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RELATIONSHIP BETWEEN GRIEF, BEREAVEMENT AND SOCIAL WITHDRAWAL AMONG ADOLESCENTS LIVING IN ORPHANAGES

by

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CERTIFICATE OF APPROVAL

It is certified that the Research Thesis titled "Relationship Between Grief, Bereavement and Social withdrawal among adolescents living in orphanages" carried out by Syeda Arooj Zehra Naqvi, Reg. No. BSP193015, under the supervision of Ms. Mehreen Aftab, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology**.**

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DECLARATION

It is declared that this is an original piece of my own work, except where otherwise acknowledged in text and references. This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in future for obtaining any degree from this or any other University/Institution.

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Abstract

This study examines the relationship of Grief, Bereavement and Social withdrawal among adolescents living in orphanages as their experience of loss is different due to lack of social support. Correlational study design was used. Data was collected from sample of 260 adolescents of age range 11 to 17 years old, living in orphanages of Rawalpindi and Islamabad, both girls and boys. Hogan inventory of bereavement, children revised impact of event scale-13, Leibowitz social anxiety scale, youth self-report scale, which were translated into Urdu using forward and backward translation, were used to collect the data after doing pilot study using a sample of 50 adolescents. For statistical analysis, SPSS was used. Spearman Correlation was used to examine relationship among variables and Mann Whitney U-test was used for analysis of demographic variables. Reliability analysis of scales showed moderate reliabilities, correlational analysis showed significant positive relationship of grief and social withdrawal but non-significant positive relationship of bereavement and social withdrawal. Results can be different in different cultures as sample was small only including adolescents from Rawalpindi and Islamabad orphanages. All the results are based on self-report measures. This study will provide baseline for future researches adding other psychological variables and in designing programs for orphanage adolescents well-being.

Key Words: *Bereavement, grief, orphanage, social withdrawal*.

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INTRODUCTION

Ups and downs are part of life. There are happy as well as moments of sadness when person experiences any type of loss or major changes in his or her usual life. Grief and bereavement experiences happen due to stressful situations. Some people recover from these stressful life events quickly while for others this process can be prolonged. Coping with them depends upon coping mechanism, availability of social support, genetic makeup, mental health of parents and the nature of events as it is found that sudden bereavement or grief and bereavement due to violence is more traumatic and effects on mental health are more negative (Scott et.al, 2020). People with social support recover early as compared to those living without support in orphanages, due to lack of support grief and bereavement becomes more prolonged leading to mental health issues (Hogan et.al, 2019). Orphanages are shelters for children whom biological families couldn't support. Children and adolescents living in orphanages lack social support from parents, family members, relatives and friends (Drabkin et.al, 2012). According to UNICEF report there are 4.2 million children who are orphans. They are considered as the vulnerable part of the society with limited resources and their problems, needs are less recognized in the society and in past literature (Ali, Hussain et.al, 2020, Mahmood et.al, 2020). Their experiences and needs are different from those who are living with parents or after bereavement are living with their relatives (Ali & Shaffie, 2018) thus, they should be studied as a distinct population rather than in children population in researches.

Grief

A person experiences grief due to any type of loss which he or she identifies stressful and it causes emotional, cognitive and behavioral disturbance. The loss can be of any place, job, pet, person or anything a person considers valuable due to which a person may experience sadness, guilt and anger. “Grief is an inevitable process resulting due to permanent or temporary change in daily routine or relationships due to any type of loss which disturbs mental health and its expression varies (Fiorini & Mullen, 2006). Loss is traumatic and stressful and usually the symptoms of traumatic stress interrupt the grieving process (Crenshaw, 2005). In childhood traumatic grief, the trauma symptoms due to stressful life event increase and inhibit the process of grief and coping with the loss, the child can reexperience the loss, avoid the cues related to loss, show hyperarousal, emotional dysregulation and can have problems in academic activities (Sanghvi, 2020). Symptoms of grief include physical symptoms like headache, lack of sleep and appetite and fatigue, also emotional symptoms like sadness or extreme anger, social isolation is also a symptom of grief.

The expression of grief depends on type of loss, culture and society’s values and age of the person grieving. Adults’ expression of grief is different than children.

