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Implementation of the BUMABANGON Posttraumatic Growth Intervention Program among the Grieving Parents by Traumatic Loss in Bataan, Philippines

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RESEARCH ARTICLE

Abstract
Significant research demonstrates that positive transformation from a traumatic loss is possible. Furthermore, a declining growth trend is conceivable over time (Collier, 2016). The authors devised an intervention program based on an intensive review of related literature, interviews, focus group discussion, expert evaluation, and pilot testing. The BUMABANGON Posttraumatic Growth Intervention Program (BPTGIP) is an integrative modality with ten sessions crafted to elicit and nurture the posttraumatic growth of its participants who have lost a loved one through a traumatic loss. Twenty grieving parents who lost a child from suicide, homicide, and vehicular accidents in different municipalities of Bataan, Philippines, underwent two treatments: one-time psychoeducation and a posttraumatic growth intervention program. The Explanatory Sequential Design, notably the follow-up explanations model, was used to obtain a more detailed and accurate result. The quantitative phase demonstrated that the BPTGIP helped grieving parents ($z = -2.40$, $p = 0.17$) moderately (effect size of 0.54). Five themes were developed throughout the qualitative phase: skill acquisition, spiritual growth, interpersonal enhancement, social support, and change in perspective. This pilot study provides evidence that further studies to explore the effectiveness of BPTGIP on a larger and broader scale will increase the level of posttraumatic growth among grieving parents globally.

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1 Introduction

Traumatic loss is when a person dies unexpectedly because of an accident, suicide, or violence (Henry, 2017). It is commonly acknowledged in the literature that this traumatic event is an extra high experience and may severely impact the survivors' lives. According to the World Health Organization (2016), there are three primary causes of traumatic death globally. These are road accidents, homicides, and suicides. Also, frequent injuries resulting in traumatic death are projected to become an increasing concern. All of the causes above are expected to increase in mortality rate compared to other causes of death. Traumatic death might be one of the world's top 20 significant causes of mortality by 2030.

An unexpected child loss is probably the most terrible event of a person's life (Keyes et al., 2014). The loss of a child is seen to be more detrimental to a person's physical and mental health than the death of a spouse or parent (Moor Graaf, 2016). There is solid evidence that parental mourning following a child's death is one of a parent's most traumatic events and is related to various maladaptive changes (Znoj, 2004, as cited by Bogenperger Lueger-Schuster, 2014). This is due to the fact that the parents will have to cope not only with sadness but also with the combination of trauma and grief. More importantly, parents' love for their children is unconditional since having a child gives them purpose and pleasure. Losing a child is so devastating that it might increase the likelihood of mental hospitalization and death for the bereaved parent (Li et al. 2003, 2005; Rostila et al. 2012 as cited by Moor Graaf, 2016). Keyes et al. (2014) identified a higher chance of developing severe depressive episodes, panic disorders, posttraumatic stress disorder, manic episodes, phobias, alcohol problems, and generalized anxiety disorder. After their child commits suicide, parents may experience increased concern, sorrow, remorse, despair, apathy, and fury (Lee et al., 2017). When a family member is murdered, their physical, social, and economic demands become more acute (Costa et al., 2017). Meanwhile, it was expected that guilt is present when losing a loved one to a vehicular accident (Camacho D. et al. 2017).

Surprisingly, there are positive changes in the parents' narrative after a child's death. It is known as posttraumatic growth (PTG) and describes the alteration that occurs after a traumatic occurrence. It was conceived by Richard Tedeschi and Lawrence Calhoun and said that people who suffer psychological pain due to adversity often achieve good progress (Collier, 2016). It emerges widely in five domains: perceived changes in self, better relationships, changed priorities, transformed life philosophy/increased existential awareness, and enhanced spiritual activities (Akhtar, M., 2017). PTG is typically steady over time and is influenced by various characteristics, including age, gender, extraversion, and openness to new experiences (Collier, 2016). However, it is essential to note that the perceived growth by the survivors will not exempt them from further distress. Continuing personal despair and growth often coexist (Tedeschi and Calhoun, 2004).

