their fertility or ability to conceive later (Klc et al., 2020). These stories show us how deeply religion can affect a woman's feelings about abortion. The fear of punishment from a higher power makes an already tough decision even harder.

## **Discussion**

Based on the research findings from interviews, several key themes have emerged regarding the experiences of deaf adult women going through abortion. These themes shed light on the complex emotional, physical, and psychological challenges faced by this demographic during such a sensitive time. Deaf adult women undergoing abortion experience profound emotional turmoil and guilt, grappling with conflicting feelings and moral dilemmas associated with their decision. The physical strain and discomfort associated with the abortion process further exacerbate the already challenging circumstances for deaf adult women, adding to their overall distress and discomfort. Following the abortion, these women continue to experience significant emotional impact, navigating feelings of grief, loss, and potential isolation. They employ various coping mechanisms to manage their emotions and find ways to move forward. Additionally, religious beliefs and cultural factors play a significant role in their experiences, contributing to feelings of anxiety and fear regarding potential divine retribution or societal judgment. To better support deaf adult women going through abortion, it is crucial to ensure accessible support services, provide comprehensive counseling, increase education and awareness efforts, and promote culturally sensitive care within healthcare settings.

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By implementing these recommendations, we can work towards creating a more supportive and inclusive environment for deaf adult women, acknowledging and addressing their unique challenges with empathy and understanding.

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**PSYCHOLOGY**

# THE EFFECTIVENESS OF REALITY-BASED INTERVENTION ON ACADEMIC MOTIVATION AMONG COLLEGE STUDENTS

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## Abstract

Academic motivation refers to the extent to which students engage with and perform in their academic tasks. A lack of academic motivation can significantly impact a student's overall academic performance and outcomes. To explore this, the study used the Academic Motivation Scale for College (AMS-C 28) to identify students with low academic motivation. Following this, a four-session intervention program was implemented over the course of one month to assess the effectiveness of Reality-based Intervention in increasing academic motivation. The study employed a pretest-posttest research design with a single group of 32 college students from a state college in Davao del Norte, Philippines. The results revealed a significant difference in intrinsic and extrinsic motivation before and after intervention having  $p = .001$ , while no significance change was found for amotivation with  $p = .073$ . Based on these findings, it can be concluded that, except for amotivation, the Reality-Based Intervention effectively increased intrinsic and extrinsic motivation among college students. Drawing on the principles of Choice theory, this intervention program appears to improve students' engagement and academic progress. Future research could explore the long-term impact of the Reality-Based Intervention on career growth among recent college graduates.

**Keywords:** *academic motivation, intrinsic motivation, extrinsic motivation, amotivation, reality-based intervention*

Education has become crucial for achieving career success and becoming future-ready in an era of rapid globalization and inevitable progress. For students, academic motivation is one important factor that fuels interest, effort, and persistence in one's academic pursuits. However, despite the increasing demand for educational attainment as a pathway to better career success, many young people are losing interest and becoming less motivated, often putting forth only minimal effort in their academic engagements. This trend results in various academic concerns, such as poor student outcomes, low academic performance, and even college dropouts, if issues related to academic motivation are not addressed. Several studies have identified common factors contributing to poor academic performance and lack of motivation among students. Yet, limited research focuses on designing preventive steps or effective interventions to help increase students' academic motivation and enable them to perform exceptionally well in their studies.

Motivation significantly affects student performance and academic achievement (Almalki, 2019; Erten, 2014; Goodman et al., 2011) as one's level of motivation determines their behavior toward a desired outcome (Amrai et al., 2011). Research findings indicate a significant difference in the academic achievement of highly motivated students compared to those who are less motivated academically (Abdurrahman & Garba, 2014).

Several factors can affect a student's academic motivation or school performance. According to the frustration-self-esteem model (Finn, 1989), a low self-perception caused when a learner repeatedly experiences unsuccessful school outcomes, leads the learner to become unmotivated and frustrated. This negative view of the self-causes them to engage in oppositional conduct, including absenteeism or complete withdrawal (Griffin, 2002; Meškauskienė, 2013).

In the Philippines, research showed three major factors affecting student's motivation to academically engage as follows: (1) availability of resources, (2) financial difficulties, and (3) conflicts with their work schedules for those who are self-supporting (Luciano et al., 2022) resulting in poor academic performance (Dumadag et al., 2023). In the latest global ranking of the top performing schools, the Global Knowledge Index ranked the Philippines in the low place dropping 21 places down being 77th out of 132 countries in 2022 comparatively to the previous year's rank of 56th out of 123 countries in 2021 and placing 60th out of 138 in 2020 (Garcia, 2023). These data suggest low ratings in knowledge, technology, research, and development. Additionally, Montemayor (2023) also reported that the Philippine Commission on Higher Education (CHED) recognized the need to mitigate measures to improve the academic performance of Filipino learners. This was after the Philippines was ranked poorly in the 2022 Programme for International Student Assessment (PISA) among 81 participating countries (Montemayor, 2023). Meanwhile, the CHED detected a decline in participation in the ranking of some Philippine Higher Education Institutions (HEIs) in the 2024 Times Higher Education (THE) World University Rankings (Sevillano, 2023). Furthermore, it is determined that the reason for the HEIs' concern is that the entry of more international HEIs is expected to lower the ranking of the Philippines (Sevillano, 2023) relative to last year. This lack of confidence among higher education institutions in their produced knowledge and academic performance among their learners signals a message that something must be addressed in the level of the learner's academic achievement. Since academic achievement is supplemented with academic motivation (Almalki, 2019; Erten, 2014; Goodman et al., 2011), it is essential to help students boost their academic motivation.

Anchored by the Choice Theory proposed by William Glasser (1960), this study determined the effectiveness of Reality-based intervention on academic motivation among college students. Specifically, it sought answers to the following research questions: (a) What is the level of academic motivation among college students before the intervention program? (b) What is the level of academic motivation among college students after the intervention program? (c) Is there any difference in the level of academic motivation among college students before and after the intervention program?

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## Methodology

### Research Design

The researcher utilized a pretest-posttest research design to determine the effectiveness of the Reality-based Intervention program on the students' level of academic motivation. Descriptive data analysis was conducted to interpret the quantitative data from the participants' pretest and posttest responses to the survey items. An independent t-test was used to determine the effect of the Reality-based Intervention.

### Population and Sampling Techniques

The population of the study was composed of college students who were currently enrolled during the conduct of the research specifically in the second semester of the academic year 2023-2024. The researcher utilized a purposive sampling technique in selecting participants. A total of 32 college students identified as having low academic motivation based on the Academic Motivation Scale Inventory (AMS-C 28) were selected as research participants.

Among the participants, 9 (28%) are males and 23 (72%) are females with ages ranging from 18 to 25 years old. The youngest age (18) constituted the majority (n=10, 31%), followed by the second highest, which is 19 years old (n=8, 25%) and 20 years old (n=8, 25%), the least represented group was those aged between 21 to 25 years old (n=6, 19%). In terms of family income level, the majority of (n=10, 31%) participants either did not disclose or did not know the family's income level; followed by 8 of them whose family income is not more than 5,000/month (25%), 7 are earning not more than 10,000/month (21%), 3 are earning not more than 7,500/month (9%) and another 3 are earning not more than 5,000/month (9%), and finally, participants whose family income exceeds 15, 000/month (6%).

### Instrumentation

The researcher utilized an adopted, structured questionnaire, the Academic Motivation Scale for College (AMS-C 28) which was administered both online and face-to-face depending on the flexibility, availability, and preference of each participant. Part I of the research instrument collected data on the respondents' demographic profile such as age, gender, family income level, and level of educational attainment. Part II of the research instrument was divided into three categories namely: first the intrinsic motivation with three subsets namely: to know, toward accomplishment, and to experience stimulation; secondly, the extrinsic motivation with three subsets namely: identified, introjected, and external regulation; lastly, Amotivation, with each item description corresponded to a negative score. Each subset consisted of four (4) items with a total of twenty-eight (28) items. Each item in the subtest is rated on a 7-point Likert scale with varying options from "does not correspond at all" to "corresponds exactly". The Likert scale was interpreted as follows: 1.000-1.857 (very low), 1.858-2.714 (low), 2.715-3.571 (moderately low), 3.572-4.428 (average), 4.429-5.285 (moderately high), 5.286-6.142 (high), and 6.143-7.000 (very high). These sets of questions were used to determine the participant's level of academic motivation in pursuing their college degree.

This research instrument was administered twice as a pretest and posttest before and after the intervention program. A duration of six weeks (or a month and a half) was the interval between the pretest and posttest. An intervention program, the WDEP (Want, Doing, Evaluating, and Planning) Reality-Based Group Intervention Approach was introduced in between the pretest and post-test. All participants were subjected to the same intervention program; while each participant's pretest and post-test data were compared to determine whether there were significant differences in the level of academic motivation among college students.

### Data Gathering Procedures

Upon approval to conduct the study, an online survey was distributed through a Google Form for the pretest. Posttest data were gathered both online and face-to-face, depending on the preference and convenience of the participants. The same set of survey questions was used. The link was sent online via email and/or messenger chat.

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### Analysis of Data

Data was analyzed using IBM SPSS Statistics version 21. Quantitative data were gathered through a pretest and posttest survey conducted before and after the reality-based intervention program, respectively. To provide a clearer interpretation of the data collected from the survey questionnaire, the researcher employed the following statistical procedures: percentage was used to describe the demographic profile of the respondents in terms of age, sex, family income level, and level of educational attainment; mean was used to determine the measure of the central tendency of the probability distribution of responses; standard deviation was used to assess the variability or dispersion of scores within each group (pretest and posttest); and independent t- test was used to compare the mean differences between the pretest and posttest data.

### Ethical Consideration

Following the guidelines set for ethical standards in research by the American Psychological Association (1981; 2017), the researcher sought approval from the Adventist University of the Philippines (AUP) Ethics Review Board (ERB) before the study was conducted. In accordance with ERB-approved research protocol, an informed consent form was provided to each participant outlining important guidelines such as confidentiality and anonymity, the purpose of engagement, benefits, and risks, and other factors concerning the overall safety of the participants in relation to the objectives of the conduct of the study.

### Results

To gain a clearer understanding of the population and determine the effectiveness of the Reality-based Intervention program on the level of academic motivation among college students, descriptive statistical analyses were conducted. Additionally, a T-test was used to determine whether there were significant differences in the levels of academic motivation among college students between the pretest and posttest results.

### Intrinsic Motivation Before Intervention

Table 1 illustrates the college students' pretest responses to the Academic Motivation Scale Survey for college. It specifically focuses on the subset of intrinsic motivation. This provides insight into the students' level of intrinsic motivation before the intervention program.

**Table 1**

*Mean and Standard Deviation of Intrinsic Motivation Before the Intervention*

| Indicator                                                                                                 | Mean | Std. Deviation | Verbal Interpretation |
|-----------------------------------------------------------------------------------------------------------|------|----------------|-----------------------|
| 1. Because I experience pleasure and satisfaction while learning new things.                              | 3.00 | 1.078          | Moderately Low        |
| 2. For the pleasure I experience when I discover new things never seen before.                            | 3.16 | 1.110          | Moderately Low        |
| 3. For the pleasure that I experience in broadening my knowledge about subjects that appeal to me.        | 3.00 | 1.191          | Moderately Low        |
| 4. Because my studies allow me to continue to learn about many things that interest me.                   | 3.13 | 1.314          | Moderately Low        |
| 5. For the pleasure I experience while surpassing myself in my studies.                                   | 2.81 | 1.030          | Moderately Low        |
| 6. For the pleasure that I experience while I am surpassing myself in one of my personal accomplishments. | 2.81 | 0.931          | Moderately Low        |

*{table continues on the next page}*

|                                                                                                              |      |       |                |
|--------------------------------------------------------------------------------------------------------------|------|-------|----------------|
| 7. For satisfaction I feel when I am in the process of accomplishing difficult academic activities.          | 2.84 | 1.019 | Moderately Low |
| 8. Because college allows me to experience personal satisfaction in my quest for excellence in my studies.   | 3.03 | 1.230 | Moderately Low |
| 9. For the intense feelings I experience when I am communicating my own ideas to others.                     | 2.94 | 1.076 | Moderately Low |
| 10. For the pleasure that I experience when I read interesting authors.                                      | 2.72 | 0.924 | Moderately Low |
| 11. For the pleasure that I experience when I feel completely absorbed by what certain authors have written. | 3.22 | 1.237 | Moderately Low |
| 12. For the "high" feeling that I experience while reading about various interesting subjects.               | 2.94 | 1.190 | Moderately Low |
| Grand Mean                                                                                                   | 2.97 | 0.878 | Moderately Low |

*Scoring System: Very Low = 1.000 – 1.857; Low = 1.858 – 2.714; Moderately Low = 2.715 – 3.571; Average = 3.572 – 4.428; Moderately High = 4.429 – 5.285; High = 5.286 – 6.142; Very High = 6.143 – 7.000*

Table 1 shows the students' level of intrinsic motivation in the pretest. The respondents obtained a total mean score of 2.97 (SD=0.878) in the pretest with a verbal interpretation of moderately low. This indicates that the college students exhibited a moderately low level of intrinsic motivation before the conduct of the intervention program.

Intrinsic motivation (IM) refers to engaging in activities that are inherently fulfilling or enjoyable (Legault, 2020). The essence of IM is non-instrumental, meaning that actions driven by intrinsic motivation are independent of any result aside from the behavior itself. In this case, the means and end are one and the same.

### Extrinsic Motivation Before Intervention

Table 2 illustrates the college students' pretest responses to the Academic Motivation Scale Survey for college. It specifically focuses on the subset of extrinsic motivation. This provides insight into the students' level of extrinsic motivation before the intervention program.

**Table 2**

*Mean and Standard Deviation of Extrinsic Motivation Before the Intervention*

| Indicator                                                                                             | Mean | Std. Deviation | Verbal Interpretation |
|-------------------------------------------------------------------------------------------------------|------|----------------|-----------------------|
| 1. Because I think that a college education will help me better prepare for the career I have chosen. | 3.47 | 1.367          | Moderately Low        |
| 2. Because eventually, it will enable me to enter the job market in a field that I like.              | 2.91 | 1.174          | Moderately Low        |
| 3. Because this will help me make a better choice regarding my career orientation.                    | 3.25 | 1.34           | Moderately Low        |
| 4. Because I believe that a few additional years of education will improve my competence as a worker. | 3.22 | 1.475          | Moderately Low        |
| 5. To prove to myself that I can complete my college degree.                                          | 3.13 | 1.314          | Moderately Low        |
| 6. Because when I succeed in college, I feel important.                                               | 3.06 | 1.390          | Moderately Low        |
| 7. To show myself that I am an intelligent person.                                                    | 2.69 | 1.091          | Low                   |

*{table continues on the next page}*

|                                                                                     |      |       |                |
|-------------------------------------------------------------------------------------|------|-------|----------------|
| 8. Because I want to show myself that I can succeed in my studies.                  | 3.63 | 1.845 | Moderately Low |
| 9. Because with only a high-school degree I would not find a high-paying job later. | 2.91 | 1.422 | Moderately Low |
| 10. To obtain a more prestigious job later.                                         | 2.91 | 1.201 | Moderately Low |
| 11. Because I want to have "a good life" later.                                     | 3.53 | 1.626 | Moderately Low |
| 12. To have a better salary later.                                                  | 3.38 | 1.519 | Moderately Low |
| Grand Mean                                                                          | 3.17 | 1.092 | Moderately Low |

*Scoring System: Very Low = 1.000 – 1.857; Low = 1.858 – 2.714; Moderately Low = 2.715 – 3.571; Average = 3.572 – 4.428; Moderately High = 4.429 – 5.285; High = 5.286 – 6.142; Very High = 6.143 – 7.000*

Table 2 shows the students' academic level of extrinsic motivation in the pretest. The respondents obtained a total mean score of 3.17 (SD=1.092) in the pretest with a verbal interpretation of *moderately low*. This reveals that the college students exhibited a moderately low level of extrinsic motivation before the conduct of the intervention program.

Extrinsic motivation (EM) is behaviors committed that are essentially driven by a separate desired result or reward from the activity itself (Legault, 2020). In other words, EM is instrumental in nature. It is performed to attain some other outcome.

### Amotivation Before Intervention

Table 3 illustrates the college students' pretest responses to the Academic Motivation Scale Survey for college. It focuses specifically on the subset of amotivation. This provides insight into the students' level of amotivation before the intervention program.

**Table 3**

*Mean and Standard Deviation of Amotivation Before the Intervention*

| Indicator                                                                                         | Mean | Std. Deviation | Verbal Interpretation |
|---------------------------------------------------------------------------------------------------|------|----------------|-----------------------|
| 1. Honestly, I don't know; I really feel that I am wasting my time in school.                     | 2.63 | 1.718          | Low                   |
| 2. I once had good reasons for going to college; however, now I wonder whether I should continue. | 3.31 | 1.491          | Moderately Low        |
| 3. I can't see why I go to college and frankly, I couldn't care less.                             | 2.81 | 1.655          | Moderately Low        |
| 4. I don't know; I can't understand what I am doing in school.                                    | 2.63 | 1.792          | Low                   |
| Grand Mean                                                                                        | 2.84 | 1.387          | Moderately Low        |

*Scoring System: Very Low = 1.000 – 1.857; Low = 1.858 – 2.714; Moderately Low = 2.715 – 3.571; Average = 3.572 – 4.428; Moderately High = 4.429 – 5.285; High = 5.286 – 6.142; Very High = 6.143 – 7.000*

Table 3 shows the students' academic level of amotivation in the pretest. The respondents obtained a total mean score of 2.84 (SD=1.387) in the pretest with a moderate interpretation. This reveals that the college students exhibited a moderately low level of amotivation before the conduct of the intervention program.

Amotivation is the lack or the absence of motivation to engage in any kind of activity (Banerjee & Halder, 2021). Results show that participants have a moderately low level of amotivation. This suggests that respondents exhibited good classroom engagement before the intervention program.

### Intrinsic Motivation After Intervention

Table 4 illustrates the college students' posttest responses to the Academic Motivation Scale Survey for college. It specifically focuses on the subset of intrinsic motivation. This provides insight into the students' level of intrinsic motivation after the intervention program.

**Table 4**

*Mean and Standard Deviation of Intrinsic Motivation After the Intervention*

| Indicator                                                                                                    | Mean | Std. Deviation | Verbal Interpretation |
|--------------------------------------------------------------------------------------------------------------|------|----------------|-----------------------|
| 1. Because I experience pleasure and satisfaction while learning new things.                                 | 6.50 | 0.762          | Very High             |
| 2. For the pleasure I experience when I discover new things never seen before.                               | 6.34 | 0.701          | Very High             |
| 3. For the pleasure that I experience in broadening my knowledge about subjects that appeal to me.           | 6.22 | 0.832          | Very High             |
| 4. Because my studies allow me to continue to learn about many things that interest me.                      | 6.63 | 0.492          | Very High             |
| 5. For the pleasure I experience while surpassing myself in my studies.                                      | 5.97 | 0.782          | High                  |
| 6. For the pleasure that I experience while I am surpassing myself in one of my personal accomplishments.    | 6.25 | 0.880          | Very High             |
| 7. For satisfaction I feel when I am in the process of accomplishing difficult academic activities.          | 6.22 | 0.975          | Very High             |
| 8. Because college allows me to experience personal satisfaction in my quest for excellence in my studies.   | 6.47 | 0.671          | Very High             |
| 9. For the intense feelings I experience when I am communicating my own ideas to others.                     | 5.84 | 0.767          | High                  |
| 10. For the pleasure that I experience when I read interesting authors.                                      | 5.53 | 0.761          | High                  |
| 11. For the pleasure that I experience when I feel completely absorbed by what certain authors have written. | 5.47 | 0.718          | High                  |
| 12. For the "high" feeling that I experience while reading about various interesting subjects.               | 5.84 | 0.723          | High                  |
| Grand Mean                                                                                                   | 6.11 | 0.464          | High                  |

*Scoring System: Very Low = 1.000 – 1.857; Low = 1.858 – 2.714; Moderately Low = 2.715 – 3.571; Average = 3.572 – 4.428; Moderately High = 4.429 – 5.285; High = 5.286 – 6.142; Very High = 6.143 – 7.000*

Table 4 shows the students' academic level of intrinsic motivation in the posttest. The respondents obtained a total mean score of 6.11 (SD=0.464) in the posttest with a verbal interpretation of high. This reveals that the college students exhibited a high level of intrinsic motivation, suggesting that there was an increase in the participants' intrinsic motivation after the conduct of the intervention program.

### Extrinsic Motivation After Intervention

Table 5 illustrates the college students' posttest responses to the Academic Motivation Scale Survey for college. It specifically focuses on the subset of extrinsic motivation. This provides insight into the students' level of extrinsic motivation after the intervention program.

**Table 5***Mean and Standard Deviation of Extrinsic Motivation After the Intervention*

| Indicator                                                                                             | Mean | Std. Deviation | Verbal Interpretation |
|-------------------------------------------------------------------------------------------------------|------|----------------|-----------------------|
| 1. Because I think that a college education will help me better prepare for the career I have chosen. | 6.72 | 0.523          | Very High             |
| 2. Because eventually, it will enable me to enter the job market in a field that I like.              | 6.44 | 0.716          | Very High             |
| 3. Because this will help me make a better choice regarding my career orientation.                    | 6.56 | 0.759          | Very High             |
| 4. Because I believe that a few additional years of education will improve my competence as a worker. | 6.56 | 0.669          | Very High             |
| 5. To prove to myself that I can complete my college degree.                                          | 6.81 | 0.471          | Very High             |
| 6. Because when I succeed in college, I feel important.                                               | 6.16 | 1.322          | Very High             |
| 7. To show myself that I am an intelligent person.                                                    | 5.88 | 1.040          | High                  |
| 8. Because I want to show myself that I can succeed in my studies.                                    | 6.88 | 0.336          | Very High             |
| 9. Because with only a high-school degree I would not find a high-paying job later.                   | 5.88 | 1.238          | High                  |
| 10. To obtain a more prestigious job later.                                                           | 6.84 | 0.369          | Very High             |
| 11. Because I want to have "a good life" later.                                                       | 6.88 | 0.421          | Very High             |
| 12. To have a better salary later.                                                                    | 6.81 | 0.471          | Very High             |
| Grand Mean                                                                                            | 6.53 | 0.388          | Very High             |

*Scoring System: Very Low = 1.000 – 1.857; Low = 1.858 – 2.714; Moderately Low = 2.715 – 3.571; Average = 3.572 – 4.428; Moderately High = 4.429 – 5.285; High = 5.286 – 6.142; Very High = 6.143 – 7.000*

Table 5 shows the students' academic level of extrinsic motivation in the posttest. The respondents obtained a total mean score of 6.53 (SD=0.388) in the posttest with a very high verbal interpretation. This reveals that the college students exhibited a very high level of extrinsic motivation, suggesting that there was an increase in the participants' extrinsic motivation after the conduct of the intervention program.

### Amotivation After Intervention

Table 6 illustrates the college students' posttest responses to the Academic Motivation Scale Survey for college. It specifically focuses on the subset of amotivation. This provides insight into the students' level of amotivation after the intervention program.

**Table 6***Mean and Standard Deviation of Amotivation After the Intervention*

| Indicator                                                                                         | Mean | Std. Deviation | Verbal Interpretation |
|---------------------------------------------------------------------------------------------------|------|----------------|-----------------------|
| 1. Honestly, I don't know; I really feel that I am wasting my time in school.                     | 2.16 | 1.798          | Low                   |
| 2. I once had good reasons for going to college; however, now I wonder whether I should continue. | 2.88 | 1.845          | Moderately Low        |
| 3. I can't see why I go to college and frankly, I couldn't care less.                             | 1.97 | 1.470          | Low                   |

*{table continues on the next page}*

|                                                                |      |       |     |
|----------------------------------------------------------------|------|-------|-----|
| 4. I don't know; I can't understand what I am doing in school. | 1.78 | 1.475 | Low |
| Grand Mean                                                     | 2.20 | 1.247 | Low |

*Scoring System: Very Low = 1.000 – 1.857; Low = 1.858 – 2.714; Moderately Low = 2.715 – 3.571; Average = 3.572 – 4.428; Moderately High = 4.429 – 5.285; High = 5.286 – 6.142; Very High = 6.143 – 7.000*

Table 6 shows the students' academic level of *amotivation* in the posttest. The respondents obtained a total mean score of 2.20 (sd=1.247) in the post-test with a verbal interpretation of low. This reveals a slight decrease in the student's level of *amotivation* from *moderately low* during the pretest to *low* in the posttest.

The result reveals that there is a slight decrease in the students' *amotivation* after the conduct of the reality-based intervention program. This suggests that classroom passivity is lessened with improved proactive classroom behavior among participants after the intervention program.

### Comparison of Academic Motivation Before and After Intervention

Table 7 illustrates the mean difference between the college students' answers to the Academic Motivation Scale Survey in the pre-test and post-test. It compares the students' academic motivation levels before and after the intervention. This comparison highlights any changes in their motivation because of the program.

**Table 7**

*Mean Differences in the Level of Academic Motivation Between Pretest and Posttest*

|                 |                  | Mean<br>Difference | SE    | t      | df | P      | Remarks         |
|-----------------|------------------|--------------------|-------|--------|----|--------|-----------------|
| Pre-Intrinsic   | Post-Intrinsic   | -3.141             | 0.163 | -19.21 | 31 | < .001 | Significant     |
| Pre-Extrinsic   | Post-Intrinsic   | -3.362             | 0.187 | -18.00 | 31 | < .001 | Significant     |
| Pre-Amotivation | Post-Amotivation | 0.648              | 0.350 | 1.85   | 31 | 0.073  | Not Significant |

Table 7 shows the mean difference in the students' academic levels in intrinsic motivation, extrinsic motivation, and *amotivation* between the pre-test and posttest. The pretest results showed that before the intervention program, the respondents exhibited a moderately low level of intrinsic motivation (2.97, SD=0.878) and a moderately low level of extrinsic motivation (3.17, SD=1.092); and a moderately low level of *amotivation* (2.84, SD=1.386). The posttest results showed a notable increase in the respondents' intrinsic motivation with a mean score of 6.11 (SD=0.464) which is verbally interpreted as high, a very notable increase in the respondents' extrinsic motivation with a mean score of 6.53 (SD=0.388) which is verbally interpreted as very high. Meanwhile, there was a very small difference in the participants' level of *amotivation* with a mean score of 2.20 (SD=1.247) which is verbally interpreted as low. The mean per pair of intrinsic and extrinsic motivation indicated that there were significant differences ( $p=.001$ ) between the pretest and posttest results of participants' levels of intrinsic and extrinsic motivation. While the means for the pretest and posttest of *amotivation* showed no significance ( $p=.073$ ).

These results suggest that participants developed a high level of intrinsic motivation and very high extrinsic motivation after the intervention program. Meanwhile, there was only a slight decrease in the participants' level of *Amotivation* from moderately low to low. Based on these results, it can be concluded that, except for *amotivation*, the Reality-Based Intervention Program is effective as it impacts significantly on intrinsic and extrinsic motivation among college students.

### Discussion

Academic motivation is the drive that fuels the youth to commit to finishing the degree they started and pursue academic success. It is essential for students' academic motivation to be maintained high to keep students on track with their academic pursuits. This study investigates the effectiveness of the Reality-based Group Intervention program in enhancing academic motivation among college students. Furthermore, the

study finds that the students' level of academic motivation significantly increased after the Reality-based Group Intervention was conducted.

The Choice theory as popularized by William Glasser (1960) emphasized the importance of decisiveness and the behavior one displays in attaining his/her desired goals. It explains that, for all practical purposes, we make choices for everything we do, that leads to both the desirable and undesirable outcomes of our actions (Glasser, 1999). This further implies that we make our future reality by the choice of actions we take today. Thus, to achieve academic success, one must direct their actions toward realizing their desired goals. With these findings, the application of the learning that the student participants gained from the Reality-based Group Intervention program helped participants improve their academic motivation and led them to willingly commit to pursuing their academic success.

The current study's primary objective was to confirm the effectiveness of the Reality-based Intervention program to the level of academic motivation among college students. It also aimed to increase the level of academic motivation of the participants into the highest level of academic motivation. The findings clearly demonstrate that the participants exhibited a high level of intrinsic motivation and a very high level of extrinsic motivation after the intervention program. However, there is a very slight decrease in the participants' level of amotivation from moderately low to low. Therefore, based on the findings of this study, it can be concluded that, except for amotivation, the Reality-Based Group Intervention Program is effective as it significantly improved intrinsic and extrinsic motivation among college students. This further implies that an intervention program is needed to reduce or eventually eliminate the amotivation among college students.

In conclusion, the findings of this study provide preliminary evidence that may encourage future researcher involving more diverse participants to improve the generalizability of results. Also, future research focusing on the life-long impact of Reality-Based Intervention on Career growth among fresh college graduates is suggested.

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**PSYCHOLOGY**

# PARENTAL SUPPORT OF NON-OFFENDING PARENTS: THE EFFECTIVENESS OF THE RP3F PROGRAM IN THE AFTERMATH OF INTRAFAMILIAL CHILD SEXUAL ABUSE

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## Abstract

The issue of child sexual abuse remains a pressing concern in contemporary society. Quite often, the offender is someone close to the child. This situation constitutes what is known as intrafamilial child sexual abuse (ICSA)—defined as “any act of child sexual abuse that occurs within a family environment.” Its occurrence creates lasting impacts not only on children who are victim-survivors but also on their non-offending parents (NOPs). This quantitative study focused on investigating the effectiveness of an intervention program designed for NOPs dealing with the aftermath of ICSA. It is based on the premise that their struggles may hinder their ability to provide adequate parental support to their children; hence, therapeutic intervention is necessary. The program consists of five components: recognizing the need for support (R), psychoeducation (PI), peer counseling (PII), parental adjustment (PIII), and follow-up and reassessment (F); thus, it is named the “RP3F Program.” A one-group pretest-posttest research design was utilized to compare the level of parental support before and after the program’s implementation. Data were gathered from the ratings provided by 24 non-offending parents using the Parental Support after Child Sexual Abuse (PSCSA) Survey—Parent Version. This questionnaire consists of 16 items, translated into Filipino, which participants rated using a Likert scale. The pretest mean score was 2.02, indicating an average ability to provide parental support. In contrast, the posttest mean score of 3.10 reflected a high ability to provide parental support. A paired samples t-test revealed a significant difference between the pretest and posttest scores at  $p < 0.005$ , with an effect size of 3.34. These results provide evidence for the effectiveness of the RP3F Program in enhancing parental support capacities of non-offending parents.

**Keywords:** *intrafamilial child sexual abuse, non-offending parents, parental support, psychoeducation, peer counseling, parental adjustment*

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The issue of child sexual abuse has been a pressing concern in contemporary society. The Centers for Disease Control and Prevention broadly defines child sexual abuse (CSA) as “the involvement of a child (person less than 18 years old) in sexual activity that violates the laws or social taboos of society and that he/she does not fully comprehend, does not consent to, or is unable to give informed consent to, or is not developmentally prepared for and cannot give consent to” (Centers for Disease Control and Prevention, 2020). A deeper concern about CSA is the fact that, in many cases, the offender is someone familiar to the child (LaTreill, 2020).

According to McNeish and Scott (2023), intrafamilial child sexual abuse (ICSA) refers to “any act of child sexual abuse that occurs within a family environment.” While incest is a closely related concept, ICSA is not confined to the occurrence of sexual intercourse between parents and children. Rather, it encompasses all acts categorized as sexual abuse, as previously defined (Centers for Disease Control and Prevention, 2020). Moreover, perpetrators who are not blood-related but are treated as part of the family are also considered possible offenders (LaTreill, 2020). The key consideration is whether the perpetrator feels like family from the child’s point of view (McNeish & Scott, 2023). Hence, perpetrators of ICSA may include, but are not limited to, parents, godparents, stepparents, siblings, uncles, close family friends, or babysitters (LaTreill, 2020; Horvath et al., 2014; McNeish & Scott, 2023).

