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Development of IPAGTAGUMPAY Posttraumatic Growth Support Program Among Trauma Survivor in Bataan, Philippines

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ABSTRACT

Studies reveal that approximately 60-75% of people have experienced at least one traumatic event in their lifetime, profoundly affecting their physical, psychological, emotional, and social well-being. However, despite these challenges, individuals have the potential to experience posttraumatic growth—a positive transformation that can emerge after trauma. There is a clear need for a structured support program to support this growth that guides and empowers survivors as they navigate recovery and self-improvement. This paper focuses on developing a comprehensive program specifically designed to foster posttraumatic growth among trauma survivors of loss, natural disasters, serious illness, and military combat. Through an intensive literature review, a descriptive phenomenological approach, and expert insights, the IPAGTAGUMPAY Posttraumatic Growth Intervention Program was developed. This program encompasses a series of modules that target key areas of healing, such as Psychotrauma Management, Attentiveness to Self, Guarding the Mind, and Tackling Personal Capacities. Additionally, it includes components focused on Faith and Meaning-Making, Gaining Existential Insights, Making the Most Out of Life, and Attentiveness to Others' Growth. By addressing various aspects of growth and resilience, this holistic approach provides trauma survivors with a structured pathway toward a renewed sense of purpose and strength, enabling them to rebuild their lives with resilience and optimism.

INTRODUCTION

Trauma is a pervasive experience that affects a large portion of the global population. Research estimates that 60-75% of individuals have encountered at least one traumatic event in their lives, highlighting its prevalence and impact (WHO, 2024; Benjet *et al.*, 2016). The American Psychological Association defines trauma as a psychological response to catastrophic events, which can vary widely in nature. These events may include natural disasters, war, poverty, or more personal experiences like the loss of a loved one, sexual assault, domestic violence, or bullying. Initially, individuals often experience feelings of shock and denial as they attempt to process the event. Over time, however, trauma can manifest in more enduring ways, such as emotional instability, flashbacks, difficulty maintaining relationships, and even physical symptoms like nausea and headaches. These reactions underline the profound and multifaceted impact of trauma on an individual's well-being.

The effects of trauma extend deeply into mental health, with some individuals developing conditions such as posttraumatic stress symptoms (PTSS) or posttraumatic stress disorder (PTSD). Childhood trauma is particularly concerning, as it is associated with increased risks of PTSD, depression, anxiety, antisocial behaviors, and substance use disorders. Beyond its psychological toll, trauma also impacts the brain's biology. For instance, studies have shown that children who experience maltreatment and develop PTSD often have smaller cerebellar volumes. These reductions are strongly linked to the younger age at which trauma began and the duration of the traumatic experiences (De Bellis & Zisk, 2014). The cerebellum, a critical part of the brain involved in decision-making, social cognition, and emotional regulation, is thus significantly affected by early trauma. This underscores the complex interplay between trauma and both mental and biological health.

Trauma's consequences are not limited to mental and biological health but also extend to a person's social life and everyday functioning. According to Mind (2020), a mental health organization based in Wales, trauma can disrupt essential aspects of daily living, making tasks such as maintaining employment, fostering trust in relationships, and caring for oneself incredibly challenging. Trauma survivors may also struggle with memory, decision-making, and adapting to life changes. Even leisure activities and intimate relationships can be negatively impacted, reducing an individual's ability to enjoy life. These difficulties emphasize how trauma can ripple across multiple areas of life, creating barriers to achieving stability and fulfillment.

Despite its challenges, trauma does not always lead to negative outcomes. For some, it becomes a catalyst for positive change known as posttraumatic growth (PTG). PTG refers to the personal development that occurs as individuals adapt to and overcome their trauma. This growth can manifest in various areas, including discovering new possibilities, forming stronger relationships, building personal resilience, experiencing spiritual changes, and developing a greater appreciation for life (Tedeschi & Calhoun, 1998; Laceulle *et al.*, 2015). Unlike resilience, which involves returning to a previous state, PTG allows

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individuals to emerge stronger and more capable than before. The concept embodies the popular mantra, "What doesn't kill you makes you stronger," and highlights the transformative potential of adversity when individuals are able to grow beyond their pre-trauma selves.