An incomplete picture is obtained if only the negative impacts of traumatic loss are examined. PTG is worth looking into since it highlights the positive aspects of survivors' experiences. It emphasizes the survivor's perseverance, development, and positive change after such a catastrophic loss. PTG does not entail returning to one's former condition but instead emerging as a better and stronger person in a healthier psychological state than before the trauma (Quasim Carson, 2020). This is not, however, a generally shared experience among trauma survivors or parents who have lost a child due to traumatic loss. As such, this research aimed to help parents recognize and cultivate their PTG via an intervention program in collaboration with other grieving parents who had experienced the same traumatic event. The researchers opted to concentrate on grieving parents since they are the ones who are most immediately affected by a child's loss. Although typical trauma treatment provides individuals with quick fixes to enable them to continue everyday tasks like sleep or work, it may not equip them with a means of life "beyond merely getting by" (Collier, 2016). Tedeschi proposed that mental health practitioners pay attention to their life experiences and how significant, fulfilled, and gratifying they are. (Collier, 2016) Several studies show that PTG is essentially consistent across time, with some people having increases and others suffering decline (Collier, 2016). That is why an intervention program is critical, not only to aid them in maintaining a steady level of PTG but also to assist them in increasing it.

The institutional review board approved the research concept and procedures for this investigation. The parents chosen for the research were from the Philippines' province of Bataan and had lost a child due to suicide, homicide, murder, or vehicular accident. This study aimed to answer the following research questions; Is there a significant difference in pre-and post-test scores of posttraumatic growth in the experimental group?, Is there a significant difference in pre-and post-test scores of posttraumatic growth in the control group?, Is there a significant difference between the experimental and control groups in the post-test scores of posttraumatic growth?, What is the extent of the BUMABANGON Social Support Intervention Program's impact on grieving parents following the program's implementation?, How do the grieving parents view posttraumatic growth during and after their participation in BUMABANGON Social Support Intervention Program?

The semi-structured interview will concentrate on grieving parents' changes during and after the BPTGIP. In summary, this research may help mental health practitioners understand how to communicate with grieving parents and witness their sound development. It may also be utilized by other experts and organizations to assist groups of grieving parents who have tragically lost a child.

1.1 Development of the BUMABANGON Posttraumatic Growth Intervention Program (BPTGIP)

First, the researchers looked into the literature on factors that cause posttraumatic growth. PubMed, PsychINFO, Google Scholar, Science Direct, Springer Link, Taylor Francis Online, Sage Journals, and Wiley Online Library were used to find literature. The results of the extensive literature study were incorporated into the construction of BPTGIP.

The researchers then sought out parents who lost a child by suicide, homicide, murder, and vehicular accident. The subjects' informed consent was primarily obtained. Parents in various municipalities and one city in Bataan used the Texas Revised Inventory of Grief to assess whether they were in a state of high levels of grieving or not. Respondents who scored at least 52 (high level of grief) on the specified test were invited to a semi-structured interview, and some were asked to engage in a focus group discussion.

Furthermore, the grieving parents completed the Posttraumatic Growth Inventory (PTGI) to determine which aspects of PTG were lacking and needed to be nurtured. The insights gleaned from the interview, and extensive research into relevant literature and psychological tests were utilized to develop the first draft of the BPTGIP.

After the first draft of the intervention program, it was examined by traumatology and intervention program development specialists. They evaluated each session and gave their professional advice and recommendations. The expertise and experience of the field's professionals were used in developing and improving the BPTGIP.

Then the intervention program was subjected to a pilot study for the final process. Four parents who lost their children between 2012 and 2015 as a result of a tragic incident such as an accident, murder, and suicide took part in the study. The pilot research helped resolve unexpected challenges, improve certain aspects of the program, and predict how much time and resources would be required for the intervention program. More so, the pilot study of BPTGIP was found to be effective for four grieving parents.

2 Methodology

The Explanatory Sequential Design, notably the follow-up explanations model, was used in the research. This is a sequential method used when the researchers wish to supplement quantitative results with qualitative information (Edmons Kennedy, 2017). The primary focus of the researchers is on the quantitative features that must be explained or expounded by the qualitative data. Specific quantitative results that need more explanation were described in further detail by chosen participants.