In the Philippines, the Department of Social Welfare and Development (DSWD) recorded a total of 1,856 cases of incestuous child abuse from 2013 to 2016 (Philippine Statistics Authority, 2018). The latest record of Women and Children Protection Units (WCPUs) across the country tallied that nearly 6,000 children were sexually abused in 2021. This climbed to 6,600 cases in 2022 (Chi, 2023). In a news interview with *Inquirer*, the executive director of Child Protection Network Foundation, Dr. Bernadette Madrid, mentioned, “While many of the perpetrators were strangers and friends to the child, the majority of them were family members—brothers, fathers, uncles, cousins, and even female perpetrators like mothers and sisters” (Lazaro, 2023).

The impact of child sexual abuse has been studied extensively through years of research, mostly highlighting its traumatogenic nature (van Toledo and Seymour, 2013; Karakurt and Silver, 2014; Rakovec-Felser & Vidovic, 2016; LaTreill, 2020). LaTreill (2020) described child sexual abuse as a complicated, multifaceted type of trauma that often causes victim-survivors to experience severe distress. This eventually leads to a wide variety of emotional and behavioral changes, undermining their capacity for building healthy relationships, including with their families (Nelson, 2019; Williamson et al., 2019).

Several studies have elaborated on the differences between the impacts of intrafamilial and extrafamilial childhood sexual abuse (Martin et al., 2013; Hartman, 2021). These studies report that survivors of ICSA experience greater negative consequences than survivors of extrafamilial child sexual abuse (Martin et al., 2013). Compared to extrafamilial traumas, intrafamilial traumas—such as ICSA—are associated with more detrimental psychological outcomes, largely due to greater betrayal involved, which leads to more severe maladaptive psychological effects (Martin et al., 2013).

ICSA is distinct in that abusers frequently have easy access to the children of the family members and may disguise their abuse as acts of love or care while simultaneously threatening loved ones, favorite belongings, or enjoyable activities (Hartman, 2021). This underscores the importance of drawing a particular focus on ICSA. In addition to the struggles of victim-survivors, the impact of ICSA on non-offending parents has also been the subject of contemporary research.

The term “non-offending parent” (NOP) refers to the parent or guardian who was not involved in the sexual assault of the child. In the context of ICSA, the NOP is usually, but not always, the child’s mother (LaTreill, 2020). Some studies prefer to use the more encompassing term “non-offending caregiver” (NOC) (St-Amand et al., 2022).

The experiences of non-offending parents have received less empirical attention compared to those of perpetrators and victim-survivors of ICSA. Nonetheless, growing evidence shows that NOPs suffer significant stress and loss after learning of their child’s sexual abuse at the hands of a family member, especially when the abuser is a spouse (Thompson, 2017; Cyr et al., 2016). This includes heightened

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psychological distress, depression, and post-traumatic stress disorder (Cyr et al., 2016; Williamson et al., 2019; McNeish and Scott, 2023).

NOPs have expressed feelings of blame, either directed at themselves or at others. They often held themselves responsible for their child's perceived inability to adjust or for not recognizing early symptoms (Williamson et al., 2019). Processing these emotions and channeling them in positive ways can be difficult, as research has shown patterns of intense feelings of betrayal and anger (Thompson, 2017; Andrade, 2019).

A phenomenological study conducted by Andrade (2019) revealed that NOPs struggle with uncertainty about what steps to take after discovering the abuse. They reported experiencing high levels of anxiety regarding how best to assist their child's recovery and manage emerging mental health issues (Andrade, 2019; Williamson et al., 2019). Because of these struggles, many non-offending parents may find it challenging to provide supportive parenting that is essential for a child's recovery from ICSA (Thompson, 2017; Andrade, 2019).

Several studies have supported the link between parental support and the victim-survivors from ICSA. The way a non-offending parent responds to the disclosure of their child's abuse is crucial, with strong parental support associated with better adjustment in children (Vaplon, 2015; Zajac et al., 2015; McNeish & Scott, 2023). Supportive parenting after ICSA disclosure is linked to improved mental health and social functioning, better overall adjustment, sustained caregiver attachment, increased self-concept, reduced depressive symptoms, and fewer externalizing and delinquent behaviors (Knott & Fabre, 2014).

Because children often seek and rely on protective adults in their lives, they may inadvertently determine whether an experience is traumatic for them based on how their parent or caregiver reacts (Knott and Fabre, 2014; Vaplon, 2015).

A study conducted by Vilvens et al. (2021) revealed that NOPs who were further along in the healing process were more effective in managing the impacts of ICSA on their children. These parents had successfully processed their emotions, established stability within the family unit, employed adaptive coping mechanisms, and embraced a new chapter in their lives (Vilvens et al., 2021).

A non-offending parent's mental health and, consequently, her parenting practices influence the trajectory of her child's recovery (Vaplon, 2015). This stresses the importance of parental support in the journey to recover from ICSA. However, it can be argued that the difficulties non-offending parents face following ICSA disclosure impede their capacity to provide parental support.

Following the sexual abuse of a child, non-offending parents need support to manage a double burden—their own distress and that of their child. They express a need for guidance in understanding their child's experience, as well as information about behaviors or responses that indicate poor or unhealthy coping (Andrade, 2019; Williamson et al., 2019). They also seek ways to foster age-appropriate conversations with their child about the abuse (Andrade, 2019).

Findings from a meta-analysis on non-offending caregivers (NOCs) of minor sexual abuse victims suggest the need to consider the diverse range of NOC-specific intervention requirements to offer individualized support (St-Amand et al., 2022). Thompson (2017) argued for the importance of trauma-informed psychoeducation, focusing on coping strategies and identifying risk indicators in children. Empowerment-based approaches that assist mothers in decision-making, maximize protective and supportive parenting, and recognize emotional and cognitive processing needs are also beneficial (Thompson, 2017).

NOPs also reported that counseling was instrumental to their recovery. They found support groups helpful, particularly those that provide information on abuse dynamics and practical advice for parents (McNeish & Scott, 2023). By learning strategies like active listening, affirming their child's actions, and expressing empathy, parents can make a significant difference in managing the initial shock, sadness, or rage they may experience. This allows non-offending parents to respond to their children in a more supportive manner than they did initially (Foster, 2014).

While the dynamics of child sexual abuse have been extensively studied, insufficient attention has been paid specifically to intrafamilial child sexual abuse. Local studies on this topic remain scarce despite the persistently high incidence of ICSA in the Philippines. Existing literature has demonstrated that adequate

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parental support from non-offending parents is associated with better recovery from ICSA. Likewise, post-disclosure challenges faced by non-offending parents have also been empirically recognized as a hindrance to supportive parenting. Various therapeutic interventions are currently utilized to aid in the recuperation from experienced or disclosed abuse. However, these are often directed primarily towards reducing trauma symptomatology among victim-survivors.

This study focused on investigating the effectiveness of an intervention program designed for non-offending parents. This program, named the RP3F Program, aims to improve the level of parental support they provide to their child/children. This is based on the premise that the struggles of NOPs impede their ability to provide adequate parental support to victim-survivors of ICSA; hence, therapeutic intervention is necessary to strengthen this capacity.

Specifically, this study seeks to answer the following research questions:

1. What is the level of non-offending parents' (NOPs) parental support before implementing the RP3F Program?
2. What is the level of NOP's parental support after implementing the RP3F Program?
3. Is there a significant difference in the level of parental support before and after implementing the RP3F Program among NOPs?

## **Methodology**

### **Research Design**

A one-group pretest–posttest research design was utilized for this study. This design is appropriate since the same participants were tested at both points. A pre-intervention measurement was administered before the implementation of the program. Participants completed the PSCSA Survey—Parent Version at the onset of data collection. Then, they underwent multiple components of the RP3F Program. A repeat administration of the PSCSA Survey was conducted two weeks after the conclusion of the program. Participants' scores from the first and second administrations were then subjected to quantitative analysis.

### **Population and Sampling Techniques**

The data for this study were gathered from 24 non-offending parents (NOPs) of victim-survivors of ICSA, regardless of their gender or age. The participants met the following criteria: (1) residents of Palawan, (2) currently caring for a child who had disclosed an experience of ICSA within the past twelve months, (3) experienced difficulties in providing supportive parenting to the child that began or intensified after the abuse, (4) expressed willingness to participate in group counseling with other NOPs, and (5) expressed both willingness and desire to actively participate in their child's recovery from ICSA. The study participants included residents from the city of Puerto Princesa and the municipality of Bataraza.

Considering the sensitive nature of ICSA, many cases are likely not reported to authorities. Therefore, a broader geographic scope was selected to compensate for this challenge. The twelve-month post-disclosure timeframe was considered sufficient to meet the target number of participants while also limiting the variance in recovery due to the passage of time. All participants provided informed consent before joining the study.

A non-probability purposive sampling method was primarily employed to gather participants. This method allowed the researcher to screen participants who fit the specified set of criteria. The researcher coordinated with the Women and Children Protection Unit of Puerto Princesa City, as well as various barangays within the city, to obtain a list of potential participants. A public call for participants was also made through social media, where interested individuals could submit their details via Google Form. Additionally, the snowball sampling technique was utilized to recruit further participants.

Table 1 presents the demographic profile of the participants. The demographic data reveal that many participants were female (62.5%), primarily mothers (63%), most of whom lived with both the child and a spouse (75%). A smaller portion consisted of male participants (37.5%), including biological fathers (33%) and one stepfather (4%). Additionally, 25% of respondents were living with the child alone, indicating a

presence of single-parent households. This profile suggests that the study largely reflects the perspectives of mothers in two-parent family settings, which may influence the caregiving dynamics and family-related insights gathered.

**Table 1**  
*Demographic Profile of the Participants*

| Demographics                |                              | Frequency | Percentage |
|-----------------------------|------------------------------|-----------|------------|
| Sex                         | Female                       | 15        | 62.5       |
|                             | Male                         | 9         | 37.5       |
| Relationship with the Child | Mother                       | 15        | 63         |
|                             | Biological Father            | 8         | 33         |
|                             | Stepfather                   | 1         | 4          |
| Family Set-Up               | Living with child and spouse | 18        | 75         |
|                             | Living with child alone      | 6         | 25         |

### Instrumentation

The researcher utilized the PSCSA Survey to measure participants' level of ability to provide parental support before and after implementation of the program. The PSCSA includes a child version and a parent version; however, only the parent version was used for this study, as it aligned with the study's purpose and design. This measure, developed in 2021, is "based on theory, previous measures, and clinical expertise in working with children exposed to CSA" (Asgeirsdottir et al., 2021).

The PSCSA—Parent Version consists of 16 items, originally written in English, where respondents indicate their agreement with each statement using a Likert scale (0 = never; 1 = seldom; 2 = sometimes; 3 = often; 4 = very often). The psychometric properties of PSCSA were established using data from 95 parent-child dyads who presented at a child advocacy center in Iceland. The parent version comprises five factors: emotional support, self-blame, child blame, disbelief, and instrumental support. Reliability was high (above 0.80) for all subscales except instrumental support, which was adequate ( $\alpha = 0.68$ ) (Asgeirsdottir et al., 2021).

To establish the local validity, the statements were translated into Filipino and subjected to content validation prior to data collection. All items were tallied with reverse scoring applied to items 9-16. The survey was conducted individually and face-to-face to ensure confidentiality. The first administration occurred immediately after informed consent was obtained from the participant. The second administration took place two weeks after the final session of the program, allowing time for parental adjustment to occur following the intervention.

### The RP3F Program

The "RP3F" program name corresponds to its five components: (I) Recognizing the Need for Support, (II) Psychoeducation, (III) Peer Counseling, (IV) Parental Adjustment, and (V) Follow-up and Reassessment. The program begins after participants' scores on the PSCSA Survey have been collected. This initial stage is essential for helping participants to acknowledge their need for support and affirm their commitment to the program. They are introduced to the concept of parental support, its importance in the recovery process following intrafamilial child sexual abuse, their role as non-offending parents, and the goals of the program.

The second component of the program focused on trauma-focused psychoeducation, delivered through a series of lecture discussions. The content of the psychoeducation program was based on a guide released by the Centre of Expertise on Child Sexual Abuse (CSA Centre). This resource, written by Parkinson (2022), contains information compiled from various updated references addressing child sexual abuse. A total of three hours was devoted to providing psychoeducation for non-offending parents. The content was

presented in Filipino to promote better understanding. All sessions were conducted in a face-to-face group setting. The outline of the psychoeducation content is presented in Table 2.

**Table 2**

*Outline of Psychoeducation Program*

| Topics                                                                                                                                                                                                                                                                | Duration |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Part A: Parents as victims of abuse                                                                                                                                                                                                                                   | 1 hour   |
| <ul style="list-style-type: none"> <li>• Why parents need support</li> <li>• Understanding parents' and families' reactions when sexual abuse is suspected or identified</li> <li>• The impact of intrafamilial child sexual abuse on parents and children</li> </ul> |          |
| Part B: Ways to support parents                                                                                                                                                                                                                                       | 1 hour   |
| <ul style="list-style-type: none"> <li>• Key elements of a supportive approach</li> <li>• Supportive actions taken with parents</li> <li>• Supporting parents' relationship with their child</li> </ul>                                                               |          |
| Part C: Tailoring the approach                                                                                                                                                                                                                                        | 1 hour   |
| <ul style="list-style-type: none"> <li>• Roles of professionals</li> <li>• Support in the context of intrafamilial child sexual abuse</li> <li>• Support for parents in specific situations</li> </ul>                                                                |          |

Afterward, the participants went through group counseling with their fellow NOPs. The participants were divided into small groups with six to eight members each. A total of three sessions were conducted per small group. Each session lasted for approximately one hour. An additional two weeks after the last peer counseling session were devoted to encouraging more time for parental adjustment. Parents were also provided with supportive follow-up. This accounts for the time in between the application of the other components, especially two weeks after the last peer counseling session. Maintaining communication with participants was necessary for this component to transpire. Lastly, reassessment was done to check the participants' scores on the second administration of the PSCSA Survey.

### **Data Gathering Procedures**

The data collection process began with the initial administration of the PSCSA Survey to assess participants' baseline levels of parental support. Following this, participants were oriented towards the importance of parental support and the goals of the program. Trauma-focused psychoeducation was then delivered through lecture discussions, followed by peer counseling sessions conducted in small groups of six to eight members, with three one-hour sessions per group. After counseling, a two-week period was provided to allow for parental adjustment and follow-up support. Communication was maintained during this phase. Finally, reassessment was conducted through a second administration of the PSCSA Survey to measure changes in parental support levels.

### **Ethical Considerations**

Given the sensitive nature of the topic under investigation, there is potential for participants to experience discomfort during the study. If this occurs, participants are encouraged to communicate immediately with the researcher. Participation is voluntary, and participants may choose not to answer any question or withdraw from any discussion, activity, or survey if they find it too personal or distressing. Refusal to answer specific questions or take part in certain activities does not constitute complete withdrawal from the study unless the participant explicitly chooses to withdraw.

## Data Analysis

The data gathered from the PSCSA questionnaire were analyzed using quantitative methods. The researcher computed the mean and standard deviation to determine the levels of parental support before and after the RP3F Program. A paired-sample t-test was conducted to assess whether the post-intervention scores significantly differed from the pre-intervention scores.

## Results

### Level of Non-Offending Parents' (NOPs) Parental Support Before Implementing the RP3F Program

The data for this study were gathered from 24 non-offending parents, consisting of 9 fathers and 15 mothers. Among them are 9 couples joined by 6 individual participants. Table 3 presents the participants' responses to the PSCSA survey prior to the implementation of the RP3F program. The scores obtained reflect their pre-intervention level of ability to provide parental following intrafamilial child sexual abuse (ICSA).

**Table 3**

*Descriptive Statistics on Parental Support Before Implementing the Rp3f Program*

| Statement                                                                                                 | Mean | SD   | Scaled Response |
|-----------------------------------------------------------------------------------------------------------|------|------|-----------------|
| 1. Nasabi ko sa aking anak na mahal ko siya.                                                              | 2.46 | 1.02 | Sometimes       |
| 2. Napaglaanan ko ng oras ang aking anak                                                                  | 2.71 | 0.95 | Often           |
| 3. Nagkausap kami ng aking anak tungkol sa mga personal na isyu                                           | 2.83 | 1.01 | Often           |
| 4. Napakinggan ko ang aking anak kahit marami akong ibang ginagawa                                        | 2.63 | 1.10 | Often           |
| 5. Nasuportahan ko ang aking anak                                                                         | 3.29 | 0.75 | Often           |
| 6. Napalakas ko ang loob ng aking anak                                                                    | 3.08 | 0.97 | Often           |
| 7. Napagaan ko ang kalooban ng aking anak                                                                 | 3.08 | 0.78 | Often           |
| 8. Naiparamdam ko sa aking anak ang seguridad                                                             | 2.21 | 1.06 | Sometimes       |
| 9. *Naisip kong naiwasan sana ang nangyaring pang-aabuso kung mas nag-ingat ako                           | 1.17 | 0.87 | Often           |
| 10. *Noong una ay nahirapan akong paniwalaan ang nangyari sa aking anak.                                  | 0.75 | 1.03 | Often           |
| 11. *Naisip kong napansin ko dapat na may pang-aabusong nararanasan ang aking anak                        | 1.17 | 1.40 | Often           |
| 12. *Naramdaman kong nabigo ko ang aking anak                                                             | 1.38 | 1.44 | Often           |
| 13. *Naisip kong kaya sanang pigilan ng aking anak ang nangyaring pang-aabuso                             | 2.33 | 1.01 | Sometimes       |
| 14. *Hanggang ngayon ay naiisip ko pa rin na kaya sanang pigilan ng aking anak ang nangyaring pang-aabuso | 2.04 | 1.23 | Sometimes       |
| 15. *Nahirapan akong tanggapin na nagawa ito ng salarin sa aking anak                                     | 0.54 | 0.88 | Often           |
| 16. *Hanggang ngayon ay nahihirapan pa rin akong tanggapin na nagawa ito ng salarin sa aking anak         | 0.58 | 0.88 | Often           |
| Grand Mean                                                                                                | 2.02 |      | Average         |

The participants got an average raw score of 32.25 out of the highest possible score of 64. This is equivalent to the group's mean score of 2.02, which may be interpreted as the average ability to provide parental support following ICSA. Moreover, the average scores of the participants are interpreted based on the nearest whole number (0=very low; 1=low; 2=average; 3=high; 4=very high). The individual result

shows that one participant (4.17%) reported a low ability to provide parental support, 17 (70.83%) reported an average ability to provide parental support, and 6 (25%) reported a high ability to provide parental support. Table 4 shows the participants' pretest scores in terms of the five factors of the PSCSA–Parent Version.

**Table 4**

*Pretest Factor Scores in PSCSA Survey—Parent Version*

| Items | Factor                    | Mean | SD   | Interpretation |
|-------|---------------------------|------|------|----------------|
| 1-5   | Emotional Support (ES)    | 2.78 | 0.32 | Often          |
| 6-8   | Instrumental Support (IS) | 2.79 | 0.51 | Often          |
| 9-10  | Child Blame (CB)          | 0.96 | 0.29 | Often          |
| 11-13 | Disbelief (D)             | 1.63 | 0.62 | Sometimes      |
| 14-16 | Parent Self-blame (PS)    | 1.06 | 0.85 | Often          |

The scores for each factor were tallied based on answers on items 1-5 (emotional support), items 6-8 (instrumental support), items 9-10 (child blame), items 11-13 (disbelief), and items 14-16 (parent self-blame). Data shows that participants reported providing emotional and instrumental support often but also experienced child blame and parent self-blame often. They also experience disbelief sometimes.

After the implementation of the RP3F program, a second administration of the PSCSA survey was conducted for all participants. The recorded posttest scores are shown in Table 5 below. The acquired scores reflect their posttest level of ability to provide parental support after ICSA.

**Table 5**

*Descriptive Statistics on Parental Support After Implementing the Rp3f Program*

| Statement                                                                                                | Mean | SD   | Scaled Response |
|----------------------------------------------------------------------------------------------------------|------|------|-----------------|
| 1. Nasabi ko sa aking anak na mahal ko siya                                                              | 3.00 | 0.72 | Often           |
| 2. Napaglaanan ko ng oras ang aking anak                                                                 | 2.96 | 0.75 | Often           |
| 3. Nagkausap kami ng aking anak tungkol sa mga personal na isyu                                          | 3.04 | 0.75 | Often           |
| 4. Napakinggan ko ang aking anak kahit marami akong ibang ginagawa                                       | 2.88 | 0.90 | Often           |
| 5. Nasuportahan ko ang aking anak                                                                        | 3.50 | 0.51 | Always          |
| 6. Napalakas ko ang loob ng aking anak                                                                   | 3.63 | 0.49 | Always          |
| 7. Napagaan ko ang kalooban ng aking anak                                                                | 3.63 | 0.58 | Always          |
| 8. Naiparamdam ko sa aking anak ang seguridad                                                            | 3.08 | 0.78 | Often           |
| 9. Naisip kong naiwasan sana ang nangyaring pang-aabuso kung mas nag-ingat ako                           | 2.88 | 0.80 | Seldom          |
| 10. Noong una ay nahirapan akong paniwalaan ang nangyari sa aking anak                                   | 2.38 | 0.82 | Sometimes       |
| 11. Naisip kong napansin ko dapat na may pang-aabusong nararanasan ang aking anak                        | 3.21 | 0.78 | Seldom          |
| 12. Naramdaman kong nabigo ko ang aking anak                                                             | 2.75 | 0.79 | Seldom          |
| 13. Naisip kong kaya sanang pigilan ng aking anak ang nangyaring pang-aabuso                             | 3.75 | 0.44 | Never           |
| 14. Hanggang ngayon ay naiisip ko pa rin na kaya sanang pigilan ng aking anak ang nangyaring pang-aabuso | 3.75 | 0.53 | Never           |

*{table continues on the next page}*

|                                                                                                  |      |      |        |
|--------------------------------------------------------------------------------------------------|------|------|--------|
| 15. Nahirapan akong tanggapin na nagawa ito ng salarin sa aking anak                             | 2.50 | 0.66 | Seldom |
| 16. Hanggang ngayon ay nahihirapan pa rin akong tanggapin na nagawa ito ng salarin sa aking anak | 2.71 | 0.69 | Seldom |
| Grand Mean                                                                                       | 3.10 |      | High   |

### Level of Non-Offending Parents' (NOPs) Parental Support After Implementing the RP3F Program

Table 6 shows the participants' posttest scores in terms of the five factors of the PSCSA—Parent Version. The participants got an average raw score of 49.63 out of the highest possible score of 64. The result shows that 19 participants (79.17%) reported a high ability to provide parental support and 5 (20.83%) reported a very high ability to provide parental support. The resulting posttest average score is 3.10, which means that participants reported a high ability to provide parental support following ICSA.

The scores for each factor were tallied based on answers on items 1-5 (emotional support), items 6-8 (instrumental support), items 9-10 (child blame), items 11-13 (disbelief), and items 14-16 (parent self-blame). Data shows that participants reported providing emotional and instrumental support often and experiencing child blame, disbelief, and parent self-blame seldom.

**Table 6**

*Posttest Factor Scores in PSCSA Survey—Parent Version*

| Items | Factor                    | Mean | SD   | Interpretation |
|-------|---------------------------|------|------|----------------|
| 1-5   | Emotional Support (ES)    | 3.08 | 0.25 | Often          |
| 6-8   | Instrumental Support (IS) | 3.44 | 0.31 | Often          |
| 9-10  | Child Blame (CB)          | 2.63 | 0.35 | Seldom         |
| 11-13 | Disbelief (D)             | 3.24 | 0.50 | Seldom         |
| 14-16 | Parent Self-blame (PS)    | 2.99 | 0.67 | Seldom         |

### Comparison of the Levels of Non-Offending Parents' (NOPs) Parental Support Before and After Implementing the RP3F Program

A comparison of the pretest and posttest scores in the PSCSA Survey—Parent Version is shown in Table 7. Additionally, results revealed that posttest scores had increased compared to the pretest scores. Consequently, the total mean score also increased from 2.02 (average) in the pretest to 3.10 (high) in the posttest. It may be inferred from the data that there was an increase in their ability to provide parental support after conducting the RP3F Program. However, for some items (items 2, 3, and 4), the verbal interpretation remained the same. This means that the pretest and posttest mean scores for these items fall within the same interpretative range (often). Three participants also recorded the same verbal interpretation (high) for both the pretest and posttest despite an increase in their numerical score.

**Table 7**

*Comparative Table of Pretest and Posttest Item Scores in PSCSA Survey—Parent Version*

| Item                                                            | Pretest |      |           | Posttest |      |       |
|-----------------------------------------------------------------|---------|------|-----------|----------|------|-------|
|                                                                 | Mean    | SD   | VI        | Mean     | SD   | VI    |
| 1. Nasabi ko sa aking anak na mahal ko siya                     | 2.46    | 1.02 | Sometimes | 3.00     | 0.72 | Often |
| 2. Napaglaanan ko ng oras ang aking anak                        | 2.71    | 0.95 | Often     | 2.96     | 0.75 | Often |
| 3. Nagkausap kami ng aking anak tungkol sa mga personal na isyu | 2.83    | 1.01 | Often     | 3.04     | 0.75 | Often |

*{table continues on the next page}*

|                                                                                                          |      |         |           |      |      |           |
|----------------------------------------------------------------------------------------------------------|------|---------|-----------|------|------|-----------|
| 4. Napakinggan ko ang aking anak kahit marami akong ibang ginagawa                                       | 2.63 | 1.10    | Often     | 2.88 | 0.90 | Often     |
| 5. Nasuportahan ko ang aking anak                                                                        | 3.29 | 0.75    | Often     | 3.50 | 0.51 | Always    |
| 6. Napalakas ko ang loob ng aking anak                                                                   | 3.08 | 0.97    | Often     | 3.63 | 0.49 | Always    |
| 7. Napagaan ko ang kalooban ng aking anak                                                                | 3.08 | 0.78    | Often     | 3.63 | 0.58 | Always    |
| 8. Naiparamdam ko sa aking anak ang seguridad                                                            | 2.21 | 1.06    | Sometimes | 3.08 | 0.78 | Often     |
| 9. Naisip kong naiwasan sana ang nangyaring pang-aabuso kung mas nag-ingat ako                           | 1.17 | 0.87    | Often     | 2.88 | 0.80 | Seldom    |
| 10. Noong una ay nahirapan akong paniwalaan ang nangyari sa aking anak                                   | 0.75 | 1.03    | Often     | 2.38 | 0.82 | Sometimes |
| 11. Naisip kong napansin ko dapat na may pang-aabusong nararanasan ang aking anak                        | 1.17 | 1.40    | Often     | 3.21 | 0.78 | Seldom    |
| 12. Naramdaman kong nabigo ko ang aking anak                                                             | 1.38 | 1.44    | Often     | 2.75 | 0.79 | Seldom    |
| 13. Naisip kong kaya sanang pigilan ng aking anak ang nangyaring pang-aabuso                             | 2.33 | 1.01    | Sometimes | 3.75 | 0.44 | Never     |
| 14. Hanggang ngayon ay naiisip ko pa rin na kaya sanang pigilan ng aking anak ang nangyaring pang-aabuso | 2.04 | 1.23    | Sometimes | 3.75 | 0.53 | Never     |
| 15. Nahirapan akong tanggapin na nagawa ito ng salarin sa aking anak                                     | 0.54 | 0.88    | Often     | 2.50 | 0.66 | Seldom    |
| 16. Hanggang ngayon ay nahihirapan pa rin akong tanggapin na nagawa ito ng salarin sa aking anak         | 0.58 | 0.88    | Often     | 2.71 | 0.69 | Seldom    |
| Group Mean                                                                                               | 2.02 | Average | 3.10      | High |      |           |

Table 8 also compares the pretest and posttest scores on the five dimensions of the PSCSA Survey—Parent Version. This revealed that the posttest scores had increased compared to the pretest scores. However, the verbal interpretation for two factors, ES and IS, remained the same. This means that the pretest and posttest mean scores fall within the same range (often). The result shows a wider discrepancy in pretest and posttest mean scores regarding CB, D, and PS factors. Meanwhile, a smaller difference is evident for ES and IS factors.

**Table 8**

*Comparative Table of Pretest and Posttest Factor Scores in PSCSA Survey—Parent Version*

| Item  | Factor                    | Pretest |      |           | Posttest |      |        |
|-------|---------------------------|---------|------|-----------|----------|------|--------|
|       |                           | Mean    | SD   | VI        | Mean     | SD   | VI     |
| 1-5   | Emotional Support (ES)    | 2.78    | 0.32 | Often     | 3.08     | 0.25 | Often  |
| 6-8   | Instrumental Support (IS) | 2.79    | 0.51 | Often     | 3.44     | 0.31 | Often  |
| 9-10  | Child Blame (CB)          | 0.96    | 0.29 | Often     | 2.63     | 0.35 | Seldom |
| 11-13 | Disbelief (D)             | 1.63    | 0.62 | Sometimes | 3.24     | 0.50 | Seldom |
| 14-16 | Parent Self-blame (PS)    | 1.06    | 0.85 | Often     | 2.99     | 0.67 | Seldom |

The gathered data was subjected to several tests of normality to describe the distribution. This step is necessary to determine the appropriate statistical treatment that will be used to analyze the data; that is, whether the data will be subjected to a parametric or a non-parametric test. The results indicate that both the pretest and posttest scores are normally distributed. Hence, the data may be analyzed using a parametric test.

A paired samples t-test was used to determine if there was a significant difference between the pretest and posttest scores from the PSCSA Survey—Parent Version. Table 9 shows the statistical results.

The result shows the participants' level of parental support ability before the intervention program as average ( $M = 2.02$ ;  $SD = 0.44$ ) and high after the intervention ( $M = 3.10$ ;  $SD = 0.33$ ). The result of the t-test indicated a t-test value of 16.84, with 23 degrees of freedom and .005. The computed t-value was higher than the critical value (2.07) in a two-tailed hypothesis test. This leads to the rejection of the null hypothesis and acceptance of the alternate hypothesis. This signifies that there was a significant difference between the pretest and posttest scores in the PSCSA Survey—Parent Version. Furthermore, the effect size of 3.34 suggests that the magnitude of the experimental effect of the RP3F Program in increasing parental support is practically significant.

**Table 9**  
*Results of Paired Samples t-Test*

|          | Mean | SD   | t-value | P            | Verbal Interpretation | Effect Size |
|----------|------|------|---------|--------------|-----------------------|-------------|
| Pretest  | 2.02 | 0.44 | 16.84   | 2.07 (<.005) | Significant           | 3.34        |
| Posttest | 3.10 | 0.33 |         |              |                       |             |

### Discussion

This study investigated the effectiveness of the RP3F Program for non-offending parents (NOPs) in the aftermath of intrafamilial child sexual abuse (ICSA). The data was gathered from 24 participants using the PSCSA Survey—Parent Version.

During the pretest, the participants' mean score indicated an average ability to provide parental support. This means that most of them claim to have been able to provide sufficient support after ICSA disclosure, despite previously identifying that they were having parenting difficulties. One possible explanation for this occurrence is the need for social desirability, as parents become hesitant to report their shortcomings. As a result, the measure of emotional and instrumental support yielded positive results, with some participants even recording a high score on these factors. Meanwhile, participants reported more struggles on factors of child-blame, disbelief, and parent self-blame. This finding is consistent with existing studies on ICSA. NOPs expressed feelings of blame over what happened, either to themselves or to others. They also held themselves responsible for their child's perceived inability to adjust or for not being aware of their symptoms (Williamson, Creswell, Butler, Christie, & Halligan, 2019). This result provides insight into significant target areas for parental adjustment. As Thompson (2017) and Andrade (2019) mentioned, NOPs may need help processing these emotions and figuring out more positive ways to channel them. Moreover, they express a need for guidance in understanding their child's experience as well as information about behaviors or responses that indicate poor or unhealthy coping (Andrade, 2019) (Williamson, Creswell, Butler, Christie, & Halligan, 2019).

During the posttest, the participants' mean score corresponded to a high level of ability to provide parental support. The increase in scores provided evidence of change after the program implementation. The comparison of pretest and posttest mean scores also suggests a greater impact on child-blame, disbelief, and parent self-blame factors. Because the scores on emotional and instrumental support were already high during the pretest, the observed change during the posttest was more conservative compared to the other factors.

