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“Roses, Bruises, Wholeness:” Development and Implementation of a Psychological Healing Program on Depression of Women Victims of Intimate Partner Violence

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ABSTRACT

The study aimed to develop and implement an intervention program for the psychological healing of depression of women victims of intimate partner violence. To lay the groundwork and come up with the data needed to develop an intervention program, the study used the Sequential Explanatory Design. This mixed method suggests gathering and evaluating the quantitative data and qualitative data in two consecutive phases. The data-gathering tools used in the study included the Beck Depression Inventory (BDI-II) to measure the depression level of the participants; a Semi-structured interview and a focus group discussion were conducted to provide the data needed for the qualitative phase. A pretest of the BDI-II was administered to the participants. Results showed that the participants were found to have depression during the time of the administration of the test. The BDI's results provided the formation of the experimental and the control groups while the individual interview and focus group discussion provided the themes used in the development of the intervention program. These themes were categorized based on Physical Violence, Psychological Violence, Sexual Violence, and Neglect according to the Diagnostic Manual for Mental Disorders 5 (DSM5-TR). The experimental group participated in the eight-session intervention program and the control group did not participate in the sessions. Subsequently, a posttest was administered to the experimental and the control groups. Results showed that the six experimental group participants decreased their depression level significantly, except for one participant who got a four-point increase in her posttest score. There was no significant difference in the pretest and post-test scores of the control group.

INTRODUCTION

Intimate Partner Violence is an offense to the basic right of women to be treated with dignity (Gen. 1:26) and be respected as human beings. The worldwide notion of male superiority called androcentrism undermines the essence of womanhood best exemplified in the woman's capacity to bring forth new life into the world, a gift that is truly bestowed to the woman alone. This phenomenon is a worldwide issue, across cultures and traditions, a destructive cycle that cripples the full functioning of women and girls unless broken. Dr. Tedros Adhanom Ghebreyesus, the Director General of WHO, reiterated this position when he emphasized that “Violence against women is a major threat to global public health and human rights, cutting across boundaries of age, race, religion, ethnicity, disability, geography, culture and wealth” (World Health Organization, 2020). Sensing an absolute urgency regarding the issue of women and girls, the Generation Equality Action Coalition met in Mexico to commence “urgent action to make irreversible progress towards gender equality and women's and girls' human rights globally,” as reported by (WHO-Media Monitor Network, 2020). The gathering culminated in Paris, France, in 2021. Other countries participate in this coalition, with WHO and the United Nations taking significant responsibility for leading this to alleviate the suffering of women worldwide.

In like manner, the United Nations Declaration on the Elimination of Violence against Women stated that “Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men to the prevention of the full advancement of women” (1993), as cited in WHO report, (2017), and Bracewell, K, (2011). In like manner, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) believes that domestic violence images disrespect to the sanctity of the family as a sanctuary where life is nurtured and grown, with very little consideration for the personhood of the “other” as an essential component of a structure called “Family” (United Nations Declaration on the Elimination of Violence against Women – CEDAW, 2000) as cited by Anna King, (2019). In the Philippines, the National Demographic Health Survey (PSA, NDHS) of 2022 recorded that about 17.5% of women aged 15-49 were multiply abused by their husbands or live-in partners despite the existence of Republic Act 9262 or the Anti-Violence Against Women and their Children Act of 2004. In a separate bill proposal, Manny Villar of the Philippine Senate proposed

Value Champion (2020), a Singapore-based research company, claimed that in the Asia Pacific Region, the Philippines ranked third in the most dangerous country for women, behind Indonesia’s second rank. Anastassia Evlanova, a research analyst for Value Champion stated that intimate partner violence is a “Deeply entrenched patriarchal attitudes either due to cultural or religious beliefs led to women fearing for their well-being more often than in other countries.”

Domestic violence is a phenomenon that operates fundamentally within the smallest unit of society, the home but has a global impact that is detrimental to the growth of humanity. Culture dictates the norm on where women stand in their societal realities without giving them breathing space. Often, women, because of so much control from their intimate partners, clinging to the abusive relationship becomes an option, especially if the woman does not have the financial capacity to support offspring if separation is being discerned.