2.1 Participants

The study emphasizes parents from the Philippines province of Bataan who have lost a child due to traumatic loss such as suicide, homicide, murder, or vehicular accidents. The participants were 20 parents aged from 30 to 60, while their children's ages ranged from 5 to 30 years old at the time of their deaths, which happened between the years 2018 and 2020. In the Texas Revised Inventory of Grief (TRIG), the parents' scores should be at least 52 (high levels of grief) to qualify that they are still grieving from 6 months to 2 years. Meanwhile, parents taking psychotropic drugs, receiving psychological services such as psychotherapy or counseling, or where members of any support group were barred from participating, so changes in posttraumatic growth following the BPTGIP could be attributed solely to the said intervention. Furthermore, participants in the experimental group who attended only six sessions or below were also part of the exclusion criteria.

2.2 BUMABANGON Posttraumatic Growth Intervention Program

The initial letters of the titles of the ten sessions led to the acronym BUMABANGON, which will serve as the core theme of the intervention program. To assist them in moving forward and nurture their posttraumatic growth despite the most tragic event in their lives. It comprises ten sessions, each with a distinct focus and purpose. More so, a module was written in English and Filipino, the national languages of the Philippines, to guide the participants in every session. Furthermore, each session lasted two to three hours and included lectures and activities. All sessions were facilitated by the primary author and assisted by a post-graduate student.

1. The first session is Background exploration, which provides crucial information about the program. Their expectations were also sought. The principal author and a psychometrician facilitated it.
2. Session two was themed Understanding and responding to the body. Primarily, they were asked what physical changes they experienced after the traumatic loss. This is the section in which parents become aware of their physiological reaction to grief and are given the essential skills for relaxation and mindfulness. A psychiatric nurse was invited to co-facilitate this session.
3. *Molding cognition* is the third session. They were asked about their unhealthy thoughts, the effects of the ideas, and what they could do with the views. They were then asked to find objective evidence and alternative to unwholesome thoughts. Lastly, the parents assisted in the development of sensible and adaptable alternative thinking.
4. *Affective regulation*: In the fourth session, they were asked to identify their most deep emotions and their healthy and unhealthy emotion regulation activities. It helped the parents in naming, describing, and managing emotions.
5. The fifth session is *titled Increasing spirituality*, through assisting in creating meaning from loss. A spiritual advisor was invited to discuss the five stages of grieving and meaning-making.
6. In the sixth session, *Adjusting to interpersonal relationships*, initially, the parents were asked to describe their current interpersonal relationships and label their positive and negative effects on them. It assists participants in understanding the benefits of social relationships and how to distinguish their downsides.
7. Session seven is about *Navigating and recreating oneself*. The parents were asked about their values and self-perception before and after the loss and their progress. The main objective is to know the discrepancies in their value system, social roles, goals, etc., due to the loss.
8. The eighth session assisted them in reducing their degree of trauma and separation distress via a Generating and *retelling of loss-related narratives*. It also helped them develop resilience, find closure, and reestablish their child's non-traumatic memories.
9. *Operating rituals* are the core topic of session nine, in which parents are led to achieving closure with their children via the use of rituals. They were asked what ritual they what to perform as a group.
10. Finally, session ten is about *Needs satisfaction and future direction*, and the following questions were asked: "What are your key learning insights during the posttraumatic growth support program?" "Which session did you find most helpful and why?" "How did the posttraumatic growth intervention program contribute to your posttraumatic growth?" "How do you wish to apply what you have learned in the future?" Parents were empowered by remembering the lessons from all ten sessions and emphasizing their development and improved qualities.

2.3 Measures

The demographic profile sheet was used to determine the participants' characteristics. It is divided into two portions. The first portion had the parents' personal information, while the second section contained queries regarding their child's death.

The Posttraumatic Growth Inventory (PTGI) (Tedeschi and Calhoun, 1996) was used to examine parents' posttraumatic growth. On a Likert scale of 5 points, it covers 21 questions ranging from 0 (no change) to 5 (substantial change). It has a test-retest reliability of 0.71 among bereaved parents (Yilmaz Zarah 2017).