Statistical analysis of the data revealed a significant difference between the level of non-offending parents' ability to provide parental support before and after implementing the RP3F Program. This means that the increase in scores did not occur by chance. Rather, it may be attributed to the effectiveness of the given intervention. This suggests that recognizing the need for support, psychoeducation, peer counseling, parental adjustment, and follow-up were beneficial in enhancing the NOPs' parental support for children victim-survivors of ICSA. This supports the proposition of Thompson (2017) on the importance of trauma-informed psychoeducation, focusing on coping strategies and identifying risk indicators in children. In a more recent study, NOPs also reported that counseling was instrumental to their recovery. They find support groups helpful, particularly those that provide information on abuse dynamics and practical advice for parents (McNeish & Scott, 2023).

Despite the significant findings, it is important to recognize the limitations of this study. First, the study involved only 24 participants, which was short of the target number of 30 participants. Having a relatively small sample size reduces the generalizability of the results. This implies that the findings of this study may not apply to a larger population of non-offending parents. The difficulty in meeting the target sample is due to several factors, primarily conflicts in schedule. Some potential participants declined due to daytime jobs, prior commitments, and other priorities. The limited timeframe for data gathering also compelled considerable adjustments in the methodology, such as compressing multiple shorter sessions into longer sessions. Moreover, the research instrument being a self-report measure also has its limitations. There may be subject variables, such as social desirability, beyond the researcher's control that may have influenced the participants' answers in the questionnaire, especially when reporting about the instrumental and emotional support they provided for their children. Finally, since this study only involved non-offending parents, the findings do not guarantee that their children will perceive the same increase in parental support. To expand the study in this field, the researcher recommends a similar study involving the children victim-survivors. Factor analysis may also be done to conducted which facet—recognizing need for support, psychoeducation, peer counseling, parental adjustment, and follow-up—has a greater impact on non-offending parents' level of parental support ability. A correlational study may also be utilized to gain further insights into the recovery journey of non-offending parents and its impact on their children's recovery.

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**PSYCHOLOGY**

# ASK YOUR MIND: EFFECTS OF A BIBLE-BASED MINDFULNESS INTERVENTION ON SELF-ESTEEM AND SPIRITUALITY AMONG SENIOR HIGH SCHOOL STUDENTS

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## Abstract

Dealing with the self-esteem and spirituality of adolescents is indeed challenging. Teenagers tend to have low self-esteem when they experience higher levels of stress caused by physical and social changes. Reports of declining religiosity and spirituality are indeed alarming. Studies find mindfulness-based programs as a solution to their existing problem. Many studies used mindfulness-based programs to improve self-esteem and spirituality; however, no known study had used a Bible-based mindfulness intervention (BMI) program. This study aims to determine the effect of BMI on self-esteem and spirituality among 12 senior high school students. The study followed a quasi-experimental design. There were 42 participants, 29 in the control group and 23 in the experimental group. Adapted instruments of self-esteem and spirituality were administered to both groups. The t-test results showed no significant difference in the levels of self-esteem and spirituality of the participants in the control group after the pretest and posttest were compared. On the other hand, there were notable improvements in the self-esteem and spirituality of the participants in the experimental group after receiving the BMI. The findings revealed that the intervention program conducted was significantly effective. Therefore, Bible-based mindfulness interventions are an effective program for improving the level of self-esteem and spirituality of senior high school students. It is recommended to explore other age groups for individuals identified with low self-esteem and low spirituality.

**Keywords:** *Bible-based mindfulness intervention, self-esteem, spirituality, grade 12 senior high school students*

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Self-esteem and spirituality are challenging concepts to address, especially with adolescents. Adolescence is a period marked by physical and social changes, which can lead to increased stress (Romeo, 2014). Ralte and Lalrocami (2019) noted that adolescents with low self-esteem often experience higher levels of stress. Suicidal ideation among youth—sometimes culminating in suicide—has been linked to low self-esteem, which can develop into persistent negative thinking (Dat et al., 2022).

Regarding spirituality, adolescence is also a stage when discussing spiritual needs with teens becomes particularly difficult (Barton et al., 2018). These challenges may be attributed to what Mason et al. (2010) described as a paradigm shift in the religion and spirituality of young people in certain parts of the world, where a decline has been observed. Twenge et al. (2019) reported that from 1966 to 2014, the religiosity and spirituality of American adolescents declined compared to previous generations.

Leung and Pong (2021) considered low spirituality among adolescents to be alarming, as they view it as a potential sign of depression. Importantly, their findings suggest that the development of spirituality during adolescence can reduce depression, anxiety, and stress. They also found that spirituality helps heal depression and boosts self-confidence.

In search of solutions to the existing problems related to adolescents' self-esteem and spirituality, Matis et al. (2020) identified mindfulness-based programs as effective interventions, as they have been shown to significantly improve depression, stress symptoms, spirituality, and more. Mindfulness has gained increasing popularity as a clinical intervention over the past few decades (Bender et al., 2018; Goldberg et al., 2018; Keng et al., 2011).

In recent years, several studies have been conducted on mindfulness-based interventions that include self-esteem and spirituality as outcome variables (Beydoun et al., 2022; Sadooghiasl et al., 2022; Sit et al., 2022; Tejad-Simo & Lodhi, 2022; Sharma et al., 2021; Vignaud et al., 2019; Choo & Burton, 2018; Hinchey, 2018; Muray et al., 2018; Chadi et al., 2017; & Toivonen et al., 2017). They have reported that most mindfulness-based interventions, when applied to various populations and conditions, consistently produce significant improvements in participants' self-esteem.

Evidence from multiple studies shows increased self-esteem among different groups: COVID-19 patients (Sadooghiasl et al., 2022), cancer survivors (Baydoun et al., 2022), individuals with psychosis (Vignaud et al., 2019), Asian youth at risk of suicide (Choo & Burton, 2018), college students with internet gaming disorder (Sharma et al., 2021), and adolescents with chronic illness (Chadi et al., 2017). In addition, Hinchey (2018), through a review of literature, found that clients undergoing mindfulness-based art experienced enhanced self-esteem and greater self-acceptance (Hinchey, 2018).

However, in the criminal justice system, the application of mindfulness-based interventions to youth inmates remains largely unexplored. In contrast, their use among adult prisoners has been documented, resulting in increased self-esteem and reduced violent behavior (Murray et al., 2018).

Most studies consistently confirm that mindfulness-based interventions yield notable results in enhancing spirituality (Sadooghiasl et al., 2022; Sit et al., 2022; Tejad-Simon & Lodhi, 2022; & Toivonen et al., 2017). Significant improvements in spirituality have been observed among participants with physical health conditions (Sadooghiasl et al., 2022) and military veterans (Marchand et al., 2021).

However, Sapthiang (2023) recommends authentic mindfulness experiences within the mindfulness-based intervention, as some participants reported that the training lacked sufficient spiritual depth. In addition, Placeres and Ordaz (2021) emphasized that when mindfulness is used as a therapeutic approach, multicultural factors—including religious and spiritual concerns—must be considered. Conversely, some studies overlook spirituality as an outcome measure, failing to include it in their subscales or analysis (Kriakous et al., 2021).

Many studies have evaluated the effects of mindfulness-based interventions on self-esteem and spirituality and have consistently reported significant results (Baydoun et al., 2022; Sadooghiasl et al., 2022; Sharma et al., 2021; Marchand et al., 2021; Vignaud et al., 2019; Choo & Burton, 2018; Hinchey, 2018; Muray et al., 2018; Chadi et al., 2017; & Toivonen et al., 2017). However, no study to date has explored the use of a Bible-based approach to mindfulness as an intervention to assess its effects on self-esteem and spirituality.

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The goal of this study is to examine the effect of Bible-Based Mindfulness Intervention on self-esteem and spirituality among Grade 12 senior high school students. Specifically, it aims to determine whether there are significant differences in the levels of self-esteem and spirituality between the pretest and posttest in both the control group and the experimental group after the intervention program.

## Methodology

### Research Design

The Bible-Based Mindfulness Intervention (BMI) is a program developed by the researcher to engage participants in mindfulness practices grounded in biblical principles. A quasi-experimental research design with pretest and posttest measures was employed. The intervention was implemented only with the experimental group, while the control group received no treatment. Pretest and posttest data from both groups were analyzed to determine whether significant differences occurred in levels of self-esteem and spirituality because of the intervention.

### Population and Sampling Techniques

This study employed a purposive sampling method in selecting participants based on the following criteria: (a) 16-19 years old, (b) male or female, (c) currently enrolled grade 12 senior high school students, (d) residing either on or off-campus, (e) from diverse religious backgrounds who affirmed belief in the Bible as sacred scripture, and (f) committed to participating in the entire program and all its procedures.

Initially, 84 students expressed interest in joining the intervention program. However, only 29 participants in the control group and 23 in the experimental group completed both the pretest and posttest assessments. Prior to the study, both participants and their parents or guardians were informed that participation was voluntary and would not affect academic grades or school standing. The study's purpose, procedures, and potential benefits were clearly explained. Confidentiality and anonymity were strictly maintained throughout the research process. Tables 1 and 2 present the demographic profiles of the control and experimental groups, respectively.

The control group consisted of 29 Grade 12 senior high school students, with nine males (31.0%) and 20 females (69.0%). In terms of age, two students (6.9%) were 16 years old, 13 students (44.8%) were 17 years old, another 13 (44.8%) were 18 years old, and 1 student (3.4%) was 19 years old. Regarding religious affiliation, the majority were Seventh-day Adventists (19 students or 65.5%), followed by Roman Catholics (5 students or 17.2%), Baptists (2 students or 6.9%), and one student (3.4%) each identifying as Evangelical, Protestant, and Born Again. As for residence, 10 students (34.5%) lived on campus, while 19 (65.5%) resided off campus.

The experimental group included 23 Grade 12 senior high school students, composed of nine males (39.1%) and 14 females (60.9%). One student (4.3%) was 16 years old, six students (26.1%) were 17 years old, 14 students (60.9%) were 18 years old, and two students (8.7%) were 19 years old. Most students were Seventh-day Adventists (16 students, or 69.1%), followed by Roman Catholics (3 students, or 13.0%), Born Again Christians (2 students, or 8.7%), and one (4.3%) each identifying as Muslim and as a member of JMCIM. In terms of residence, 7 students (30.4%) stayed on-campus, while 16 students (69.6%) lived off-campus.

**Table 1**

*Demographic Profile of the Control Group*

| Demographics |    | Frequency | Percentage |
|--------------|----|-----------|------------|
| Age          | 16 | 2         | 6.9        |
|              | 17 | 13        | 44.8       |
|              | 18 | 13        | 44.8       |
|              | 19 | 1         | 3.4        |

*{table continues on the next page}*

|           |                |    |      |
|-----------|----------------|----|------|
| Sex       | Male           | 9  | 31.0 |
|           | Female         | 20 | 69.0 |
| Religion  | SDA            | 19 | 65.5 |
|           | Roman Catholic | 5  | 17.2 |
|           | Baptist        | 2  | 6.9  |
|           | Evangelical    | 1  | 3.4  |
|           | Protestant     | 1  | 3.4  |
|           | Born Again     | 1  | 3.4  |
| Residence | In-campus      | 10 | 34.5 |
|           | Off-campus     | 19 | 65.5 |

**Table 2**  
*Demographic Profile of the Experimental Group*

| Demographics |                | Frequency | Percentage |
|--------------|----------------|-----------|------------|
| Age          | 16             | 2         | 6.9        |
|              | 17             | 13        | 44.8       |
|              | 18             | 13        | 44.8       |
|              | 19             | 1         | 3.4        |
| Sex          | Male           | 9         | 31.0       |
|              | Female         | 20        | 69.0       |
| Religion     | SDA            | 19        | 65.5       |
|              | Roman Catholic | 5         | 17.2       |
|              | Born Again     | 2         | 6.9        |
|              | Muslim         | 1         | 3.4        |
|              | JMCIM          | 1         | 3.4        |
| Residence    | In-campus      | 10        | 34.5       |
|              | Off-campus     | 19        | 65.5       |

### Instrumentation

To measure the self-esteem and spirituality of the participants, the researchers used adapted versions of the Rosenberg Self-Esteem Scale (RSES) by Morris Rosenberg and the Spirituality Inventory developed by Shawna Vyhmeister in 2006. These instruments were administered face-to-face.

The first part of the questionnaire gathered demographic information, including age, gender, religious affiliation, and residential status (on-campus or off-campus). Participants then answered the 10-item Rosenberg Self-Esteem Scale, which assessed their level of self-esteem using a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree).

Following this, participants completed the 20-item Spiritual Inventory by Shawna Vyhmeister, which was designed to assess the spirituality of adolescents. The inventory encouraged them to reflect on their own spiritual well-being and identify areas in their lives needing personal growth. Responses were measured using a 6-point Likert scale that captured a range of agreement between two extremes. The Spiritual Inventory was validated by three experts in the field of psychology to ensure its relevance and appropriateness.

Both instruments were administered twice: first as the pretest before the Bible-based mindfulness intervention program and again as a posttest after the program concluded. The Rosenberg Self-Esteem Scale

is widely recognized as a reliable and valid instrument due to its strong psychometric properties and internal consistency, as supported by previous research (Eklund et al., 2018; & Vasconcelos-Raposo et al., 2012).

### Analysis of Data

After administering the pretest and posttest to both the control and experimental groups, data analysis was conducted using descriptive and inferential statistics. The responses collected through the survey questionnaires were encoded and organized using Microsoft Excel. Descriptive statistics, specifically frequency and percentage were employed to describe the demographic profile of the respondents. The Paired t-test was used to compare the mean differences between the pre- and posttest data of the participants.

### Ethical Consideration

Before implementing the intervention program, the researcher obtained the necessary approval from the school administration, conducted a needs assessment among potential participants, and finalized the research title. Ethical clearance was then secured from the Ethics Review Board of Adventist University of the Philippines with Protocol Code 2023-ERB-AUP-183. Informed consent forms were distributed to participants, requiring the signature of a parent or guardian. Participants were thoroughly informed about the procedures, objectives, and schedule of the program, as well as their right to confidentiality and voluntary participation.

Only those students who submitted signed consent forms were included in the study. The Bible-based Mindfulness Intervention (BMI) was a structured, researcher-developed program designed to help Grade 12 senior high school students explore and enhance their self-esteem and spirituality through mindfulness practices grounded in biblical principles. Conducted face-to-face over a two-week period, the program consisted of four sessions lasting 45 minutes to one hour each. These sessions encouraged participants to reflect on personal respect and spiritual growth in the areas of knowing, valuing, doing, and choosing. On the final day of the intervention, the posttest was administered to both control and experimental groups. All collected data were from the meeting of the Bible-based Mindfulness Intervention; the researcher also administered to the control and intervention groups the posttest. The data collected were prepared and organized for analysis.

## Results

This section presents the statistical findings of the study using paired sample t-tests to analyze the pretest and posttest data of both the control and experimental groups, focusing on self-esteem and spirituality. Each analysis is discussed based on its corresponding table.

### Comparison of Self-Esteem and Spirituality Between the Pretest and the Posttest of the Control Group

Table 3 displays the results of the paired sample t-test comparing the pretest and posttest self-esteem scores of the control group. The mean self-esteem score increased slightly from 2.441 (SD = 0.35408) in the pretest to 2.482 (SD = 0.34233) in the post-test. However, the computed t-value of -0.876 with 28 degrees of freedom and a p-value of 0.388 indicates that the difference is not statistically significant at the 0.05 level. This suggests that there was no significant change in the self-esteem of the control group participants without intervention.

**Table 3**

*T-Test Comparison of Self-Esteem Between the Pretest and the Posttest of the Control Group*

| Self-esteem | Mean  | SD     | t-value | df | Sig. | VI              |
|-------------|-------|--------|---------|----|------|-----------------|
| Pretest     | 2.441 | .35408 | -.876   | 28 | .388 | Not Significant |
| Posttest    | 2.482 | .34233 |         |    |      |                 |

Table 4 presents the paired sample t-test results for spirituality in the control group. The mean spirituality score slightly increased from 4.469 (SD = 0.64093) in the pretest to 4.489 (SD = 0.65865) in the posttest. The t-value of -0.174 and p-value of 0.863 ( $p > 0.05$ ) confirm that this difference is statistically not significant. This finding indicates that the spirituality levels of the control group remained essentially unchanged without exposure to the intervention program.

**Table 4**

*Comparison of Spirituality between the Pretest and the Posttest of the Control Group*

| Spirituality | Mean  | SD     | t-value | df | Sig. | VI              |
|--------------|-------|--------|---------|----|------|-----------------|
| Pretest      | 4.469 | .64093 | -.174   | 28 | .863 | Not Significant |
| Posttest     | 4.489 | .65865 |         |    |      |                 |

#### **Comparison of Self-Esteem and Spirituality Between the Pretest and the Posttest of the Experimental Group**

On the other hand, Table 5 illustrates the comparison of self-esteem scores in the experimental group. A notable increase in the mean score is observed from 2.5261 (SD = 0.36831) in the pretest to 2.752 (SD = 0.52125) in the posttest. The calculated t-value is 2.107 with 22 degrees of freedom, and the p-value is 0.047, which is below the 0.05 significance level. This result indicates that the improvement in self-esteem among participants in the experimental group is statistically significant, suggesting a positive effect of the Bible-based mindfulness intervention.

**Table 5**

*Comparison of Self-Esteem Between the Pretest and the Posttest of the Experimental Group*

| Self-esteem | Mean   | SD     | t-value | df | Sig. | VI          |
|-------------|--------|--------|---------|----|------|-------------|
| Pretest     | 2.5261 | .36831 | 2.107   | 22 | .047 | Significant |
| Posttest    | 2.752  | .52125 |         |    |      |             |

Table 6 shows the paired sample t-test that was used to compare the mean differences of the experimental participants' pretest and posttest to determine the level of spirituality. As reflected, the spirituality results show the t-value is 2.086, with 22 degrees of freedom (df), and a p-value of .049 indicates a statistically significant difference.

**Table 6**

*Comparison of Spirituality Between the Pretest and the Posttest of the Experimental Group*

| Spirituality | Mean   | SD     | t-value | df | Sig. | VI          |
|--------------|--------|--------|---------|----|------|-------------|
| Pretest      | 4.573  | .63851 | 2.086   | 22 | .049 | Significant |
| Posttest     | 4.8174 | .61044 |         |    |      |             |

### **Discussion**

The analysis of data from both the control and experimental groups in this study revealed contrasting outcomes regarding self-esteem and spirituality. The paired sample t-test comparing pretest and posttest scores of the control group indicated no statistically significant differences in either their self-esteem or spirituality. This result suggests that without any form of intervention, changes in these psychological constructs are unlikely to occur. Several studies have emphasized the critical role of intervention programs in producing significant improvements in self-esteem and spirituality across various age groups and populations (Baydoun et al., 2022; Sadooghiasl et al., 2022; Sit et al., 2022; Tejad-Simo & Lodhi, 2022; Sharma et al., 2021; Vignaud et al., 2019; Choo & Burton, 2018; Hinchey, 2018; Muray et al., 2018; Chadi

et al., 2017; & Toivonen et al., 2017). These findings reinforce the necessity of structured programs to address psychosocial and spiritual development effectively.

Conversely, the experimental group, which underwent the Bible-based mindfulness intervention, demonstrated statistically significant improvements in both self-esteem and spirituality. The results of the paired sample t-test revealed meaningful increases in posttest scores. This outcome aligns with the findings of Shijo & Egunjobi (2023), who concluded that spirituality significantly influences self-esteem among adolescent girls. Similarly, Russell and Alderman (2022) emphasized the strong connection between spirituality and self-esteem, suggesting that higher levels of spirituality correlate with greater adolescent happiness and self-worth. Pong and Leung (2021) further support this idea by asserting that spirituality can enhance self-confidence while reducing symptoms of depression, anxiety, and stress —common concerns among adolescents.

The positive results of the Ask Your Mind intervention support its potential as an effective program to enhance both self-esteem and spirituality among senior high school students in faith-based educational institutions. Given the statistical improvements observed, intervention could serve as a valuable tool for school counselors, educators, and mental health practitioners working with adolescents. Future implementations of the program are recommended, particularly among early adolescents, to determine its effectiveness across a broader age range. Moreover, further research involving diverse populations, especially those exhibiting low levels of self-esteem and spirituality, would be valuable in validating and expanding the scope of this intervention.

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**PSYCHOLOGY**

# EFFECTS OF RATIONAL EMOTIVE BEHAVIORAL THERAPY ON PSYCHOLOGICAL DISTRESS AMONG INDIGENOUS PEOPLE COMMUNITIES IN SAN FERNANDO, BUKIDNON

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## Abstract

Psychological distress is a state of emotional suffering often accompanied by somatic symptoms. It can have a long-term negative effect on the mental health of Indigenous communities. Mental health in these communities is a relevant concern for the World Health Organization (WHO). Rational Emotive Behavior Therapy-based (REBT) interventions aim to alleviate psychological distress by identifying and challenging irrational thoughts. In this study, an REBT-based intervention was administered to 27 Indigenous individuals from San Fernando, Bukidnon. A paired sample t-test was conducted to compare the mean scores before and after the intervention. The mean pre-intervention distress score was 25.63 (SD = 2.483), while the mean post-intervention score was 13.56 (SD = 2.562). The t-value was 17.561 (df = 26,  $p \leq 0.001$ ), indicating a statistically significant reduction in distress following the intervention. This significant difference suggests a notable decrease in psychological distress among participants. Additionally, the effect size, as measured by Cohen's d, was 3.57, indicating a strong effect. Overall, the results demonstrated a statistically significant and substantial impact on reducing psychological distress among the Indigenous People (IP) communities of San Fernando, Bukidnon.

**Keywords:** *rational emotive behavior education, psychological distress, Indigenous people*

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Psychological distress (PD) is broadly defined as a state of emotional suffering characterized by symptoms of depression (e.g., loss of interest, unhappiness, and desperateness) and anxiety (e.g., restlessness and tension). It is also associated with somatic symptoms such as insomnia, headaches, and lack of energy, which may vary across different populations and settings (Horwitz, 2002).

Psychological distress is also considered a transient (i.e., short-term) phenomenon linked to specific stressors. It is marked by disturbances in sleep, fluctuations in eating patterns, headaches, constipation, diarrhea, chronic pain, frequent outbursts of anger, excessive fatigue, forgetfulness, memory problems, and a loss of interest in sexual activity. Typically, psychological distress diminishes or disappears once the individual adapts to the stressor or the stressor is removed (Horwitz, 2002).

Mental health problems—manifested in outcomes such as suicide and emotional distress—are generally more prevalent among Indigenous peoples (Montesanti et al. 2022). Mental health in Indigenous communities is a significant concern for the World Health Organization (WHO). Issues such as mental illness, substance use, addiction, and violence critically affect the well-being of these populations.

Indigenous communities are often expected to live in pure, clean, and ecologically intact environments. However, many Indigenous peoples live in remote and underserved areas, with limited access to health services. They are frequently exposed to industrial and commercial activities aimed at extracting natural resources, and they often face threats from criminal groups or illegal land exploitation. These factors can have a profound impact on their mental health. Furthermore, psychological distress resulting from the ongoing effects of colonization is directly linked to increased rates of mental health issues, substance use, and violence among Indigenous peoples. These interrelated issues can perpetuate cycles of stress and trauma (Lesmana, C. et al., 2019).

Moreover, findings from the study by Cunningham and Paradies (2020) indicate that Indigenous adults were approximately three times more likely than non-Indigenous adults to experience very high psychological distress: 14.5% (95% confidence interval [CI]: 12.9-16.0%) compared to 5.5% (95% CI 5.0-5.9%). After adjusting for age, most sociodemographic variables were significantly associated with very high psychological distress in both populations; however, the relative odds were generally higher among non-Indigenous individuals. Interestingly, Indigenous people living in remote areas exhibited a lower prevalence of very high psychological distress than those in non-remote areas. In remote regions, only marital status, primary language, and food insecurity were significantly associated with very high psychological distress.

According to Tindle et al., (2021), understanding the psychological health of Indigenous peoples is both an ethical and moral responsibility of the discipline of psychology. In 2017, the Australian Psychological Society issued a formal apology to Aboriginal and Torres Strait Islander peoples, acknowledging historical harms and highlighting ongoing inequalities in psychological well-being compared to non-Indigenous Australians.

For instance, data from the Australian Institute of Health and Welfare indicated that approximately 31% of Aboriginal and Torres Strait Islander peoples experience high levels of psychological distress, compared to only 10% of non-Indigenous Australians. These elevated levels of distress are linked to persistent experiences of day-to-day racism, cultural denigration, ongoing dispossession, material poverty, social exclusion, and the deep, intergenerational trauma caused by colonization.

A study conducted by Montesanti et al. (2022) illustrates that collaborative and consensus-based facilitation approaches are effective in prioritizing community-based knowledge and expertise when setting priorities and directions for an Indigenous mental health strategy. Their study makes a valuable contribution to improving Indigenous mental health through cross-sectoral engagement.

Forum participants emphasized that Indigenous-focused services foster strong relationships and collaboration among care providers, communities, families, and caregivers (Valentijn et al., 2013). Moreover, these services ensure that Indigenous knowledge, local context, accessibility, and service integration are respected and supported. The Indigenous Mental Health Forum provided important insights into the experiences of Indigenous people in accessing mental health services and helped to identify key mental health needs and strategies for enhancing the delivery of culturally appropriate care.

Indigenous Peoples include communities, tribal groups, and nations who self-identify as Indigenous to the territories they inhabit and whose social organization is based, wholly or partially, on their own customs, traditions, and legal systems (The World Bank, 2019). In the Philippines, according to Minority Rights Group International (2008), there are nearly 100 Indigenous groupings—excluding Muslim groups—comprising approximately 3 percent of the national population. These Indigenous communities exhibit a wide diversity in social organization and cultural expression.

While many Indigenous groups are in the northern Philippines, a significant concentration is also found in the central and southern regions. In Mindanao, the Lumad—an umbrella term for various non-Muslim Indigenous groups—include Ata, Bagobo, Guiangga, Mamanwa, Magguangan, Mandaya, Banwa-on, Bukidnon, Dulangan, Kalagan, Kulaman, Manobo, Subanon, Tagabili, Takakaolo, Talandig, and Tiruray or Teduray. These groups maintain distinct cultural practices, belief systems, and languages, contributing to the rich cultural heritage of the country. However, they also face challenges related to marginalization, land rights, and access to essential services (Minority Rights Group International, 2008).

Developed by Albert Ellis in the mid-1950s, Rational Emotive Behavior Therapy (REBT) promotes self-actualization and aims to reduce distress, extend life, and enhance happiness across all stages of human development (Ellis, 1962). These core values are embedded in the philosophical principles of REBT and serve as guides for rational thinking, healthy emotional regulation, and adaptive behavioral outcomes.

Ellis and Bernard (1986) outlined several subgoals that support these values: (a) self-interest, (b) social interest, (c) self-direction, (d) tolerance, (e) flexibility, (f) acceptance of uncertainty, (g) commitment, (h) self-acceptance, (i) risk-taking, (j) realistic expectations, (k) high frustration tolerance, and (l) self-responsibility. Ellis (1962) proposed that humans are genetically predisposed to think in rigid and irrational ways. According to REBT, irrational beliefs (IBs) are the root causes of emotional disturbances. While demandingness is considered the primary irrational belief, it includes awfulizing, low frustration tolerance (LFT), and global evaluation of self or others.

A meta-analysis conducted by Cotet et al. (2017) examined five decades of research and concluded that REBT is a valid and effective intervention. It supports individuals in restructuring how they interpret and respond to challenging life events.

There is a need to integrate mental health programs for Indigenous communities. REBT has been used in various areas such as clinical psychology, education, and counseling, and its effectiveness has been demonstrated in psychotherapy, education, and counseling mediation, regardless of age, manner of delivery, or clinical symptoms. In the quest to improve the mental health of our IPs, it is imperative to consider the effects of REBT-based intervention. Putting in place a more relevant strategy will build a better society.

The objective of this study is to evaluate the effectiveness of Rational Emotive Behavior Therapy (REBT) in reducing psychological distress among the Indigenous People (IP) communities of San Fernando Bukidnon. Specifically, the study seeks to answer the following research questions:

1. What is the level of psychological distress among the Indigenous People communities of San Fernando, Bukidnon, before the administration of REBT?
2. What is the level of psychological distress among the Indigenous People communities of San Fernando, Bukidnon, after the administration of REBT?
3. Is there a significant difference in the level of psychological distress before and after the administration of REBT?

The findings of this study are anticipated to benefit various stakeholders. For the National Commission on Indigenous Peoples (NCIP), the results can contribute valuable insights into the psychological distress experienced by Indigenous communities, aiding in the development of culturally appropriate programs and services. The Indigenous People communities of San Fernando, Bukidnon may also benefit directly, as the study provides them with a clearer understanding of their mental health status before and after the REBT intervention, thereby promoting greater awareness and well-being. Furthermore, the study contributes to

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the limited body of locally conducted research on Indigenous mental health, with the potential to inspire future researchers to explore this underrepresented area and deepen the academic discourse surrounding mental health in Indigenous contexts.

## Methodology

### Research Design

The researcher employed a quasi-experimental pretest and posttest design. Table 1 shows the content of the REBT-based intervention among Indigenous People (IP) of San Fernando, Bukidnon. The intervention was administered between the pretest and posttest phases. All participants were placed in a single group, with no control or comparison group. The analysis focused solely on the difference between pretest and posttest scores to determine the significance of any changes in psychological distress.

### Participants

Participants in this study were members of the Indigenous People communities of San Fernando, Bukidnon, aged 18-59 years old. The research was conducted in San Fernando, Bukidnon, and received approval from relevant authorities, including the National Commission on Indigenous Peoples (NCIP) Region X, the NCIP Provincial Office of Bukidnon, the Local Government Unit (LGU), the Office of the Municipal Mayor, Indigenous Peoples' Mandatory Representations (IPMRs), the Tribal Section Officer of San Fernando, and Barangay San Fernando.

A purposive sampling technique was used to select participants based on the following criteria: (a) possession of a Certificate of Confirmation (COC) issued by the NCIP, which verifies the participant's status as a bona fide Indigenous person under Republic Act No. 8371; (b) residency in San Fernando, Bukidnon; and (c) willingness to participate in the study and attend all sessions.

Table 1 presents the distribution of the participants according to demographic profile. The participants consisted of 12 males (44.4%) and 15 females (55.6%) from the Indigenous People (IP) community of San Fernando, Bukidnon. The majority, 20 participants (71.1%), most were 18-24 years old, followed by 6 participants (22.2%) aged 25-34 and 1 participant (3.7%) aged 35-44. In terms of civil status, 3 participants (11.1%) were single, while 24 (88.9%) were married. Regarding employment status, 16 participants (59.3%) were employed, 8 (29.6%) were unemployed, and 3 (11.1%) were self-employed.

**Table 1**  
*Demographic Profile of the Participants*

| Demographics      |               | N  | %    |
|-------------------|---------------|----|------|
| Age               | 18 to 24      | 20 | 71.1 |
|                   | 25 to 34      | 6  | 22.2 |
|                   | 35 to 44      | 1  | 3.7  |
| Sex               | Male          | 12 | 44.4 |
|                   | Female        | 15 | 55.6 |
| Marital Status    | Single        | 3  | 11.1 |
|                   | Married       | 24 | 88.9 |
| Employment Status | Employed      | 16 | 59.3 |
|                   | Unemployed    | 8  | 29.6 |
|                   | Self-Employed | 3  | 11.1 |

### Instrumentation

To measure psychological distress among participants, the researcher used a modified version of the Kessler Psychological Distress Scale (K10), a validated instrument comprising 10 items rated on a five-

point Likert scale (1 = None of the time to 5 = All of the time). The questionnaire was structured in two parts: Part I collected demographic data, including age, gender, marital status, and employment status, while Part II assessed the participants' levels of psychological distress.