However, not all trauma survivors experience PTG. Studies reveal significant variation in its prevalence, with systematic reviews suggesting that only about 52.58% of survivors report moderate-to-high levels of growth (Wu *et al.*, 2019). While other research has cited higher figures—ranging from 85% to 87%—the inconsistencies between studies highlight the complexity of PTG and its relationship with trauma and distress (Greup *et al.*, 2018; Jin *et al.*, 2014; Rodríguez-Rey *et al.*, 2017). Recognizing this variability, this study aims to explore strategies to increase PTG among trauma survivors. Aligned with the World Health Organization's goals of promoting good health and well-being, this research focuses on developing an intervention program to support trauma survivors in Bataan. The program is designed to enhance all domains of PTG, empowering individuals to thrive and build fulfilling lives beyond their trauma.

MATERIALS AND METHODS

Study Design

The research design employed for this study was descriptive phenomenology, a qualitative approach that aims to explore and understand the lived experiences of individuals. The primary objective was to ascertain the core of each participant's experience, focusing on how they perceived and made sense of their encounters with trauma and the subsequent growth. Descriptive phenomenology is particularly effective in revealing the "essence" of the subject being studied—those intrinsic characteristics that make it unique and distinguish it from other phenomena (Giorgi & Giorgi, 2003; Meyers, 2019). The participants experiences connected to posttraumatic growth were then used as the foundation for crafting an intervention that could effectively support trauma survivors in their process of posttraumatic growth. In essence, the design provided a comprehensive framework for exploring trauma survivors' experiences, which in turn informed the creation of a targeted intervention program.

Participant

The study was conducted in the province of Bataan, with participants coming from various municipalities and the province's lone city. A total of 80 individuals, aged 20 to 40 years old, were selected for the research. These participants had experienced a traumatic event within the past two years, such as the traumatic loss of a significant loved one, severe COVID-19 symptoms, a terminal illness diagnosis, natural disasters, military operations, or vehicular accidents. To qualify, participants were required to score at least 2.50 on the Posttraumatic Growth Scale. The study excluded individuals who had previously undergone psychological interventions, such as psychotherapy or counseling, to focus on those experiencing posttraumatic growth without professional psychological support. This approach aimed to better understand posttraumatic growth in individuals who had not received structured mental health care.

Instrumentation

Demographic Information Form collected participants' personal data, such as age, income, education level, religion, marital status, gender, and other relevant details. The Interview Guide consisted of semi-structured questions designed to explore the meaning of four types of traumatic experiences faced by survivors. These questions were carefully crafted by identifying key aspects of the traumatic events and the concept of posttraumatic growth, guided by apriori codes—significant words or phrases linked to the phenomenon. The questions underwent expert review by specialists in qualitative research and psychotraumatology to ensure their accuracy and relevance. Lastly, the PTGI assessed participants' levels of posttraumatic growth. This 21-item scale used a 6-point Likert scale ranging from 0 (not at all) to 5 (very great change) and had demonstrated validity and reliability in various studies. Participants had to score a mean of at least 2.50 on the PTGI to be included in the study.

Data Gathering Procedures

The development of the intervention program on posttraumatic growth spanned one year. The process began with an analysis of relevant journal articles published since 2013 to inform the initial formulation of the program. Following this, the Posttraumatic Growth Inventory was administered to individuals to assess whether they had experienced posttraumatic growth, helping to identify potential participants for subsequent procedures. Forty trauma survivors then participated in in-depth interviews using a semi-structured questionnaire to gather detailed insights into their experiences. These two strategies—literature review and interviews—formed the foundation of the intervention program. Once an initial version was developed, expert evaluation was conducted to refine its components. Feedback from experts, based on their critical analysis and expertise, enhanced the program's structure and effectiveness. Finally, the intervention program underwent a pilot study, during which any unforeseen issues were noted and addressed to further optimize the program for fostering posttraumatic growth.

Ethics

All procedures conducted were approved by the Research and Development Office of the Bataan Peninsula State University. The researcher also strictly adhered to the Code of Ethics of Psychologists in the Philippines (2008-2009), particularly Section 10 on Research and the Data Privacy Act of the Philippines. Informed consent was obtained before participants were involved in the study, and they were provided with a copy. Upon the conception of the study, the only predictable risk identified was the recollection

of potentially traumatic experiences, which was deemed unavoidable. In this regard, the researcher upheld the principles of beneficence and nonmaleficence throughout the study. During abreaction or any severe negative emotions, the researchers administered relaxation techniques and individual counseling, depending on their availability. There was no deception, disclosure of participants' identities, or risks beyond everyday life involved. Most importantly, participants were able to participate voluntarily and had the option to withdraw at any time.

