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THE IMPACT OF THE ISLAMIC PSYCHOSPIRITUAL MODULE ON POSTTRAUMATIC GROWTH IN MUSLIM FILIPINO HUMANITARIAN WORKERS: A PILOT STUDY

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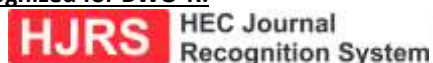
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Abstract

The study tested the Islamic psychospiritual module in promoting posttraumatic growth (PTG) among Muslim humanitarian workers in the Philippines. Seventeen participants were involved, and their PTG levels were assessed before and after the intervention. Results showed that the mean post-test scores were higher than the pre-test scores, with statistically significant growth in overall PTG, new possibilities, and spiritual change domains. These findings suggest that the module can promote PTG among the select group. To enhance the module's effectiveness, a comparison of PTG score increases between intervention and non-intervention groups and more time for reflection during training sessions could be explored.

Keywords: Posttraumatic, Humanitarian Workers, Psychospiritual, Philippines

Introduction

The Philippines is disposed to a high number of disasters due to its geographical positioning in the Pacific Ocean. This makes it vulnerable to various natural calamities such as typhoons, floods, landslides, earthquakes, and droughts, as well as man-made disasters. These disasters have a profound impact on the individuals affected, leading to an increasing trend of aid workers suffering from psychological trauma. According to [De Jong et al. \(2021\)](#), international humanitarian aid workers from 76 countries exhibited significant levels of emotional exhaustion, decreased vitality, poor social functioning, and low emotional well-being before and after their field assignments. This can be attributed to the potential for attacks that may result in post-traumatic events. Given the crucial role of the humanitarian sector in supporting the Philippines in dealing with natural and man-made disasters, individuals in the healthcare profession, mental health specialists, social workers, members of NGOs, and local government officials must develop strategies to manage their emotions, create new personal narratives, and gain knowledge and insight to better assist the communities and disaster survivors they serve.

Literature Review

Posttraumatic growth (PTG) is a positive transformation that results from the challenges of a traumatic event or major life crisis ([Tedeschi & Calhoun, 1996](#)). PTG comprises five components: relating to others, new possibilities, personal strength, spiritual change, and appreciation of life. *Relating to others* refers to the improvement of the quality of interacting with others, which also involves an increase in empathy, compassion, and social support. *New possibilities* imply that one gains the perception of new opportunities and possibilities after the traumatic incident. *Personal strength* highlights the improvement of one's qualities of personal strengths, including resilience, self-efficacy, and coping skills. *Spiritual change* is the favorable

improvement in one's spirituality and religious ways after a challenging situation. And, finally, *appreciation of life* is about the amplified appreciation of one's existence, including having a greater sense of thankfulness and a deeper value of life after trauma. The difference in the capacity to attain posttraumatic growth (PTG) is dependent upon one's chronological age or stage of development ([Arpawong et al., 2016](#)), mental wellness ([Park & Im, 2021](#)), exposure to difficult life events ([Arpawong et al., 2016](#)), and core beliefs ([Vasquez et al., 2021](#)). In addition, [Beckmann \(2015\)](#) suggests that support systems, optimism, adaptive self-esteem, spirituality, adaptability, desire for meaning, curiosity, openness to experience, and aptitude serve as protective factors against future traumatic stress. Additionally, having a part-time job, more experience in disaster response over the past five years, and over 13 months since the last catastrophe response are associated with PTG ([Beckmann, 2015](#)). Similarly, [Marziliano et al.'s \(2020\)](#) literature review indicates that up to nearly 90% of trauma survivors report achieving PTG. Furthermore, [Brooks et al. \(2020\)](#) argue that trauma survivors eventually experience positive emotional states. [Bernstein & Pfefferbaum \(2018\)](#) maintain that the occurrence of posttraumatic growth in survivors after natural disasters is positively associated with the exposure of humanitarian workers. This finding inspired the present research, given the active involvement of both government and non-government agencies in aiding Muslim disaster survivors in the Philippines. Nevertheless, there remains a need for additional support in addressing the mental health of Muslim humanitarian workers.