To ensure comprehensibility and cultural relevance, the K10 tool was translated into Bisaya, the local language spoken by the participants. The questionnaire was administered twice: once before the intervention (pretest) and once after (posttest), with a one-month interval between administrations. Participants' scores were interpreted based on the following ranges: 10–19 indicated no psychological distress, 20–24 mild psychological distress, 25–29 moderate psychological distress, and 30–50 severe psychological distress. This scoring system enabled a clear evaluation of the changes in participants' psychological well-being before and after the Rational Emotive Behavior Therapy (REBT) intervention.

### Data Gathering Procedures

The researcher obtained approval from the Ethics Review Board of the Adventist University of the Philippines, as well as from the National Commission on Indigenous Peoples (NCIP) Region X and the NCIP Provincial Office of Bukidnon, to conduct the study in accordance with established ethical and participant selection criteria. Prior to the pretest, each participant was provided with an informed consent form to ensure voluntary and informed participation. All participants were assigned to the same experimental group. The intervention was conducted over the course of five sessions, each lasting two hours. During the sessions, participants were encouraged to ask questions and share their experiences, insights, and reflections. Upon completion of the Rational Emotive Behavior Therapy (REBT)-based intervention, posttests were administered to assess any changes in psychological distress.

### REBT-Based Intervention

Table 2 summarizes the five-session REBT-based intervention conducted among the Lumad communities in San Fernando, Bukidnon. The sessions covered key topics such as understanding psychological distress, identifying and disputing irrational beliefs using the ABCDE model, and developing healthy coping strategies. Activities included lectures, discussions, role plays, and assignments, with the final session focusing on self-management and administering the posttest.

**Table 2**

*Content of the REBT-Based Intervention*

| Component | Session         | Topic                                | Content                                                                                                                                                                                                                                                                                                              | Method                                                                       |
|-----------|-----------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Education | 1 <sup>st</sup> | Understanding Psychological Distress | <ul style="list-style-type: none"> <li>- Introduction to the program's purpose and methods</li> <li>- Creating an alias</li> <li>- Pretest</li> <li>- Understanding the psychological distress</li> <li>- Participants share their experiences</li> <li>- Discussion and evaluation</li> <li>- Assignment</li> </ul> | Lectures, presentation, discussion, practice, and presenting. the assignment |
|           | 2 <sup>nd</sup> | Identifying Belief System            | <ul style="list-style-type: none"> <li>- Quick Check-in</li> <li>- Understanding types of beliefs</li> <li>- Distinguishing between rational and irrational beliefs</li> <li>- Self-talking practice</li> <li>- Assignment</li> <li>- Discussion and evaluation</li> </ul>                                           | Lectures, discussion, presentation, practice, discussion                     |

*{table continues on the next page}*

|                             |                 |                        |                                                                                                                                                                                                                                                                                                                      |                                                                      |
|-----------------------------|-----------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Disputation                 | 3 <sup>rd</sup> | Changing beliefs       | <ul style="list-style-type: none"> <li>- Understanding the ABCDE theory</li> <li>- Dispute practice</li> <li>- Applying the ABCDE theory</li> <li>- Discussion and evaluation</li> <li>- Assignment: Applying ABCDE theory to real life</li> </ul>                                                                   | Lectures, practice, role play, discussion, presenting the assignment |
|                             | 4 <sup>th</sup> | Forming correct coping | <ul style="list-style-type: none"> <li>- Sharing of experiences</li> <li>- Understanding the levels of distress</li> <li>- Identifying incorrect coping</li> <li>- Understanding and planning correct coping</li> <li>- Writing to your future self (10 years later)</li> <li>- Discussion and evaluation</li> </ul> | Lectures, discussion, presentation, practice                         |
| Replacement & Reinforcement | 5 <sup>th</sup> | Self-management        | <ul style="list-style-type: none"> <li>- Finding ways to cope with a psychological distress</li> <li>- Posttest and wrapping up</li> </ul>                                                                                                                                                                           | Discussion, presentation, presenting gifts                           |

### Ethical Considerations

Conducting research involving Indigenous populations in the Philippines necessitates strict adherence to national ethical standards, particularly those outlined by the National Commission on Indigenous Peoples (NCIP) under Republic Act 8371, also known as the Indigenous Peoples Rights Act of 1997. The NCIP defines Indigenous Peoples as those descended from pre-colonial inhabitants who continue to maintain distinct social, economic, cultural, and political institutions (NCIP, 1997).

In this study, two key NCIP Administrative Orders issued in 2012 were followed to ensure ethical compliance. Administrative Order No. 1 provides guidelines for conducting research on Indigenous Knowledge Systems and Practices (IKSPs) and Customary Laws (CLs). Administrative Order No. 3 offers revised procedures for securing Free and Prior Informed Consent (FPIC), especially for research projects that may impact ancestral domains or Indigenous rights.

Both administrative orders emphasize community-centered processes, requiring the formation of an IKSP research team, iterative consultations with community members, and the establishment of a Memorandum of Agreement (MoA) signed by the Indigenous community, the researchers, and the NCIP. Researchers are also obligated to return to the community for a validation phase, where findings are shared and discussed before any publication, ensuring transparency and respect for Indigenous ownership of information. Additionally, informed consent was obtained from all participants, preferably in the local language, in accordance with the Data Privacy Act of 2012 to safeguard participant confidentiality and data integrity.

### Data Analysis

To ensure a clear interpretation of the data collected from the survey questionnaire, the researcher employed several statistical procedures. Simple percentages were used to describe the demographic profile of the respondents, including age, gender, marital status, and employment status. The mean was calculated to determine the central tendency of participants' responses, providing insight into the overall level of psychological distress. Lastly, a paired sample t-test was conducted to compare the mean scores from the pretest and posttest, allowing the researcher to determine whether the REBT-based intervention had a statistically significant effect on reducing psychological distress among the participants.

## Results

### Psychological Distress of the Participants Before the REBT Intervention

Table 3 presents the pretest survey results on psychological distress among Indigenous Peoples (IPs) in San Fernando, Bukidnon. Several indicators were rated as experienced “a little of the time,” including feelings of nervousness ( $M=2.04$ ,  $SD=0.649$ ), being so nervous that nothing could calm them down ( $M=2.07$ ,  $SD=0.616$ ), restlessness to the point of being unable to sit still ( $M=2.15$ ,  $SD=0.534$ ), and feeling worthless ( $M=1.96$ ,  $SD=0.192$ ). Meanwhile, indicators such as feeling tired for no reason, hopeless, restless or fidgety, depressed, and sad were rated as experienced “some of the time,” with mean scores ranging from 2.67 to 2.81. The item “feeling that everything was an effort” received the highest rating, classified as “most of the time” ( $M=3.59$ ,  $SD=0.694$ ).

**Table 3**

*Pretest Results on Psychological Distress*

|                                                                            | Mean  | SD    | Verbal Interpretation |
|----------------------------------------------------------------------------|-------|-------|-----------------------|
| 1. In the past 4 weeks, I have felt tired out for no good reason.          | 2.81  | .681  | Some of the time      |
| 2. In the past 4 weeks, I have felt nervous.                               | 2.04  | .649  | A little of the time  |
| 3. In the past 4 weeks, I felt so nervous that nothing could calm me down. | 2.07  | .616  | A little of the time  |
| 4. In the past 4 weeks, I have felt hopeless.                              | 2.67  | .679  | Some of the time      |
| 5. In the past 4 weeks, I have felt restless or fidgety.                   | 2.70  | .542  | Some of the time      |
| 6. In the past 4 weeks, I have felt so restless I could not sit still.     | 2.15  | .534  | A little of the time  |
| 7. In the past 4 weeks, I have felt depressed.                             | 2.81  | .681  | Some of the time      |
| 8. In the past 4 weeks, I felt that everything was an effort.              | 3.59  | .694  | Most of the time      |
| 9. In the past 4 weeks, I felt so sad that nothing could cheer me up.      | 2.81  | .396  | Some of the time      |
| 10. In the past 4 weeks, I have felt worthless.                            | 1.96  | .192  | A little of the time  |
| Summative Mean                                                             | 25.63 | 2.483 | Moderate PD           |

*Legend: Mean per indicator item: 1.00--1.80 = none of the time, 1.80-2.60 = a little of the time, 2.60-3.40 = some of the time, 3.40-4.20 = most of the time, and 4.20-5.00 = all the time*

*Mean: 10-19 = No Psychological Distress, 20-24 = Mild Psychological Distress, 25-29 = Moderate Psychological Distress, and 30-50 = Severe Psychological Distress*

### Psychological Distress of the Participants After the REBT Intervention

As shown in Table 4, the means for all ten indicators fall between 1.00 and 1.80, which corresponds to the verbal interpretation of “none of the time,” with an overall mean of 13.56 ( $SD = 2.562$ ). This reflects a significant decline in the participants’ psychological distress, indicating the effectiveness of the REBT-based intervention.

**Table 4**

*Posttest Results on Psychological Distress*

|                                                                | Mean | SD   | Verbal Interpretation |
|----------------------------------------------------------------|------|------|-----------------------|
| In the past 4 weeks, I have felt tired out for no good reason. | 1.59 | .501 | None of the time      |
| In the past 4 weeks, I have felt nervous.                      | 1.11 | .320 | None of the time      |

*{table continues on the next page}*

|                                                                         |       |       |                  |
|-------------------------------------------------------------------------|-------|-------|------------------|
| In the past 4 weeks, I felt so nervous that nothing could calm me down. | 1.11  | .320  | None of the time |
| In the past 4 weeks, I have felt hopeless.                              | 1.52  | .509  | None of the time |
| In the past 4 weeks, I have felt restless or fidgety.                   | 1.63  | .492  | None of the time |
| In the past 4 weeks, I have felt so restless I could not sit still.     | 1.04  | .192  | None of the time |
| In the past 4 weeks, I have felt depressed.                             | 1.52  | .509  | None of the time |
| In the past 4 weeks, I felt that everything was an effort.              | 1.56  | .506  | None of the time |
| In the past 4 weeks, I felt so sad that nothing could cheer you up.     | 1.48  | .509  | None of the time |
| In the past 4 weeks, I have felt worthless.                             | 1.00  | .000  | None of the time |
| Summative Mean                                                          | 13.56 | 2.562 | No PD            |

*Legend: Mean per indicator item: 1.00--1.80 = none of the time, 1.80-2.60 = a little of the time, 2.60-3.40 = some of the time, 3.40-4.20 = most of the time, and 4.20-5.00 = all the time*

*Mean: 10-19 = No Psychological Distress, 20-24 = Mild Psychological Distress, 25-29 = Moderate Psychological Distress, and 30-50 = Severe Psychological Distress*

### Comparison of Psychological Distress Before and After the Intervention

A paired-sample t-test was conducted to compare the mean psychological distress scores of Indigenous People (IP) communities in San Fernando, Bukidnon, before and after the intervention. Results are shown in Table 5.

The mean pretest distress score was 25.63 (SD = 2.483), while the mean posttest score was 13.56 (SD = 2.562). The test yielded a t-value of 17.561 with 26 degrees of freedom and  $p < 0.001$ , indicating a statistically significant difference between pretest and posttest scores. This significant decrease in psychological distress demonstrates the effectiveness of the Rational Emotive Behavior Therapy (REBT)-based intervention.

**Table 5**

*T-Test Results on Psychological Distress among IPs in San Fernando, Bukidnon*

|                        |          | Mean  | N  | SD    | t      | df | p     | Verbal Interpretation | Effect size |
|------------------------|----------|-------|----|-------|--------|----|-------|-----------------------|-------------|
| Psychological Distress | Pretest  | 25.63 | 27 | 2.483 | 17.561 | 26 | <.001 | Significant           | 3.57        |
|                        | Posttest | 13.56 | 27 | 2.562 |        |    |       |                       |             |

### Discussion

A paired-sample t-test was conducted to compare the mean differences between the pretest and posttest scores, with a one-month interval between the two assessments. During this period, the Rational Emotive Behavioral Therapy (REBT)-based intervention was implemented through a series of activities including education, disputation, and replacement and reinforcement. The results revealed a statistically significant decrease in psychological distress levels among the Indigenous People (IPs) of San Fernando, Bukidnon, following the intervention.

REBT has been widely applied across various fields such as clinical psychology, education, and counseling, and its effectiveness has been demonstrated regardless of age, delivery method, or specific clinical symptoms. Early empirical studies on REBT often focused on pan-diagnostic applications rather than targeting specific mental disorders, resulting in a lack of research validating its use for conditions during the initial stages of its development.

In conclusion, the findings indicate that the REBT-based intervention effectively reduced psychological distress among IPs in San Fernando, Bukidnon. This study aims to contribute to improving mental health outcomes for Indigenous peoples globally, acknowledging the complex ethical considerations involved in

comparing Indigenous populations to others. Despite these challenges, the potential benefits for Indigenous communities worldwide justify addressing such issues. The intervention successfully changed irrational thinking patterns through five weekly two-hour sessions over the course of one month.

Since the program's goal is to prevent psychological distress among Indigenous Peoples, the researcher recommends future studies conduct long-term follow-ups to assess the durability of the intervention's effects. While this study used a group counseling approach, future research might explore other methods tailored to factors like location, language, gender, and socioeconomic status. Additionally, the study highlights the need for further research to identify the most valid and culturally appropriate measures for assessing psychological distress and overall social-emotional well-being among Indigenous peoples.

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**PSYCHOLOGY**

# EFFECTS OF A MINDFULNESS MEDITATION AND AWARENESS PROGRAM ON THE MENTAL HEALTH OF HIGH SCHOOL STUDENTS

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## Abstract

Stress is an inevitable phenomenon in people's daily lives. One of the populations most affected by stress is the students. The constant studying, exam preparations, paper writing, as well as boring lessons and other schoolwork, are among the most substantial regular hassles that students face, in addition to external factors and situations outside the school premises. It is vital to learn to cope effectively with stress to avert its complications when left unaddressed for a long time. The current study aims to determine the effect of the Mindfulness Meditation and Awareness Program on the mental health of high school students. The participants consist of 20 Grade 10 students enrolled at a government school in Manila. The study utilizes a one-group pretest-posttest research design that compares the stress levels and mindfulness of the participants before and after the intervention program. Significant differences were found ( $t = 17.944$ ,  $p < .001$ ), with a large effect size (Cohen's  $d = 3.0829$ ) for stress. The significant decrease in the students' stress levels from a pretest mean of 22.165 ( $SD = 2.6338$ ) to a posttest mean of 9.795 ( $SD = 1.7325$ ) dropped significantly from "moderate" to "low" levels. Furthermore, results also show significant differences ( $t = -31.807$ ,  $p < .001$ ), with a smaller effect size (Cohen's  $d = .2521$ ) in mindfulness with a pretest mean of 2.660 ( $SD = .20735$ ) increasing to the posttest mean of 4.453 ( $SD = .17249$ ). A greater effect was observed in reducing stress than in increasing mindfulness. The findings provide preliminary evidence that may encourage future researchers to explore other types of participants or evaluate the program's effect on various sectors and organizations.

**Keywords:** *stress, mental health, mindfulness meditation and awareness program*

Stress is a common aspect of daily life (Khan et al., 2015). Regardless of the stage a person is in—whether it's the stress of preparing for a prom date or dealing with the aftermath of a heated argument with a friend (Reynolds, 2022)—individuals are constantly battling and coping with stressful events in daily life (Metreveli et al., 2022).

The World Health Organization (WHO) describes stress as a condition of worry, or a disruption of healthy mental functioning caused by challenging situations. It is any environmental or physical pressure that triggers a reaction from an organism, forcing it to adapt to a changing environment and, in turn, fostering a sense of survival (Britannica, 2022).

Stress can arise from any situation or thought that causes a person to feel frustrated, angry, or anxious (Mazo, 2015). It has psychological effects that may manifest as irritability or aggression, a sense of losing control, an inability to relax, sleep difficulties, fatigue, loneliness, problems with concentration or memory, and more serious mental health issues such as depression, anxiety, and burnout, which may develop if stress persists (Racine, 2020).

People have often assumed that students are among the least affected by mental health problems, a responsibility often underestimated as a source of stress (Reddy et al., 2018). Although school is considered a fundamental setting for acquiring knowledge, it is also a highly competitive environment where students are overwhelmed with numerous duties and responsibilities (Acosta-Gomez et al., 2018).

The World Health Organization (WHO) identifies adolescence, defined as ages 10–19, as a crucial stage for developing social and emotional habits that support mental well-being. This developmental period coincides with the time when students spend most of their day at school, studying and learning.

In the Philippines, regular school hours extend to approximately 10 hours per day from Monday to Friday, as mandated by the Department of Education in Order No. 034, series of 2022, issued on July 11, 2022. Moreover, school-related tasks often continue at home, further increasing the academic load. Contrary to the primary goal of schools—which is to promote learning and personal development in a supportive environment (Seemiller, 2021)—students often report experiencing significant stress within school premises.

According to the 2017 APA Stress Survey, 83% of students identified school as their primary source of stress (Reynolds, 2022). Supporting this, another study reported that 75% of American high school students and 50% of middle school students said they “often or always feel stressed” due to schoolwork (Bouchrika, 2024).

Students have expressed that academic pressure and expectations about their future often compromise their ability to manage stress. They also observed that many of their peers lack knowledge on how to cope with stress or seek professional mental health support (The Jed Foundation, 2020). This inability to manage stress has been shown to negatively influence students' health behaviors (Bland et al., 2010). While a manageable amount of stress can enhance academic performance, excessive stress impairs students' ability to perform well in school (Brobbe, 2021). Research also indicates that students who can address emotional challenges during their studies are less likely to experience academic delays or drop out (Storrie et al., 2010).

Mental health is defined as a state of well-being that enables individuals to cope with life's stresses, work productively, and contribute meaningfully to their communities (Galderisi et al., 2015). It includes the capacity to manage change and negative emotions, maintain meaningful relationships, and engage in positive thoughts and behaviors (Bhugra et al., 2013). Strong mental health allows students to optimize their learning and reach their full potential.

It is undeniably true that stress is experienced by everyone; however, the impact it has on an individual can vary significantly depending on how they respond to it (WHO, 2023). According to the Transactional Model of Stress and Coping proposed by Lazarus and Folkman (1984, as cited in Dillard, 2019), an individual's ability to cope with and adapt to life's challenges depends on the dynamic interactions—or transactions—between the person and their environment. In other words, stress is not solely caused by external events but by how an individual perceives and responds to those events (Bourne, n.d.). Therefore,

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learning to respond to stress rather than react impulsively is a crucial part of maintaining well-being and building resilience.

Mindfulness is a form of meditation that emphasizes awareness of the present moment. It allows individuals to pause, reflect, and choose appropriate responses to various situations, thereby helping them remain calm and composed. Mindfulness has been found to reduce psychological distress (Keng et al., 2011). Many individuals report that practicing mindfulness enhances their ability to relax, increases their enthusiasm for life, and improves their self-esteem.

People often misinterpret mindfulness meditation as an activity that requires a perfect or ideal setting. However, mindfulness can be practiced anywhere, as it is not the environment but the intention and awareness that matter. This type of meditation emphasizes making each moment meaningful by consciously bringing attention to it in a non-judgmental and accepting way (Dundas et al., 2016). Mindfulness practices may include keeping a gratitude journal, listening to music mindfully, eating with awareness, practicing mindful bathing or walking, and engaging in deep breathing exercises.

According to the Center for Mindfulness at the University of Massachusetts, more than 24,000 individuals, including adolescents and children, have benefited from mindfulness-based approaches (Ackerman, 2017). A study by Bohlmeijer (2010) reported that mindfulness had a small but positive effect on reducing depression, anxiety, and psychological distress in individuals with chronic somatic illnesses.

Another study found that mindfulness techniques have improved the conditions of people with chronic diseases by helping them manage a wide range of clinical problems (Niazi et al., 2011). Similarly, research by Goldin et al. (2010) revealed that mindfulness-based therapy significantly reduced levels of social anxiety, depression, rumination, and state anxiety, while also increasing self-esteem among participants.

While many prior studies have focused on the effects of mindfulness on individuals with chronic illnesses, there is limited research on the effectiveness of mindfulness meditation and awareness programs in reducing psychological distress among students within the school setting. Specifically, few studies have examined how consistent daily mindfulness practice can enhance students' mental well-being.

The purpose of this study is to help high school students improve their mental health through the implementation of a Mindfulness Meditation and Awareness Program.

This study seeks to answer the following research questions:

1. What is the level of students' mental health before and after the intervention program?
2. Is there a significant difference in students' mental health levels before and after the intervention program?

## **Methodology**

### **Research Design**

The purpose of this study is to determine whether there is a significant difference in the level of mental health of Grade 10 students at Rajah Soliman Science and Technology Senior High School following the implementation of the intervention program. Specifically, this study employs a one-group pretest-posttest design, a type of pre-experimental research design that aims to assess the effect of the Mindfulness Meditation and Awareness Program on students' mental health.

In this design, a single group of participants is measured before and after the intervention. The researcher administers a pretest to assess the initial mental health status of the participants, implements the intervention program, and then conducts a posttest to evaluate any changes. This approach allows the researcher to examine the potential impact of the intervention by comparing the pretest and posttest results (Castardo, 2022).

### **Participants**

The researcher identified the participants to be included in the intervention program. The participating students were from Grade 10 and were selected using a purposive sampling technique. The selection was

based on the following criteria: a) must be a Grade 10 student; b) must have submitted a duly accomplished parental consent form; c) must be willing to complete the entire intervention program; d) must have scored high on the Perceived Stress Scale (PSS); and e) must have scored low on the Five Facet Mindfulness Questionnaire – 15 (FFMQ-15).

A total of 20 Grade 10 students from Rajah Soliman Science and Technology High School participated in the study. The participants, aged 15 to 16 years old, consisted of 15 or 75% females, and the other 5 or 25% were males.

### **Data Gathering Procedures**

The questionnaire was written in English and included clear instructions for responding. In addition, verbal instructions were provided during the actual administration of the intervention to ensure participants' full understanding. Data were collected from the students' demographic profiles—which included name, age, gender, ethnicity, grade level/section, including any physical or learning disabilities—as well as from their scores on the Perceived Stress Scale (PSS) and the Five Facet Mindfulness Questionnaire—15 (FFMQ-15).

### **Ethical Considerations**

Prior to the administration of the intervention, signed parental consent and informed assent were obtained from the student participants. In addition, written approval from the school principal and a permit to conduct the study from the Department of Education–School Division Office of Manila were secured. The nature, purpose, procedures, and potential benefits of the study were clearly explained to the participants, as well as to the principal and class adviser. As a result, both written and verbal consent were obtained from all participants. Anonymity and confidentiality were strictly maintained, and collected data were used exclusively for research purposes. Personal information was not disclosed, and all findings were reported in aggregate form to protect participant identities. However, if a participant exhibited signs of serious emotional distress or harm during the intervention, appropriate steps would be taken to ensure their safety. In such cases, confidentiality may be responsibly breached in accordance with ethical guidelines and safeguarding protocols.

### **Analysis of Data**

To determine whether there are significant differences between the pretest and posttest scores related to academic stress and mental health among junior high school students, a paired sample t-test was used to compare the pretest and posttest scores. This statistical method allowed the researcher to assess the effectiveness of the Mindfulness Meditation and Awareness Program by evaluating changes in the participants' stress and mindfulness levels.

In addition, descriptive statistical analysis was employed to provide a clearer understanding of the participants' demographic profiles and to summarize the central tendencies and variability of the collected data. This helped in interpreting the general characteristics of the population and understanding the overall effect of the intervention on the students' mental health.

## **Results**

### **Levels of Stress and Mindfulness Before the Intervention**

Table 1 presents the responses of Grade 10 high school students on the Perceived Stress Scale (PSS) during the pretest. The results indicate that the students had a total mean score of 22.165, reflecting their perceived stress level prior to the intervention.

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**Table 1**  
*Level of Perceived Stress Before the Intervention*

| Statement                                                                                             | Mean   | SD     | Verbal Interpretation |
|-------------------------------------------------------------------------------------------------------|--------|--------|-----------------------|
| 1. How often have you been upset because of something that happened unexpectedly?                     | 3.40   | .883   | Very High             |
| 2. How often have you felt that you were unable to control the important things in your life?         | 2.95   | .686   | High                  |
| 3. How often have you felt nervous and stressed?                                                      | 2.80   | 1.005  | High                  |
| 4. How often have you felt confident about your ability to handle your personal problems?             | 1.65   | .988   | Low                   |
| 5. How often have you felt that things were going your way?                                           | 2.10   | .641   | Average               |
| 6. How often have you found that you could not cope with all the things that you had to do?           | 2.55   | .945   | High                  |
| 7. How often have you been able to control irritations in your life?                                  | 1.40   | .883   | Low                   |
| 8. How often have you felt that you were on top of things?                                            | 2.20   | .834   | Average               |
| 9. How often have you been angered because of things that happened that were outside of your control? | 2.80   | 1.152  | High                  |
| 10. How often have you felt difficulties were piling up so high that you could not overcome them?     | 3.15   | .933   | High                  |
| Summative Mean                                                                                        | 22.165 | 2.6338 | Average               |

*Legend: 0.0-0.8 Very Low; 0.9-1.6 – Low; 1.7-2.4 – Average; 2.5-3.2 – High; 3.3-4 – Very High*

Table 2 shows the level of mindfulness among students before the intervention program. The students obtained a total mean score of 2.66.

**Table 2**  
*Level of Mindfulness Before Intervention*

| Indicator                                                                              | Mean | SD    | Verbal Interpretation |
|----------------------------------------------------------------------------------------|------|-------|-----------------------|
| 1. When I take a shower or a bath, I stay alert to the sensations of water on my body. | 3.10 | 1.021 | Average               |
| 2. I'm good at finding words to describe my feelings.                                  | 2.75 | 1.251 | Average               |
| 3. I don't pay attention to what I'm doing because I'm daydreaming.                    | 3.00 | 1.257 | Average               |
| 4. I shouldn't think I'm bad                                                           | 2.80 | 1.508 | Average               |
| 5. I am aware of thoughts or images without getting over them.                         | 2.90 | 1.410 | Average               |
| 6. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.  | 3.10 | 1.410 | Average               |
| 7. I have trouble thinking of the right words to express how I feel about things.      | 2.10 | 1.119 | Low                   |
| 8. I do jobs or tasks automatically without being aware of it.                         | 2.90 | 1.071 | Average               |
| 9. I think some of my emotions are bad or inappropriate.                               | 1.80 | 1.152 | Very low              |

*{table continues on the next page}*

|                                                                                                 |      |        |         |
|-------------------------------------------------------------------------------------------------|------|--------|---------|
| 10. When I have distressing thoughts or images, I am able just to notice them without reacting. | 2.85 | 1.182  | Average |
| 11. I pay attention to sensations, such as the wind in my hair or the sun on my face.           | 2.95 | 1.146  | Average |
| 12. Even when I'm feeling terribly upset, I can find a way to put it into words.                | 2.35 | 1.268  | Low     |
| 13. I find myself doing things without paying attention.                                        | 2.35 | .875   | Low     |
| 14. I tell myself I shouldn't be feeling the way I'm feeling.                                   | 1.85 | 1.182  | Low     |
| 15. When I have distressing thoughts or images, I just notice them and let them go.             | 3.10 | 1.165  | Average |
| Grand Mean                                                                                      | 2.66 | .20735 | Low     |

Legend: 1.00-1.89 – Very Low; 1.90-2.69 – Low; 2.70-3.49 – Average; 3.50-4.29 – High; 4.30-5.00 – Very High

### Levels of Stress and Mindfulness After the Intervention

Table 3 shows the level of perceived stress among students after the intervention program. The total mean score dropped significantly to 9.795, indicating that students were able to manage their stress effectively.

**Table 3**

*Level of Perceived Stress After Intervention*

| Indicator                                                                                             | Mean  | SD     | Verbal Interpretation |
|-------------------------------------------------------------------------------------------------------|-------|--------|-----------------------|
| 1. How often have you been upset because of something that happened unexpectedly?                     | 1.40  | .503   | Low                   |
| 2. How often have you felt that you were unable to control the important things in your life?         | 1.25  | .550   | Low                   |
| 3. How often have you felt nervous and stressed?                                                      | 1.45  | .605   | Low                   |
| 4. How often have you felt confident about your ability to handle your personal problems?             | .35   | .587   | Low                   |
| 5. How often have you felt that things were going your way?                                           | .85   | .745   | Low                   |
| 6. How often have you found that you could not cope with all the things that you had to do?           | 1.30  | .470   | Low                   |
| 7. How often have you been able to control irritations in your life?                                  | .80   | .616   | Low                   |
| 8. How often have you felt that you were on top of things?                                            | 1.00  | .795   | Low                   |
| 9. How often have you been angered because of things that happened that were outside of your control? | 1.25  | .444   | Very low stress       |
| 10. How often have you felt difficulties were piling up so high that you could not overcome them?     | 1.45  | .510   | Low                   |
| Summative Mean                                                                                        | 9.795 | 1.7325 | Low                   |

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| Summative Mean                                                                                        | 9.795 | 1.7325 | Low                   |

*Legend: 0.0-0.8 Very Low; 0.9-1.6 – Low; 1.7-2.4 – Average; 2.5-3.2 – High; 3.3-4 – Very High*

Table 4 shows the level of mindfulness after the intervention program. The participants achieved a total mean score of 4.4533, demonstrating a significant improvement from low to very high levels of mindfulness.

**Table 4**  
*Level of Mindfulness After Intervention*

| Indicator                                                                              | Mean | SD   | Verbal Interpretation |
|----------------------------------------------------------------------------------------|------|------|-----------------------|
| 1. When I take a shower or a bath, I stay alert to the sensations of water on my body. | 3.70 | .657 | High                  |
| 2. I'm good at finding words to describe my feelings.                                  | 4.55 | .510 | Very high             |
| 3. I don't pay attention to what I'm doing because I'm daydreaming.                    | 4.40 | .598 | Very high             |
| 4. I shouldn't think I'm bad                                                           | 4.65 | .587 | Very high             |
| 5. I am aware of thoughts or images without getting over them.                         | 4.80 | .410 | Very high             |
| 6. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.  | 4.60 | .598 | Very high             |
| 7. I have trouble thinking of the right words to express how I feel about things.      | 4.25 | .716 | Very high             |
| 8. I do jobs or tasks automatically without being aware of it.                         | 4.45 | .686 | Very high             |
| 9. I think some of my emotions are bad or inappropriate.                               | 4.40 | .598 | Very high             |

*{table continues on the next page}*

|                                                                                                 |        |        |           |
|-------------------------------------------------------------------------------------------------|--------|--------|-----------|
| 10. When I have distressing thoughts or images, I am able just to notice them without reacting. | 4.25   | .851   | Very high |
| 11. I pay attention to sensations, such as the wind in my hair or the sun on my face.           | 4.50   | .607   | Very high |
| 12. Even when I'm feeling terribly upset, I can find a way to put it into words.                | 4.50   | .607   | Very high |
| 13. I find myself doing things without paying attention.                                        | 4.40   | .681   | Very high |
| 14. I tell myself I shouldn't be feeling the way I'm feeling.                                   | 4.55   | .605   | Very high |
| 15. When I have distressing thoughts or images I just notice them and let them go.              | 4.80   | .410   | Very high |
| Summative Mean                                                                                  | 4.4533 | .17249 | Very high |

Legend: 4.30-5.00 – Very High; 3.50-4.29 – High; 2.70-3.49 – Average; 1.90-2.69 – Low; 1.00-1.89 – Very Low

### Comparison of Perceived Stress and Mindfulness Levels Before and After the Intervention

Table 5 compares the perceived stress and mindfulness levels before and after the intervention. Significant differences were found in stress levels ( $t = 17.944$ ,  $p < .001$ ), with a large effect size (Cohen's  $d = 3.0829$ ). Similarly, mindfulness levels showed significant differences ( $t = -31.807$ ,  $p < .001$ ), though with a smaller effect size (Cohen's  $d = .2521$ ). These results indicate the intervention program had a significant effect on reducing stress and increasing mindfulness among the participants, with stress showing a larger effect.