Furthermore, all information gathered throughout the study, including personal information linked to participants' identities, was kept private. All audio recordings were erased after the interview, transcription, and confirmation. Each participant was given a token as a symbol of appreciation. The contact details and affiliation of the researchers were provided so that participants' questions and concerns could be addressed promptly.

Data Analysis

The qualitative data were processed using Colaizzi's (1978) seven-step data analysis approach, as cited by Sosha (2012). The project involved transcribing forty recorded interviews with trauma survivors. The researcher reread each transcript multiple times to familiarize themselves with the content and ensure that each response was understandable. Relevant lines regarding posttraumatic growth were extracted from each transcript, along with their corresponding page and line numbers, and documented on a separate sheet. The researchers then reexamined all significant statements to determine their meaning. The created meanings were sorted and categorized into categories, themes, and subthemes. The findings were synthesized into comprehensive descriptions of posttraumatic development. Redundant, inaccurate, or exaggerated descriptions were eliminated from the overall framework to refine the results. Finally, the findings were returned to the trauma survivors to confirm their willingness to discuss their experiences further.

RESULTS AND DISCUSSIONS

The study's results showed the structure of the IPAGTAPUMPAY Posttraumatic Growth Social Support Program:

Table 1: The study's results showed the structure of the IPAGTAPUMPAY Posttraumatic Growth Social Support Program

Session	References from the Qualitative Data	References from Review of Related Literature
Session 1: Introduction of the Support Program		Hood *et al.* (2021); Mughairbi et al. (2019)
Session 2: Psychotrauma Management	• Biological • Traumatic Loss • Disaster • Military • NDRRMC • Nurses	Zhyhaylo *et al.* (2023); Salekhov (2021);
Session 3: Attentiveness to Self	• Biological • Traumatic Loss • Military • NDRRMC • Nurses	La Mott and Martin (2019); Glennon *et al.* (2019); Močnik (2019)
Session 4: Guarding the Mind	• Biological • Traumatic Loss • Disaster • Military • NDRRMC • Nurses	Mary et al. (2020); Hamby *et al.* (2020)
Session 5: *Tackling Personal Capacities*	• Biological • Traumatic Loss • Disaster • Military • NDRRMC • Nurses	Villazor (2023); Slade *et al.* (2019)
Session 6: Accentuating Faith and Meaning-Making	• Biological • Traumatic Loss • Disaster • Military • NDRRMC • Nurses	Magpantay and Villazor (2024); Schlechter *et al.* (2021); Ersahin (2020); Chen *et al.* (2019)

Session 7: Gaining Existential Insights	• Biological • Traumatic Loss • Disaster • Military • NDRRMC • Nurses	Vanhooren (2022); Wilmshurst (2021); Emanuel *et al.* (2021)
Session 8: Under the Same Umbrella	• Biological • Traumatic Loss • Disaster • Military • NDRRMC • Nurses	Wang *et al.* (2021); Brooks et al. (2019); Lee (2019)
Session 9: Making the Most Out of Life	• Biological • Traumatic Loss • Disaster • Military • NDRRMC • Nurses	Zięba *et al.* (2022); Villazor and De Guzman (2022); Altmaier (2019); Kim and Bae (2019)
Session 10: Possibilities Anew	• Biological • Traumatic Loss • Disaster • Military • NDRRMC • Nurses	Matheson *et al.* (2020); Demetriou et al. (2020)
Session 11: Attentive to Others' Growth	• Biological • Traumatic Loss • Disaster • Military • NDRRMC • Nurses	Labios *et al.* (2024); Villazor (2022)
Session 12: Yielding to Learnings and Future Directions		Villazor and De Guzman (2022); Storozhuk *et al.* (2022); Janoff-Bulman and Berger (2021)

Session 1: Introduction of the Support Program

The first session will focus on introducing participants to the overall structure and objectives of the social support program. The goal will be to ensure that participants understand the purpose of the program and what to expect throughout the process. In this session, participants will be encouraged to share their expectations and goals for the program, helping to establish a clear direction for their involvement. Additionally, a significant emphasis will be placed on developing rapport among the group members, as building trust and mutual support will be seen as crucial for creating a strong core support group. By the end of the session, participants will be expected to feel comfortable with one another and ready to embark on their journey of healing and growth together.