METHOD

Study Design

The study used a Sequential Explanatory Design, a mixed method that has two phases. The first phase collected data through a quantitative method to provide a quantitative expression of the results of the Beck Depression Inventory, a tool that measured the depression level of the participants. The second phase which is the qualitative provided the narrative component of the study through individual interviews and focus group discussions that allowed the research to develop themes based on the results. Dhanapati Subedi (2017) described it as a design that collects first the quantitative data followed by the collection of the qualitative data to “help explain or elaborate on the quantitative results.” All the participants have undergone both processes.

Study Population

The study population was twelve women victims of intimate partner violence housed in a government-owned facility in the province of Tarlac, Philippines. The Inclusion Criteria namely: 1) A woman who has experienced intimate partner violence ever since they came together as partners regardless of age and faith orientation. 2) currently a resident of DSWD Tarlac Home for Women in Tarlac City. 3) has been at the shelter for five months and has not undergone any intervention program. 4) a woman victim with moderate depression level. 5) with the willingness to participate in the intervention program until its conclusion. The Exclusion Criteria include 1) women victims at the center who have been diagnosed with mild and severe depression levels based on BDI’s results. 2) women victims at the center who have mental illnesses other than mild and severe depression levels like psychosis and schizophrenia. 3) those who have undergone an intervention program before participating in the proposed psychological healing program. 4) non-residents of the shelter, and 5) those who are not affiliated with the shelter.

Quantitative Phase

Data Gathering Procedure

The study’s initial work was to seek permission to conduct research in a shelter for women victims of domestic violence from the Regional Office of the Department of Social Services and Development Regional III. Since the research was conducted at the height of the COVID-19 pandemic, in-person research was suspended, and no researcher was allowed to conduct an in-person study.

A general orientation was given when the study was permitted to be conducted in person. The Informed Consent Form for Research Participants in Filipino was explained to the participants, and the researcher made it clear that their rights to be respected are of utmost importance. The study’s conduct was also described, and the participants were encouraged to ask questions. Only then, were they asked to sign the form voluntarily. They were also made to understand that they can withdraw at the beginning or even when the program is in progress. If further questions or clarification occurred, the center was given the researcher’s address and contact information.

Since the study used the sequential explanatory method, the first phase was to gather the quantitative data, and the second phase was to gather the data in the qualitative form. In the **quantitative phase**, the participants were administered the Beck Depression Inventory (BDI-II) to establish the presence and the level of depression. The objective of the test was to identify those who will be in the experimental group and control group. Those who had mild and severe depression levels were assigned to the control group while those with moderate depression levels were assigned to the experimental group. In the **qualitative phase**, the study obtained the data by conducting the individual semi-structured interview and the focus group discussion.

Instrument

The study utilized the Beck Depression Inventory (BDI-II). The Beck Depression Inventory (BDI) is a 21-item test to measure the depression level of an individual. Its significance is that its consistency with the DSM-IV criteria, with “strong psychometric properties” as follows: “BDI-II has a high internal consistency of ($\alpha = .91-.93$), including a correlation of .93 with the earlier version of this instrument” (Antony, Martin and Barlow, David, 2002). The Beck Depression Inventory (BDI-II) is a self-report measure for depression and anxiety and was developed by Aaron Beck (1921-2021).

Phase one of the study involved gathering data in quantitative form. In this phase, the study administered the pretest of the Beck Depression Inventory (BDI-II) to twelve participants who passed the Inclusion Criteria and were able to determine their depression level. This test was administered again to the twelve participants during the conclusion of the Intervention Program. The psychological test on BDI-II was translated to Filipino using forward and backward translation, as it was written in English. The Filipino version was the form used to administer the test.