**Table 5**

*Comparison of Perceived Stress and Mindfulness Levels Before and After the Intervention*

|             | Mean Difference | Standard Deviation | $t$     | $df$ | $Sig$ | Cohen's $d$ |
|-------------|-----------------|--------------------|---------|------|-------|-------------|
| Stress      | 12.3700         | 3.0829             | 17.944  | 19   | <.001 | 3.0829      |
| Mindfulness | -1.7933         | .25215             | -31.807 | 19   | <.001 | .2521       |

### Discussion

This study demonstrates that mindfulness, significantly contributed to stress reduction. It is crucial for school personnel to encourage students to face the realities of their situations rather than avoid them. Rentala et al. (2019) noted that adolescence is a period marked by rapid physical, emotional, and social changes representing a major transitional phase between childhood and adulthood. The finding that the Mindfulness Meditation and Awareness Program significantly impacted the stress levels of the participants supports the conclusion that mindfulness interventions can improve the mental health of high school students.

Schussler et al. (2021) found that students felt more prepared to handle pressures as they developed greater awareness through mindfulness practices. Increased engagement in mindfulness activities was associated with substantial improvements in outcomes such as reflection and awareness. This offers school personnel considerable flexibility in supporting student well-being.

Supporting primary preventive initiatives in schools that address stress and coping is essential. Controlled studies show that such programs have favorable effects on coping strategies and reduce signs of stress. Based on this evidence, Kraag et al. (2006) concluded that primary prevention efforts—programs designed to support mental health and reduce adjustment problems in otherwise healthy adolescents—produce positive results.

Mindfulness encourages individuals to accept stress rather than avoid or escape it, which diminishes the subjective experience of pressure. This acceptance leads to cognitive shifts, allowing individuals to reframe their perception of challenging situations. Additionally, mindfulness teaches that thoughts are simply thoughts—they do not define “you” or “reality.” This understanding reduces the tendency to judge oneself

or react automatically to thoughts, thereby enhancing self-control. Mindfulness also promotes living in the present moment rather than being caught up in the past or future, reducing daydreaming and rumination (Anand & Sharma, 2011).

To address these needs, Johnstone et al. (2016) recommended integrating mindfulness curriculum into the regular school day. This approach prevents scheduling conflicts and avoids the stigma often associated with mental health care. Moreover, it introduces students to stress prevention concepts and equips them with the skills to navigate adolescence mindfully through meditation and deliberate practice. This study provides valuable experimental evidence supporting the feasibility and effectiveness of incorporating mindfulness into everyday school routines for teenagers.

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## HUMANITIES

# EFFECTS OF LIFE REVIEW THERAPY ON HOPELESSNESS AND REGRETS AMONG GERIATRIC RESIDENTS IN A HOME FOR THE AGED

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### Abstract

Old age is often portrayed as a time of retrospection, marked by reflection, remorse, and depression. Literature frequently associates this stage with regret and despair, suggesting that many elderly individuals are burdened by reflections on what might have been. This study investigated the effects of a life review therapy intervention on feelings of regret and hopelessness among geriatric individuals residing in selected nursing homes. Using purposive sampling, participants completed the Beck Hopelessness Scale (BHS) and Regret Elements Scale (RES) before and after the intervention. The BHS pretest yielded a mean score of 7.85 (SD = 1.87), indicating a mild level of hopelessness. Posttest results showed a slight decrease to 7.22 (SD = 1.76), still in the mild range. However, the difference was not statistically significant ( $p = .085$ ), suggesting limited impact on hopelessness. In contrast, the RES results revealed a significant reduction in regret. The pretest mean score of 46 (SD = 9.16) fell to 30.33 (SD = 12.30) post-intervention, moving from a high to a low level of regret. This change was statistically significant ( $p < .001$ ), with a large mean difference of -15.67 and an effect size of 14.23. These findings suggest that life review therapy is effective in reducing regret among elderly participants, promoting greater emotional well-being. However, its effect on hopelessness was not statistically significant, indicating that additional strategies may be needed to address this aspect of geriatric mental health.

**Keywords:** *hopelessness, regret, geriatric individuals, nursing home, Life Review Therapy*

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Old age is often portrayed as a time of retrospection, when people reflect on their previous choices and experiences. This stage of life is frequently portrayed as a period of reflection, regret, and depression. In literature, folklore, and popular culture, old age is associated with regret and despair, maintaining the idea that the elderly are burdened by what may have been. The purpose of this research is to develop a psychological intervention that will assist geriatric nursing home residents in processing their feelings of regret and hopelessness.

Hopelessness is characterized by an individual's pessimistic views about themselves and their future (Beck et al., 1974). Previous research has identified hopelessness as a risk factor for adverse health outcomes, including but not limited to cardiovascular disease, hypertension, cancer, and elevated mortality. This association remains significant even after accounting for other pertinent risk factors such as depression, smoking, and social support (Dang, Zhang & Nunez, 2021).

According to numerous studies, unresolved regrets can cause elderly individuals to experience decreased levels of well-being (Torges et al., 2008). Regret is a detrimental feeling that involves comparing a decision with its alternatives using a counterfactual framework (Wallis et al., 2021). Given the many in life, there is a vast potential for experiencing regret. Reflecting on life and the choices made is considered a natural process that occurs during the latter stages of life, as individuals grapple with the responsibility of shaping their pathways and finding meaning in their journey (DeGenova, 1996). As an individual ages, the likelihood of experiencing regret appears to increase. At this developmental stage, they possess the capacity to reflect upon their past actions and acknowledge past mistakes, potentially resulting in a reduction in overall well-being (Maximo et al., 2012).

This aligns with Erik Erikson's theory of psychosocial development which is discussed by Munnichs (1984). People begin to contemplate their past, achievements, actions, and missed opportunities. This corresponds with the final psychosocial stage of "integrity versus despair," which occurs in late adulthood.

In the context of nursing homes, the later stages of life are often viewed through a unique lens—one that magnifies the challenges and vulnerabilities faced by residents (Jansson et al., 2018). For instance, Şahin (2018) reported that in Turkish nursing homes, a significant proportion of elderly individuals—around 80%—experienced feelings of despair. Moreover, extreme hopelessness was commonly observed in this demographic. In the Philippines, a study by De Guzman et al. (2017) found that after being admitted to a nursing home, many elderly individuals—separated from their loved ones and familiar environments—experienced emotions characterized by hopelessness, despair, and emotional discomfort.

Another study highlighted the challenges faced by nursing home residents, including the loss of social relationships, privacy, and self-determination, which can contribute to feelings of hopelessness and depression (Haugan, 2013). Moreover, research has shown that loneliness—strongly associated with hopelessness—is a widespread concern among the elderly population and may lead to increased utilization of healthcare services (Taube, 2015).

Life Review Therapy (LRT) is a therapeutic modality involving the systematic examination and contemplation of an individual's life events, with a special focus on older adults. Its primary objective is to address psychosocial concerns, enhance mental well-being, and promote holistic wellness (Zimmermann et al., 2022).

According to Rochma et al. (2022), life review therapy has been shown to reduce anxiety and depressive symptoms in older adults. Numerous studies have demonstrated that life review group therapy can improve self-esteem and foster a more positive self-concept, ultimately reducing symptoms of depression.

Reminiscence Therapy, a form of Life Review Therapy, has proven to be an accessible, affordable, and effective intervention for older adults experiencing psychological distress (Engelbrecht et al., 2022). Yen & Lin (2018) identified reminiscence therapy as an effective, non-invasive method for both the prevention and treatment of mental disorders in elderly individuals in Taiwan. Moreover, the act of reminiscing has been found to positively impact mental well-being. A study by Liu et al. (2021) reported that implementing reminiscence therapy led to notable improvements in depression remission rates and overall quality of

life among older adults immediately following the intervention. Nevertheless, further development and standardization of evidence-based protocols are necessary to facilitate the global implementation of memory therapies.

Life review therapy has been shown to improve the quality of life and well-being of elderly individuals residing in nursing homes. A study by Sales et al. (2022) demonstrated that life review interventions can enhance life satisfaction, happiness, sense of coherence, coping skills, and overall quality of life. Additionally, reminiscence therapy has helped older women in care homes find greater meaning in their lives, enhance their sense of coherence, and cope with the stress of the COVID-19 pandemic (Wren, 2016).

This study aims to examine the impact of a structured Life Review Therapy (LRT) intervention on psychological outcomes specifically, feelings of regret and hopelessness—among elderly individuals living in a nursing home facility. Life review therapy, a therapeutic approach rooted in reminiscence and narrative techniques, encourages older adults to reflect on and make sense of their past experiences.

## **Methodology**

### **Research Design**

The researcher used a pretest and posttest research design. The intervention program was implemented between the pretest and posttest phases. All individuals underwent the same intervention program; however, no comparisons were made between different groups. The analysis focused on pretest and posttest data to determine whether there was a statistically significant difference.

### **Participants**

Participants in the study were senior citizens who had been residing in a home for the aged for at least one month. These individuals had accumulated rich life experiences, many of which were associated with feelings of regret and hopelessness. A total of 27 participants were selected through purposive sampling, based on specific inclusion criteria. The sample consisted of 6 males (14%) and 23 females (86%). In terms of age distribution, 1 participant (2%) was aged 60–65, 9 participants (21%) were aged 66–70, and 10 participants (23%) were aged 71–75. Additionally, 4 participants (9%) were within the age range of 76–80, another 4 (9%) were aged 81–85, and 1 participant (2%) was aged 90 or above. Notably, there were no participants in the 86–90 age range.

### **Instrumentation**

Two standardized tests were used for both the pretest and posttest: the Beck Hopelessness Scale (BHS) and the Regret Elements Scale (RES). The Beck Hopelessness Scale, developed by Beck et al. (1974), is based on Scotland's (1969) conceptualization of hopelessness as a cognitive schema related to future expectations. It is composed of 20 true-or-false statements designed to assess the intensity of pessimistic outlooks regarding the future among both adolescent and adult populations. Scoring is categorized into four levels of hopelessness: minimal (0–3), mild (4–8), moderate (9–14), and severe (15–20). The BHS has demonstrated high reliability, with a reported sensitivity and specificity of 95% (McMillan et al., 2007).

The Regret Elements Scale (RES) was developed by Buchanan, Summerville, Lehmann, and Reb (2016). It measures two core components of regret: affect and cognition. This tool provides a nuanced understanding of the role of regret in decision-making and well-being. It includes 10 items rated on a Likert scale from “strongly disagree” to “strongly agree.”

### **Data Gathering Procedures**

Upon receiving approval to conduct the study, pretest questionnaires were distributed to participants. The intervention was then implemented. Following the intervention, posttest questionnaires were administered.

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### Ethical Considerations

Prior to data collection, an application for ethical clearance was submitted to the University Ethics Board, and approval was granted. Informed consent was obtained from all participants, and their involvement was entirely voluntary. Participants' names were not collected, and their responses were anonymized. All information was handled with strict confidentiality.

### Data Analysis

Data were analyzed using SPSS Statistics version 23. Participant demographics were summarized using frequency and percentage. Levels of hopelessness and regret were evaluated using mean and standard deviation. Relationships between variables were analyzed using Pearson's  $r$  and linear regression.

## Results

### Levels of Hopelessness Among the Elderly Before and After the Intervention

Tables 1 and 2 display the distribution of participant responses across various levels of hopelessness, as measured by the Beck Hopelessness Scale (BHS). The data include both the raw frequencies and corresponding percentages, providing a clear overview of the prevalence and severity of hopelessness among the study population.

**Table 1**

*Level of Hopelessness Among the Elderly Before the Intervention*

|                                                                                          | Frequency of Scores | %    |
|------------------------------------------------------------------------------------------|---------------------|------|
| I look forward to the future with hope and enthusiasm.                                   | 5                   | 18%  |
| I might as well give up because I can't make things better for myself.                   | 6                   | 22%  |
| When things are going badly, I am helped by knowing they can't stay that way forever.    | 4                   | 14%  |
| I can't imagine what my life will be like in 10 years.                                   | 24                  | 88%  |
| I have enough time to accomplish the things I most want to do.                           | 6                   | 22%  |
| In the future, I expect to succeed in what concerns me most.                             | 4                   | 14%  |
| My future seems dark to me.                                                              | 11                  | 40%  |
| I expect to get more good things in life than the average person.                        | 8                   | 29%  |
| I just don't get the breaks, and there's no reason to believe I will in the future.      | 13                  | 48%  |
| My past experiences have prepared me well for the future.                                | 13                  | 48%  |
| All I can see ahead of me is unpleasantness rather than pleasantness.                    | 10                  | 37%  |
| I don't expect to get what I really want.                                                | 14                  | 51%  |
| When I look ahead to the future, I expect to be happier than I am now.                   | 11                  | 40%  |
| Things just won't work out the way I want them to.                                       | 12                  | 44%  |
| I have great faith in the future.                                                        | 7                   | 25%  |
| I never get what I want, so it's foolish to want anything.                               | 12                  | 44%  |
| It is very unlikely that I will get any real satisfaction in the future.                 | 12                  | 44%  |
| The future seems vague and uncertain to me.                                              | 11                  | 40%  |
| I can look forward to more good times than bad times.                                    | 9                   | 33%  |
| There's no use in really trying to get something I want because I probably won't get it. | 13                  | 48%  |
| Grand Mean                                                                               | 7.85                | Mild |

Based on Table 1, only 14% of participants agreed with the statements, “When things are going badly, I am helped by knowing they can’t stay that way forever,” and “In the future, I expect to succeed in what concerns me most.” Conversely, 88% agreed with the statement, “I can’t imagine what my life would be like in 10 years.” This suggests that most elderly participants are uncertain about their future, potentially due to chronic illnesses and the awareness of limited remaining time. This finding aligns with Ladin et al. (2018), who noted that elderly individuals with serious illnesses tend to focus on end-of-life scenarios rather than future aspirations. Santhalingam et al. (2021) further supported this by linking conditions like diabetes, hypertension, and heart problems with diminished quality of life and outlook.

As shown in Table 2, only 3% of respondents agreed with the statements “I have enough time to accomplish the things I most want to do” and “I just don’t get the breaks, and there’s no reason to believe I will in the future.” However, 66% still reported being unable to imagine their life in 10 years. This implies that many participants continue to feel uncertain about their futures, though some improvement is evident in reduced agreement with more severely hopeless statements.

**Table 2**  
*Level of Hopelessness Among the Elderly After the Intervention*

|                                                                                          | Frequency<br>of Scores | %    |
|------------------------------------------------------------------------------------------|------------------------|------|
| I look forward to the future with hope and enthusiasm.                                   | 2                      | 7%   |
| I might as well give up because I can’t make things better for myself.                   | 6                      | 22%  |
| When things are going badly, I am helped by knowing they can’t stay that way forever.    | 6                      | 22%  |
| I can’t imagine what my life will be like in 10 years.                                   | 18                     | 66%  |
| I have enough time to accomplish the things I most want to do.                           | 1                      | 3%   |
| In the future, I expect to succeed in what concerns me most.                             | 2                      | 7%   |
| My future seems dark to me.                                                              | 2                      | 7%   |
| I expect to get more good things in life than the average person.                        | 5                      | 18%  |
| I just don’t get the breaks, and there’s no reason to believe I will in the future.      | 1                      | 3%   |
| My past experiences have prepared me well for the future.                                | 12                     | 44%  |
| All I can see ahead of me is unpleasantness rather than pleasantness.                    | 4                      | 14%  |
| I don’t expect to get what I really want.                                                | 7                      | 25%  |
| When I look ahead to the future, I expect to be happier than I am now.                   | 14                     | 51%  |
| Things just won’t work out the way I want them to.                                       | 2                      | 7%   |
| I have great faith in the future.                                                        | 10                     | 37%  |
| I never get what I want, so it’s foolish to want anything.                               | 10                     | 37%  |
| It is very unlikely that I will get any real satisfaction in the future.                 | 9                      | 33%  |
| The future seems vague and uncertain to me.                                              | 7                      | 25%  |
| I can look forward to more good times than bad times.                                    | 3                      | 11%  |
| There’s no use in really trying to get something I want because I probably won’t get it. | 11                     | 40%  |
| Grand Mean                                                                               | 7.22                   | Mild |

**Levels of Regret Among the Elderly Before and After the Intervention**

Tables 3 and 4 present the results of the Regret Element Scale (RES). Table 3 shows that the highest reported regret was "Things would have gone better if I had chosen another option" (mean = 5.14, SD = 1.83). In contrast, the lowest score was for "I feel like kicking myself" (mean = 3.74, SD = 1.93), suggesting that while regret was high overall, extreme self-blame or self-directed anger was less common.

**Table 3***Level of Regret Among the Elderly Before the Intervention*

|                                                                | Mean  | SD   | Verbal Interpretation |
|----------------------------------------------------------------|-------|------|-----------------------|
| I am experiencing self-blame about the way I made my decision. | 4.85  | 2.07 | High                  |
| I feel sorry.                                                  | 4.77  | 1.76 | High                  |
| I am experiencing self-blame.                                  | 4.25  | 2.03 | Average               |
| I feel guilty.                                                 | 4.33  | 2.16 | High                  |
| I feel like kicking myself.                                    | 3.74  | 1.93 | Average               |
| Things would have gone better if I had chosen another option.  | 5.14  | 1.83 | High                  |
| I wish I had made a different decision.                        | 5.00  | 1.83 | High                  |
| I should have decided differently.                             | 4.55  | 2.13 | High                  |
| I would have been better off had I decided differently         | 4.85  | 2.23 | High                  |
| Before, I should have chosen differently                       | 4.48  | 2.11 | High                  |
| Mean                                                           | 46.00 | 9.16 | High                  |

*Legend: Mean per indicator item: 0-2.6 = Low, 2.7-4.2 = Average, 4.3-5.8 = High, 5.9-7.00 = Very High*

*Sum: 0-30 = Low, 31-45 = Average, 46-60 = High, 61-70 = Very High*

As shown in Table 4, the highest level of regret remained associated with the belief that outcomes could have improved if different choices had been made (mean = 3.48). However, overall regret levels decreased significantly, particularly in self-blame, with "I am experiencing self-blame about the way I made my decision" scoring the lowest (mean = 2.44). This suggests an improvement in emotional well-being.

**Table 4***Level of Regret Among the Elderly After the Intervention*

|                                                                | Mean  | SD    | Verbal Interpretation |
|----------------------------------------------------------------|-------|-------|-----------------------|
| I am experiencing self-blame about the way I made my decision. | 2.44  | 1.45  | Low                   |
| I feel sorry.                                                  | 2.74  | 1.53  | Average               |
| I am experiencing self-blame.                                  | 2.74  | 1.53  | Average               |
| I feel guilty.                                                 | 3.03  | 1.60  | Average               |
| I feel like kicking myself.                                    | 2.70  | 1.56  | Average               |
| Things would have gone better if I had chosen another option.  | 3.48  | 2.02  | Average               |
| I wish I had made a different decision.                        | 3.33  | 1.96  | Average               |
| I should have decided differently.                             | 3.22  | 1.62  | Average               |
| I would have been better off had I decided differently         | 3.33  | 1.77  | Average               |
| Before, I should have chosen differently                       | 3.39  | 1.63  | Average               |
| Mean of all Scores                                             | 30.33 | 12.34 | Low                   |

*Legend: Mean per indicator item: 0-2.6 = Low, 2.7-4.2 = Average, 4.3-5.8 = High, 5.9-7.00 = Very High*

*Sum: 0-30 = Low, 31-45 = Average, 46-60 = High, 61-70 = Very High*

### Comparison of Levels of Hopelessness and Regrets of Among Elderly Before and After the Intervention

The paired-sample t-test shown in Table 5 reveals a decrease in hopelessness scores after the intervention, but the change was not statistically significant ( $p = 0.171$ ). As a result, the null hypothesis is retained—indicating no significant difference in the level of hopelessness before and after the intervention.

**Table 5**  
*Comparison of the Levels of Hopelessness Among Elderly*

|              | Mean    | SD      | t      | One-sided p | Two-sided p | Verbal Interpretation |
|--------------|---------|---------|--------|-------------|-------------|-----------------------|
| Hopelessness | -.62963 | 2.32293 | -1.408 | .085        | .171        | Not Significant       |

The paired-sample t-test in Table 6 indicates a statistically significant reduction in regret levels following the intervention ( $p < .001$ ). The mean difference was -15.66, suggesting that participants reported substantially lower regret after undergoing life review therapy.

**Table 6**  
*Comparison of the Levels of Regret Among Elderly*

|        | Mean Difference | SD    | t      | One-sided p | Two-sided p | Verbal Interpretation |
|--------|-----------------|-------|--------|-------------|-------------|-----------------------|
| Regret | -15.66          | 14.29 | -5.593 | <.001       | <.001       | Significant           |

### Discussion

Life review is a natural psychological process that often emerges in later life, wherein individuals reflect on their life experiences—both positive and negative—and seek to assign meaning to them (Westerhof & Slatman, 2019). In Life Review Therapy (LRT), this reflective process is structured into a therapeutic intervention aimed at fostering emotional resolution and personal growth. According to Karmiyati, Rahmadiani, and Hasanati (2020), LRT facilitates a reframing process in which individuals reinterpret distressing or unresolved memories and learn to accept them, leading to emotional healing. This therapeutic technique was effective in the present study, as evidenced by the significant reduction in levels of regret among the elderly participants.

The findings confirm that the intervention successfully reduced feelings of regret. This supports previous literature suggesting that LRT enables individuals to reframe life events to derive personal meaning (Westerhof & Slatman, 2019). Through the process of reflection and guided reminiscence, participants in this study were likely able to confront unresolved emotions, reconstruct negative memories in a more accepting light, and cultivate a sense of peace regarding past decisions (Karmiyati et al., 2020).

Several factors likely contributed to the effectiveness of the intervention in reducing regret. The structured format of LRT—potentially incorporating narrative work, memory exercises, and reflection—offered participants opportunities to examine and reinterpret their life experiences systematically. According to Westerhof et al. (2010), such structured interventions can help individuals accept regrets and unresolved issues from the past. Additionally, the group-based nature of the intervention may have fostered a sense of belonging and emotional support. Engaging in shared reflections and hearing others' stories can provide validation and reduce the isolation often felt in older adulthood. Neeta et al. (2015) emphasized the importance of social support in preserving the well-being of the elderly, and Mohd et al. (2019) further asserted that adequate emotional support can reduce regret and depression in older populations, particularly in Asian cultural settings.

Moreover, engaging in LRT helps individuals construct a coherent life narrative, reconcile unresolved conflicts, and find value in lived experiences. Bohlmeijer et al. (2007) noted that this reflective process can enhance one's sense of purpose by highlighting meaningful encounters, lessons learned, and personal growth over time. Similarly, Shin et al. (2023) found that life review and reminiscence activities serve as

effective intervention techniques to promote positive psychological outcomes, improve health, and increase life satisfaction among elderly individuals living in communities.

Despite the significant reduction in regret, the intervention did not yield a statistically significant decrease in hopelessness. Although there was a slight reduction in the posttest mean, the change was not sufficient to confirm the effectiveness of the intervention in addressing hopelessness. One possible explanation for this outcome is that participants already exhibited only mild levels of hopelessness prior to the intervention, limiting the observable range for improvement. Additionally, the non-significant result may reflect other influencing variables such as differences in perceived social support, coping styles, and personal resilience (Long et al., 2020). These individual differences could have shaped how participants processed the intervention content and, consequently, how they responded in terms of their sense of hope for the future.

Considering these findings, the researcher recommends conducting a longitudinal study that focuses exclusively on reducing hopelessness among elderly individuals in care facilities. Such a study could provide deeper insight into the long-term effectiveness of LRT and identify strategies for sustaining improvements in psychological well-being. Furthermore, training programs for social workers and healthcare providers are essential to equip them with tools for recognizing and managing hopelessness in elderly populations. Future research should continue to explore innovative, culturally sensitive interventions that address both regret and hopelessness, with the goal of enhancing emotional well-being and overall life satisfaction among elderly residents in institutional care.

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**HUMANITIES**

# EFFICACY OF NARRATIVE GROUP INTERVENTION ON INTERNALIZED STIGMA AND SELF-ESTEEM AMONG PROBATIONERS

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## Abstract

Individuals on probation often face social discrimination and diminished self-worth, hindering their reintegration into society. This study aimed to determine the effectiveness of the Narrative Group Intervention (NGI) as a holistic approach to addressing internalized stigma and self-esteem among probationers in the Philippine criminal justice system. A one-group pretest–posttest design was employed with 42 probationers from Bataan province. Pre-intervention results indicated moderate internalized stigma ( $M = 2.52$ ,  $SD = 0.405$ ) and low self-esteem ( $M = 24.81$ ,  $SD = 4.22$ ). The NGI, conducted in four sessions over two weeks, aimed to address these issues using narrative therapy principles. Post-intervention results showed a significant reduction in internalized stigma ( $M = 1.75$ ,  $SD = 0.390$ ) and a notable increase in self-esteem ( $M = 31.24$ ,  $SD = 3.36$ ). Statistical analysis ( $p < .001$ ) confirmed a significant difference between pre- and post- test scores for both variables. These findings suggest that the NGI can positively impact the psychological well-being of probationers, offering a promising tool for community-based rehabilitation. The results support integrating narrative therapy into probation programs to foster inclusive and empathetic rehabilitation strategies. While the study provides preliminary evidence of the NGI's effectiveness, broader participant recruitment and further exploration of its long-term impacts and the perspectives of probation officers are recommended for future research.

**Keywords:** *internalized stigma, self-esteem, narrative group intervention, probation, community-based rehabilitation, criminal justice*

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The criminal justice system in the Philippines faces numerous challenges in rehabilitating offenders and supporting their reintegration into society. A call for a more effective, humane, and holistic approach is imperative due to persistent issues such as jail congestion and the high cost of incarceration. In response, the government has introduced the Probation Program, an alternative to imprisonment. This program allows individuals with criminal convictions to serve their sentences through community-based rehabilitation instead of incarceration, enabling them to reintegrate into society as constructive members.

However, probation is not without its drawbacks. Due to their criminal background, individuals on probation (referred to as probationers) often experience heightened stigma, particularly within marginalized communities (LeBel, 2012). This public stigma extends beyond labeling and discrimination; it can also negatively affect a person's psychological state through internalized stigma (Corrigan & Watson, 2002). Internalized stigma refers to the process by which individuals accept and believe in the public's negative perceptions of their identity or condition, which in turn shapes their self-view (Fernández et al., 2023). Probationers are especially susceptible to internalized stigma due to the discrimination they face, which can result in diminished self-esteem and a reduced sense of self-worth (Corrigan et al., 2003).

Internalized stigma often gives rise to feelings of inadequacy and unworthiness (Yanos et al., 2011). Yet its impact is not limited to emotional distress. According to Moses (2009), a high level of internalized stigma can lead to reduced participation in productive activities, lower employment retention, and poor compliance with treatment plans. These outcomes hinder the effectiveness of community-based rehabilitation and increase the risk of reoffending. If probationers relapse into criminal behavior, the cycle of crime and punishment continues, undermining the program's purpose and effectiveness.

On the other hand, self-esteem—a critical construct in psychology—affects a person's quality of life, relationships, job performance, and mental health (Orth et al., 2012). Orth and Robins (2014) found that low self-esteem is linked to substance abuse, mental health issues, and interpersonal difficulties. For individuals with a criminal background, perceived and internalized stigma significantly lowers self-esteem (LeBel, 2012), leading to various adverse consequences. Probationers often struggle with family relationships and emotional regulation due to low self-confidence. Moreover, diminished self-esteem can intensify feelings of hopelessness, thereby increasing the likelihood of reoffending (Moore et al., 2016). These challenges hinder probation officers from implementing effective rehabilitation strategies.

A recent study by Hamidi et al. (2023) highlights the cyclical relationship between internalized stigma and low self-esteem: each exacerbates the other, forming a vicious cycle. Despite growing research aimed at breaking this cycle, few studies have explored the potential of narrative therapy in assisting probationers. Narrative therapy is a form of psychotherapy that helps individuals' re-author their life stories, externalize their problems, and find new meaning in their experiences (White & Epston, 1990). Everyone has a story to tell, but people—especially probationers—tend to focus on the problematic aspects of their narratives, such as their criminal past. This self-perception can skew how they view themselves and the world around them.

Narrative therapy has been successfully applied in various settings, including group environments. Dean (1998) noted that groups often naturally facilitate storytelling, which can lead to new perspectives and narrative transformations. Similarly, Laube (1998) observed that collaborative storytelling in groups fosters cohesion and connection among participants. Clark (2014) found group narrative therapy to be effective in empowering individuals to become experts in their own lives while addressing mental health concerns. Group narrative therapy has also proven beneficial across diverse populations, including individuals with substance use disorders (Shakeri et al., 2020), LGBTQ adolescents (Jordan, 2020), and children with phobias (Looyeh et al., 2014). However, research on its effectiveness among probationers remains limited.

Probationers face unique challenges in their rehabilitation journey due to social stigma and discrimination, warranting tailored interventions (Maruna, 2001). Investigating the effectiveness of narrative group intervention on internalized stigma and self-esteem could make a valuable contribution to the literature and inform criminal justice policies and practices. This research is particularly timely, given the growing need for inclusive and psychologically informed rehabilitation strategies.

The present study seeks to address this gap by using a pretest–posttest design to evaluate the efficacy of Narrative Group Intervention on internalized stigma and self-esteem among probationers. The findings aim to offer practical insights for probation officers, clinicians, and policymakers to enhance the well-being of probationers and potentially reduce reoffending rates. If proven effective, this intervention could be integrated into existing rehabilitation frameworks, prompting a shift toward a more holistic model that considers both the psychological and social dimensions of reoffending. Specifically, the study seeks to answer the following research questions:

- a) What is the level of internalized stigma and self-esteem among probationers before the intervention program?
- b) What is the level of internalized stigma and self-esteem among probationers after the intervention program?
- c) Is there a significant difference in the levels of internalized stigma and self-esteem among probationers before and after the intervention program?

## **Methodology**

### **Research Design**

This study utilized a one-group pretest–posttest design, which involves assessing the same participants before and after an intervention to measure any changes attributable to the program. By collecting data on internalized stigma and self-esteem at two points in time—prior to the Narrative Group Intervention and immediately following its completion, the design allows for a direct comparison of participants’ scores. This approach helps determine whether the intervention produced statistically significant improvements in these psychological outcomes within the group.

### **Participants**

The study involved 42 individuals currently under probation in the province of Bataan, defined as those convicted of offenses punishable by less than six years of imprisonment and ordered by the court to serve their sentences through community-based rehabilitation. All participants had been supervised by probation officers for at least six months. The sample consisted mainly of males aged 25 to 58, most of whom were high school graduates, employed, married, and having been on probation for over a year.

Participants were recruited through purposive sampling with the help of local probation officers, based on their probation status, ability to attend in-person sessions twice weekly, and willingness to participate. All selected individuals were fully informed about the study’s purpose, procedures, risks, and benefits, and provided voluntary informed consent with assurances of confidentiality.

### **Participants’ Demographic Profile**

Based on Table 1, the study’s participants consisted of 42 individuals under probation, with the majority being male (81.0%) and a smaller proportion female (19.1%). The age distribution showed the highest concentration in the 50–54 age group (21.4%), followed by participants aged 25–29 (19.1%). Participants were mostly married (52.4%), with 45.2% single and a small percentage (2.4%) separated. In terms of employment, nearly half (47.6%) were employed full-time, while 28.6% had part-time jobs and 23.8% were unemployed. Regarding the length of the probation period, 71.4% had been sentenced to 1–3 years, and 28.6% had a 4–6-year probation period. The highest educational attainment among the group was predominantly high school level (71.4%), followed by vocational graduates (19.1%), and a few with a bachelor’s degree (9.5%).