Session 2: Psychotrauma Management

Session two will aim to increase awareness about the signs and symptoms of trauma, as well as the available treatment options. Participants will be given the opportunity to process traumatic memories and will be introduced to adaptive coping mechanisms that will help them manage the psychological impact of their experiences. The session will provide a safe and supportive environment where participants can share their thoughts and feelings with the group without fear of judgment. This session will be designed to minimize the risk of further trauma exposure by ensuring that participants feel heard, validated, and supported in their healing process.

Session 3: Attentiveness to Self

In session three, the focus will shift toward self-care and its importance in maintaining mental well-being. Group members will be psychoeducated about the concept of self-care, with an emphasis on prioritizing personal well-being amidst the demands of life. Participants will be encouraged to develop self-compassion and to practice self-care routines that will support both their mental health and personal growth. The session will aim to equip participants with the tools and mindset necessary to care for themselves, thereby enhancing their resilience and fostering long-term well-being.

Session 4: Guarding the Mind

Session four will be dedicated to helping participants develop mental strength and resilience. The session will

aim to assist individuals in setting and achieving personal goals that will promote mental growth. Participants will be taught practical coping strategies and skills that will enhance their ability to manage stress and adversity. The session will also highlight the importance of celebrating progress and achievements, encouraging participants to recognize their strengths and the steps they have taken on their journey toward mental strength. By focusing on these achievements, the session will empower participants to continue building their mental fortitude.

Session 5: Tackling Personal Capacities

Session five will provide a platform for participants to reflect on and share their personal experiences of growth following traumatic events. This session will focus on teaching practical coping strategies and skills that will help individuals nurture their capacities and strengths in the aftermath of trauma. Participants will be encouraged to set personal goals aimed at fostering continued development and empowerment. The goal will be to assist individuals in discovering and harnessing their inner strengths, which will allow them to better cope with challenges and pursue ongoing personal growth.

Session 6: Accentuating Faith and Meaning-Making

The final session will center on the role of faith and meaning-making in posttraumatic growth. Participants will be provided with a space to share their spiritual journeys and discuss how their faith has influenced their understanding of trauma and recovery. This session will encourage deep reflection on how spirituality and faith-based practices can be integrated into the healing process. Practical coping strategies rooted in faith will be introduced to support continued healing and posttraumatic growth. By the end of the session, participants will be encouraged to explore how their faith can continue to guide them toward healing and personal transformation in the aftermath of trauma.

Session 7: Gaining Existential Insights

In session seven, participants will be supported in integrating existential insights, altruism, and purpose into their ongoing growth and resilience. Practical coping strategies that incorporate existential insights and promote resilience will be taught. The session will also facilitate discussions and reflections on existential questions related to life, meaning, and purpose, helping participants gain a deeper understanding of their experiences and fostering a sense of meaning in their lives.

Session 8: Under the Same Umbrella

Session eight will focus on rebuilding trust in relationships post-trauma. Facilitators will guide discussions and activities designed to help participants reconnect with others and restore trust. Effective communication strategies that promote understanding and support in relationships will be taught. Additionally, participants will be provided with coping strategies to navigate relationship challenges that may arise after trauma, helping them strengthen their connections with others.

Session 9: Making the Most Out of Life

In session nine, participants will have the opportunity to share their experiences of finding appreciation amidst adversity. The session will provide a space for participants to reflect on how they have learned to appreciate life despite their challenges. Practical strategies for cultivating gratitude and thriving will be introduced, with the aim of enhancing participants' ability to appreciate their lives more fully and embrace the positive aspects of their experiences.

Session 10: Possibilities Anew

Session ten will assist participants in identifying their strengths and the resources available to them as they pursue new opportunities. Participants will engage in activities designed to enhance resilience and adaptability, enabling them to seize new opportunities in life. The session will focus on empowering participants to see possibilities in their future, helping them move forward with confidence and a renewed sense of purpose.

Session 11: Attentive to Others' Growth

In session eleven, participants will reflect on the positive changes or new perspectives they have gained from their traumatic experiences. Facilitators will encourage participants to integrate their experiences of growth into a coherent narrative of personal meaning. Social support engagement will be promoted, reinforcing the importance of connecting with others as part of the posttraumatic growth process. This session aims to help participants recognize how their growth can positively influence their relationships and the people around them.