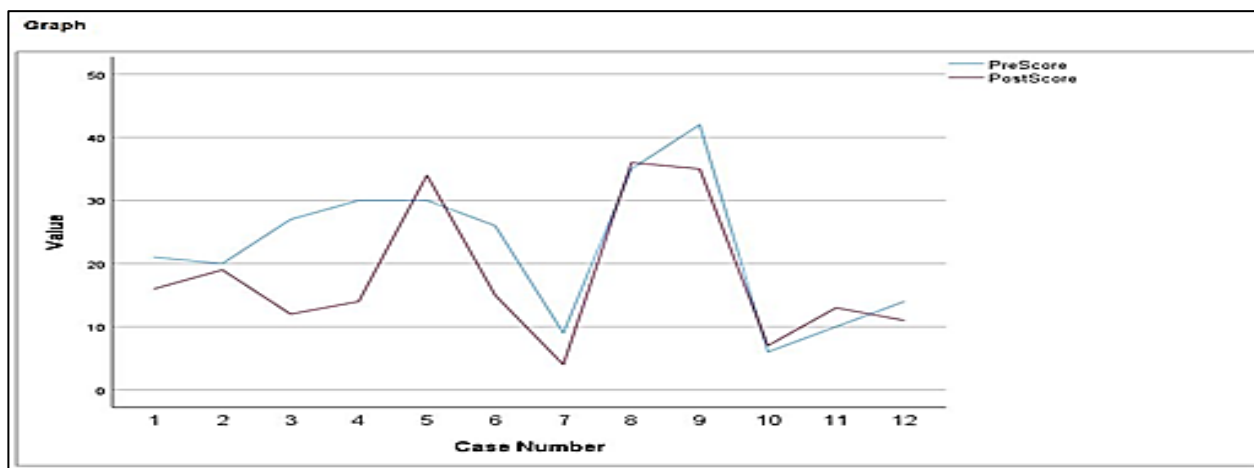
Depression Level

The pretest scores of the twelve participants showed that all were found to have depression. Six of the participants yielded mild and severe depression, while six of them yielded moderate depression levels. The participants were grouped according to their level of depression; those with mild and severe depression were classified as the control group, and those diagnosed with moderate levels were classified as the experimental group. The experimental group has undergone eight sessions of the intervention program, brief therapy sessions using Albert Ellis's Behavior Modification therapy, and Aaron Beck's Cognitive Behavior Therapy. However, the control group did not participate in the sessions. The intervention program participated in by the experimental group was to measure the efficacy of the program in alleviating the depression level of the experimental group.

Symptoms of Depression

The effects of intimate partner violence on any woman or girl may vary from victim to victim. These effects are universally patterned regardless of socio-cultural upbringing. In some cultures, the defiance of women victims is strong, but there is also a cultural underlining that portrays women as submissive and compliant. These tendencies push downward the frame of reference of people regarding their notion about women in general. In this study, the women manifested depression in the forms of Sleepless nights, nightmares, suicidal thoughts and or ideation, irritability, and the incapacity to function the daily living of life.

Graph1. Data Analysis



Graph 1 shows that the dependent variable of Beck Depression Scores was analyzed using a two-group (experimental versus control) x two times (pre and post) analysis of variance (ANOVA) with repeated measures on the time factor.

Analysis of the data revealed a main effect of time. [$F(1,10) = 6.095, p = .033$] with a moderate effect size (.379)]. There was no group-by-time interaction [$F(1,10) = 2.416, p = .151$]. The non-significant interaction despite the time effect could either be due to the experimental “pre” being so much higher than the control “pre” or the significant decrease in the Beck Depression Inventory from pre to post in the intervention group. (SPSS (Ver. 29.0), Chicago, IL).

Qualitative Phase

Semi-Structured Interview

The interview conducted individually with the twelve women participants of the study yielded the following issues:

Age Range. The participants of the study were younger people who were engaged in intimate relationships with their partners. The results show that except for the oldest among them, who was twenty-four then, the rest of them were twenty years old and below, just barely in the puberty stage of development.

Educational Attainment. All study participants went to school. Two participants had the highest level of education, High School, while the rest were Elementary-Grade pupils. One reason for the inability to access higher education is the family's low economic status.

Occupation. These women, like any other women coming from low-income families, engaged in menial jobs like household helpers, bakery workers, doing laundry for other people to survive and support their families. They were women who barely made income, and if they did, it would just be enough to survive for the day.

Types of Abuse the participants experienced with their partners.