Children’s grief is more prominent in behavioral and emotional changes. There are emotional manifestations of the grief like the child can show anger, sadness, confusion, children also show guilt and consider them responsible for the type of loss they experience (Mack & Smith,1991). Children and adolescents feel guilt and sadness that they could spend more time with the person or the place they have lost. Children and adolescents also face cognitive effects of grief. In children of 9 or 10 years and adolescents, there is

understanding of the concept of death that the person who has died could not return but there is unacceptance of death or any type the loss or stressful event and they want to live in the moments of past where they had not experienced the grief but when they are expected to fulfill their duties, they may also suppress their thoughts and emotions (Glass, 1991) (Yildrim, 2021). Behavioral changes due to grief include irritability, problems in fulfilling daily activities, crying etc.

In the recovery of the grief society and peer recognition also matters a lot. Grief as a result of the loss of loved one especially of blood relative is recognized by the society but people also experience grief due non death loss or due to death of non-blood related people but these losses are not socially much recognized and not considered a big loss but to the person experiencing it may consider it the biggest loss (Flynn, 2015). Effective recovery of childhood grief depends on the availability of close adult relationship and a safe emotional and physical environment (Himebauch et.al, 2008).

Grief effects people's mental health and even more if it occurs in the absence of social support and acknowledgement from others. As, in the case of grief where the person's grief is not recognized by surrounding people or the society and their pain remains unacknowledged without presence of social support, it makes the grief experience more complicated and prolonged with negative effects on mental and physical health (Davidson, 2010).

Bereavement

Bereavement is specific to death of loved ones. “Bereavement is an objective situation when a person loses a significant one” (Boerner et.al, 2015). Nearly every individual experiences bereavement at some stage of his or her life. Adjustment of life without the loved ones can take weeks, months or even years, this depends on person’s coping mechanisms, culture, type of relationship with the deceased whether it was deep or conflicted. If people find support, then acceptance of death will be easy (Lafreniere & Cain, 2015). Bereavement affects a person’s mental and physical health. The risk of deaths is also high among bereaved individual. Researches showed that the rate of hospital visits, drugs consumption and disability is more among recently bereaved people as compared to non-bereaved ones (Stroebe, et.al, 2007). Due to the loss of the loved one people experience psychological distress and their daily life functioning is also impacted. Children who have experienced bereavement tend to develop separation anxiety, social withdrawal, lower self-esteem, sadness and their academic achievements are also low as compared to non-bereaved children (Abdelnoor & Hollins, 2004). Bereavement experience is more distressing and even more intense in childhood as compared to adult experience of bereavement because the child dependency on the attachment figure is more during the developmental periods. Children who have lost their fathers become over dependent on their mothers, have high level of aggression and difficulty in academic progress (Kaffman & Elizur, 1983).

The loss of parent in childhood presents the child with the difficulties like marriage of the surviving parent, change of home as happens when children have to spend their later

life in orphanages, financial crisis and changes in the stable life. Worden in 1996 explained some of these changes which occur after the bereavement of attachment figure or the guardian of the children, they include changes in the eating pattern, sleeping time, daily life responsibilities, decrease in time of surviving parent due to marriage or due to grief they are also experiencing and financial dependency on others. These changes are recognized as secondary stressor in presence of primary stressor which is the bereavement, these changes play a mediating role between psychological distress and bereavement (Thompson et.al, 1998) while social support, care and love from others help in coping with the stressful life events like bereavement (Scott et.al, 2020).

Experience of bereavement in children depends on children development of the concept of death with age also as concept of death shift from reversible process to irreversible and universal. Death of a parent or losing both of the parents is one the most stressful event a child or adolescent can experience as during these developmental years, person needs parents the most (Hopkins, 2014). Children also experience negative impact of bereavement on their mental and physical health like adults. They have increased risk of serious mental disorders like PTSD and depression during the first year and persisting to the second year of parental death, further they show prolonged grief and functional impairment during first year and three years follow up (Melhem et.al, 2011).

Social withdrawal

“Social withdrawal is a condition in which the person isolate himself or herself from others, avoids interactions and spends most of the time alone" (Barzeva et.al, 2019). Social withdrawal in children and adolescents include symptoms of shyness, isolation, behavioral

inhibition, resistance of social interaction and peer neglect (Coplan et.al, 2013). The reason of social withdrawal is peer rejection, unavailability of social support groups and negative social cognitions (Rubin et.al,2009). Children and adolescents who experience social withdrawal avoid people in different social settings like in home, educational settings and in group games also, they are consistent in doing avoidance across contexts and times.