Spirituality & gratitude in PTG

Prior studies have established the important role of spirituality in the development of PTG. [Tedeschi et al. \(2017\)](#) have argued that spirituality and PTG appear to be mutually reinforcing phenomena. [Greyson & Khanna \(2014\)](#) have asserted certain parallels between

PTG and spirituality, emphasizing that as spirituality increases, benefit-finding (another term for PTG) also tends to increase. In addition to spirituality, being grateful has also been found to play an important role in the attainment of PTG. Zhou & Wu (2015) discovered that higher levels of gratitude are linked with higher levels of PTG. Kim & Bae (2019) have also inferred that gratitude predicts higher levels of PTG over time. Wang et al. (2018) suggested that gratitude is significantly and positively related to all PTG Inventory scores. This research has prompted researchers to propose therapeutic approaches aimed at increasing levels of gratitude, well-being, and personal growth.

Role of intervention programs in promoting PTG

Institution-wide intervention programs can be employed to facilitate favorable change after trauma (PTG). These interventions aim to heighten participants' sense of self-worth, appreciation for their lives, spiritual growth, and awareness of new life choices and paths. Psychological approaches are effective in building PTG. Xu et al. (2016) facilitated a positive psychological intervention based on traditional Chinese culture among healthcare workers in China, which elevated participants' PTG. In the same vein, Yilmaz et al. (2017) conducted a nurse-led intervention approach to evaluate the impact of such a program on oncology nurses' PTG. The program incorporated various activities such as the Baksa dance, mandala painting, motivational text messages, and counseling. Hamidian et al. (2019) used cognitive-emotional training among women in the Middle East, which positively affected PTG in women with breast cancer. However, there is limited research on PTG in the context of Muslim Filipino humanitarian workers.

Methodology

This study used a mixed-method sequential exploratory design to develop and evaluate a

module for intervention. The ADDIE model, developed by Florida State University in the 1970s, guided the module development component, which consisted of five stages: analysis, design, development, implementation, and evaluation.

Participants

Following a thorough literature review aimed at identifying the key factors that foster posttraumatic growth among humanitarian workers, a group of six subject matter experts in the field of mental health within the Philippine humanitarian work context and Islamic psychologists from Indonesia, Turkey, Sweden, and Mauritius were recruited to participate in the first three stages (analysis, design, development) of the study. Upon finalizing the module through a consensual validation process, copies were distributed to the experts for content validation. As a result, the content-validated module was utilized during the implementation of the five-day training program. The subsequent stages of the ADDIE Model, specifically those related to implementation and evaluation, were primarily carried out by Muslim humanitarian workers from the Bangsamoro region in the Philippines. The pilot study was conducted among the teachers affiliated with the Broce Central Elementary School of Peace in Maguindanao, to evaluate the effectiveness of a specially designed module. Given the crucial function that public schools serve as temporary shelters in times of natural and man-made disasters in local communities, teachers can be considered humanitarian workers. The inclusion criteria for participants in the study were as follows: they must be affiliated with an organization that conducts disaster response, either as a consultant, volunteer, or employee; they must be involved in humanitarian work, either as a disaster responder or a disaster mental health worker; and they must have been involved in any humanitarian response within the past year. Conversely, individuals who have conducted disaster response outside of the

Philippines and meet the criteria but have never been deployed to the field for disaster response activities (through relief or mental health work) were excluded from the study.

Measures

The Posttraumatic Growth Inventory (PTGI) was utilized to assess the level of posttraumatic growth among participants. The PTGI is a 21-item self-report measure that evaluates the perceived benefits experienced by individuals who have survived traumatic events. The instrument examines five factors: New Possibilities, Relating to Others, Personal Strength, Spiritual Change, and Appreciation of Life. The PTGI has demonstrated high internal consistency, with a total alpha coefficient of .90, as well as alpha coefficients of .84 for New Possibilities, .85 for Relating to Others, .72 for Personal Strength, .85 for Spiritual Change, and .67 for Appreciation of Life (Tedeschi & Calhoun, 1996). Lambert and Lawson (2013) also reported similar internal consistency for the PTGI.