The following but not limited to the abuses inflicted on the participants by their intimate partners: kicking, biting, slapping, punching on the various parts of the body, pouring hot water on the face, and chaining inside the bedroom without food for days.

Furthermore, these women experienced other manners of abusive actions from their intimate partners like being humiliated in the presence of friends and family members; deceit manifested in concealing the truth of having a wife and a child before union; verbal abuse; fits of anger without reason; infidelity and irrational jealousy of partner; refusal to acknowledge the offspring of the woman before the union, human trafficking, and the rape of their child by the husband.

Focus Group Discussion

The participants comprised two groups for the Focus Group Discussion. To allow the twelve participants to have the opportunity to share their experiences and to fully engage in the sharing based on the moderated questions, the two groups of six members participated in two separate sessions. Sensitive to the personal needs of the participants in terms of privacy and trust dynamics, a democratic process was employed before starting the FGD. Hence, the researcher personally asked about their preference for who among the participants would have the freedom to share their life stories. Note that in the center where the study was conducted, the women were not all privy to the issues of their colleagues who were at the center at that time. What they knew though was that they were all victims of intimate partner violence. It was necessary to use this style of sharing life experiences to facilitate trust, freedom, and well-being, which will help the study produce reliable and valid data. Also, in the FGD, it was necessary to honor the issues that the participants decided to keep within themselves and, hence, kept confidential. The FGD focused its sharing on the effects of the violence on them, what they desire themselves to be; and what they want to achieve in their longings and desires. Considering everything they heard while being prepared for the study process and the protocols made to understand, the FGD created a friendly environment for them as they were asked to choose whoever they would like to be in the groupings. While there were many emotional moments, the participants were exceedingly cooperative and collaborative in sharing. Significant data was extracted from them concerning the effects of the abuses inflicted by their abusers. Fear for their safety was highly expressed. Anastassia Evlanova, (2020) from Value Champion research claimed that intimate partner violence is a "Deeply entrenched patriarchal attitude either due to cultural or religious beliefs led to women fearing for their well-being more often than in other countries." Furthermore, the participants' concern for safety was not only for them but also for their children. They always fear for their safety during the night and cannot bear to wait for the following morning. The FGD also provided the study with the harmful effects of abuse that destroyed the positive self-image of the participants. The participants said they no longer "matter" and do not see their "worth" as human beings anymore. Their image of themselves degrades as their partners go on, gaslighting them as a form of control. Gaslighting is a psychological abuse that makes the victims question their mental condition or their sanity (DSM5-TR, 827).

Thematic Analysis

The Diagnostic Statistical Manual of Mental Disorder (DSM-5-TR) states that "The conditions and problems listed in this chapter" for a spouse or partner violence "are not mental disorders" (p. 821); hence, the discussion of the types of abuse experienced by the participants of the study simply presented their predicaments as victims and how these abuses impacted their well-being. The description of the issues under Adult Maltreatment and Neglect Problems of the DSM-5-TR (p. 825) pointed out the strong relatedness of the experiences of the participants of the study. The data derived from the semi-structured interview purposefully put these women under the category of victims of intimate partner violence. After encoding and assigning themes to the results, the study came up with the final themes of the types of abuses that the women victims have experienced from their partners. The following were themed abuses directed and inflicted to the victims based on the DSM5 category.

Spouse or Partner Violence, Physical (DSM-5-TR), was a prominent type of abuse the perpetrators directed at their victims. The ways they were abused physically were gathered from the semi-structured individual interviews. These are the forms of physical violence they experienced from their intimate partners: kicking, biting, slapping, punching the various parts of their body, pouring hot water on the face, and being chained inside the bedroom for days without food.

Spouse or Partner Abuse, Psychological (DSM-5-TR, p. 827) is another type of abuse. The psychological abuse that the participants experienced from the partners included the following: being humiliated in the presence of friends and family members; deceit manifested in concealing the truth of having a wife and a child before union; verbal abuse; fits of anger without reason; infidelity and irrational jealousy of partner; refusal to acknowledge the offspring of the woman before the union, human trafficking, and the rape of their child by her husband.