Faschingbauer produced the Texas Revised Inventory of Grief (TRIG) (1987). In this research, the TRIG-Past scale with 13 items was employed entirely. Each item regards the client's responses to various aspects of grief-related depression, such as acceptance of loss, crying, and intrusive thoughts. It also contains a 5-point Likert scale; possible answers are "Completely False" (1), "Mostly False" (2), "True and False" (3), and "Mostly True" (4), and "Completely True" (5). TRIG has an internal consistency of 0.86 among bereaved parents (Martineková Klatt, 2017).

2.4 Procedure

Initially, the researchers located 15 participants for the experimental group and another 15 for the control group, and their informed consent was obtained. The participants were then asked to answer the PTGI. The experimental group participated in the ten sessions of BPTGIP. It was conducted every Saturday for two to three hours over two months and two weeks. Due to the restrictions brought about by the pandemic, it became a combination of face-to-face and virtual sessions. The duration of simultaneous interventions lasted two months and two weeks. Meanwhile, the control group was given individualized brief psychoeducation at their homes for one session that lasted for one to two hours. Given the attrition factors, the experimental group was reduced to 10 grieving parents and 10 in the control group for 20 participants.

After the interventions, the researcher selected five participants from the experimental group for a semi-structured interview. They were asked about their views and experiences with the intervention program. The duration of each in-depth discussion was between 60 and 90 minutes. An electronic voice recording device captured the parents' exact verbalizations.

Importantly, all study procedures with face-to-face procedures were conducted in private and al fresco settings. The researchers followed the minimum health standard mandated by the national government to avoid spreading the COVID-19 virus and ensure their safety strictly.

2.5 Analysis

The Statistical Package for Social Science (SPSS) V.20 was used to analyze the quantitative phase. In addition, the level of significance utilized is 0.05. The mean was employed to get the average of the demographics and levels of posttraumatic growth and grief. The standard deviation is used to establish if the scores of the respondents are homogenous or diverse. The Wilcoxon Signed Rank Test was used to compare the means of the grieving parents before and after the intervention program's implementation and to see whether there was a significant change in the standards. Finally, the Mann-Whitney U Test was performed to compare the experimental and control groups' means.

Thematic analysis was used to analyze the qualitative phase. A thematic analysis aims to find themes and patterns in the data and use these themes to answer the research or specific issue (Maguire and Delahunt, 2017). It followed a six-step procedure by Braun and Clarke (2006), which included becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining themes, and writing up. To begin, the researchers carefully read the transcribed verbalizations numerous times to gain clarity and familiarity with the responses. Then, initial codes were established to reflect the meanings and patterns associated with PTG. The excerpts with specific codes were then put together. Following that, the regulations were carefully sifted, producing potential themes. The original themes were evaluated and revised to ensure that each had sufficient data to support it and was distinct from the others. The final step is to write the final analysis and a description of the results (Braun and Clarke 2006, as cited by Maguire and Delahunt, 2017).

3 Result and Discussion

3.1 Quantitative Results

A review of the descriptive results suggested that the control group slightly decreased (from x = 4.43 to x = 4.20) in terms of grief after the intervention program. The same result with their PTG had an initial mean of 3.63 to 3.58. Specifically, the domains of PTG showed almost the same mean in all areas (relating to others got a mean of 3.33 to 3.39; new possibilities mean score was 3.68 to 3.40; personal strength obtained a mean score of 3.90 before and after the psychoeducation; same with spiritual growth, bringing a retained score of 4.50; appreciation of life got a mean score of 3.36 to 3.63).

The experimental group significantly reduced grieving (x = 4.43 to x = 4.41). However, after the BPTGIP, they increased their PTG (mean score of 2.77 to 3.99). In the Wilcoxon signed-ranks test, grieving parents had a z = -2.395 with a significant level of .0.17. It also has an effect size of 0.54, which indicates a medium impact. All domains of PTG increased, but the domains with significant value are the following: relating to others improved from a mean of 2.53 to 3.86, p = 0.47; new possibilities enhanced from a mean of 2.34 to 3.84, p = .017; and personal strength increased from a mean of 2.80 to 4.18, p = .008. The domains' spiritual growth rates rose from 3.80 to 4.45, and their appreciation of life expanded from a mean of 3.33 to 3.93. The domain of personal strength had the most significant change in mean score after the intervention program. Meanwhile, spiritual growth had the highest mean before and after the BPTGIP.