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**Table 1**  
*Distribution of the Participant by Demographic Profile*

| Demographic                    |                      | N  | %    |
|--------------------------------|----------------------|----|------|
| Age                            | 25-29                | 8  | 19.1 |
|                                | 30-34                | 7  | 16.7 |
|                                | 35-39                | 7  | 16.7 |
|                                | 40-44                | 5  | 11.9 |
|                                | 45-49                | 3  | 7.1  |
|                                | 50-54                | 9  | 21.4 |
|                                | 55-58                | 3  | 7.1  |
| Gender                         | Male                 | 34 | 81.0 |
|                                | Female               | 8  | 19.1 |
| Marital Status                 | Single               | 19 | 45.2 |
|                                | Married              | 22 | 52.4 |
|                                | Separated            | 1  | 2.4  |
| Employment Status              | Employed (Full-time) | 20 | 47.6 |
|                                | Employed (Part-time) | 12 | 28.6 |
|                                | Unemployed           | 10 | 23.8 |
| Length of Probation Period     | 1-3 Years            | 30 | 71.4 |
|                                | 4-6 Years            | 12 | 28.6 |
| Highest Educational Attainment | High School          | 30 | 71.4 |
|                                | Vocational           | 8  | 19.1 |
|                                | Bachelor's Degree    | 4  | 9.5  |

### Instrumentation

Demographic data were gathered at the beginning of the study using a structured questionnaire. To measure internalized stigma, the study employed a modified version of the Internalized Stigma of Mental Illness Scale-9 (ISMI-9), a 9-item instrument developed by Hammer and Toland (2017) and designed for diverse populations. Participants rated their level of agreement with each statement on a 4-point Likert scale, with scores interpreted to reflect levels of stigma ranging from minimal to severe. The ISMI-9 demonstrated strong reliability, with a Cronbach's alpha of 0.86.

Self-esteem was assessed using the Rosenberg Self-Esteem Scale (RSES), a widely used 10-item tool that evaluates overall self-worth. Responses were also collected on a 4-point Likert scale, and total scores categorized self-esteem as low, medium, or high. The RSES has shown good internal consistency, with reliability coefficients between 0.77 and 0.88 (Rosenberg, 1989).

### Data Gathering Procedures

Demographic information, including age, gender, marital status, employment status, duration of probation, and education level, was collected using a structured questionnaire at the start of the study. The Internalized Stigma of Mental Illness Scale-9 (ISMI-9) and the Rosenberg Self-Esteem Scale (RSES) were administered twice: once as a pretest before the intervention and again as a post-test after the final session. To assess the effectiveness of the intervention, a paired samples t-test was conducted to determine whether there were statistically significant differences in internalized stigma and self-esteem scores before and after the program.

### ***Narrative Group Intervention***

The intervention implemented in this study was a structured, group-based program aimed at helping probationers explore and reconstruct their personal narratives, with a focus on their experiences related to probation, self-identity, and self-concept. Facilitated by the researcher, the sessions guided participants in externalizing their problems, reframing negative self-perceptions, fostering emotional resilience, and developing a more empowering self-view. Conducted over two weeks, the program comprised four sessions—each lasting at least two hours—covering the following topics: (1) Building Foundations and Personal Narratives, (2) Externalizing Problems and Shifting Perspectives, (3) Collaborative Storytelling for Empowerment, and (4) Solidifying Narratives and Setting Goals. A control group was not included in this study.

### **Ethical Considerations**

Before data collection commenced, the study received ethical clearance from the Ethics Review Board of the Adventist University of the Philippines (AUP). All participants were provided with detailed information regarding the study's purpose, procedures, potential risks, and benefits, and informed consent was obtained prior to their involvement. To ensure confidentiality and protect participant identities, codenames or aliases were used in all forms and records, and all data were handled with strict adherence to ethical and privacy standards.

### **Data Analysis**

Descriptive statistics were used to summarize the participants' demographic characteristics and primary variables. This included the calculation of means, standard deviations, and percentages to provide an overview of the sample profile and baseline data.

A paired samples t-test was conducted to determine whether there was a statistically significant difference in participants' internalized stigma and self-esteem scores before and after the Narrative Group Intervention. This analysis assessed the effectiveness of the intervention by comparing pretest and posttest results within the same group.

## **Results**

### **Levels of Internalized Stigma and Self-Esteem Before the Intervention Program**

Table 2 presents the probationers' pretest survey results for their level of internalized stigma, measured using a modified version of ISMI-9. The participants obtained a total mean score of 2.52 (SD = .405), indicating a moderate level of internalized stigma prior to the intervention.

The pre-intervention data show that probationers experienced a moderate level of internalized stigma, highlighting how societal perceptions significantly influence self-identity. Beyond their criminal records, other factors—such as association with substance abuse, poverty, and mental illness—contribute to what LeBel et al. (2012) and West et al. (2014) call multiple stigmatized identities.

**Table 2**

*Level of Internalized Stigma Before the Intervention Program*

| Statement                                                                                | Mean | SD   | Verbal Interpretation |
|------------------------------------------------------------------------------------------|------|------|-----------------------|
| Stereotypes about people on probation apply to me.                                       | 2.86 | .872 | Agree                 |
| In general, I can live life the way I want to.                                           | 2.74 | .701 | Disagree              |
| Negative stereotypes about people on probation keep me isolated from the 'normal' world. | 2.74 | .767 | Agree                 |

*{table continues on the next page}*

|                                                                                       |      |      |                              |
|---------------------------------------------------------------------------------------|------|------|------------------------------|
| I feel out of place in the world because I am on probation.                           | 2.31 | .604 | Disagree                     |
| Being around people who aren't on probation makes me feel out of place or inadequate. | 2.60 | .767 | Agree                        |
| People not on probation could not possibly understand me.                             | 2.71 | .742 | Agree                        |
| Nobody would be interested in getting close to me because I am on probation.          | 2.26 | .665 | Disagree                     |
| I can't contribute anything to society because I am on probation.                     | 2.29 | .742 | Agree                        |
| I can have a good, fulfilling life, despite being on probation.                       | 2.21 | .682 | Disagree                     |
| Grand Mean                                                                            | 2.52 | .405 | Moderate Internalized Stigma |

*Legend: 1.00-2.00: minimal to no internalized stigma; 2.01-2.50: mild internalized stigma; 2.51-3.00: moderate internalized stigma; and 3.01-4.00: severe internalized stigma.*

Table 3 shows the self-esteem levels of probationers at the start of the program. Participants had a mean score of 24.81 (SD = 4.22) on the Rosenberg Self-Esteem Scale, indicating low self-esteem. These findings align with previous research by Moore et al. (2016), which illustrates the emotional and psychological challenges faced by individuals with criminal histories, including poor adjustment, social isolation, and distress.

**Table 3**  
*Level of Self-Esteem Before the Intervention Program*

| Statement                                                                  | Mean  | SD   | Verbal Interpretation |
|----------------------------------------------------------------------------|-------|------|-----------------------|
| Overall, I am satisfied with myself.                                       | 2.71  | .774 | Agree                 |
| At times, I think I am not good at all.                                    | 2.05  | .582 | Agree                 |
| I feel that I have several good qualities.                                 | 2.90  | .617 | Agree                 |
| I can do things as well as most other people.                              | 2.93  | .601 | Agree                 |
| I feel I do not have much to be proud of.                                  | 2.10  | .726 | Agree                 |
| I certainly feel useless at times.                                         | 2.19  | .773 | Agree                 |
| I feel that I'm a person of worth, at least on an equal plane with others. | 2.90  | .759 | Agree                 |
| I wish I could have more respect for myself.                               | 1.69  | .781 | Agree                 |
| All in all, I am inclined to feel that I am a failure.                     | 2.33  | .979 | Agree                 |
| I take a positive attitude toward myself.                                  | 3.00  | .663 | Agree                 |
| Overall Level of Self-Esteem                                               | 24.81 | 4.22 | Low Self-Esteem       |

*Legend: 10-25: Low Self-Esteem; 26-29: Medium Self-Esteem; and 30-40: High Self-Esteem.*

### **Levels of Internalized Stigma and Self-Esteem After the Intervention Program**

As shown in Table 4, all nine stigma indicators scored between 1.50 and 1.95, with an overall mean of 1.75 (SD = 0.390), indicating a significant reduction in internalized stigma following the intervention.

**Table 4***Level of Internalized Stigma After the Intervention Program*

| Indicator                                                                                | Mean | SD   | Verbal Interpretation             |
|------------------------------------------------------------------------------------------|------|------|-----------------------------------|
| Stereotypes about people on probation apply to me.                                       | 1.95 | .854 | Disagree                          |
| In general, I can live life the way I want to.                                           | 1.95 | .764 | Agree                             |
| Negative stereotypes about people on probation keep me isolated from the 'normal' world. | 1.90 | .790 | Disagree                          |
| I feel out of place in the world because I am on probation.                              | 1.67 | .612 | Disagree                          |
| Being around people who aren't on probation makes me feel out of place or inadequate.    | 1.67 | .817 | Disagree                          |
| People not on probation could not possibly understand me.                                | 1.98 | .869 | Disagree                          |
| Nobody would be interested in getting close to me because I am on probation.             | 1.57 | .668 | Disagree                          |
| I can't contribute anything to society because I am on probation.                        | 1.71 | 1.04 | Disagree                          |
| I can have a good, fulfilling life, despite being on probation.                          | 1.38 | .697 | Strongly Agree                    |
| Grand Mean                                                                               | 1.75 | .390 | Minimal to No Internalized Stigma |

*Legend: 1.00-2.00: minimal to no internalized stigma; 2.01-2.50: mild internalized stigma; 2.51-3.00: moderate internalized stigma; and 3.01-4.00: severe internalized stigma.*

Table 5 shows that the total computed mean for all the indicators of RSES during the post-test is 31.24 with a standard deviation of 3.36. The computed mean translates to a high level of self-esteem among the probationers after the sessions of the Narrative Group Intervention.

**Table 5***Level of Self-Esteem After the Intervention Program*

| Statement                                                                  | Mean  | SD   | Verbal Interpretation |
|----------------------------------------------------------------------------|-------|------|-----------------------|
| Overall, I am satisfied with myself.                                       | 3.55  | .633 | Strongly Agree        |
| At times, I think I am not good at all.                                    | 2.64  | .759 | Disagree              |
| I feel that I have several good qualities.                                 | 3.62  | .492 | Strongly Agree        |
| I can do things as well as most other people.                              | 3.62  | .539 | Strongly Agree        |
| I feel I do not have much to be proud of.                                  | 2.83  | .794 | Disagree              |
| I certainly feel useless at times.                                         | 3.10  | .906 | Disagree              |
| I feel that I'm a person of worth, at least on an equal plane with others. | 3.64  | .485 | Strongly Agree        |
| I wish I could have more respect for myself.                               | 1.86  | .783 | Agree                 |
| All in all, I am inclined to feel that I am a failure.                     | 2.90  | .958 | Disagree              |
| I take a positive attitude toward myself.                                  | 3.48  | .740 | Agree                 |
| Overall Level of Self-Esteem                                               | 31.24 | 3.36 | High Self-Esteem      |

*Legend: 10–25: Low Self-Esteem; 26–29: Medium Self-Esteem; and 30–40: High Self-Esteem.*

These outcomes show that the Narrative Group Intervention was effective in reshaping participants' self-narratives, which in turn reduced internalized stigma and enhanced self-esteem. This supports Hamidi et al. (2023), who emphasized the inverse relationship between these two psychological variables. The findings contribute to the growing literature on interventions aimed at disrupting the negative cycle of stigma and low self-worth among justice-involved individuals.

### Comparison of Levels Internalized Stigma and Self-Esteem Before and After the Intervention

Table 6 presents paired with sample statistics of probationers' internalized stigma before and after the intervention. The positive t-value and p-value < .001 indicate a statistically and practically significant reduction in internalized stigma, with a large effect size (Cohen's  $d = 1.652$ ).

**Table 6**

*Comparison of Internalized Stigma Before and After the Intervention Program*

|        |          | Mean | SD   | Mean Difference | t      | p     | Verbal Interpretation | Effect size |
|--------|----------|------|------|-----------------|--------|-------|-----------------------|-------------|
| Stigma | Pretest  | 2.52 | .405 | 0.77            | 10.709 | <.001 | Significant           | 1.652       |
|        | Posttest | 1.75 | .390 |                 |        |       |                       |             |

Table 7 presents the paired sample statistics for the Rosenberg Self-Esteem Scale scores before and after the intervention program. The t-value indicates a significant increase in the self-esteem of probationers from pre- to post-intervention. The p-value is less than 0.001, providing strong evidence against the null hypothesis and supporting the conclusion that the intervention had a significant effect on self-esteem. The effect size, measured by Cohen's  $d$ , is 1.450, which reflects a large practical effect in the direction of increased self-esteem. These results demonstrate that the intervention not only had a statistically significant impact but also a meaningful and substantial effect in enhancing the self-esteem of probationers.

**Table 7**

*Comparison of Self-Esteem Before and After the Intervention Program*

|             |          | Mean  | SD   | Mean Difference | t     | p     | Verbal Interpretation | Effect size |
|-------------|----------|-------|------|-----------------|-------|-------|-----------------------|-------------|
| Self-Esteem | Pretest  | 24.81 | 4.22 | 6.43            | 9.395 | <.001 | Significant           | -1.450      |
|             | Posttest | 31.24 | 3.26 |                 |       |       |                       |             |

Based on the t-test results, it was established that the Narrative Group Intervention had a significant effect on both internalized stigma and self-esteem among probationers. The rejection of the null hypotheses supports the conclusion that the intervention program can meaningfully enhance the psychological well-being of probationers through the application of narrative therapy principles. These findings align with previous literature on narrative therapy, including the works of White and Epston (1990), Dean (1998), Laube (1998), and Clark (2014), which highlight the effectiveness of narrative approaches in group settings and across diverse populations.

### Discussion

The study's outcomes highlight important insights regarding the efficacy of the Narrative Group Intervention in reducing internalized stigma and enhancing self-esteem among probationers. The intervention was structured as a group process, allowing participants to collaboratively explore and reconstruct their personal narratives. The group dynamic likely fostered a sense of shared experience and mutual support among the probationers. This finding aligns with the study by Shakeri et al. (2020), which demonstrated that group narrative therapy promotes therapeutic benefits by leveraging group dynamics and shared storytelling, particularly among individuals struggling with drug addiction.

In conclusion, the Narrative Group Intervention program proved to be an effective tool for reducing internalized stigma and increasing self-esteem among probationers. The findings contribute to the existing literature on offender rehabilitation in the Philippines and provide a potential framework for developing additional rehabilitation programs addressing the psychological challenges probationers face. Moreover, the results have practical implications for the criminal justice system; this intervention could serve as a valuable resource for clinicians, policymakers, and probation officers involved in offender rehabilitation.

The researcher recommends a critical re-examination of current criminal justice policies, especially those related to community-based rehabilitation. The study suggests that a more inclusive and holistic approach to rehabilitation is necessary to better support offenders' psychological well-being and successful reintegration into society.

Several limitations should be noted. The study relied on self-report measures and lacked a control group, which may introduce bias and limit causal inference. Future research is encouraged to address these limitations by including control groups and employing more diverse recruitment strategies to improve the generalizability of findings. Additionally, studies examining the long-term effects of the Narrative Group Intervention and the perspectives of probation officers are encouraged.

Overall, this study lays the groundwork for the Philippine criminal justice system to develop more inclusive and compassionate rehabilitation programs. The Narrative Group Intervention exemplifies how rehabilitation efforts can be holistic, fostering positive psychological change and supporting probationers in their journey toward societal reintegration.

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## HUMANITIES

# FIGHTING THROUGH: AN INTERVENTION PROGRAM TO CONFLICT MANAGEMENT AMONG MISSIONARIES

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### Abstract

Missionaries face unique challenges in their work, including the risk of conflicts that can hinder their effectiveness and even lead to their abrupt departure from the mission field. Hence, effective conflict management is crucial for mission success. This study aims to determine the effects of Fighting Through, an interpersonal skills training program, on the conflict management abilities of missionaries. This study employed a quasi-experimental one-group pretest-posttest research design to assess the effectiveness of the program. The pretest mean score of 3.57 (SD =.530) indicated a high level of conflict management among participants in the experimental group, while the control group's pretest mean score of 3.46 (SD =.564) indicated a moderate level of conflict management. After the intervention program, the conflict management level of the experimental group's mean increased to 3.82 (SD =.392) while the control group's mean score decreased to 3.45 (SD =.543). Further analysis indicated that there was a significant difference in the total gain score between the experimental and control groups in favor of the experimental group ( $p\text{-value} < .001$ ). This study concludes that the Fighting Through intervention program had a positive effect on the participant's conflict management levels. The findings provide preliminary evidence that may encourage further studies to investigate other types of participants in groups with different life experiences. Further, this may encourage the establishment of a post-training interpersonal skills enhancement program so missionaries can complete their term in the mission field with greater efficacy.

**Keywords:** *conflict management, interpersonal skills, fighting through, missionaries*

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The 1,000 Missionary Movement is a global initiative that sends out missionaries around the world to share the gospel and bring hope to people in need. Through this movement, missionaries build relationships, provide spiritual guidance and relief, and are challenged in their faith and understanding of God's love. As a result, they can make a lasting difference in the lives of others as well as their own (Chit & Taylor, 2000).

Missionaries face unique challenges in their work, including the risk of conflicts due to the demands of their job. Such conflicts not only hinder the work both parties are called to do, but they can also dishonor God, who calls Christians to love one another as a sign of their discipleship (Dunaetz, 2016). The Bible condemns fighting among Christians as a form of hatred toward God (James 4:1-10). The presence of unresolved conflict plays a significant role in missionaries' decisions to depart from their work. This factor, when left unaddressed, can significantly impact their well-being and effectiveness in fulfilling their mission (Meyers, 1993).

Safdar et al (2020) found that interpersonal conflicts significantly influence employees' intention to leave the workplace. Otto et al (2020) suggested that employees can be taught proactive behaviors or take the initiative to prevent conflicts. These findings can be applied in the missionary context, helping missionaries become more successful in their mission and have a greater impact on the lives of those they serve.

Puscas (2021) suggests that interpersonal and communication skills play a central role in any working relationship. To be effective in cross-cultural ministry, missionaries must possess considerable spiritual maturity and demonstrate strong interpersonal skills. A study conducted by Davis (2009) revealed that missionaries who received interpersonal relationship skills training were better able to establish relationships with the locals that they serve, as well as to effectively communicate and build trust. Furthermore, interpersonal skills training has been linked to increased job satisfaction and reduced burnout among missionaries. Additionally, interpersonal skills will help them not only survive but also thrive in unfamiliar and demanding assignments.

Nappo (2020) indicates that the likelihood of experiencing work-related stress is reduced when individuals receive help and support from their supervisor. According to Dunaetz and Greenham (2018), mission leaders can contribute to the realization of the Apostle Paul's vision—where missionaries prioritize not only their own concerns but also the concerns of others (Phil. 2:4, NIV)—by establishing training programs, implementing mediation mechanisms, and fostering an organizational culture that promotes collaboration. Lee (2019) also emphasized that sending a missionary without adequate training is a risky decision.

Despite the recognized importance of effective conflict management among missionaries, there remains a research gap regarding the specific impact of interpersonal skills training on this critical aspect of missionary work. While some studies have explored conflict management among missionaries, few have examined the effectiveness of interpersonal skills training interventions in addressing these challenges. Hence, this study aims to determine the effects of interpersonal skills training programs on conflict management among missionaries, enabling them to successfully complete their term in the mission field.

## **Methodology**

### **Research Design**

The researcher utilized a quasi-experimental pretest-posttest research design. An intervention program entitled *Fighting Through* was introduced in between the pretest and posttest. Only the participants in the experimental group were subjected to the intervention program.

### **Population and Sampling Technique**

The participants in this study are missionaries of the 1,000 Missionary Movement. They were divided into two groups: the control group and the experimental group, with 24 and 41 participants, respectively. Their ages ranged between 18 to 35 years old.

In the experimental group, there were 20 Filipinos, 2 Koreans, 1 Indonesian, and 1 Indian. In the control group, there were 37 Filipinos, 2 Indonesians, 1 Cambodian, and 1 Chinese. The experimental group consisted of 12 males and 12 females, while the control group included 21 males and 20 females.

### Instrumentation

The researcher-developed questionnaire was administered online for both the pretest and posttest. The first part collected the demographic profile of the participants, including age, gender, nationality, language, education, and household income. The second part measured the participants' levels of conflict management skills.

### Data Gathering Procedures

Upon receiving approval, the instrument was administered twice using the same set of questions. The pretest was conducted before the intervention program, and the posttest was administered two weeks after the program concluded.

### Ethical Considerations

Approval from the Ethics Review Board was obtained prior to data collection. Each participant was provided with an informed consent form before completing the pretest. Consent was secured for voluntary participation, and all data was handled with strict confidentiality.

### Analysis of Data

To interpret the data gathered from the questionnaire, frequency and percentage were used to analyze the demographic profiles of the participants in terms of age, gender, ethnicity, language, education, and household income. The mean and standard deviation was used to determine the levels of conflict management. A t-test was used to compare the mean differences between the pre and posttest data.

## Results

### Level of Conflict Management Skills Before the Intervention

Table 1 shows the pretest results for the level of conflict management skills among the experiment group. The results indicate that the participants demonstrated a high level of conflict management skills (Mean = 3.57, SD = .530)

**Table 1**

*Level of Conflict Management Skills of the Participants in the Experimental Group Before the Intervention*

|                               | Mean | SD   | Verbal Interpretation |
|-------------------------------|------|------|-----------------------|
| Understanding Conflicts       | 3.67 | .671 | High                  |
| Proactive Communication       | 3.42 | .715 | Average               |
| Collaborative Problem Solving | 3.51 | .712 | High                  |
| Managing Emotions             | 3.91 | .709 | High                  |
| Conflict Resolution Planning  | 3.35 | .664 | Average               |
| Grand Mean                    | 3.57 | .530 | High                  |

*Scoring System: 1-1.8 = very low, 1.9-2.6 = low, 2.7-3.4 = average, 3.5-4.2 = high, 4.3-5 = very high*

Table 2 presents the result of the pretest survey on the conflict management level of the control group. The results indicate that the participants demonstrated an average level of conflict management skills (Mean = 3.46, SD = .564)

**Table 2***Level of Conflict Management Skills of the Participants in the Control Group Before the Intervention*

|                               | Mean | SD   | Verbal Interpretation |
|-------------------------------|------|------|-----------------------|
| Understanding Conflicts       | 3.57 | .729 | High                  |
| Proactive Communication       | 3.25 | .720 | Average               |
| Collaborative Problem Solving | 3.57 | .714 | High                  |
| Managing Emotions             | 3.74 | .728 | High                  |
| Conflict Resolution Planning  | 3.20 | .695 | Average               |
| Grand Mean                    | 3.46 | .564 | Average               |

*Scoring System: 1-1.8 = very low, 1.9-2.6 = low, 2.7-3.4 = average, 3.5-4.2 = high, 4.3-5 = very high***Level of Conflict Management Skills After Intervention**

Table 3 shows the level of conflict management skills of the experimental group post testing. The participants still have a high level of conflict management skills (Mean = 3.83, SD = .392)

**Table 3***Level of Conflict Management Skills of the Participants in the Experimental Group After the Intervention*

|                               | Mean | SD   | Verbal Interpretation |
|-------------------------------|------|------|-----------------------|
| Understanding Conflicts       | 4.00 | .498 | High                  |
| Proactive Communication       | 3.79 | .397 | High                  |
| Collaborative Problem Solving | 3.70 | .574 | High                  |
| Managing Emotions             | 4.07 | .533 | High                  |
| Conflict Resolution Planning  | 3.55 | .500 | High                  |
| Grand Mean                    | 3.83 | .392 | High                  |

Table 4 shows the level of conflict management skills of the control group post testing. The participants still have an average level of conflict management skills (Mean = 3.54, SD = .543)

**Table 4***Level of Conflict Management Skills of the Participants in the Control Group After the Intervention*

|                               | Mean | SD   | Verbal Interpretation |
|-------------------------------|------|------|-----------------------|
| Understanding Conflicts       | 3.46 | .674 | Average               |
| Proactive Communication       | 3.29 | .642 | Average               |
| Collaborative Problem Solving | 3.58 | .623 | High                  |
| Managing Emotions             | 3.66 | .720 | High                  |
| Conflict Resolution Planning  | 3.23 | .643 | Average               |
| Grand Mean                    | 3.45 | .543 | Average               |

*Scoring System: 1-1.8 = very low, 1.9-2.6 = low, 2.7-3.4 = average, 3.5-4.2 = high, 4.3-5 = very high***Comparison of the Gain Scores in Conflict Management Skills Between the Experimental and Control Groups**

Table 5 shows the significant difference in the gain scores or the effect of intervention between the experimental and control groups. All indicators show that there is a significant difference in the gain score or the effect of the intervention between the experimental group and the control group in favor of the experimental group.

**Table 5**

*Comparison of the Gain Scores in Conflict Management Skills Between the Experimental and Control Groups*

|                               |              | Mean  | SD   | t-value | p     | Interpretation |
|-------------------------------|--------------|-------|------|---------|-------|----------------|
| Understanding Conflicts       | Experimental | .333  | .275 | 6.386   | <.001 | Significant    |
|                               | Control      | -.107 | .265 |         |       |                |
| Proactive Communication       | Experimental | .367  | .436 | 3.428   | .001  | Significant    |
|                               | Control      | .039  | .329 |         |       |                |
| Collaborative Problem Solving | Experimental | .192  | .199 | 2.952   | .004  | Significant    |
|                               | Control      | .015  | .251 |         |       |                |
| Managing Emotions             | Experimental | .158  | .283 | 3.514   | <.001 | Significant    |
|                               | Control      | -.073 | .240 |         |       |                |
| Conflict Resolution Planning  | Experimental | .200  | .312 | 2.324   | .023  | Significant    |
|                               | Control      | .039  | .242 |         |       |                |
| Grand Mean                    | Experimental | .250  | .212 | 7.717   | <.001 | Significant    |
|                               | Control      | -.018 | .053 |         |       |                |

### Discussion

Conflicts are an inevitable aspect of missionary work, stemming from the diverse cultural, social, and organizational dynamics encountered in the mission field. However, effective conflict management strategies and interpersonal skills can significantly mitigate these challenges. By fostering a deeper understanding of conflicts, promoting proactive communication, mastering emotional regulation, encouraging collaborative problem-solving, and prioritizing conflict resolution planning, missionaries can navigate conflicts more adeptly, thereby reducing the likelihood of attrition and abrupt departures from the mission field.

A three-day intervention program called Fighting Through was introduced to the experimental group through a series of group dynamics and conflict management skills training. The concept of the Fighting Through program was anchored on the Thomas-Kilmann conflict model (Kilmann & Thomas, 1977) and the dual concern model of interpersonal conflicts (Dunaetz, 2016). The title of the program is intended to encourage missionaries to keep going despite the difficulties and remind them to use their conflict management skills to overcome fighting.

Conflict management skills involve developing and utilizing cognitive, emotional, and behavioral abilities to improve conflict outcomes and minimize escalation or harm (Overton et al., 2013). The results imply that the participants in the experiment group were able to apply these conflict management skills when conflicts arose. According to Thakore (2013), when the management organizes seminars on organizational management, employees are empowered to learn about conflicts and how they can be effectively controlled. A possible reason why the pretest scores of the experiment group were high is their awareness and anticipation of an upcoming conflict management seminar.

Collaboration occurs when one person attempts to cooperate with another individual to reach a solution that completely addresses both of their concerns. This process involves examining the issue to uncover the underlying concerns to both individuals and finding an alternative that satisfies both sets of interests. The interpersonal skills of collaborators include viewing conflicts as problems to be solved (understanding conflict); believing in the power of consensus (proactive communication); regarding teammates as allies (managing emotions); valuing innovation, open-mindedness, and learning (collaborative problem-solving); and recognizing the value in others' perspectives and combining that insight with their own to find win-win solutions (Kilmann and Thomas, 1977).

This paper recommends the establishment of Fighting Through: an interpersonal skills training program for missionary centers to promote the mental well-being of missionaries as they face diverse challenges in their assigned locations. Missionaries are the churches' frontliners in spreading the word of God by building relationships within the community. They have distinct characteristics, stressors, and needs.

When missionaries are taught proactive behavior, they can take the initiative to prevent conflicts (Otto et al, 2020). If missionaries engage in collaboration that considers the interests of all parties involved, it will lead to favorable outcomes for both them and the organization. Philippians 2:4 (New International Version) states, "Let each of you look not only to his own interests but also to the interest of others." The researcher also recommends that further comparative studies be conducted to examine how missionaries from different cultural backgrounds approach conflict resolution, and whether cultural differences impact the effectiveness of conflict management strategies.

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# EFFECTS OF EXISTENTIAL INTERVENTION ON DEATH ATTITUDES OF ADULT FAMILY CAREGIVERS

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## Abstract

Discussing death in everyday conversation often elicits uneasiness and discomfort. This research study examined whether an existentially themed group intervention could foster more positive attitudes toward death among 26 adult informal caregivers, thereby enhancing their caregiving relationships. The intervention was centered around existentialist philosophy, which formed the theme of the group process intervention. The approach began by looking within the self and eventually culminated in interrelations, which could significantly impact other people. The Death Attitude Profile – Revised (DAP-R) was the assessment used to measure the death attitude profile of the participants before and after the intervention. This study involved twenty-six adult individuals who were informal caregivers to parents, relatives, partners, or close friends. The results showed that the intervention significantly improved the participants' attitudes toward fear of death, death avoidance, neutral acceptance, and approach acceptance. The only dimension that did not show significant improvement was to escape acceptance. The overall results from the pretest ( $M = 135.115$ ,  $SD = 21.552$ ) and posttest ( $M = 151.3462$ ,  $SD = 22.082$ ) indicated that the group existential intervention resulted in significant improvements in the overall death attitudes of the participants, with a  $p < 0.001$ . The outcomes of this study contribute to the evidence supporting the effectiveness of using existential intervention to manage the overall well-being of adult family caregivers and are not only limited to addressing issues arising from the fear and anxiety of death but also extend to the improvement of their roles as providers of care and significant persons to those they care for.

**Keywords:** *death attitude, death attitude profile, existential, group intervention, DAP-R*

Death is an inevitable part of life for any living being on Earth. Human beings, from the onset of civilization, have been both mystified by and, at the same time, highly afraid and anxious about this phenomenon. This anxiety has influenced human behavior and unconsciously impacted daily choices (Menzies, 2021). The ancient philosophy of Stoicism addressed death through one of its core tenets, ‘memento mori’ which emphasizes viewing life as ephemeral and promotes valuing the more worthwhile aspects of life as opposed to superficial ones (Daily Stoic, 2021).

Death anxiety can become problematic if it affects the functioning of the individual and the people around them. An adult informal family caregiver’s overall well-being may be impacted due to the responsibility of caring for a significant person who is experiencing illness, with a heightened probability of death in the future. The caregiver may struggle to accept the loved one’s impending death, which can impact the quality of care and the present relationship. Additionally, the physical and emotional burdens of caregiving may be overwhelming for some caregivers, contributing to high psychological distress. Gotze et al. (2016) mentioned in their study that caregivers are prone to being socially isolated when care is provided within their own homes, have a lower quality of life, experience more somatic symptoms, suffer from adjustment disorders and depression, and are highly vulnerable to distress.

Consequently, the aftermath of death—grief—with its possible effects of stress and depression, further impacts the caregiver both physically (e.g., lowered immune system) and psychologically (e.g., lingering regrets). (Harvard Medical, 2019). A study by Kim et al. (2015) reported a substantial number of family caregivers experiencing a high prevalence of long-lasting bereavement-related distress after the loss and suggested that psychosocial programs for caregivers should not only focus on caregiving skills but also on preparing for the death of the person being cared for. These effects, both during the caregiving period and the after the death of a loved one may be mitigated by cultivating a more positive attitude toward death—even to the extent of befriending it. Paradoxically, death can serve as an instrument for living authentic, genuine, and satisfying lives. Accepting of life inevitabilities, such as death, can enhance motivation for well-being. Lopez-Perez et al. (2020), in their study, found reduced anxiety and enhanced well-being among participants after they developed more positive attitudes towards death.