Social withdrawal is stable from the preschool time period to adolescents and early adulthood (Caspi et.al, 2003). Two third of the children who have extreme social withdrawal have stable condition till two years from 5 to 11 years old (Rubin et.al, 1995). Among all the ages, children have the greatest stability of social withdrawal overtime (Schneider et.al, 1988). Longitudinal studies also showed that children and adolescents who are socially withdrawn become more socially withdrawn in 3-year time period (Moskowitz et.al, 1985). People who receive social support after bereavement in first two years have better adjustment and coping abilities in life (Worden, 1996). There are various reasons of social withdrawal including social fear, rejection by the peer group (Gazelle & Ladd, 2003). Children early life relationships, parenting style and attachment with parents also predict the risk of social withdrawal (Coplan et.al, 2013). Good social relations and attachment leads to social competence while the insecure attachment styles cause social withdrawal among children (Essakow et.al, 2005). Social withdrawal is present as the symptom of different disorders in DSM 5 like in depression, anxiety, rather than as distinct disorder with its own causes and diagnoses. Social withdrawal increases the risk for depressive symptoms (Rubin et.al, 1995).

Social withdrawal can affect the mental health of the person and can increase the feeling of loneliness. Children and adolescents with social withdrawal are less socially competent and face difficulty to start conversations on their own than the children and adolescents without social withdrawal and they also face difficulties in participating activities in presence of peers (Rubin et.al, 2008). One of the reasons of increased social withdrawal is lack of social support. Children who are living without parents and close relationships lack social support. Permanent absence of close relationships and attachment figure leads to instable social relationships, emotional, psychological and physical disturbance which negatively affects daily functioning and personality development (LaFreniere & Cain 2015). A lack of social support to children leads to more prolonged grief and social withdrawal (Hogan & Greenfield, 1991). Social withdrawal affects a person's friendships, peer relationships and their self-cognitions also become distorted that they are not capable enough to make good relations with surrounding people (Rubin et.al, 2009).

There are cultural differences in the expression and perception of the society about social withdrawal. It depends on whether the country has individualistic culture or has collectivistic culture. In collectivistic cultures the need to work in groups is more thus interaction is valued more and social withdrawal is considered as problematic behaviour (Chen & French, 2008). Reserved, shy behaviour is appreciated in Chinese culture by peers (Chen et.al,1995). In western cultures they value the characteristics of expressiveness so, social withdrawal in these cultures leads to peer rejection and bullying victimization (Rubin et.al, 1993).

Bereavement studies are done on Parents who have experienced child lose (Siddique et al., 2016) and on children who have experienced war (Ali & shaffie, 2018). Orphanage children are underrepresented in past research. Previous studies lack data on grief and bereavement relationship with social withdrawal.

Literature Review

Many researches have been conducted in the past to examine the phenomenon of grief, bereavement and also social withdrawal among different populations with different study designs.

Longitudinal study was conducted on Grief among participants of age 7 to 18 years who have experienced parental death due to suicide, sudden injury or natural causes to find out progress of grief in different times and its effect on psychological health. Participants interviewed after few months of death then after 1 year and 2 years of death. Findings showed prolonged grief in participants with previous history of depression. Prolonged grief leads to functional impairment, depression and mental illness (Melhem et.al, 2011).

Study explored the role of peer support in parentally bereaved children and adolescents. 35 Participants having age range 6 to15 were selected. Findings showed that females and children whose parent's death was anticipated received more support. 40% individuals do bereavement related conversations with best friends rather than general peers and 51.4% have desire of social support and is correlated with positive emotional responses. There was no significant difference between young children and teen agers (Lafreniere & Cain, 2015).

Correlational Study on effects of spiritual coping on grief, psychological health and growth after death of loved ones was conducted. Sample of 97 Children of 8 to 18 years were selected. Findings suggested that spiritual coping has significant correlation with personal growth. While higher grief is related with higher anxiety level. Grief has significant positive relationship with depression. The rate of anxiety after bereavement is high among younger and black children (Hidalgo, 2017).

One Study was conducted on a sample of 13 Children living in orphanage of Peshawar, Pakistan selected through purposive sampling, after their parents died in war. The purpose of the study was to identify trauma factors in experience of grief and bereavement of war affected children. Semi structured interviews were taken. Findings showed that these children experience extreme loneliness, cultural change, bereavement, grief and stress after parental death (Ali & shaffie, 2018).

A study was conducted on 150 male children of age 11 to 15 years. Three groups were made, one who were living with fathers, another who had faced prolonged separation with father and one whose fathers have died. Findings suggested that depression level was higher in children whose fathers were absent as compared to those who have fathers living with them, amongst all the groups children whose father have died have highest depression due to bereavement (Qureshi et.al, 2021).