Table 1. Mean Scores Before and After BPTGIP

Measure	Before BPTGIP			After BPTGIP			Difference	
	Mean	Min.	Max.	Mean	Min.	Max.	Mean	p
Relating to Others	2.53	.57	4.14	3.86	1.42	4.71	-1.33	.047
New Possibilities	2.34	.20	3.80	3.84	2.40	4.60	-1.50	.017
Personal Strength	2.80	.75	4.00	4.18	2.50	5.00	-1.38	.008
Spiritual Growth	3.80	.00	5.00	4.45	.50	5.00	-0.65	.249
Appreciation of Life	3.33	2.00	4.67	3.93	2.00	5.00	-0.6	.183

Lastly, the Mann Whitney U Test was employed to see whether there was a significant change in the post-mean scores of grieving parents following the two treatments regarding posttraumatic growth. The Mann-Whitney U value was 46.500, and the z score was -2.65. It is also not significant, with a significance value of 0.79.

3.2 Qualitative Results

The qualitative results of the research elaborated on the findings from the quantitative data. It expounded on the positive changes or dimensions experienced by grieving parents participating in the BPTGIP. Five major themes emerged: skill acquisition, spiritual growth, interpersonal enhancement, social support, and change in perspective. The themes are similar to those found in the domain of PTG by Tedeschi and Calhoun (1996).

3.3 Skill acquisition

The BPTGIP has a component that helps grieving individuals to gain strategies and skills to nurture their posttraumatic growth. At the same time to cope with their grief and psychotrauma, which some grieving parents experienced. They could obtain skills that led to specific behavior changes such as proper breathing, emotion regulation, and facing the traumatic event rather than suppressing it. As stated by some parents:

> I have learned many ways to deal with my difficult situation, like breathing exercises and other activities that have helped to reduce my negative thoughts. I'm looking forward to the day when I can overcome my difficulties. (GP8)
>
> I have learned to control my emotions because of the adverse effects of the traumatic loss of my child. (GP1)

> I must confront my trauma and sadness to move on from my situation. If you want the wound to heal, you must face it. (GP6)

3.4 Spiritual Growth

Some grieving parents noted that, during the early phase of the traumatic loss, they tend to blame God, struggle with their faith, and have many existential questions. After the BPTGIP, their spiritual lives moderately improved, as expressed in their stronger faith despite sufferings, anxieties, and fears. Some of them started to experience openness thru meaning-making to the loss, which resulted in newfound answers. Importantly, they can discern the things that are important in life which was not internalized before. According to some parents:

> I submit everything to the Lord. (GP9)

> I learned to strengthen my faith in God even more. I have a broader understanding of what I am experiencing. (GP8)

> I have a lot of questions in my life. I have become more open-minded, and my questions from before are already answered. I am grateful for the joy he has brought into my life. (GP2)

> At the end of life, people will not look at what we have achieved, but others will remember us for our kindness. (GP6)

3.5 Interpersonal enhancement

Most grieving parents mentioned that they could not show their real feelings to their family and friends. Through the intervention program's assistance, they can express their love and affection towards them. They also realized their relationship's value and committed themselves to improve it. They also recognize how helpful their family and friends are in their healing process.