One of the challenges of adult caregivers is taking care of loved ones that are most likely near old age or suffering from terminal illnesses. The strain is both emotional and financial. The death attitude profile may be a factor to consider in evaluating of the quality of care provided to the elderly or terminally ill, as well as the overall quality of life and well-being of the adult caregiver. In the healthcare profession, particularly among nurses, low death acceptance has been found to correlate with negative views toward the delivery of care, while high levels of death acceptance are associated with better relationships with patients and more positive views of care delivery of (Zyga et al., 2011). High anxiety about death is commonly associated with negative attitudes toward caring for loved ones, which in turn may affect not only the patient but also the caregiver (Nia et al., 2016). In comparing caregivers with the general population, a study by Grande et al. (2018) found that caregivers had lower overall general health scores than the general population. Similarly, psychological morbidity levels were substantially higher among caregivers, with female caregivers showing worse psychological morbidity and general health than male caregivers. These findings led the researchers to recommend considering caregiving as a significant public health concern that should be addressed through public policy and governance.

Studies have mentioned the use of existential intervention to help alleviate anxieties about death. Addressing such anxieties can contribute to caregivers developing better death attitude profiles, which in turn promotes more effective caring and enhances overall personal well-being. When combined with an overarching humanistic approach, this method emphasizes understanding the whole person rather than focusing solely on symptoms (Center for Substance Abuse Treatment, 1999). The caregiving situation can be seen as an opportunity to resolve unresolved relationship issues and emotional gaps, as opposed to coping through denial and procrastination—missing the chance to say or do meaningful things while the ill person is still alive.

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Communication has been mentioned by Bovere et al. (2019) in their study: “The effects that communication has on interpersonal relationships must be taken into account, considering the crucial role they play together with social support in the process of dying for both the patient and the family members.”

Imagine a depressing situation transformed into an opportunity to strengthen interpersonal relationships by opening the gates of communication, as opposed to maintaining a “conspiracy of silence”—awareness of death, but it is never discussed (Bovere et. al., 2019). Heightened awareness of approaching death—through mental clarity, acceptance, and the pursue of meaning—is crucial for fostering authenticity, vulnerability, and honest dialogue. Interconnectedness with oneself, others, and the world can be greatly enhanced through intervention.

Existentialist philosophy emphasizes the motivation for the pursuit of personal meaning (Frankl, 1965), and fear of death is believed to stem from a failure to find such meaning during one’s lifetime (Wong et al., 1994). From the perspective of caregiving, this may cause distress for the caregiver, particularly in terms of denying the inevitable—namely, the eventual death of the significant other being cared for. The theorist Erich Fromm identified the most fundamental existential dichotomy as the tension between life and death, which greatly influences human existence (Fromm, 1947). Using denial as a coping mechanism may paradoxically intensify emotional distress.

The Psychoanalytic Theory of Sigmund Freud explained that somatic symptoms (e.g., headaches) can be manifestations of defense mechanisms at work (Perrotta, 2020). Existentialist philosophy, in contrast, helps individuals recognize the shared human condition and embrace personal responsibility and freedom in navigating uncertainty and suffering. When combined with the fundamentals of humanism, existential intervention draws on the belief in each person’s potential to make meaningful choices toward a healthy and fulfilling life (Rogers, 1980).

From a caregiving standpoint, this disconnect may cause distress when the caregiver is unable to free themselves from limiting assumptions and attitudes, thereby preventing the development of a meaningful and fulfilling relationship with the care recipient. The caregiver’s potential for acceptance and personal growth—especially in developing a more positive attitude toward death—can improve the quality of care provided and transformed the caregiving period into a time for deepening and healing human relationships. This, in turn, contributes positively to the caregiver’s well-being—not just in terms of accepting caregiving responsibilities, but in becoming a more fulfilled and contented individual in various aspects of life.

This study aims to determine the effects of an existential group intervention on the death attitudes of adult family caregivers. Specifically, it examines caregivers’ profiles across five dimensions of death attitudes—fear of death, death avoidance, neutral acceptance, approach acceptance, and escape acceptance—both before and after the intervention. It also seeks to identify whether there are significant differences between pre- and post-intervention profiles, thereby assessing the potential impact of the intervention in shaping how caregivers understand, relate to, and emotionally process the concept of death.

## Methodology

### Research Design

The objective of the study was to determine the impact of existential intervention on the death attitudes of the participants. The population underwent three stages: pre-intervention assessment, intervention, and post-intervention assessment. Results from the pre-intervention stage were compared with the post-intervention results to determine whether the intervention led to any significant change. The intervention was intensely focused on existential themes, aiming to facilitate a shift in death attitudes. Through a potentially enhanced perspective on death, participants may be individually geared toward improved physical and psychological health—despite the persisting responsibility of caregiving.

### Population and Sampling Techniques

The study welcomed voluntary participants who met the following criteria: (1) at least eighteen years old and (2) currently providing direct or indirect caregiving duty for a significant person. Twenty-six

participants joined, intending to gain intent of gaining personal insights through the intervention while also contributing to the study.

Due diligence was exercised in ensuring participant confidentiality, informed consent, and general welfare. During the first session, participants were thoroughly briefed and completed an informed consent process.

### Research Instrument

The instrument used for this study was the Death Attitude Profile - Revised (DAP-R) scale. The DAP-R consists of 32 items designed to assess participant's attitudes toward death across dimensions of fear of death, death avoidance, neutral acceptance, approach acceptance, and escape acceptance (Wong et al., 1994).

### Data Gathering Procedures

Both the pretest phase and posttest phases utilized DAP-R instrument. It employs a 7-point Likert scale, with responses ranging from 1 (strongly disagree) to 7 (strongly agree). Table 1 below provides an overview of the number of items per dimension, item breakdown, and the relationship of each dimension to well-being.

**Table 1**

*DAP-R dimensions and items information*

| Dimension               | Items                       | Context and Relation to Well-Being                                                                                |
|-------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------|
| (a) Fear of Death       | 1,2,7,18,20,21,32           | Negative thoughts and feelings about the state of death and process of dying.<br>Negative relation to well-being. |
| (b) Death Avoidance     | 3,10,12,19,26               | Avoidance of death-related discussions<br>Negative relation to well-being.                                        |
| (c) Neutral Acceptance  | 6,14,17,24,30               | Acceptance of death as a natural part of life.<br>Positive relation to well-being.                                |
| (d) Approach Acceptance | 4,8,13,15,16,22,25,27,28,31 | Belief in a positive afterlife.<br>Positive relation to well-being.                                               |
| (e) Escape Acceptance   | 5,9,11,23,29                | Viewing death as an escape from pain and misery. Negative relation to well-being.                                 |

For each dimension, a mean score can be calculated by dividing the total scale score by the number of items in that scale. Score range from 1 (lowest) to 7 (highest).

### Data Analysis

Mean and standard deviation are used to determine the death attitude profiles before and after the intervention, across the following fear of death, death avoidance, neutral acceptance, approach acceptance, and escape acceptance. Paired t-test was used to determine if there are significant differences in death-attitude profiles from pre-to-post intervention

### Ethical Considerations

This study received ethical approval from the researcher's institution Ethics Review Board (ERB). The ERB confirmed that the research protocol posed no more than minimal risk to participants. Respondents were given the option to decline answering questions they deemed too personal.

## Results

The study yielded mixed result in assessing the significance of the existential intervention across each dimension of the Death Attitude Profile–Revised (DAP-R). Table 2 presents a comparison of pre-intervention and post-intervention scores across the five measured dimensions.

### Comparison of Pre-Intervention and Post-Intervention Scores Across the Five Measured Dimensions

**Table 2**  
*Results Per dimension*

| Dimension           | Phase    | Mean   | SD     | Mean Difference | p     | Verbal Interpretation |
|---------------------|----------|--------|--------|-----------------|-------|-----------------------|
| Fear of Death       | Pretest  | 24.423 | 9.411  | 3.731           | 0.009 | Significant           |
|                     | Posttest | 28.154 | 9.494  |                 |       |                       |
| Death Avoidance     | Pretest  | 17.000 | 5.535  | 2.539           | 0.022 | Significant           |
|                     | Posttest | 19.539 | 6.332  |                 |       |                       |
| Neutral Acceptance  | Pretest  | 25.000 | 9.178  | 3.192           | 0.037 | Significant           |
|                     | Posttest | 28.192 | 5.872  |                 |       |                       |
| Approach Acceptance | Pretest  | 47.192 | 13.145 | 9.231           | 0.002 | Significant           |
|                     | Posttest | 56.423 | 9.750  |                 |       |                       |
| Escape Acceptance   | Pretest  | 21.500 | 7.612  | -2.461          | 0.058 | Not Significant       |
|                     | Posttest | 19.039 | 7.068  |                 |       |                       |

The following dimensions demonstrated significant change with p-values below 0.050: fear of death, with a p-value of 0.009; death avoidance, with a p-value of 0.022; neutral acceptance, with a p-value of 0.037; and approach acceptance, with a p-value of 0.002. The only dimension that demonstrated non-significant change is escape acceptance, with a p-value of 0.058. Additionally, the scores show that all the dimensions moved towards better well-being (related to better attitude per dimension), except for escape acceptance, which scored lower for well-being.

### Comparison of Pre-Intervention and Post-Intervention Overall Death Attitude

With Table 3 below, from the overall death attitude perspective, there was a statistically significant change, with a p-value of < 0.001. The overall scores demonstrated improved well-being, comparing the pre-intervention status with the post-intervention status.

**Table 3**  
*Result for Overall Death Attitude*

| Overall Assessment     | Phase    | Mean    | SD     | Mean Difference | p      |
|------------------------|----------|---------|--------|-----------------|--------|
| Overall death attitude | Pretest  | 135.115 | 21.552 | 0.530           | <0.001 |
|                        | Posttest | 151.346 | 22.082 |                 |        |

These findings collectively suggest that the existential intervention resulted in significant overall improvements in the participants' the death attitudes and contributed to enhanced well-being.

## Discussion

The paired sample t-test was conducted to compare the mean differences between the pre-intervention

assessment and the post-intervention assessments. In between those two times, participants underwent an existential group intervention program. The results indicated significant improvements in the following death attitude dimensions: fear of death, death avoidance, neutral acceptance, and approach acceptance. The only dimension that did not show a statistically significant improvement was to escape acceptance, which also reflected a lowered well-being score. Overall, the data indicated a statistically significant change in death attitudes, favoring higher well-being scores after the intervention.

To reiterate, fear of death and death avoidance are both associated with psychological distress while neutral acceptance and approach acceptance are linked to well-being. Escape acceptance, however, is associated with lower well-being.

The significant improvement in fear of death suggests that the intervention helped participants address negative thoughts and feelings related to the inevitability of death. This was supported by a corresponding improvement in death avoidance, reducing the tendency to suppress or avoid discussions about death. Bovere et al. (2019) emphasized the importance of improving communication dynamics between caregivers and care recipients, cautioning against falling into a “conspiracy of silence”—where both parties are aware of the impending death but avoid discussing it. By encouraging open dialogue and reflection, the existential intervention effectively diminished avoidance and fear, creating a powerful synergy.

Frankl (1965) emphasized humanity’s intrinsic motivation to seek meaning, even in suffering. Despite the grim or painful nature of the topic, the experience of facing death can, paradoxically, become a source of self-fulfillment. The intervention supported this search for meaning by presenting diverse and profound concepts about death—not only from mainstream beliefs (e.g., religious or cultural values), but also from a broader philosophical and global perspective, including legal systems, secular philosophies, and cross-cultural practices. This was achieved not only through direct instruction (psychoeducation) but also through self-reflection, storytelling, and group processing. Post-intervention, participants demonstrated an improved ability to manage death-related anxiety.

The neutral acceptance dimension significantly improved, indicating that participants became more accepting of death as a natural and inevitable reality, thus promoting more meaningful and intentional living. The approach acceptance dimension also improved significantly, suggesting that participants were able to leverage their beliefs about a positive afterlife to promote peace and comfort. This is aligned with Dehghan et al. (2017), who noted the efficacy of acceptance and commitment therapy in reducing death anxiety. Acceptance—central to both existentialism and humanism—helps individuals remain grounded in the face of life’s uncertainties. Importantly, the intervention did not promote any specific belief system but allowed participants to explore and affirm their own values and beliefs, supported by exposure to multiple worldviews.

The escape acceptance dimension, however, did not significantly change. While there was a numerical decrease in this dimension (indicating slightly reduced “escapist” attitudes), it was not statistically significant. This may suggest that escape acceptance is less about death itself and more reflective of the participant’s current life conditions, such as suffering or distress. Wong et al. (1994) noted that viewing death as a “welcome alternative” may stem from life dissatisfaction rather than death anxiety. Thus, existential interventions that promote acceptance may be less effective for escape attitudes, and alternative interventions—perhaps trauma-informed or cognitive-behavioral approaches—might be better suited. This represents a potential area for future research.

The effectiveness of the intervention program to significantly change the overall death attitude utilized a holistic approach. Marseille (2021) mentioned six pillars of living, wherein a person confronting death tends to focus more on the following aspects: becoming, experience, meaning, authenticity, forgiveness, and legacy. Addressing the pillars would contribute to a better attitude (and relationship) with death. The existential intervention program touched on all the six pillars, with an approach consistent with the interrelated domains of human experience: Umwelt (natural environment), Mitwelt (interrelations), and Eigenwelt (self). The program has an initial part that utilized Eigenwelt through exercises and activities that explored the self—on attitudes with death from thoughts, emotions, and behaviors. Mitwelt was the focus of

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the final part, which explored meaning, appreciation, and value towards others, especially for the significant person being cared for. Umwelt was utilized throughout all parts, via delivery of psychoeducation that shared concepts such as nature's processes of life and death, psychological well-being and death attitudes, circle of control and self-management, contexts of death and philosophies and beliefs, and other related information from research that are pertinent with the study.

The topic of death is often met with resistance and denial, which contributes to distress and hinders healthy relationships between caregivers and care recipients. However, as this study demonstrates, existential intervention can transform the inevitability of death into an opportunity for personal growth, improved caregiving, and relational healing.

In conclusion, the study found that existential group intervention had significant positive effects on four of the five dimensions of death attitudes: fear of death, death avoidance, neutral acceptance, and approach acceptance. Escape acceptance remained unchanged, suggesting the need for alternative or supplementary interventions to address that specific outlook. With significant pre-to-post differences observed, the findings affirm the effectiveness of existential interventions in enhancing the overall well-being and death attitudes of adult family caregivers.

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## HUMANITIES

# LIFE WORTH LIVING: EFFECTS OF A BIBLE-BASED IKIGAI ON SELF-COMPASSION AND SOCIAL CONFIDENCE AMONG JUNIOR HIGH SCHOOL STUDENTS

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### Abstract

A meaningful life is a common existential concern that people may encounter at a certain phase in their lives. It is directly associated with good social relationships. A sense of meaning—or the lack thereof—significantly affects the well-being of young people. It is fitting, therefore, that they are given tools to find meaning and improve their self-image and relationships. This study aimed to determine the effects of the “Life Worth Living,” a Bible-based Ikigai program, on the self-compassion and social confidence of junior high school students. It employed a one-group pretest-posttest design with 35 participants. On the self-compassion scale, the pretest mean score of 2.60 (SD = .348) indicates that respondents’ self-compassion was generally “moderate,” but after the intervention, it increased, as shown by the posttest mean of 3.04 (SD = .399). The p-value ( $<.001$ ) indicated a significant difference between the pretest and the posttest scores. On the social self-esteem scale, a pretest mean score of 24.51 (SD = 3.868) shows a “high” level of social confidence. After the intervention, this increased to 28.09 (SD = 3.293), with a p-value of  $<.001$  showing a significant difference. The study concluded that this psychospiritual program can serve as an additional resource for the enhancement of the self-compassion and social confidence of students. Further studies may explore its effects on different age groups or populations in various settings.

**Keywords:** *meaning of life, ikigai, spiritual growth, self-compassion, social confidence, junior high school*

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Can a meaningful life begin with simply loving oneself? Although there is a variation in how and where people derive meaning in their lives across age, gender, educational level, and well-being, there is one highly regarded factor – human relationships (Grouden & Jose, 2014). However, self-hate seems to be hindering people from forming healthy social bonds. Studies have shown that higher scores of self-criticism are reported in people with higher social anxiety rates (Iancu, Bodner, & Ben-Zion, 2015). This prevents them from creating close relationships with others, which is fundamental in finding their sense of meaning.

Self-compassion is defined as the process of turning compassion inward. It is kindness in oneself in the instances of perceived inadequacy, failure, or general suffering that is due to, in this context, a lack of purpose. Lack of self-compassion is common among teenage students. Adolescents encounter a period of significant physical and emotional changes at the onset of puberty (Blakemore et al., 2010), which greatly affects how they see themselves and how they relate to others.

Social self-esteem refers to the evaluation and perception that individuals have of themselves about others. It is the positive or negative feelings one has of oneself in the social context. One-third to one-half of teenagers are reported to have lower self-esteem, especially adolescent girls with a large concern for physical appearance (Hirsch & DuBois, 1991). In addition to physiological changes, studies have shown that social media affects the positive self-evaluation of teenagers (Valkenburg, 2021) as they meet direct opportunities for social comparison, thereby contributing to negative feelings towards self. This lack of self-compassion continues as a maladaptive self-belief, which is formed later, resulting in lowered social confidence. Turner and fellow researchers identified two main themes: (1) social comparison, which involves beliefs that others possess greater social competence and capability, and (2) social ineptness, characterized by beliefs that one would exhibit awkward behavior or appear anxious in social situations (Turner et al., 2003).

Spiritual interventions such as bible study, prayer, and meditation have helped people in increasing self-esteem. The Bible as the Word of God has been integrated into psychotherapy and has been a helpful resource for handling mental health problems (Garzon, 2005). Recent research affirms that religious practices such as Bible reading and prayer positively impact mental health. In a study using the Santa Clara Strength of Religious Faith Questionnaire, Plante and Boccaccini (1997) found that college students with high strength of religious faith had higher self-esteem, hope, adaptive coping, and less interpersonal sensitivity.

In the discourse of what makes life meaningful, the popular “Ikigai,” which originated in Japan, is widely studied. Ikigai, pronounced as “ee-key-guy,” is a concept that combines the terms “iki,” meaning “alive” or “life,” and “gai,” meaning “benefit” or “worth.” When combined, these terms mean that which gives your life worth, meaning, or purpose (Gaines, 2020). Some research found that when older women relate to their life purpose, it enhances their willingness for new interactions and their overall social well-being (Seko & Hirano, 2021). Another study conducted among university students found that reflecting on what makes life worth living and formulating a purposeful direction provides lasting results to their well-being, which in turn boosts their academic performance and optimizes their level of happiness (Schipper, 2017).

Ikigai has gained popularity in the research field, especially as it is used in positive psychology (e.g., Ishida & Okada, 2006; Kremer & Ironson, 2009). Also, the Bible, or the Word of God, has long been integrated into therapeutic methodologies (e.g., Anderson, 2000; Anderson et al., 2000; Backus, 1985; Guyon, 1975; Ellis, 2000). However, there is little to no research conducted on the integrated study of Bible-based Ikigai—using biblical resources to find meaning and purpose—in the well-being of students. Also, there is only a limited study in terms of self-compassion and social confidence among teenage students in the Philippine context.

Students, especially teenagers, find their sense of belonging and meaning in social connections (Baumeister & Leary, 1995). However, due to a lack of self-compassion and lowered self-esteem, they may find it difficult to achieve this. Hence, it is important that teenage students are provided with tools and resources to increase their self-compassion and ultimately develop social confidence for better well-being and a meaningful life.

The purpose of this study is to investigate the effectiveness of Bible-based Ikigai in increasing the self-love and social confidence of junior high school students of Ampayon National High School.

Specifically, it seeks to answer the following research questions:

1. What is the level of self-compassion and social confidence of the students before the intervention program?
2. What is the level of self-compassion and social confidence of the students after the intervention program?
3. Is there any difference in the level of Self-Compassion and Social Confidence before and after the intervention program?

## **Methodology**

### **Research Design**

This study utilized a quasi-experimental one-group pretest-posttest design. All participants were subjected to the same intervention program, and their pre- and posttest results were compared. A single group (O) was observed and measured, then they were given an intervention (X), and then the same group was measured again to determine if the intervention had any effect.

### **Population and Sampling Techniques**

The population of the study consisted of junior high school students from a selected public high school. Using purposive sampling, 35 participants were selected: 4 from Grade 7, 18 from Grade 8, and 13 from Grade 9. In terms of their age, more participants were 14 years old ( $n = 13$ ; 37.14%), followed by those aged 13 and 16 ( $n = 7$ ; 20% each), 15 years old ( $n = 6$ ; 17.14%), and 12 years old ( $n = 2$ ; 5.71%).

### **Instrumentation**

A structured questionnaire was used to collect data. It had three sections: (1) demographic profile (age, sex, and grade level); (2) the self-compassion scale, a 4-point scale developed by Neff (2003); and (3) the social self-esteem scale (SSES), a 9-item tool measuring social confidence.

The SCS reported strong internal consistency, with a Cronbach's  $\alpha$  of 0.92 for the total score and  $\alpha$  values ranging from 0.75 to 0.81 for its six subscales. Test-retest reliability over three weeks showed strong consistency ( $\alpha=0.93$ , overall, with subscales ranging from 0.80 to 0.88). These values have been replicated in multiple studies, including in seven U.S. and 20 international samples (Neff et al., 2018; Neff et al., 2019).

The SSES also demonstrated good reliability, with a Cronbach's  $\alpha$  of 0.837 and a Guttman split-half coefficient of 0.853, based on a sample of 185 adolescents from various private schools in Sarajevo, Bosnia and Herzegovina.

### **Data Gathering Procedure**

The researcher secured approval by submitting a request letter to the principal's office of the target school. Upon receiving permission, the researcher coordinated with junior high school advisers to identify students who met the inclusion criteria. Informed consent was obtained from parents, and assent from the students, before participation. The researcher pooled the final respondents among the students of the said school.

Participants completed the pretest questionnaire, which included the SCS and SSES. This was followed by the implementation of the Bible-based Ikigai intervention program. After the intervention, the same questionnaire was administered as a posttest. The responses were scored, tabulated, and analyzed accordingly.

### **Data Analysis**

Data was analyzed using IBM SPSS Statistics version 23. Frequency and percentage were used to describe participants' demographic profiles. Mean and standard deviation were computed for self-compassion and social self-esteem scores. A paired-sample t-test was used to determine whether significant differences existed between the pretest and posttest scores.

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### Ethical Considerations

Ethical approval was obtained from the University Ethics Board prior to the study. Informed consent from parents and assent from students were required for participation. No names or identifying information were collected to ensure confidentiality, and all responses were handled with strict privacy and care.

### Results

To determine the level of self-compassion and social confidence, descriptive statistical analyses were conducted. Additionally, a paired t-test was used to determine whether there are significant differences between the pretest and posttest scores.

#### Level of Self-Compassion Before the Intervention Program

To determine the baseline level of self-compassion among the participants before the intervention, the Self-Compassion Scale (SCS) was administered. The scale includes six subcomponents: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over identification. The participants' scores on each subscale are presented in Table 1.

**Table 1**  
*Pretest on Self-Compassion*

|                     | Mean | SD    | Verbal Interpretation |
|---------------------|------|-------|-----------------------|
| Self-Kindness       | 2.87 | 0.699 | Moderate              |
| Self-Judgment       | 2.39 | 0.552 | High (reversed)       |
| Common Humanity     | 3.08 | 0.517 | Moderate              |
| Isolation           | 2.31 | 0.591 | High (reversed)       |
| Mindfulness         | 2.72 | 0.685 | Moderate              |
| Over Identification | 2.21 | 0.544 | High (reversed)       |
| Grand Mean          | 2.60 | 0.348 | Moderate              |

The Self-Compassion Scale is categorized into six subscale items. For the self-kindness items, the participants scored moderately (mean = 2.87; SD = 0.6999), which means that they tend to feel love towards themselves. On Self-Judgment, or the tendency to criticize themselves, the participants scored high (mean = 2.39; SD = 0.552) before the intervention. Moreover, common humanity is the tendency to see difficult situations as part of the human condition and shared by many people. For this reason, the participants scored moderate (mean = 3.08; SD = 0.517). Isolation, or the tendency to withdraw from social situations when met by difficult emotions, scored high (mean = 2.31; SD = 0.591) in this factor. Furthermore, their mindfulness factor scored moderately (mean = 2.72; SD = 0.685), which means that they tend to keep their emotions in balance. Lastly, over-identification scored high (mean = 2.21; SD = 0.544), which means that they are highly affected by their emotions and feelings.

It is important to know that the negative factors, such as self-judgment, isolation, and Over-identification, were reversed in the interpretation of its mean score. Overall, the participants scored moderately on self-compassion before the intervention.

#### Level of Social Self-Esteem Before Intervention Program

Before the intervention, participants completed the Social Self-Esteem Scale (SSES) to assess their perceptions of their social confidence and interpersonal abilities. Table 2 presents the mean scores and standard deviations for each item on the scale. These results establish the participants' initial social self-esteem levels, serving as a point of comparison for post-intervention data.

**Table 2***Pretest on Social Self-Esteem*

|                                                 | Mean  | SD    | Verbal Interpretation |
|-------------------------------------------------|-------|-------|-----------------------|
| I feel self-confident in social situations.     | 2.69  | 0.796 | Low                   |
| I am easy to love.                              | 2.83  | 1.043 | High                  |
| I make friends easily.                          | 2.94  | 0.802 | High                  |
| I am popular among my peers.                    | 2.60  | 0.736 | Low                   |
| I enjoy social roles.                           | 2.66  | 0.998 | Low                   |
| I make other people feel good in my presence.   | 2.63  | 0.942 | Low                   |
| I am a friendly person.                         | 2.83  | 0.985 | High                  |
| I am good at holding people's attention.        | 2.80  | 0.833 | High                  |
| People have lots of fun because of my presence. | 2.54  | 1.010 | Low                   |
| Overall Mean                                    | 24.51 | 3.868 | High                  |

While the overall social self-esteem score was high ( $M = 24.51$ ), item-level analysis revealed that several dimensions, such as popularity, social roles, and perceived social influence, were rated low, suggesting a mixed profile of social confidence before the intervention. The social self-esteem scale is a 9-item test that measures how a person perceives themselves in social situations. In the first item, I feel self-confident in social situations; participants scored low (mean = 2.69;  $SD = 0.796$ ), which means that they tend not to feel confident in social situations. The second item is the perception that they are easy to love; most of the participants scored high (mean = 2.83;  $SD = 1.043$ ). The same rating of high was also reported in the statement I make friends easily (Mean = 2.94;  $SD = 0.802$ ). However, on the items stating, "I am popular among my peers," "I enjoy social roles," "I make other people feel good in my presence," and "People have lots of fun because of my presence", most of the participants scored low. They tend to think that other people see them negatively. Furthermore, the participants agreed on the perception that they are friendly people and are good at holding people's attention.

**Level of Self-Compassion After the Intervention Program**

Following the implementation of the Bible-based Ikigai intervention, the same Self-Compassion Scale was administered to evaluate changes in the participants' levels of self-compassion. Table 3 presents the post-intervention scores across the six subscales, allowing for comparison with the pretest results. It offers insight into whether the program influenced the participants' ability to treat themselves with kindness, maintain emotional balance, and view their struggles as part of the broader human experience.

**Table 3***Posttest on Self-Compassion*

|                     | Mean | SD    | Verbal Interpretation |
|---------------------|------|-------|-----------------------|
| Self-Kindness       | 3.01 | 0.559 | Moderate              |
| Self-Judgment       | 3.07 | 0.506 | Moderate              |
| Common Humanity     | 3.01 | 0.527 | Moderate              |
| Isolation           | 3.08 | 0.658 | Moderate              |
| Mindfulness         | 3.04 | 0.570 | Moderate              |
| Over-Identification | 3.01 | 0.544 | Moderate              |
| Overall Mean        | 3.04 | 0.399 | Moderate              |

Table 3 shows moderate scores in all six subscales with an overall mean of 3.04 (Mean = 0.3999). There is a reported increase in self-compassion, along with self-judgment, isolation, and over-identification from high to moderate after the intervention.

#### Level of Social Self-Esteem After the Intervention Program

After the intervention, the participants once again completed the Social Self-Esteem Scale to evaluate any changes in their perceived social confidence. Table 4 displays the posttest results, highlighting any improvements or shifts in participants' self-perceptions within various social contexts. This data is essential in determining the program's effectiveness in enhancing social confidence.

**Table 4**

*Posttest on Social Self-Esteem*

|                                                 | Mean  | SD    | Verbal Interpretation |
|-------------------------------------------------|-------|-------|-----------------------|
| I feel self-confident in social situations.     | 2.89  | 0.583 | High                  |
| I am easy to love.                              | 3.20  | 0.868 | High                  |
| I make friends easily.                          | 3.23  | 0.646 | High                  |
| I am popular among my peers.                    | 2.80  | 0.759 | High                  |
| I enjoy social roles.                           | 3.29  | 0.750 | High                  |
| I make other people feel good in my presence.   | 3.09  | 0.612 | High                  |
| I am a friendly person.                         | 3.46  | 0.611 | High                  |
| I am good at holding people's attention.        | 3.00  | 0.804 | High                  |
| People have lots of fun because of my presence. | 3.14  | 0.692 | High                  |
| Overall Mean                                    | 28.09 | 3.293 | Very High             |

Table 4 shows that most participants scored high in all items, with an overall mean of 28.09. There was a reported increase in social self-esteem when participants scored from high before the intervention to very high after the intervention.

#### Comparison of the Levels of Self-Compassion Before and After the Intervention Program

To assess the significance of the changes in self-compassion levels after the intervention, a paired sample t-test was conducted. Table 5 presents the statistical differences in pretest and posttest scores for each self-compassion subscale as well as the overall score. This analysis helps determine whether the observed changes were statistically meaningful and can be attributed to the intervention program.

**Table 5**

*Difference in the Level of Self-Compassion of the Participants Before and After the Intervention Program*

|                 |          | Mean | SD    | t      | df   | p      | Verbal Interpretation |
|-----------------|----------|------|-------|--------|------|--------|-----------------------|
| Self-Kindness   | Pretest  | 2.87 | 0.699 | -1.158 | 34.0 | 0.255  | Not Significant       |
|                 | Posttest | 3.01 | 0.559 |        |      |        |                       |
| Self-Judgment   | Pretest  | 2.39 | 0.552 | -5.556 | 34.0 | <0.001 | Significant           |
|                 | Posttest | 3.07 | 0.506 |        |      |        |                       |
| Common Humanity | Pretest  | 3.08 | 0.517 | 0.605  | 34.0 | 0.549  | Not Significant       |
|                 | Posttest | 3.01 | 0.527 |        |      |        |                       |

*{table continues on the next page}*

|                         |          |      |       |        |      |        |             |
|-------------------------|----------|------|-------|--------|------|--------|-------------|
| Isolation               | Pretest  | 2.31 | 0.591 | -5.304 | 34.0 | <0.001 | Significant |
|                         | Posttest | 3.08 | 0.658 |        |      |        |             |
| Mindfulness             | Pretest  | 2.72 | 0.685 | -1.935 | 34.0 | <0.001 | Significant |
|                         | Posttest | 3.04 | 0.570 |        |      |        |             |
| Overidentification      | Pretest  | 2.21 | 0.544 | -6.421 | 34.0 | <0.001 | Significant |
|                         | Posttest | 3.01 | 0.544 |        |      |        |             |
| Overall Self-Compassion | Pretest  | 2.60 | 0.348 | -5.353 | 34.0 | <0.001 | Significant |
|                         | Posttest | 3.04 | 0.399 |        |      |        |             |

The results in this table revealed the mean of the participants in the sub-factors self-kindness and common humanity before the intervention program are 2.87 and 3.08, respectively, with standard deviations of 0.699 and 0.517. However, it has not seen a significant difference after the intervention.

However, their mindfulness increased from a mean of 2.72 with a standard deviation of 0.685 before the intervention to a mean of 3.04 and 0.570 standard deviations after the intervention. Its t-value is -1.935, df is 34.0, and  $p < 0.001$ . The p-value is extremely low ( $p = 0.001$ ), indicating that the difference between the two conditions (before and after treatment) is statistically significant, suggesting a significant difference between the means.

There are also significant differences in the negative factors where the participant's self-judgment, isolation, and overidentification were reduced after the intervention. This result typically means that the treatment or intervention has had a significant effect on the self-compassion rate of the participants, positively affecting four out of the identified six factors after the intervention program. The overall self-compassion rate of the participants has a  $p < 0.001$ , which shows a significant increase before and after the intervention.