Data collection procedure

In this study, 20 teachers participated in the pre-test and the conduct of the 5-day training. However, only 17 teachers were able to complete the full cycle of the pre-test, attend the 5-day training in its entirety, and complete the post-test. As a result, data gathered from the 17 teachers will be used for data analysis purposes. Initially, the plan was to administer the pre-test one week before the treatment (i.e., five-day training using the developed intervention module) and the post-test, five weeks afterward. However, due to the unpredictability of the humanitarian workers' schedules and the nature of their work, it was necessary to conduct immediate pre-and post-tests to accommodate the participants. Since the pilot run occurred around mid-December, some of the participants were unable to attend certain sessions due to the holiday season in the Philippines.

Phase 1: Baseline psychological assessment

In the pre-test phase, the Posttraumatic Growth Inventory (PTGI) scale was administered, along with sociodemographic data and informed consent. Participants had no difficulty accessing the Internet to complete the online Google Forms platform, where they could answer all the instruments in one session. All participants completed the form before the first day of training.

Phase 2: Psycho-spiritual intervention education

This phase is the conduct of a five-day training using the created module. Each training day lasted approximately two hours. The topics covered (see Table 1) were related to factors that promote posttraumatic growth without discussing PTG itself in an in-depth manner. They were generated from the rigorous literature review and subject matter interviews with the experts in the field.

Table 1.
Topics in the Islamic Psychospiritual Module to Promote Posttraumatic Growth among Muslim Filipino Humanitarian Workers

Day	Training Time
Day 1	
Module 1: Islamic Worldview & Mental Health	2 hours
Day 2	
Module 2: Muslim Mental Health Concerns	2 hours
Day 3	
Module 3: The Mental Health of Carers	1 hour
Module 4: Promoting the Well-being of Carers (Part 1)	1 hour
Day 4	
Module 4: Promoting the Well-being of Carers (Part 2)	2 hours
Day 5	
Module 4: Promoting the Well-being of Carers (Part 3)	1 hour
Module 5: Ways Forward	1 hour

Phase 3: Post-intervention assessment

Following the conclusion of the five-day training program, the Post-Test phase was administered immediately after the final session. All participants were asked to complete the PTGI questionnaire. Additionally, some participants were interviewed verbally to gather their feedback about the training and to obtain suggestions for future training programs.

Results

This study was undertaken to investigate changes in posttraumatic growth scores (overall PTG and its five domains: appreciation of life,

new possibilities, personal strength, spiritual change, and relating to others) before and after exposure to the Islamic psychospiritual module designed to promote posttraumatic growth in Muslim humanitarian workers. As this pilot was conducted without a control or experimental group, the results are presented in Table 2. The analysis revealed an increase in the mean scores for PTG and all its domains following the intervention (see Table 2). For instance, the post-intervention PTG level registered a mean score of 4.31, which surpassed the pre-intervention mean score of 3.8. Additionally, the post-intervention levels of all PTG domains exhibited an upward trend, with mean scores ranging from 4.20 to 4.82.

Table 2. Means and Standard Deviations of the Pre-Test and Post-Test Scores of the Respondents

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post- Posttraumatic Growth	4.3165	17	.32903	.07980
	Pre- Posttraumatic Growth	3.8992	17	.59282	.14378
Pair 2	Post- Appreciation of Life	4.4706	17	.76430	.18537
	Pre- Appreciation of Life	4.0392	17	.84065	.20389
Pair 3	Post-New Possibilities	4.2471	17	.32039	.07770
	Pre-New Possibilities	3.9059	17	.66377	.16099
Pair 4	Post-Personal Strength	4.3118	17	.40409	.09801
	Pre-Personal Strength	4.0588	17	.77827	.18876
Pair 5	Post-Spiritual Change	4.8235	17	.24630	.05974
	Pre- Spiritual Change	4.2941	17	.68599	.16638

To investigate the effectiveness of the interventions at this stage, a paired samples t-test was used since the researcher utilized a within-subjects design. Results showed that overall posttraumatic growth ($t=2.64, p < 0.05$) and its two domains, new possibilities ($t=2.19, p < 0.05$) and spiritual change ($t=2.87, p < 0.05$) are statistically significant.