> I will improve social interaction and create a solid and harmonious relationship with my family and friends. I also noticed that little by little; I was finding my way to healing with the help of family members, my child, and my friends. (GP8)

> I value my life and my family more now than ever. We became considerate of each other, unlike be- fore. It was hard, but I learned to be strong even when he was no longer with us. (GP1)

3.6 Social Support

Most grieving parents mentioned their co-participants and grieving buddies as their other support systems. The BPTGIP provided a safe space for them to be heard without judgment. They also listened to the stories of other grieving parents that encouraged them to overcome their difficulties. The experiences, insights, and meanings shared during the program become an internalized lesson for everybody. The parents felt less alone since they knew their struggles were not unique and that other people were going through the same experience. Some parents have said:

> The experiences of my fellow parents who lost a child are greatly admired, and I will use them as a guide in dealing with my future challenges. (GP8)

> Thanks to all the parents, I thought I was alone. There are still people who are willing to listen to my resentments. Someone who can cheer me up and tell me I can do it. And hopefully, when I'm healed from it, my son's case will be resolved. (GP9)

> It's comforting when you know someone is listening to you. You can learn something from them, and then they can learn something from me. (GP6)

3.7 Change Perspective

Before the intervention program, most parents had a distorted view of their role as parents, traumatic loss, and life. They blame themselves, feeling immense shame, criticizing their position

as parents, seeing themselves as weak, and seeing their loss as a hopeless case. On the other hand, participating in the multiple sessions led to some changes, such as learning to love themselves, recognizing that they can overcome the damaging effects of the traumatic loss, and being optimistic for the future. Some perspectives on life, existence, and overcoming grief and trauma were also changed positively. It only shows that one's viewpoint of traumatic loss is vital for self-recovery and growth. As shared by the parents:

> I have become more optimistic now. It's hard to move on, but I've learned more now to move forward. Life goes on even though I lost my son, but all the good memories will remain when he is still alive here in my heart. (GP1)
>
> I learned that when we lose our loved ones, it does not mean that we have no hope in life. The length of a person's life is not a measurement of a good life. Whether life is long or short, what is important is the memory of love with them and the lessons they have given. (GP8)
>
> I don't want to blame myself for the rest of my life. (GP1)
>
> I found out that I was braver than I used to think. I cried because I didn't realize that, little by little, I was overcoming the trials that were coming. Because of the sessions, I learned to be open to things.
>
> I have a greater desire to succeed and recover, regardless of the difficulty of my situation. (GP2)
>
> I learned that not everything in my mind was true. I just used to think a lot of things that weren't true. I became more open to receiving advice from other people. I must reflect and carefully analyze my behavior and dealings with others. (GP9)

3.8 Discussion

This study aimed to determine the impact of the BPTGIP as an intervention program for parents who have experienced the traumatic loss of their child due to suicide, homicide, murder, or vehicular accident. The research extends the negative consequences of grief (Keyes et al., 2014; Glad, 2021) by displaying positive responses comparable with those seen in Lee et al. (2017), Martineková, and Klatt (2017), and Moore et al. (2017) investigations. According to the quantitative data, the BPTGIP is moderately successful in improving posttraumatic growth among grieving parents who have undergone traumatic loss (from a mean of 2.53 to 3.86 in PTGI with an effect size of 0.54). The combination of several techniques has been proven to be moderately effective and advantageous in experiencing good outcomes despite the traumatic occurrence. Psychoeducation, relaxation methods, emotional management, cognitive structuring, meaning building, operational routines, and other strategies benefited the grieving parents. All the participants in the experimental group conveyed that session 8, or the generating and retelling of the narratives of death was the most helpful of the sessions. Most parents were not there during their child's dying period; the indicated session assisted them in revisiting that time and gaining closure via imagery. More importantly, it instills in them that they must confront their psychotrauma to overcome it. This was corroborated by Ramos and Leala's (2013) meta-analysis on PTG. They concluded that the treatments and modalities that are successful in supporting PTG for traumatized people include cognitive and behavioral approaches, meaning-making, stress management, and therapeutic partnerships. All of the approaches suggested in various research were included in the BPTGIP. The grieving parents acknowledged that the variety of modalities assisted them in developing abilities for nurturing PTG, which helped them cope with grief and psychotrauma. PTG can also be encouraged between 6 months and two years after a loss (Ross et al., 2018; Yilmaz Zara, 2016; Patrick Henrie, 2016). The therapeutic application is that grieving parents who have suffered a traumatic loss may get social support intervention six months after the loss and up to two years afterward.