A meta-analysis study was conducted on 16 past researches. The purpose of the study was to identify relationship between social support availability with well-being of people who have experienced sudden death or death due to violence of a loved one. The findings suggested that there was an inverse relationship between social support and depressive

symptoms among bereaved individuals. Also, when social support availability increases the risk and symptoms of post-traumatic stress disorder decrease. The research paper also provides evidence that complicated grief and social support have inverse relationship (Scott, et.al, 2020).

A phenomenological qualitative study was conducted to study the experience of bereavement of children whose children died due to suicide. In-depth interviews were conducted. Findings suggested that the common themes were stigma associated with parental suicide so they cannot discuss it with anyone to seek help. Also, all children experience feelings of being isolated, guilt and abandonment (Schreiber et.al, 2015).

Eisenmenger in 2012 conducted a cross-sectional study to examine grief among parents of children who are suffering from serious mental illness. Parents complete surveys that measure parental grief and their lost potential. Findings of the study suggested that parents' grief started after their children were diagnosed with serious disorders but this grief decreases in six years. As well as the age of the child also effects the intensity of grief. In younger children with mental illness the parental grief is higher.

Another qualitative study examined the relationship of grief and attachment after the loss of close friend. Data was gathered through in-depth interviews of 13 bereaved friends of age 18 to 31 years. Findings suggested that people experience higher levels of grief when they lose close friends, it also depends on how important the friendship is, bereaved friends also reported increased longing for attachment and memories remembrance of friend, emptiness and loneliness, grief. Also, friends are not included in

family that's why their grief is not recognized as bereaved family no matter the level of closeness is (Johnsen & Tommeraas, 2022).

Meta analysis of previous studies was done to examine grief among adolescents experiencing the loss of grades due to learning disability. The studies suggested that adolescents suffer from increased levels of grief because of bullying and discriminatory comments by peers due to learning disability thus also have negative self-image and they also try to hide their grief and instead show the symptoms of aggression and violation of rules and regulations (Bateman, 2019).

As, most of the data is focused on grief that occurs due to the loss of someone due to death while grief can occur in non-death losses also. A qualitative study was done to explore the break up happened in romantic relationships and its effect on workplace productivity and to identify how coworkers provide support. Interviews were taken from participants of 18 years and above who are doing jobs selected through convenient sampling. Analysis of data suggested that grief of breakup disturbed the job productivity while it is not recognized as significant loss by coworkers and also there is lack of support as participants hide their emotions due to workplace rules and to appear professional (Manns & Little, 2011).

Another study was conducted on grief among college students due to breakup and role of relationship closeness and stigmatization on grief process. Sample consisted of 254 participants of age between 17 and 28 years. Online self-report questionnaires were filled. Findings suggested that increased closeness to the relationship is positively correlated with

increased grief intensity. Also, perception that other people will negatively evaluate the break up is positively related with increased grief (Reimer, 2019).

The grief of caregivers of children with autism spectrum disorder was examined through semi structured interviews of 20 caregivers of average age 40 years. Findings suggested that caregivers suffer from intense and continuous grief due to unpredictability of future of their autistic children (Benitez et.al, 2019).

Differences in Grief due to death and non-death losses was studies in participants of age 18 to 35 years old who completed surveys online. Findings suggested that grief due to death is more intense as compared to non-death loss, expectations of support from friends and family are more among non-death loss. Also, there was no significant difference in grief of death loss, support, expectations from others among people who have experienced death loss and who have not. Also, not for non-death losses. Differences in perception of grief are present in death of best friend and in parental divorce between people who have experienced it and those who have not (Flynn, 2015).

One study examined the effect of divorce of parents on children and adolescents' grief and loss on the basis of meta-analysis of past literature. Results concluded that children are negatively affected due to parent's divorce and when they have to live with one parent, they experience grief due to loss, depressive symptoms, anger, denial of separation (Yildrim, 2021).

Gender differences in grief and bereavement was also studied among college students. Participants responded on self-report questionnaire. No gender differences were

observed among bereaved participants psychological distress, symptoms of depression were more in females bereaved students. Gender of the deceased was also investigated. Students who lost mother have more depressive symptoms, suicidal thoughts and hopelessness as compared to participants who lost father (Lawrence et.al,2006).