Spouse or Partner Violence, Sexual (DSM-5-TR, p. 826). As pointed out by every participant, the common experience of sexual violence in their relationships was in the form of forced sexual activity whenever the partner was under the influence of alcohol. Refusal to give in led to physical abuse. One of the participants related that her partner sexually abused her before they came together as partners.

Spouse or Partner Neglect (DSM-5-TR, p. 826) is a form of violence that is commonly experienced by women in an abusive relationship through the deliberate refusal of the abuser to hand in money to the partner as a form of gaining control. Earlier research (Jessica Fehringer and Michelle Hindin (2014) as cited by Laura Cordisco Tsai (2017)) termed this as economic violence. Having no access to finances to manage the household was an exceedingly demanding situation every abused woman could have in an abusive relationship. Being poor pushed them to take more dangerous measures to survive. One of the heartbreaking realities of intimate partner violence experienced by two of the participants in the study is ending up a victim of human trafficking.

Effects of the Abuse to the Women

Degradation of Self-worth or Esteem. Just as all human beings are inherently gifted with self-worth, this can easily be robbed by any person who may have inadvertently or deliberately experienced abuse. The women in the study claimed that during the abuse they had lost their sense of worth, expressed in these words: “I was hurting, and I sensed that I have no more worth as a person, a nobody” echoed that holding on to what they are worth for – their self-worth. As they continue to be under the grip of their abusive partners, their self-esteem continues to deteriorate.

Suicidal ideation or attempts. In the case of the women victims of intimate partner violence in the study, the Diagnostic Statistical Manual for Mental Disorder (DSM5) does not consider suicidal ideation as a mental disorder since these thoughts of suicide are generated from a relational problem between spouse or intimate partner (DSM5, 821), and there has been no recorded history of any suicidal ideation in the past. Results of the study show that half of the participants of the study contemplated committing suicide. In research conducted by Beatriz Viscarra et al (2004, retrieved 2020) on the effect of intimate partner violence on women victims, they concluded that among the four countries: Chile, Egypt, India, and the Philippines, where they have fielded their study, women victims of partner abuse in the Philippines had the greatest chance of inflicting self-harm upon themselves.

Depression. This consideration leads to another effect of intimate partner violence which is depression. As indicated in the results of their Beck Depression Inventory, the participants, eventually experienced depression because of the abuse. Robabeh Soleimani et al (2017), Sarah Kye Price, et al (2017), Amanda M. Stylianou (2018), and Eleonora C. V. Costa, et al (2018) claimed that women victims of intimate partner violence are at an elevated risk for depression, suicidal ideation, and attempts. In research on intimate partner violence and the onset of depression, authors Ouellet-Morin, I; Fisher, HL; York-Smith, M; Fincham-Campbell, S; Moffitt, TE; Arseneault, L. also found out that “women victims of intimate partner violence are at increased risk for poor mental health” (2015).

What do they desire?

The BDI test results, the individual interview, and the focus group discussion provided the study with the data needed for the development of the intervention program. One of the expressed deepest desires of the participants was freedom from the pain that has continuously lingered in their whole being because of the abuses inflicted on them. The participants’ plea for healing underlines the depth of their pain; the sleepless nights, the suicidal thoughts, the degradation of self-worth, and depression became overpowering and overwhelming psycho-emotional conditions that plagued them constantly. “Enough! I want to break free from my painful experiences” was an overpowering statement of a deep desire to break free from an abusive condition in life. While these participants were under the spell of an abusive partner, they lived in constant fear for their and their children’s safety. Having this expressed need made clear by the participants themselves, confirmed the objective of the study, to develop an intervention program for women victims of intimate partner violence.

The Intervention Program

The intervention program designed for this study consisted of eight (8) brief therapy sessions utilizing Aaron Beck’s Cognitive Behavior Therapy (CBT) and Albert Ellis’s Rational Emotive Behavior Therapy (REBT). These two theories were used as both are brief cognitive therapies for correcting faulty beliefs in people. This faulty belief subsequently contributes to issues that may affect normal functioning in daily living, including relationships. Aaron Beck (CBT) believes in “beliefs, thoughts, and feelings” as factors that are crucial in the subsequent manifestation of certain behaviors in people. Albert Ellis’s cognitive therapy in his ABC model is directed in the same direction, and he also believes in the interplay of the same patterns of processes as Aaron Beck.