Session 12: Yielding to Learnings and Future Directions

The final session will provide participants with the opportunity to reflect on their personal growth journey throughout the program. Facilitators will celebrate the participants' achievements and milestones reached during their time in the program. The overall impact of the program on participants' lives and well-being will be assessed, allowing them to acknowledge the progress they have made. Finally, the session will facilitate a sense of closure and farewell among participants and program facilitators, marking the end of their healing journey while encouraging continued growth in the future.

CONCLUSION

The development of the IPAGTAGUMPAY Posttraumatic Growth Support Program, based on the outlined sessions, aims to provide a comprehensive approach to healing and growth for individuals affected by trauma. Each session is designed to guide participants through various stages of recovery, from building rapport and trust in the first session to integrating

existential insights and fostering resilience in the final session. Throughout the program, participants will be provided with tools and coping strategies to address the psychological impact of trauma, develop mental strength, and enhance personal growth. By integrating faith, self-care, relationship rebuilding, and a sense of purpose, the program offers a holistic approach to posttraumatic recovery. The expected outcomes include not only the healing of traumatic wounds but also the development of new perspectives, life appreciation, and a stronger sense of self, which are essential components of posttraumatic growth.

To maximize the effectiveness of the IPAGTAGUMPAY Posttraumatic Growth Support Program, the following recommendations are made: It is essential to provide ongoing support beyond the 12 sessions. This can include follow-up meetings, peer support groups, or individual counseling to ensure that participants continue their healing journey after the program ends. Facilitators should undergo continuous training to ensure they are well-equipped to handle diverse trauma experiences and provide a safe, supportive environment for all participants. This training should focus on trauma-informed care, active listening, and facilitating discussions around sensitive topics. Importantly, it is crucial to conduct a thorough evaluation of the program's impact, through both qualitative and quantitative measures, to assess the effectiveness of the sessions. Feedback from participants should be regularly collected and used to refine and improve future iterations of the program. To enhance the sustainability of the program, community involvement and support should be encouraged. Collaboration with local organizations, mental health professionals, and support networks can provide additional resources and help build a stronger community of recovery.

REFERENCES

Altmaier, E. (2019). Promoting positive processes after trauma. In *Elsevier eBooks*. https://doi.org/10.1016/c2016-0-02551-2

American Psychological Association. (2022, August). *Trauma*. Retrieved January 10, 2023, from https://www.apa.org/topics/trauma

Bachrach, T. (2018). *Posttraumatic Growth and Residential Therapy: Cultivating Environments that Support and Facilitate Posttraumatic Growth and Positive Well-being*. Master of Applied Positive Psychology (MAPP) Capstone Projects. https://repository.upenn.edu/mapp_capstone/153/?utm_source=repository.upenn.edu%2Fmapp_capstone%2F153&utm_medium=PDF&utm_campaign=PDFCoverPages

Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M., Shahly, V., Stein, D. J., Petukhova, M., Hill, E., Alonso, J., Atwoli, L., Bunting, B., Bruffaerts, R., Caldas-de-Almeida, J. M., de Girolamo, G., Florescu, S., Gureje, O., Huang, Y., Lepine, J. P., … Koenen, K. C. (2016). The epidemiology of traumatic event exposure worldwide: results from the World Mental Health Survey Consortium. *Psychological medicine, 46*(2), 327–343. https://doi.org/10.1017/S0033291715001981

Boston University. (2018, July 15). *Trauma and Its Aftermath*. SPH. Boston University. Retrieved January 6, 2023, from https://www.bu.edu/sph/news/articles/2018/trauma-and-its-aftermath

Brooks, M., Graham-Kevan, N., Robinson, S., & Lowe, M. (2019). Trauma characteristics and posttraumatic growth: The mediating role of avoidance coping, intrusive thoughts, and social support. *Psychological Trauma Theory Research Practice and Policy, 11*(2), 232–238. https://doi.org/10.1037/tra0000372

Chen, Z. J., Bechara, A. O., Worthington, E. L., Davis, E. B., & Csikszentmihalyi, M. (2019). Trauma and well-being in colombian disaster contexts: effects of religious coping, forgivingness, and hope. *The Journal of Positive Psychology, 16*(1), 82–93. https://doi.org/10.1080/17439760.2019.1663254