Table 3. Paired Samples T-Test

		Mean	SD	t-value	df	p
Pair 1	Post-Posttraumatic Growth – Pre-Posttraumatic Growth*	0.4174	0.6509	2.644	16	0.018
Pair 2	Post-Appreciation of Life – Pre-Appreciation of Life	0.4314	0.9984	1.782	16	0.094
Pair 3	Post-New Possibilities – Pre-New Possibilities*	0.3412	0.6433	2.187	16	0.044
Pair 4	Post-Personal Strength – Pre-Personal Strength	0.2529	0.8083	1.29	16	0.215
Pair 5	Post-Spiritual Change – Pre-Spiritual Change*	0.5294	0.7597	2.873	16	0.011
Pair 6	Post- Relating to Others – Pre-Relating to Others	0.4188	0.8385	2.059	16	0.056

With these results, it can be argued that the developed Islamic psychospiritual module may have an effect in promoting posttraumatic growth among Muslim humanitarian workers,

specifically in the overall posttraumatic growth and its domains of new possibilities and spiritual change. When the selected participants were verbally interviewed about their feedback on the conducted five-day training, they expressed their appreciation of the content and its delivery. They, however, submitted a request to extend the duration from 2 hours per day to 3 hours, to allow more time for the participants to engage in the group discussion.

Discussion

The objective of this research was to evaluate the efficacy of the devised Islamic psychospiritual module, which aimed to promote posttraumatic growth among Muslim humanitarian workers through a pilot study. The results showed that the average scores for overall PTG and its two domains, new possibilities, and spiritual change, were significantly better in the post-test group in comparison to the pre-test group ($p < 0.05$). These outcomes imply that the module may have a favorable impact on one's PTG, specifically in areas where there is a viewpoint that new opportunities have arisen because of the challenging circumstance and a positive change in one's spiritual beliefs after trauma. The results of this study are aligned with the former studies that have shown a positive link between spirituality and new possibilities as part of PTG. In a study conducted by [Czyżowska \(2021\)](#), which focused on the PTG and spirituality of mothers of individuals with pediatric cancer, it was found that these mothers exhibited increased resilience and were better able to manage various challenges, as well as capitalize on new opportunities. In addition, [Casellas-Grau \(2013\)](#) facilitated a systematic review of positive psychology interventions among breast cancer patients and discovered that psychospiritual interventions not only increase PTG but also enhance an individual's openness to new possibilities. Furthermore, [Erbes et al. \(2011\)](#) discovered a positive link between

spiritual intervention and spiritual change as part of PTG in their research on the effectiveness of a trauma-focused, spiritually integrated intervention for veterans exposed to life-altering situations. The results imply that individuals who view their spiritual circle as a source of support tend to experience a favorable transformation after a challenging situation. In addition, Schultz et al. (2010) tested the importance of religion and spirituality as pathways to PTG and found that a strong belief in a Higher Power and a sense of spirituality significantly facilitate the achievement of PTG, including spiritual change. One limitation of this research is the relatively small sample size, which implies that future studies should target larger sample sizes to further investigate the results. Based on the feedback of those who took part in the study, an additional hour should be included in each training day to give more time for reflection sharing during the sessions. A comparative study, where one group goes through the intervention (experimental group) while the other does not (control group), may also be facilitated to further determine the effectiveness of this module in promoting PTG among Muslim humanitarian workers.

Conclusion

The results of this study imply that an Islamic psychospiritual intervention may have a favorable impact on promoting PTG among Muslim humanitarian workers. As such, mental health professionals, humanitarian agencies, and policymakers should consider implementing similar interventions as a low-cost and accessible means of supporting the mental health and well-being of humanitarian workers. Furthermore, future research should replicate these findings with larger sample sizes and compare the PTG scores of those who received the intervention to those who did not, as well as dedicate more time to training sessions for group sharing.

Ethics and consent

Before the commencement of the intervention, written informed consent was provided to participants in both English and Filipino (the national language of the Philippines). To safeguard the identities of the study's participants, it was agreed that no specific names would be used and that the study's findings would be presented in a manner that prevented individual recognition. As the study received support from the Ministry of Science and Technology of the Bangsamoro Autonomous Region for Muslim Mindanao (MOST-BARMM), the potential distribution of the module was at the researcher's discretion, and no single participant was identified to protect their anonymity. This study obtained a certificate of ethics clearance (reference code: CB-22-31) from the Philippine Social Science Council-Social Science Ethics Review Board (PSSC-SSERB).

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