Another significant discovery is the domain of personal strength, which gained the most improvement following the BPTGIP. Some parents emphasize their strength as controllable and voluntary. It is based on various variables, including their beliefs, family, friends, and fond recollections of

their departed child. They were using their strengths to help them through the life problems caused by their child's loss (McGrath Niemiec 2019). The BPTGIP sessions that focused on their power were sessions 7 and 8. These two sessions highlighted activities designed to reexamine one's self-concept before and after the loss and gain strength to face the traumatic event.

Among the domains, spiritual growth had the highest mean before and after BPTGIP. This domain is not only a positive shift for them but also one of their coping techniques for dealing with loss. It is clear that all parents undergo spiritual growth and that this is their primary source of strength and purpose in daily life, even before the intervention program. They not only have a more vital trust in a higher being, but they also put their beliefs into action by performing their ministry and assisting others (Rezaei et al., 2017; Henry, 2017; Yilmaz Zara, 2014; Bray, 2013). Their faith helps them generate meanings that contribute to making sense of the incident, giving them answers to many of their many queries immediately after the loss. As it is in line with the research of Ross et al. (2018), Henry (2017), and Lee et al. (2017), sense-making is essential for moving on with the loss. Session 6 of the BPTGIP assists the parents in exploring their religious and existential views after the traumatic loss. They were then shown how to generate meaning based on their subjective interpretations of difficulties.

Psychoeducation may benefit grieving parents, but it is ineffective in accelerating PTG on its own. It will be most beneficial if it is used with other modalities. It is backed by Meisenhelder and Gibson's research (2015). They used various modalities for grieving parents, such as social assistance and therapy sessions, instead of only psychoeducation. On the other hand, the research of Kanako et al. (2016) refutes it. They looked at how psychoeducation affected PTG. Participants were placed into three groups: those who were told about the beneficial consequences of traumatic experiences, those who were told about the negative effects of traumatic events, and those who were not told about either positive or negative changes. The study's findings revealed that individuals who received just psychoeducation saw more PTG than those who did not. This research, on the other hand, illustrates the potential efficacy of this kind of intervention in facilitating teenagers' PTG after a traumatic event.

The grieving parents from the experimental group verbalized that they developed an improved relationship with their family and friends. They also committed to furtherly improved these relations in the future. Their family is assisting them in their healing process and moving forward despite the loss. It is supported by the study of Levi-Belz (2019); they rely on one another, support one another, and console one another. Also, this part of the findings was supported by a study of well with the study of Henry (2017); they experienced increased social support and cohesion.

Another significant study result was the therapeutic benefit of social support on grieving parents while also having psychotrauma. The qualitative findings point to the benefits of social support from other grieving parents. Ramos and Leala (2013) agreed that psychotherapy groups should be encouraged since they provide positive results or posttraumatic growth in controlling negative emotions after a loss. Add to that; it is related to the Aho et al. (2013) research. Their research described that peer supporters' capabilities were inadequate to satisfy their unforeseen needs. Unceasing supervision, additional learning sessions, and training for peer supporters should be implemented as a recommendation. The BPTGIP reflect their suggestions by emphasizing social groups' therapeutic influence by addressing and promoting helpful behaviors such as empathy, listening, and a prejudice- and judgment-free environment. More specifically, the BPTGIP investigated the many forms of social support by addressing it in one of the sessions, bringing other family members and experts to lead some of the sessions. According to Gijzen et al. (2016), emotional support may be gained from family, friends, and experts such as doctors and other professionals.

One of the study's notable results is a shift in perspective. It is thought that PTG entails dismantling and recreating one's inner world (Akhtar, 2017). It requires the cognitive restructuring or reprocessing of traumatic loss. The grieving parents reported having completely faulty views concerning the painful loss, particularly in the first several weeks. However, with the help of the intervention program (specifically session 3), they were able to reprocess the loss, which resulted in a shift of viewpoint in many areas related to their reactions to the traumatic event. More

importantly, they see their future as not just hopeful but also purposeful. How they altered their perception of loss and optimism resulted in additional beneficial impacts such as self-forgiveness, an increase in positive feelings, self-confidence, and self-compassion. According to Yilmaz and Zara's (2014) research, self-confidence and competence are demographic traits that are likely to contribute to effective coping while dealing with traumatic situations. Furthermore, Michael and Copper (2014) discovered that active cognitive coping methods might promote PTG after loss. Substantial research has shown that PTG is a shift in viewpoint caused by reprocessing the whole traumatic experience (Yilmaz Zara, 2014). According to the findings of this research, including cognitive therapy or other cognition-focused modalities in an intervention program is essential. It may also be a starting point for therapists and other professionals to apply this approach during individual treatment or intervention.