### Comparison of the Levels of Social Self-Esteem Before and After the Intervention Program

To statistically evaluate the impact of the Bible-based Ikigai program on the participants' social self-esteem, a paired sample t-test was performed. Table 6 summarizes the differences in the overall pretest and posttest scores. The results indicate whether the intervention produced a significant improvement in the participants' social self-esteem and provide empirical support for the program's effectiveness.

**Table 6**

*Difference in the Level of Social Self-Esteem of the Participants Before and After the Intervention Program*

|                          |          | Mean  | SD    | t     | df   | p      | Verbal interpretation |
|--------------------------|----------|-------|-------|-------|------|--------|-----------------------|
| Social Self-Esteem Scale | Pretest  | 24.51 | 3.868 | -4.57 | 34.0 | <0.001 | Significant           |
|                          | Posttest | 28.09 | 3.293 |       |      |        |                       |

Table 6 shows the paired-sample T-test that was conducted to compare the mean differences between the pretest and post-test to determine the level of social self-esteem of the participants before and after the intervention. The mean ( $p < .001$ ) indicated that there was a significant difference between the pretest and the post-test. This also rejects the null hypothesis, which states that there is no significant difference in the level of social self-esteem rates among respondents when the pretest and posttest results are considered.

### Discussion

The rising cases of lack of self-compassion among teenage students raise significant concerns regarding their mental and social well-being, particularly at a time when adolescents place heightened importance on their social interactions. They become more acutely attuned to social evaluations and their social standing,

which refers to their sensitivity to social dynamics (Somerville, 2013). Given that healthy self-esteem is crucial for fostering positive relationships (Erol & Orth, 2014), teenagers may struggle to connect with others and often choose to avoid situations that expose their vulnerabilities. However, since adolescents often derive meaning and personal value from their social relationships (Grunebaum & Solomon, 1987), this avoidance can lead to increased frustration and fewer opportunities for finding meaning in life.

This study investigated the level of self-compassion and social confidence of students by helping them find their purpose. It found that the Bible-based Ikigai Program was effective in significantly increasing self-compassion and social confidence levels. From the results, it is evident that in discovering their reason for being, negative self-judgments and maladaptive social beliefs were significantly reduced, and participants reported mindfulness and social functions. Additionally, improvements were observed in social confidence, particularly in how students perceived their friendliness, ability to hold attention, and overall sociability. These findings align with previous studies that emphasize the role of purpose and meaning in life in enhancing social well-being and resilience (Schippers, 2017; Seko & Hirano, 2021). This study concludes that a Bible-based Ikigai program is effective in enhancing both self-compassion and social confidence among junior high school students. It affirms the value of psychospiritual interventions in adolescent well-being and recommends its integration into school programs as a proactive measure to support students' emotional and social development.

Finally, this study recommends that a psychosocial-spiritual intervention such as the Bible-based Ikigai Program be integrated into various school activities to promote self-compassion and guide them in immersing themselves in social situations with confidence. It is helpful that adolescents are given tools to discover their purpose, hence reducing unnecessary confusion and encouraging better direction for having a life worth living.

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# THEODICY IN THE TEAR-FILLED EYES OF GRIEVING MOTHERS: A CASE STUDY

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## Abstract

When Adam and Eve succumbed to sin, they brought death into the world. According to Romans 6:23, death is the ultimate consequence of sin and grief is the natural response to death. The intensity of grief varies depending on the type of loss. For mothers who have lost a child, the experience is uniquely profound. While maternal grief has been explored in literature across various religions and cultures, there remains a notable gap in research connecting maternal grief with theodicy — particularly within the context of the Seventh-day Adventist (SDA) Church. This qualitative study aimed to understand the experiences of SDA mothers as they grapple with the complex interplay between loss, suffering, meaning making, and their faith in God's justice. Seven mothers aged 30 to 50, who had lost a child, were interviewed. Findings revealed significant insights into maternal grief and personal interpretation of theodicy. These may serve to inform church leaders and communities in designing or enhancing programs that address the unique needs of grieving mothers. The study also supports the formation of support groups for those processing child loss and suffering in a world often perceived as unjust.

**Keywords:** *theodicy, maternal grief, death, case study, SDA Church*

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Questions like “Is death necessary?” and “Why would a good God allow bad things to happen to His people?” have confronted people, both religious and irreligious, for as long as one can remember. Theodicy, the attempt to reconcile the existence of evil and suffering with the idea of a benevolent and all-powerful God, is always a difficult subject to discuss. From the biblical standpoint, death is a direct result of sin (Rom 6:23). Consequently, grief is the natural and the always-expected response to death. Death was also the price Jesus paid on the cross for humanity’s salvation (John 3:16; Rom 5:10).

Grief comes to different degrees. One determinant of this is the relationship between the bereaved and the deceased, or the strength of the attachment between the two; another determinant is the nature or cause of death (Gross, 2016; Bryant & Peck, 2009). However, the most painful death is the death of a child because it defies the natural order of things, causing the parent to lose hope for the future and to question the justice of the world (Bryant & Peck, 2009). Further, grieving varies greatly depending on many factors, one of which is gender; the way the father grieves is different from the way the mother grieves (Bryant & Peck, 2009). Hence, this study focused only on one of them, the mother—who gives birth to the children and typically spends time with them during the earliest periods of their lives.

Separately, theodicy and maternal grief have been explored, although the extent to which they have been studied varies. However, there exists a knowledge and methodological gap in literature (Miles, 2018) in terms of the interpretation of theodicy from the standpoint of mothers who have lost a child. The gap widens even more when the topic is viewed from the SDA perspective.

### ***Theodicy***

Theodicy has always been a baffling topic because it concerns not only religious individuals but also non-religious individuals (Rice, 2015). One scientist asked, “Is death necessary?” (Mueller, 2005). For those who believe in the Bible, however, the answer to this question is definite. Death is a direct result of sin and is not the absence of God’s justice and love (Mueller, n.d.; Rice, 2015). God did not bring sin into the world; humanity did when they succumbed to the enemy’s temptations and disobeyed God’s clear command (Gen 3; Mueller, n.d.). Suffering and pain that result from sickness, poverty, and war, among many others, are the consequences of the cosmic conflict between good and evil (Rice, 2015). It is not God who causes suffering and pain, but the enemy who wants to inflict pain upon the people whom God loves (Job 1; Rice, 2015).

### ***Maternal Grief***

Maternal grief is a profoundly impactful experience for countless mothers worldwide. Losing a child leaves a deep and lasting mark on a mother’s heart. Davidson and Stahls (2010) explore the intricate facets of this grief, highlighting the need for a caring and open environment for mothers to express and navigate their emotions. These studies emphasize the importance of recognizing and understanding the unique challenges that grieving mothers encounter, underscoring the necessity for both societal and professional acknowledgment of their pain. Maternal grief transcends cultural and societal boundaries, calling for a collective effort to offer comfort, support, and healing to these mothers who bear this unimaginable burden.

Maternal grief, or the great sorrow experienced by mothers following the death of a child, is a complex and serious issue. It impacts not only the parents but also other family members and possibly future offspring. Research indicates ways to manage this grief in the short and long term (Lavin & Rosario-Sim, 2013). Gerrish & Bailey (2020) found that mothers who had lost a child to cancer react differently, with some coping better than others. This shows that maternal grieving is unique to everyone and can be highly complicated. These studies demonstrate that dealing with maternal grieving necessitates thorough and specialized support.

*Grieving mothers* in this study specifically refer to Seventh-day Adventist (SDA) women who gave birth to a live child who later (whether after weeks, months, or years) died. This study did not include mothers who experienced miscarriages and stillbirth because they had not seen or spent time while the

child while it was alive. This is because the intensity of grief is highly determined by the amount of time the parent has spent with the child (Archer, 1999, as cited in Gross, 2016).

Additionally, the study is limited to SDA participants because the interpretation of theodicy varies from religion to religion. Moreover, this study wanted to see how members of the SDA Church (mothers in this case) understand theodicy both theoretically and practically. As a result, this study may increase understanding of the influence of the Church's teachings and how they are communicated to members, thus helping to develop or strengthen (if they already exist) programs that promote a correct understanding of death, grief, and God's justice and benevolence.

It will also increase awareness of the role of the church community in helping grieving members heal from the pain of loss, thereby assisting the church in intentionally designing or strengthening initiatives for this purpose. The following research questions guided the conduct of this study:

1. What was the grieving mothers' understanding of theodicy before they lost a child?
2. What is the grieving mothers' understandings of theodicy after they lost a child?
3. What role does the church play in grieving mothers' understanding of theodicy?
4. What coping mechanisms and religious disciplines do grieving mothers practice to keep their faith in the justice of a benevolent and all-knowing God in the face of suffering and pain?

## **Methodology**

### **Research Design**

This study is qualitative. Qualitative research is useful for gaining insights and comprehending the meaning that people attach to the phenomena around them (Creswell & Poth, 2018; Merriam, 2009). This research is a case study. A case study is a qualitative research design that entails a thorough examination of a specific case, frequently in the context of real-world events (Creswell & Poth, 2018). Exploring complex and multidimensional cases such as theodicy as interpreted by grieving mothers in the context of their loss—is best done through a case study.

### **Selection of Participants**

To ensure a variety of viewpoints and experiences, the study employed maximum variation sampling (Creswell & Poth, 2018). Researchers invited grieving mothers whose ages, professions, current locations/residences, lengths of SDA membership, and causes of children's deaths differed. These mothers were able to communicate in English and express their thoughts openly. Finally, seven grieving mothers participated in this study—a number sufficient to help us reach data saturation.

### **Data Collection**

Semi-structured interviews were conducted to gather data. The scheduling flexibility and geographic diversity of the participants were both supported using online interviews (Creswell & Poth, 2018). The rest of the participants who were easily accessible were interviewed face to face. Additionally, Facebook posts related to the death of their children were also used as sources of data (Creswell & Poth, 2018). These were triangulated with extant literature on the topic and analytical memos.

### **Ethical Considerations**

This research was conducted with strict adherence to the ethical guidelines discussed by Creswell and Poth (2018). Approval from the Ethics Review Board of the researchers' institution was sought and obtained before data collection involving the participants commenced.

Participants were informed of the pertinent details about the study before they consented to voluntarily participate. Participants' identities remain anonymous. The possible risk of physical or mental harm from participating in this study was present but was kept to a minimum. The human rights of the participants were upheld and respected. All information gathered in this study is kept confidential, and all data related to this study will be destroyed upon the completion of the revisions.

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### **Data Analysis**

Thematic analysis was used to do the data analysis for this study (Braun & Clarke, 2019). Recurring themes and categories were developed after the transcribed interviews/data were coded. The overall themes were developed through an iterative process in which the codes were examined, contrasted, and improved.

### **Trustworthiness**

Steps were taken to ensure the trustworthiness of this study following the guidelines outlined by Lincoln and Guba (1985). As such, credibility, confirmability, dependability, and transferability were upheld in this study.

## **Results**

After a thorough analysis of the accounts of the grieving mothers, several themes emerged about their interpretation and encounter with theodicy. They are presented and discussed according to the research question they answer.

### **Grieving Mothers' Understanding of Theodicy Before They Lost a Child**

Research Question 1 looks at how grieving mothers previously understood theodicy prior to the death of their child. Two major themes emerged to answer this research question, each having several categories. They are discussed individually below.

#### ***God's Loving Nature and Care***

The theme "God's loving nature and care" centers on the deeply held convictions of grieving mothers regarding God's benevolent and nurturing attributes. It encompasses beliefs in God as a loving father, trust in His providence and understanding, and a fundamental faith in His benevolence and love. This theme resonates with the broader theological concept of theodicy, which grapples with the existence of suffering and evil in a world supposedly governed by an all-loving and all-powerful God.

For grieving mothers, their belief in God's loving nature and care helped them cope with the challenges of life, even before they faced the profound loss of a child. This belief offered them solace and a sense of divine support in the face of adversity, reflecting their profound faith in God's compassion and concern for His children. God's love is the fundamental cornerstone of His concern for humanity. This theme also underscores the impact of this belief on individuals' responses to life's trials, even prior to confronting the depths of grief (Cawley, 1925; McKinney, Hill, & Hania, 2011).

***Loving and Caring Father.*** A prominent motif that emerged was faith in God's love, goodness, and care, with participants characterizing Him as a compassionate and protective father. They proclaimed their faith in His everlasting presence and generosity, and they found solace in His love. For example, one participant described "God as Father," while another stated, "God is wonderful." Others shared personal experiences of His kindness, with one noting, "God's love for all people is pure," and another affirming, "I have proven God's goodness." These remarks demonstrate their faith in God's care and belief in His desire to protect and support them.

***Trust in God's Provision and Knowledge.*** The category "God's provision and knowledge" was also introduced. Participants expressed their faith in God, believing that He understands their hearts and meets their needs before they ask. They believe that God will provide for and guide their lives. For example, one participant said, "God provides for everything we need even before we ask," while another said, "God knows our hearts." These statements reflect faith in God's omniscience and ability to provide for His children.

#### ***Divine Purpose and Justice***

This theme explores bereaved mothers' diverse beliefs about God's grand plan for humanity and His role in upholding justice and mercy. This subject incorporates their grasp of God's divine purpose, the solace that comes from His promises, and their acceptance of His justice and mercy, even in the face

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of death and suffering. This theodicy subject investigates how people deal with seeming injustices and suffering in the world in light of God's divine design and the justice He dispenses. For bereaved mothers, faith in God's divine purpose and justice becomes essential in making sense of life's difficulties. This underlines the significance of trusting God's plan and seeking solace in His promises while balancing these ideas with the realities of death and pain.

**Understanding of God's divine plan.** Participants expressed their view that God has a purpose and plan for each person. They believe in God's guidance and direction for their life. For example, one participant stated, "God has a plan for everyone," while another stated, "God has His own ways." These remarks demonstrate faith in God's sovereignty and the conviction that everything happens for a reason.

**Comfort in Divine Promises.** Participants stated that God's promises gave them peace and hope. They found comfort in knowing that God would be with them during difficult times. For example, one participant stated, "I have comfort in the promise of God," while another stated, "God did not leave me alone and helpless." These responses demonstrate a belief in God's faithfulness and the consolation that comes from relying in His promises.

**Faith and Prayer for Protection.** The context also suggests that faith and prayer were seen as means of protection from suffering and death. Participants expressed confidence that their faith and prayers would protect them and their loved ones from harm. They trust in the power of prayer and are confident in God's capacity to protect. For example, one participant stated, "I expected faith and prayer to protect my child from death," while another shared, "I had expectations that my faith and prayer would keep my child from suffering." These statements reflect a belief in the efficacy of faith and prayer and an expectation that God will intervene when needed.

**God's Justice and Mercy.** Another category that emerged was faith in God's justice and mercy. Participants shared their perspectives, believing that God administers justice and shows mercy to His people. They believe in God's justice and accept His decrees, even in the face of suffering and death. For example, one participant stated, "God is just," while another stated, "God has mercy." These words demonstrate confidence in God's justice and mercy, as well as acceptance of His judgment.

### **Grieving Mothers' Understanding of Theodicy After They Lost a Child**

The second research question concerns the changes in bereaved mothers' perceptions of theodicy following the death of their child. Three important themes emerged to address this question.

#### ***Tendency to Question God***

Studies indicate that religion is a significant factor in how grieving mothers cope with their loss. However, their connection with God is often complex. Kalmanofsky (2019) highlights biblical examples of bereaved mothers as devout seekers and advocates. Nuzum, Meaney, & O'Donoghue (2017) explore the deep spiritual and theological dilemmas faced by parents dealing with stillbirth. Bakker and Paris (2019) examine how stillbirth and neonatal death can alter parental religiosity, potentially leading to a reevaluation of beliefs.

Participants faced profound sorrow, and their faith was challenged as they questioned God's role in their child's death. One participant's statement, "God did not give me what I wanted," reveals the struggle to reconcile personal expectations with the harsh reality of loss. Similarly, another asked, "Why did God let it 'happen?'"—reflecting the profound impact on her faith. This subject extends to those who actively seek solace and understanding through talks, online searches, and religious literature, emphasizing the complexities of dealing with theodicy amid severe sadness.

#### ***Faith and Resilience***

The body of studies highlights the importance of faith and resilience in the grieving process. Becker et al. (2007) found that religious or spiritual beliefs significantly influence bereavement outcomes, with the majority of reviewed studies reporting positive effects of faith on grief resolution. This comprehensive

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review of the research reinforces the critical role of faith and resilience in the complex fabric of grief, offering useful insights into the multifaceted dynamics of the mourning process.

**Acceptance and faith.** Following their child's death, participants embark on a transformative journey toward acceptance and stronger faith. This transformation was personified by one individual, who accepted and embraced the situation's inevitable outcome. Similarly, one participant sincerely admitted, "I was wrong to question God," indicating a watershed moment of acceptance. This theme applies to participants who go through a significant spiritual transformation and find peace in their steadfast faith in God's plan.

One participant's experience reflects this trend, indicating a restoration of her previously shaky faith. Similarly, another participant who initially sought understanding goes through a transforming process, increasing her sensitivity to suffering and accepting death as a result of sin. This topic emphasizes a profound journey toward acceptance and strengthened faith, demonstrating the participants' fortitude in handling loss and spirituality.

**Hope and Belief in Resurrection.** Another moving thread that emerged was the participants' unwavering hope and faith in reuniting with their dead loved ones in the world beyond. They publicly declared their faith in the promise of resurrection, confident that they would be reunited with their beloved children when Jesus returns. For example, one of the participants is convinced that she would happily rejoin her child in the presence of the Savior, expressing, "When my child died, I believed that I would see him again when Jesus comes," and finding peace in this great hope.

Similarly, another participant found comfort in the message of resurrection, seeing death as a beacon of hope for a future reunion. As she so brilliantly puts it, "Death is a message of hope to the family that we will see each other again." This resonating theme encompasses the participants' unwavering confidence in the prospect of everlasting life, offering them enormous consolation and hope during their grief.

### *Spiritual Growth and Understanding*

The literature emphasizes the profound link between grief and spiritual growth, exposing individuals' transforming journeys, particularly mothers who have lost a child. Chen (1997) emphasizes how grief can awaken one's spiritual essence, strengthening the bond with their spiritual self. Bray (2013) emphasizes the importance of psycho-spiritual experiences following loss in forming perceptions of life, suffering, and divine purpose.

Furthermore, Cox (2000) emphasizes the role of spirituality in assisting children to cope with loss and build resilient grieving strategies within the family. Muselman (2012) advocates introducing spirituality into adolescent grieving therapy to promote growth and development. This body of literature emphasizes the critical role of spirituality in the mourning process, providing possibilities for personal growth and a greater understanding of theodicy, especially for grieving moms (Chen, 1997; Bray, 2013; Cox, 2000; Muselman, 2012).

**Increased Understanding and Empathy.** Another key motif that emerges is the participants' increased awareness and empathy for individuals going through their own experiences of pain. They describe how their personal experiences with suffering and loss have significantly influenced their capacity for compassion and ability to empathize with the struggles of others. One participant eloquently characterized this shift: "I have become more sensitive to the suffering." Her experience highlights a deeper level of understanding of the issues experienced by persons in pain, demonstrating a significant increase in empathy. Another person shares a similar sentiment, expressing heightened "empathy towards others."

**Belief in God's Plan and Justice.** Another common element was the participants' unshakeable faith in God's elaborate plan and unwavering justice. Despite their initial skepticism about the divine, many participants eventually develop a deep belief in God's limitless wisdom, strongly believing that He knows what is best for them. These people fiercely convey their belief that God's justice is unshakable in its consistency and that pain, as they see it, is an essential part of human existence.

A participant beautifully stresses this trust, adding that "God knows the end of their lives," recognizing supernatural foresight that is beyond human comprehension. Another person is convinced that her son's

death was part of God's great plan. This theme demonstrates the participants' strong confidence in God's sovereignty and final acceptance of His divine purpose, despite terrible pain.

**Understanding of the Purpose of Suffering.** Participants gain a profound knowledge of the meaning of suffering in the aftermath of their child's loss. They believe that grief and loss teach essential lessons, promoting personal development and strengthening faith. One participant emphasizes how pain highlights their need for God, while another admits that her understanding of suffering was previously theoretical and only became palpable through lived experience. This theme emphasizes the participants' ability to draw meaning and purpose from their difficulties; as Chosen eloquently puts it, "Before was only theory; now it became practical."

### **Roles That the Church Plays in Grieving Mothers' Understanding of Theodicy**

This theme focuses on how the church influences bereaved moms' views of theodicy. Three major themes emerge: the absence of soothing ministry, church support, and the impact of religious attitudes and teachings. These themes are vital to the grief process. Through this investigation, we hope to explore the subtle interactions between bereaved moms and the church, providing insight into the possibilities for reform in this connection.

#### ***Lack of Comforting Ministry***

The results reveal a striking theme: the church's noticeable lack of consoling support for mourning mothers. In their time of mourning, many moms have described feelings of isolation and misunderstanding from members of the church community. In the absence of compassionate outreach, these women may feel even more alienated and ignored during their grief journey.

The literature focuses on the underlying issue of insufficient assistance and sympathy for grieving moms, particularly among churchgoers. Societal norms and healthcare practitioners usually fall short of providing the necessary comfort and empathy. Jones (1997) observes a considerable cultural failure to recognize the profound grief experienced by mothers of deceased infants, leading to feelings of loneliness and a lack of support.

One participant expressed her dissatisfaction with the church members' attempts to console her, claiming that she felt "judged" and that "people questioned her faith." She also notes that she preferred to speak with God rather than church members because they caused her more suffering. Similarly, another participant discusses "seeking help outside the church" because she believed the church "lacked a comforting ministry" because the church's ministry to grieving generally ends after the burial (After the Funeral, 1982). These examples show the church's responsibility to educate its members on how to provide appropriate and consoling support to mourning people.

#### ***Support From the Church***

The church can play an essential role in assisting those who are mourning or experiencing loss. Spilling (2012) and Shaw (1994) both address the church's role in offering bereavement support groups and counseling services. Goben (2019) underlines the necessity of grief and loss training for pastors so that they can better serve the bereaved. Moore (1995) investigates the relationship between faith and grief, emphasizing how faith can bring consolation and healing during the mourning process. These findings indicate that the church can be an important source of assistance for those dealing with grief and loss.

**Providing Financial and Practical Assistance.** According to one participant, the church covered "all the expenses related to the wake and burial of their child". She also describes how the brethren became their pillar of support, assisting them in a variety of ways. Another participant recalls that they received financial aid from various churches, but their own church was the last to grant it. These instances demonstrate the church's relevance in providing tangible help to mourning families while also emphasizing the necessity for constant and timely assistance from the church.

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**Community of Support.** The results also show that the church serves as a community of support for mourning mothers. One participant stresses the large number of people, including leaders and brethren, who attended their child's wake. She tells how the brethren showed their unwavering support for them and how their connection with God grew deeper as a result. Similarly, another participant recounts being visited by the brethren and how belonging to the community offered them comfort. These instances highlight the importance of the church as a community that supports mourning people and offers emotional support during difficult times.

### ***Theological Perspectives and Teachings***

The Church's teachings on sorrow and pain provide hope for the bereaved. According to Underwood (2009, prolonged pain can mold the soul, and a vision of God can strengthen the healing potential of pastoral service. This perspective encourages a spiritual reframing of suffering, not as meaningless anguish, but as a process through which deeper faith and compassion can emerge. In this way, pastoral care becomes not only a source of comfort but also a channel for spiritual transformation.

**The Church's Teachings on Suffering and Pain.** The statistics also reveal a trend in the church's teachings on suffering and sorrow. One participant notes that the church teaches that sorrow and anguish are normal and that they are merely passing through this life. She further notes that the faith community believes that God allows everything for a reason and a mission. These examples demonstrate the church's role in offering theological explanations for theodicy and assisting individuals in making sense of their grief within a religious context.

**Hope and Comfort Through Faith.** Finally, the findings highlight the church's role in bringing hope and solace through faith. A participant states that being an Adventist has helped them cope with their grief because they believe in the resurrection and that all doubts will be answered when Jesus returns. She also notes that hope lifts their burdens and that they believe God is in control. These examples demonstrate how the church's teachings and principles offer consolation and hope to mourning people, allowing them to find solace in their faith.

### **Coping Mechanisms and Religious Disciplines of Grieving Mothers**

This section investigates how bereaved moms maintain their faith in a loving and all-knowing God despite the difficulties of loss. Their spiritual journey entails finding solace, retaining hope, and strengthening their faith in divine understanding. Faith is an important anchor in navigating the pain of bereavement, changing people's perspectives on suffering and theodicy. Through our investigation, we hope to better understand how these moms reconcile their grief with their religious beliefs, shedding light on faith's resilience in the face of deep loss.

#### ***Prayer***

Spiritual activities play a significant role in the lives of bereaved mothers, particularly in maintaining their faith in the face of the profound problems that death presents. This theme encompasses all types of prayer, from supplications for strength and comfort to statements of thanks and requests for spiritual guidance. Through prayer, bereaved moms form a deep and intimate relationship with a benign and all-knowing God, finding peace, resilience, and steadfast support in their effort to reconcile with the reality of mortality. This theme sheds light on the coping techniques and religious practices that bereaved moms use, highlighting their enduring faith during life's most profound and tragic moments.

Indeed, prayer can be a valuable tool for those who are grieving, in pain, or suffering. O'Brien (1997) offers practical sessions that include prayer, meditation, scripture, and song to assist people in recognizing their pain and moving toward healing. According to Brueggemann (1977), the lament prayers in the Psalter give form to life's harshest events and place them in God's presence.

Many bereaved mothers reported praying as a way to connect with God and find solace. For example, one participant cited "praying, reading the Bible, and listening to other grieving people" as coping strategies.

Another participant emphasizes the effectiveness of “prayer and the importance of morning and evening worship” as well as “obeying God’s commandments”. Christine, on the other hand, admits her difficulty in “talking to God after her baby’s burial” but recognizes the importance of prayer in keeping her faith. This topic emphasizes the importance of prayer in seeking solace, gaining strength, and deepening one’s relationship with God during the grief process.

### ***Hope and Belief in Resurrection***

Most participants expressed a desire to see their babies again in the future. One participant said that “hope keeps grieving mothers alive” and that she looks forward to “seeing her baby and God in the future.” Another participant discusses the importance of trust in the resurrection and imagines “being reunited with her baby when God comes again.” This topic emphasizes the belief in a future reunion with loved ones, as well as the role of hope in offering comfort and strength during the grief process. According to Underwood (2009), a pastoral theology that focuses on the way of the cross and the promise of the resurrection can lead ministry to people experiencing chronic pain and mortality. Boeve (2011) emphasizes the significance of bodiliness in the Resurrection faith, as well as how trust in the Resurrection entails believing in the possibility of love.

### ***Faith and Trust in God***

According to the literature, the experience of faith and confidence in God at times of grief, anguish, and suffering is complex and varies by individual. Schmitt (2005) contends that some Christians may feel disconnected from God during times of adversity, but Fichter (1980) discovered that patients who have always had faith may turn to God in times of despair. Parker (1997) contends that God can use suffering to summon witnesses to repentance and deeds of compassion and that there are various faithful responses to suffering. Finally, Gourgey (1994) contends that having a disability can lead to a search for deeper meanings of faith and a greater capacity for love. Overall, the studies argue that experiences of loss, agony, and suffering can both challenge and enhance one’s faith in God.

## **Discussion**

This study reveals the interplay of grief, faith, and theodicy in the lives of grieving moms who have lost a child. Their stories powerfully depict the multidimensional nature of their experiences, from initial doubt and wrath toward God to a changing path of acceptance, strengthened faith, and, finally, a great sense of hope in the promise of reunion. These stories demonstrate the human spirit’s tenacity in the face of devastating loss, as well as the continuing power of faith to bring comfort and purpose during profound pain. This study provides vital insights into the complex dynamics of grieving and spirituality, emphasizing the significance of empathy, understanding, and unwavering faith in navigating the often-turbulent landscape of loss.

It is advised that moms who have lost a child receive specialized pastoral help and counseling. Trained spiritual leaders can provide a safe environment in which they can express their feelings, ask difficult questions, and navigate their spiritual journey. This support should be respectful of individual views and not impose a certain theological viewpoint.

Providing educational tools on theodicy and grieving to religious communities can be beneficial. This could include seminars, workshops, or written resources that explore the intricacies of faith in the face of adversity. Providing a forum for frank discussions about faith and suffering can aid individuals in processing their experiences.

Establishing peer support groups for women who have lost children can be quite beneficial. These gatherings can provide a sense of connection and understanding among people who have faced similar circumstances. Sharing personal experiences, coping strategies, and spiritual insights in a friendly setting can promote healing and growth.

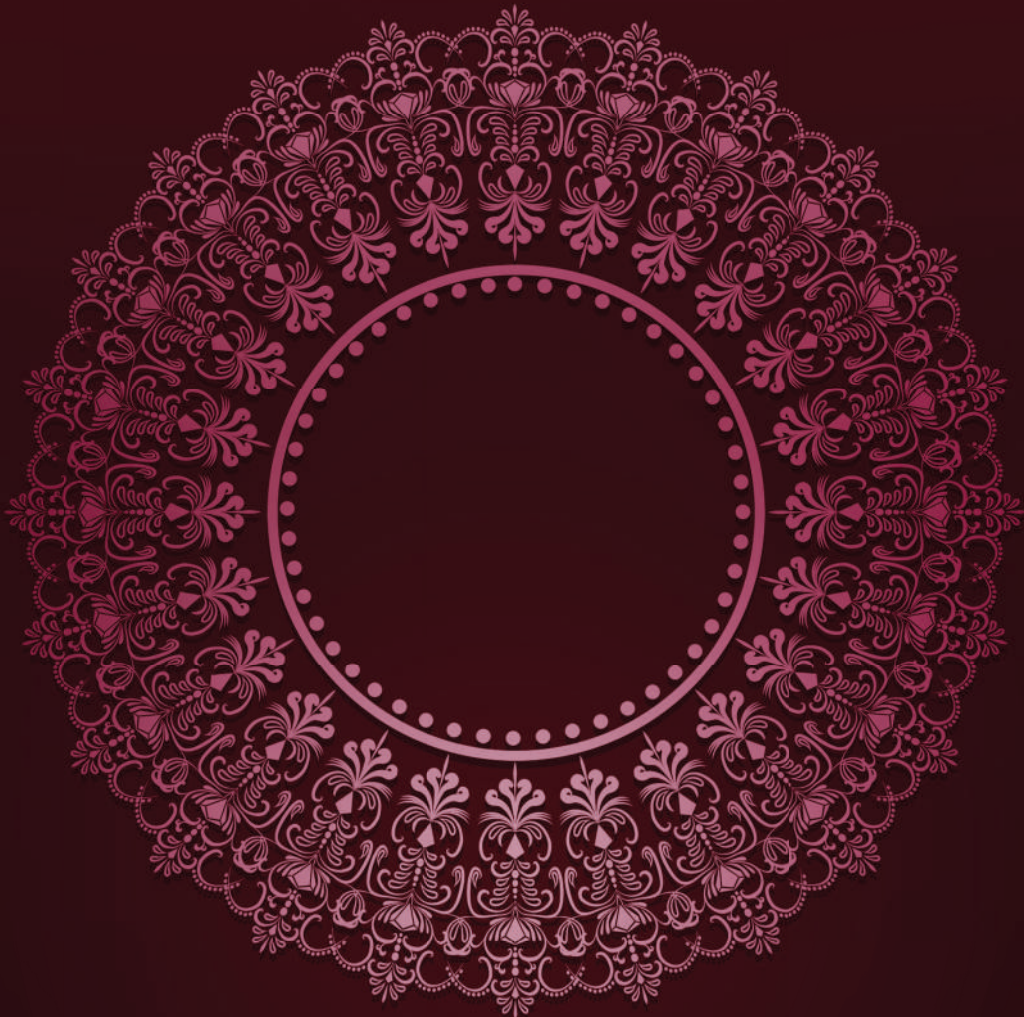
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