De Bellis, M. D., & Zisk, A. (2014). The Biological Effects of Childhood Trauma. *Child and Adolescent Psychiatric Clinics of North America, 23*(2), 185–222. https://doi.org/10.1016/j.chc.2014.01.002

Demetriou, L., Drakontaides, M., & Hadjicharalambous, D. (2020). *Psychological Resilience Hope and Adaptability as Protective Factors in Times of Crisis: A Study in Greek and Cypriot Society during the COVID-19 Pandemic*. SSRN Electronic Journal. https://doi.org/10.2139/ssrn.3713732

Elderton, A., Berry, A., & Chan, C. (2016). A Systematic Review of Posttraumatic Growth in Survivors of Interpersonal Violence in Adulthood. *Trauma, Violence, & Abuse, 18*(2), 223–236. https://doi.org/10.1177/1524838015611672

Emanuel, L., Solomon, S., Fitchett, G., Chochinov, H., Handzo, G., Schoppee, T., & Wilkie, D. (2021). Fostering existential maturity to manage terror in a pandemic. *Journal of Palliative Medicine, 24*(2), 211–217. https://doi.org/10.1089/jpm.2020.0263

Ersahin, Z. (2020). Post-traumatic growth among Syrian refugees in Turkey: the role of coping strategies and religiosity. *Current Psychology, 41*(4), 2398–2407. https://doi.org/10.1007/s12144-020-00763-8

Ezzard, P. (2020). A Literature Review: Posttraumatic Growth in Trauma Recovery Using Art Therapy: "How a Superhero Learns to Fly." *Expressive Therapies Capstone Theses, 659*. https://digitalcommons.lesley.edu/expressive_theses/659

Glennon, A., Pruitt, D. K., & Polmanteer, R. S. R. (2019). Integrating self-care into clinical practice with trauma clients. *Journal of Human Behavior in the Social Environment, 29*(1), 48–56. https://doi.org/10.1080/10911359.2018.1473189

Greup, S. R., Kaal, S. E., Jansen, R., Manten-Horst, E., Thong, M. S., Van Der Graaf, W. T., Prins, Hamby, S., Taylor, E., Mitchell, K., Jones, L., & Newlin, C. (2020). Poly-victimization, trauma, and resilience: exploring strengths that promote thriving after adversity. *Journal*

of Trauma & Dissociation, 21(3), 376–395. https://doi.org/10.1080/15299732.2020.1719261

Hood, B., Jelbert, S., & Santos, L. R. (2021). Benefits of a psychoeducational happiness course on university student mental well-being both before and during a COVID-19 lockdown. *Health Psychology Open, 8*(1), 205510292199929. https://doi.org/10.1177/2055102921999291

J. B., & Husson, O. (2018). Post-Traumatic Growth and Resilience in Adolescent and Young Adult Cancer Patients: An Overview. *Journal of Adolescent and Young Adult Oncology, 7*(1), 1–14. https://doi.org/10.1089/jayao.2017.0040

Janoff-Bulman, R., & Berger, A. R. (2021). *The other side of trauma: towards a psychology of appreciation*. In Routledge eBooks (pp. 29–44). https://doi.org/10.4324/9781315783345-3

Jin, Y., Xu, J., Liu, H., & Liu, D. (2014). Posttraumatic Stress Disorder and Posttraumatic Growth Among Adult Survivors of Wenchuan Earthquake After 1 Year: Prevalence and Correlates. *Archives of Psychiatric Nursing, 28*(1), 67–73. https://doi.org/10.1016/j.apnu.2013.10.010

Kim, E., & Bae, S. (2019). Gratitude moderates the mediating effect of deliberate rumination on the relationship between intrusive rumination and post-traumatic growth. *Frontiers in Psychology, 10*. https://doi.org/10.3389/fpsyg.2019.02665

Labios, R., Dela Cruz, A., Villazor, J., Academia, I., (2024). Growth After Adversity: The Lived Experiences on Posttraumatic Growth Among Selected COVID-19 Survivos in Bataan, Philippines. *Journal of Education, Management and Developmental Studies, 4*(1), 1-15. http://doi.org/10.52631/jemds.v4i1.190

Laceulle, O. M., Kleber, R. J., & Alisic, E. (2015). Children's Experience of Posttraumatic Growth: Distinguishing General from Domain-Specific Correlates. *PLOS ONE, 10*(12), e0145736. https://doi.org/10.1371/journal.pone.0145736