The intervention program consisted of 8-sessions focused on rebuilding and reframing the experimental group’s self-understanding of their personality dynamics whose foundations were rooted in their family upbringing and the socio-cultural background of their formative years. Eventually, the sessions led to the re-capturing of their worth as human beings. It has four focuses: 1) **the understanding of one’s dignity as a person and the understanding of one’s personality dynamics.** This session on self-worth was undeniably the most crucial in reframing their faulty beliefs of the realities of marital union.; 2) **married life as a covenant of love;** 3) **abuse is not part of the marital relationship.** The participants were made to understand deeply that married life is a covenant of love, not a privilege of the male partner, who oftentimes mistook it as a place where they exercised their power and tagged their actions on violence as a form of marital discipline. Note that this faulty belief of the male partner is already abusive and when the occasion provides a space for venting out this notion, abuse is so easily committed. and: 4) **ritual for healing.** This activity provided the participants with the opportunity to come into peace with themselves and look at the future with a positive attitude, hoping for dreams to be realized and most importantly for the participants to move on and rebuild their lives with the gifts that they have, their children, family, and friends.

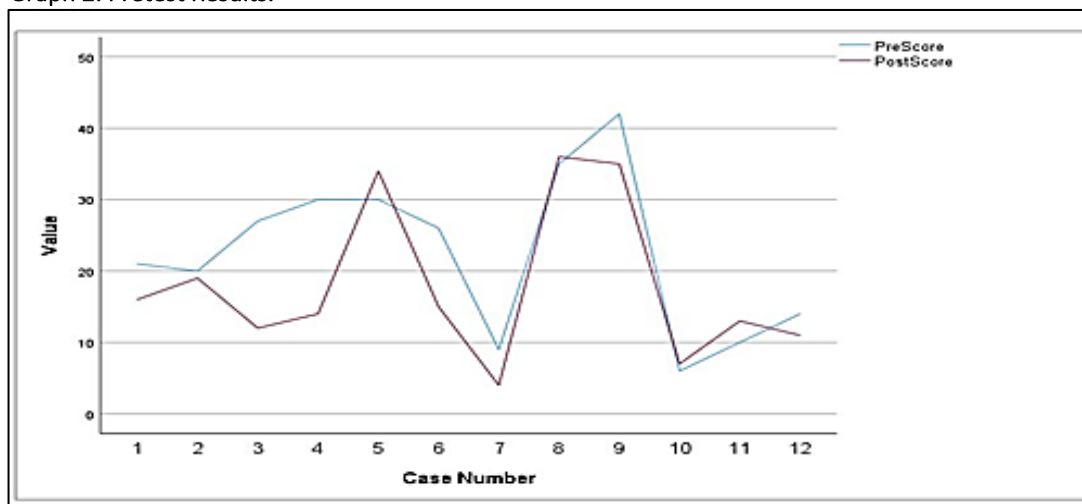
The cognitive therapies of Beck and Ellis were instrumentally used to reframe the faulty and dysfunctional beliefs of the participants about family life and marital relationships. This faulty belief of abuse as a form of marital discipline is incredibly challenging as the understanding of the dynamics in the family is embedded across cultures and traditions. In some cultures, abuses are allowed to emphasize the authority (UN Declaration on the Elimination of Violence against Women, 1993) of the male partner over the woman and children. This androcentric (Encyclopedia of Religion, retrieved 2024) notion of male dominance is manifested in many aspects of human life today. Albert Ellis's ABC theory guided the experimental group to an awareness of how faulty beliefs in the confines of marital unions can be so "self-defeating and irrational" to the personal and the couple's growth as covenantal people.

DISCUSSION

The objective of the study was to develop and implement a psychological healing program for depression in women victims of intimate partner violence. The pandemic dictated the speed of the study's work due to the time and availability of the participants. Using the Sequential Explanatory Design, the study measured the depression level of the participants for the quantitative phase and the semi-structured individual interview, and the focus group discussion provided the data for the qualitative phase. Twelve participants from a shelter home for abused women in the Philippines participated in the study.