A significant number of studies have shown that PTG may occur even in the absence of a specific therapeutic program. Furthermore, the current research found that all parents demonstrate comparable and dissimilar areas of PTG. Even though they had a certain amount of this construct, the intervention program did not force them to improve their PTG. Instead, let them mature in their stage of preparation to reconfirm their viewpoint and awareness of the good improvements that may come after a traumatic occurrence (Ramos and Leala, 2013). Another critical point is that the cultivated beneficial improvements observed during the intervention program do not ensure they will not suffer adverse implications from the traumatic loss. PTG does not exclude the grieving parents with personal distress. They still struggle with some aspects of their lives, such as interpersonal relationships, grieving, and financial concerns. Additionally, the PTG of the grieving parents was not a direct result of the trauma but rather of their struggle with the reality of the loss, which also influenced the number of beneficial changes that occurred (Lee et al., 2017). Furthermore, the traumatic death of a child should not be seen as a suitable and desired event. The grieving parents characterized the painful loss as among the worst things ever occurring to them. While this is an inevitable occurrence, it should not have happened. Generally, PTG is a form of good coping with traumatic loss.

Lastly, because the BPTGIP had a moderate effect on the grieving parents' PTG, it's vital to elucidate some possible causes. To begin with, the BPTGIP consists of only ten sessions. The number of sessions may not be sufficient to provide a high or perfect effect on PTG levels. To achieve an increased effect, three or four sessions may be necessary. Grieving after a traumatic loss is highly impactful on one's overall wellbeing. For parents, this is one of the most traumatic occurrences, for it is the unexpected loss of their child (Keyes et al., 2014). As a result, a ten-session intervention program over ten weeks is insufficient to address all the complex issues and challenges the traumatic event brings. Lastly, the restriction brought by the pandemic had an impact on the entire BPTGIP procedure. Most of the sessions were held online, and participants experienced issues with internet connectivity and an uncontrolled environment.

3.9 Limitations

One of the study's drawbacks is the small sample size of 20 (ten in the experimental and ten in the control groups). It is highly recommended that the following researchers increase the number of participants. It's also worth considering the types of tragic deaths, such as suicide, homicide, murder, and vehicle accidents. The reasons for death are far from homogeneous. Consequently, we highly recommend future studies investigate depending on the source of the traumatic loss. Most participants in phases 1 and 2 of the study were females. It is suggested that as much as possible, both genders are represented. Albuquerque et al. (2018) mentioned that gender is a significant factor in posttraumatic growth, especially in females. Lastly, most sessions were conducted online due to the pandemic. This also led to numerous problems, such as signals and the inability to control the environment during the sessions. Thus, a face-to-face experiment is highly recommended for future researchers.

4 Conclusion

This research aimed to create an intervention program that may help grieving parents in Bataan municipalities nourish their post-traumatic growth due to a child's tragic loss. Furthermore, it

attempted to give in-depth and precise information by using a mixed approach to this specific occurrence. The BUMABANGON Posttraumatic Growth Intervention Program was moderately helpful for grieving parents in the quantitative phase. Furthermore, five themes emerged throughout the qualitative phase: skill acquisition, spiritual growth, interpersonal enhancement, social support, and change in perspective. Meanwhile, a single psychoeducation session is ineffective in eliciting posttraumatic growth. The study's results will be used as a therapeutic guide by specialists in grief and PTG. It will be helpful for anyone in helpful steps in psychotraumatology, thanatology, positive psychology, and suicidology as a pilot study. To the best of the researchers' knowledge, this is the first and only study in the Philippines on developing and assessing the effectiveness of a posttraumatic growth intervention program. This article demonstrates that a survivor of a catastrophic loss may undergo growth and be fostered under an intervention program.

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