La Mott, J., & Martin, L. A. (2019). Adverse childhood experiences, self-care, and compassion outcomes in mental health providers working with trauma. *Journal of Clinical Psychology, 75*(6), 1066–1083. https://doi.org/10.1002/jclp.22752

Lee, J. (2019). Perceived social support functions as a resilience in buffering the impact of trauma exposure on PTSD symptoms via intrusive rumination and entrapment in firefighters. *PLoS ONE, 14*(8), e0220454. https://doi.org/10.1371/journal.pone.0220454

Linley, P. A., & Joseph, S. (2005). The Human Capacity for Growth Through Adversity. *American Psychologist, 60*(3), 262–264. https://doi.org/10.1037/0003-066x.60.3.262

Magpantay, R., Villazor, J., (2024). Two Sides, Same Coin: Posttraumatic Growth Among Selected Nurses with History of Covid-19 Virus in Bataan, Philippines. *Indonesian Journal of Global Health Research, 7*(1), 437-448. https://doi.org/10.37287/ijghr.v7i1.4507

Mary, A., Dayan, J., Leone, G., Postel, C., Fraisse, F., Malle, C., Vallée, T., Klein-Peschanski, C., Viader, F., De La Sayette, V., Peschanski, D., Eustache, F., & Gagnepain, P. (2020). Resilience after trauma: *The role of memory suppression. Science, 367*(6479). https://doi.org/10.1126/science.aay8477

Matheson, K., Asokumar, A., & Anisman, H. (2020). Resilience: safety in the aftermath of traumatic stressor experiences. *Frontiers in Behavioral Neuroscience, 14*. https://doi.org/10.3389/fnbeh.2020.596919

Mind. (2020, January). *How could trauma affect me?* Retrieved January 10, 2023, from https://www.mind.org.uk/information-support/types-of-mental-health-problems/trauma/effects-of-trauma/

Močnik, N. (2019). Re-Thinking Exposure to Trauma and Self-Care in Fieldwork-Based Social Research: *Introduction to the special issue. Social Epistemology, 34*(1), 1–11. https://doi.org/10.1080/02691728.2019.1681559

Mughairbi, F. A., Alnajjar, A. A., & Hamid, A. (2019). Effects of psychoeducation and stress coping techniques on posttraumatic stress disorder symptoms. *Psychological Reports, 123*(3), 710–724. https://doi.org/10.1177/0033294118825101

Rodríguez-Rey, R., Palacios, A., Alonso-Tapia, J., Pérez, E., Álvarez, E., Coca, A., Mencía, S., Marcos, A. M., Mayordomo-Colunga, J., Fernández, F., Gómez, F., Cruz, J., Barón, L., Calderón, R. M., & Belda, S. (2017). Posttraumatic growth in pediatric intensive care personnel: Dependence on resilience and coping strategies. *Psychological Trauma: Theory, Research, Practice, and Policy, 9*(4), 407–415. https://doi.org/10.1037/tra0000211

Salekhov, S. (2021). Integrative Strategy of Psychotrauma Correction (Special Case). *The European Proceedings of Social & Behavioural Sciences*. https://doi.org/10.15405/epsbs.2021.07.02.58

Schlechter, P., Rodriguez, I. M., Morina, N., Knausenberger, J., Wilkinson, P. O., & Hellmann, J. H. (2021). Psychological distress in refugees: The role of traumatic events, resilience, social support, and support by religious faith. *Psychiatry Research, 304,* 114121. https://doi.org/10.1016/j.psychres.2021.114121

Slade, M., Rennick-Egglestone, S., Blackie, L., Llewellyn-Beardsley, J., Franklin, D., Hui, A., Thornicroft, G., McGranahan, R., Pollock, K., Priebe, S., Ramsay, A., Roe, D., & Deakin, E. (2019). Post-traumatic growth in mental health recovery: qualitative study of narratives. *BMJ Open, 9*(6), e029342. https://doi.org/10.1136/bmjopen-2019-029342

Storozhuk, S., Kryvda, N., Hoian, I., Mozgova, N., Doichyk, M., Matviienko, I., & Doichyk, O. (2022). Mental health after trauma: individual and collective dimensions. *Wiadomości Lekarskie, 75*(8), 1924–1931. https://doi.org/10.36740/wlek202208119

Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic

growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455–471. https://doi.org/10.1002/jts.2490090305

U.S. Department of Veterans Affair. (2022, August 29). *How Common Is PTSD in Adults?* VA.gov. Retrieved January 6, 2023, from https://www.ptsd.va.gov/understand/common/common_adults.asp

Vanhooren, S. (2022). Existential empathy: a necessary condition for posttraumatic growth and wisdom in clients and therapists. In *Lifelong learning book series* (pp. 225–244). https://doi.org/10.1007/978-3-031-15290-0_22

Villazor, J. (2023). Posttraumatic Growth Among Grieving Parents after a Traumatic Loss in Bataan, Philippines. *Psychology and Education Journal, 13*, 487-495. https://doi.org/10.5281/zenodo.8345160

Villazor, Jayvie & De Guzman, R., (2022). Implementation of the BUMABANGON Posttraumatic Growth Intervention Program among the Grieving Parents by Traumatic Loss in Bataan. *Journal of Education, Management, and Developmental Studies, 2*(1). 26-39. https://doi.org/10.52631/jemds.v2i4.110.

Villazor, J. & De Guzman, R., (2022). More than Grief and Resilience: The Posttraumatic Growth of Grieving Parents by Suicide in Bataan, Philippines. *Journal of Education, Management, and Developmental Studies, 2*(1), 1-12. https://doi.org/10.52631/jemds.v2i1.58

Villazor, J. & De Guzman, R., (2022). A Moment that Goes Beyond Silence: Parents Lived Experiences of Grief due to Traumatic Loss in Bataan, Philippines. *Journal of Education, Management, and Developmental Studies, 2*(1), 13-24. https://doi.org/10.52631/jemds.v2i1.59

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

Wassif, J. A. (2014). *The utilization of adventure based programming to foster posttraumatic growth within a veteran population: A mixed methods study*. Graduate Theses, Dissertations, and Problem Reports. https://doi.org/10.33915/etd.6920

Wilmshurst, K. (2021). An integrated existential framework for trauma theory. *Canadian Social Work Review, 37*(2), 131–147. https://doi.org/10.7202/1075115ar

Wong, K. L., McClure, K. S., & Psillos, D. E. (2022). A scoping review of psychosocial oncology interventions promoting posttraumatic growth. *Journal of Psychosocial Oncology Research &Amp; Practice, 4*(2), e071. https://doi.org/10.1097/or9.0000000000000071

Wu, X., Kaminga, A. C., Dai, W., Deng, J., Wang, Z., Pan, X., & Liu, A. (2019). The prevalence of moderate-to-high posttraumatic growth: A systematic review and meta-analysis. *Journal of Affective Disorders, 243*, 408–415. https://doi.org/10.1016/j.jad.2018.09.023

Wu, Z., Xu, J., & Sui, Y. (2016). Posttraumatic stress disorder and posttraumatic growth coexistenceand the risk factors in Wenchuan earthquake survivors. *Psychiatry Research, 237,* 49–54. https://doi.org/10.1016/j.psychres.2016.01.041

Ye, Z., Yu, N. X., Zhu, W., Chen, L., & Lin, D. (2017). A randomized controlled trial to enhance coping and posttraumatic growth and decrease posttraumatic stress disorder in HIV-Infected men who have sex with men in Beijing, China. *AIDS Care, 30*(6), 793–801.https://doi.org/10.1080/09540121.2017.1417534

Yeagle, E. (2015). *A group intervention designed to facilitate post traumatic growth: A case study with survivors of domestic violence.* Union Institute and University ProQuest Dissertations Publishing. https://www.proquest.com/openview/ea867ff8a7bc49b0521ba89d3c6dd3bf/1?pq-origsite=gscholar&cbl=18750

Zhyhaylo, N., Sheviakov, O., & Slavska, Y. (2023). Psychotherapy and Psychoeducation at Work with Psychotrauma in the Conditions of War. *Public Administration and Law Review, 3,* 60–68. https://doi.org/10.36690/2674-5216-2023-3-60-68

Zięba, M., Wiecheć, K., Wójcik, N. E., & Zięba, M. J. (2022). Prioritizing positivity, styles of rumination, coping strategies, and posttraumatic growth: examining their patterns and correlations in a prospective study. *Frontiers in Psychology, 13*. https://doi.org/10.3389/fpsyg.2022.842979