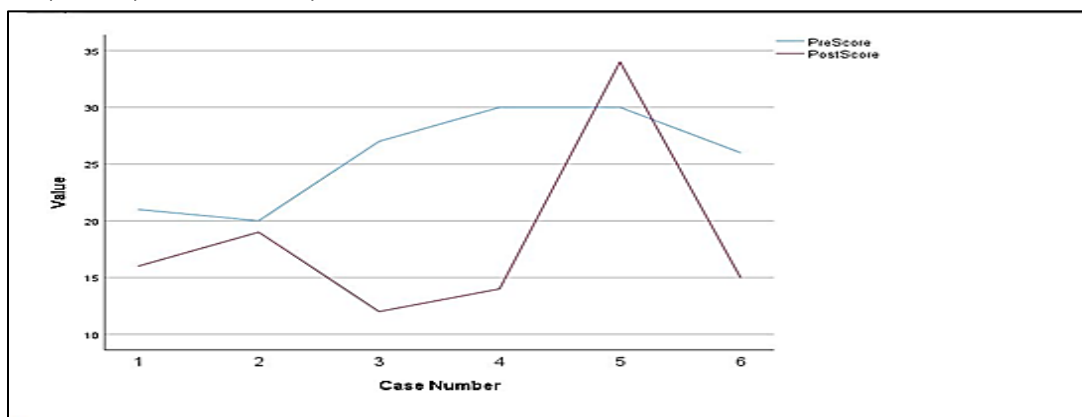
The pretest results showed that all the participants have depression; six of these women were found to have mild and severe depression levels, and they were assigned as the control group – which means that they will not participate in the sessions designed as an intervention to alleviate their depression level. The other six women were diagnosed with moderate depression levels and were assigned to the experimental group. Graph 2 below shows the experimental and control groups' pretest and posttest scores.

Graph 2. Pretest Results.



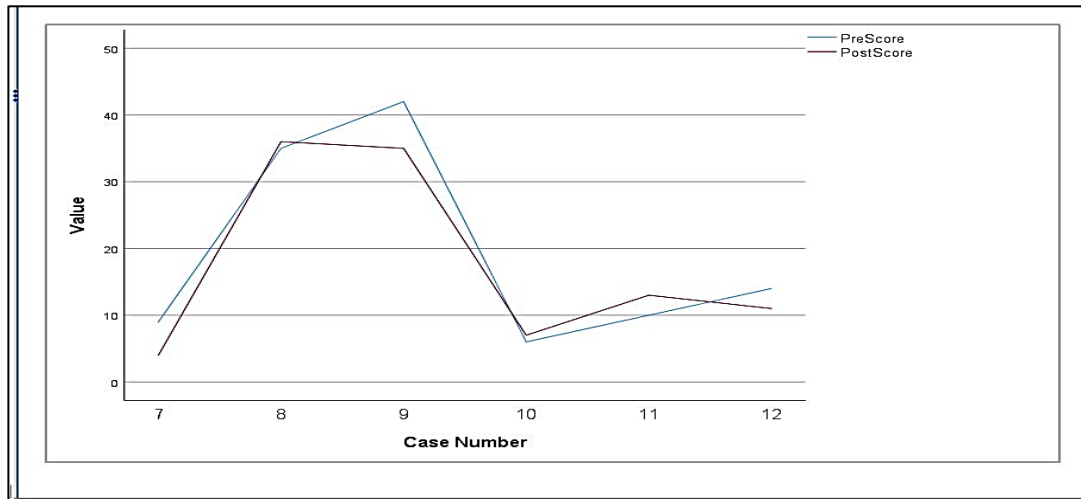
Likewise, Graph 3 below shows the experimental group's pretest and posttest scores. Based on the analysis, the experimental group's scores significantly decreased after participating in the eight-session intervention program. The program has positively affected all participants except for Participant 5, whose score increased from the pretest to the posttest by 4 points.

Graph 3. Experimental Group.



Factors must be considered when administering tests to yield valid and reliable results. Psychological tests are not free of these types of errors. An outlier is always possible; however, it affects an individual taking the test. In these results, one participant yielded a four-point higher score in the post-test, but by visual analysis, the study may claim the positive efficacy of the intervention program.

Graph 4. Control Group.



For the control group, Graph 4 shows no significant change in the participants' pretest and posttest scores. It must be noted that the control group was excluded from participating in the eight-session intervention program.

CONCLUSIONS

The finding that depression is a mental health concern of female victims of intimate partner violence suggests the urgency of designing intervention activities that will help alleviate the suffering of the victims.

The World Health Organization reported that depression can be experienced by anybody who has "lived through abuse, severe losses or other stressful events" and has estimated that "3.8% of the population experiences depression" (WHO, 2023). However, the Diagnostic Statistical Manual (DSM5) for Mental Disorder warned that in making a diagnostic evaluation of depression in individuals, "careful consideration should be given to the delineation of normal sadness and grief from a major depressive disorder episode" (DSM5, p. 177) as cited by Valerie Ward (2019).

The issues listed under Adult Maltreatment and Neglect Partners (p. 825), DSM5 emphasized that the conditions that the participants have suffered because of the abuses inflicted on them do not necessarily fall into the category of "mental disorders" (p. 821), as "incorrect diagnosis, or careless, cagily, and guarded validation of preliminary diagnosis" (Saeed Shoja Shafti, 2024) is critical in drawing conclusions and prognosis to any mental illnesses across ages. The aim of listing these abuses under the chapter is to "draw attention to the scope of additional issues that may be encountered in routine clinical practice and to provide a systematic listing that may be useful to clinicians in documenting these issues" (DSM5-TR, p. 821). Hence, to assume that by experiencing depression, the participants can be considered individuals with a mental disorder is another psychological abuse that can be inflicted on these women. As categorization and in both the quantitative and qualitative phases, the study's finding of depression as an inevitable effect of the abuses that have been inflicted on them by their intimate partners was both described in WHO's explanation of the effects of abuse on women and DSM5's categorization of the violations (pp, 821 ff).

As to the efficacy of the intervention program developed for the study, having the sessions in the native language (Filipino) was beneficial on the part of the participants not only in terms of participation but also the proper understanding of their dilemma that has led them to see their worth as a person, and the effects of the abuses to their well-being. The expressed need for healing was remarkable in all the participants. They have recognized that the abuses inflicted on them have marked their being with pains and sufferings that they have never imagined in their life. The willingness to come forward and acknowledge the abuses is moving away from the social stigma of a dear Filipino family-oriented value, which has its advantages and disadvantages. A Filipino woman will hesitate a hundred times before filing a complaint against an abusive husband because it is a cultural value to protect the social image of the family. She may find it enigmatic, too, in marital relationships, the notion of marital discipline in the guise of love. The intervention program focused on making them aware that they are human beings of equal dignity to that of their male partners. They were made aware of their rights to live a safe life, to be respected for who they are; to be free to act and behave like decent women, to be free where they want to go besides their own homes as a way of socializing with friends and family members; to be loving mothers to their children – ready to protect them if and how others and their biological fathers abuse them. Pope Francis made it clear in the synodal process, urging humanity to "stop referring to women as the

problem” (Synod on Synodality, 2023) because women can be great contributors to the solutions to various global issues of our time.

The data, especially the intervention program, is available in the Filipino language only, but the authors can make it available upon request.

DECLARATIONS

The University of Santo Tomas (Manila, Philippines) Nursing Ethics Board approved the study using human participants in 2021. The participants signed an Informed Consent Form to signify their voluntary willingness to participate in the program. Rev. Fr. Edwin Bravo and Rev. Fr. Rodel Paglinawan of the Diocese of San Jose, Nueva Ecija, Philippines, translated the Beck Depression Inventory (BDI-II) forward-backward.

The statistical package used to run all analyses was SPSS (Ver. 29.0), Chicago, IL. It was administered by Dr. Marianne Falman, OP, professor at Wayne University, Michigan, USA.

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