Longitudinal study was conducted to identify the subtypes of social withdrawal among kindergarten children in span of 4 years. Teacher ratings were taken with cluster analysis that indicated 4 clusters unsociable, actively isolated, passive anxious and depressed ones. Unsociable participants have experienced neglect, active isolated have increased level of rejection, while depressed have higher level of both. There are also differences in the social information processing. Social isolates are least socially competent (Harrist et.al, 1997).

Longitudinal study on participants of age 9 to 12 years was conducted to evaluate the mediating role of social withdrawal, peer rejection and victimization in loneliness and depression. Results of the study indicated social withdrawal is a predictor of loneliness with peer rejection as mediator. And then, loneliness leads to depressive symptoms associated with social withdrawal (Boivin et.al, 1995).

Cross sectional study examined social withdrawal and its relation as risk factor of suicide and self-harm among university students. Results showed significant positive relationship between prolonged social withdrawal and self-harm. There are gender differences in self-harm due to social withdrawal as men show higher risk as compared to females (Zhu et.al, 2021).

Narrative study conducted on children and adolescents of age 8-18 years old revealed that when children and adolescents live away from their family, they not only experience the loss of their family but they have grief due to multiple losses as they lose their self-concept, culture, loss of home and a sense that they are not a part of permanent family of their own (Mcdowell,2016).

Another study examined the traumatic grief after the suicide by peers in 146 adolescents. Findings suggested that traumatic grief in 6 months predicted the start of depression and post traumatic stress disorder (Melhem, 2004).

A mixed method study was conducted on participants of age 5 to 18 years to assess grief due to loss of a pet. Participants responded on four questionnaires and interview on continuing bond with the lost pet. Results indicated that participants used continuing bond as coping mechanism to grieve the loss (Schmidt et.al, 2020).

A comparative study was conducted on adolescents of age 11-18 years old. The study compared participants living in orphanages with adolescents living with their family. Findings of the study suggested that children living in orphanages had higher mental health problems and low social support network due to which they experience more social withdrawal (Campos et.al,2019).

Another study explored the stability of social withdrawal across time and in different settings among 100 early adolescents who were in 5th grade. Findings suggested that social withdrawal is stable across 3 years and is stable for large group activities (Schneider et.al, 2016).

A longitudinal study was done on a sample of 109 participants with age range 8-16 years. Results indicated that after bereavement females score high on depression, grief and post death stressors than males and their symptoms of bereavement are more stable as compared to boys (Sandler et.al, 2009).

Theoretical Framework

Shattered assumptions theory was given by Ronie Janoff Bulman in 1992 to check the adverse effects of negative events. It explains that every individual has sets of beliefs and assumptions about the world that give meaning to their lives. In these assumptions they have an ordered picture of life, consider their self-worth, stability of life and others as trustful. These assumptions give direction to the person in life. This theory explains the traumatic life events, death loss, stressful changes.

Bulman gave three basic assumptions about the world which are benevolence, meaningfulness of the world and self-worth. Benevolence means the people have a belief that the world is a good place to live and negative events are unusual. Meaningfulness is making sense of the world. People have assumption that what they give will be returned to them and they can control the results through their behavior and self-worth refer to the idea that they are good and capable person. Bulman says that when a person experiences a loss, death, trauma these assumptions are shattered (Bulman,1989) and this leads the person to a state of uncertainty about the world and self, imbalance of emotions and disturbed cognitions (Beder, 2005).

In case of grief and bereavement, according to shattered assumption theory before the loss due to which the person is experiencing grief or loss of loved one that causes bereavement, the person has a stable world in his or her mind. But when the person experiences loss of home, job, loved one, pet or of friends this stability is disrupted. The person who has experienced the loss are traumatic for him as he had thought and planned his future without the loss and with the presence of that lost object, relationship or loved one. When the loss has occurred, the person has to change his or her previous beliefs and has to develop new assumptions about world, others and self. The person feels anger and unacceptance of the loss. Person experiencing grief or bereavement starts to question the reality that why the loss happened to him or her. The world appears meaningless, there is unpredictability in mind of person due to previous loss, the individual couldn't trust people and considers himself as vulnerable that the loss may occur again. To reduce this vulnerability, he or she tries to withdraw from other people and situations. Thus, social withdrawal among individuals who have experienced grief and bereavement is more. Among many individuals who have experienced grief and bereavement there is also guilt for loss as their assumptions about self-worth is also damaged. They start to consider themselves incapable and blame themselves. They feel incapable, have low self-esteem and don't want to show what they have experienced that's why they start to become socially incompetent and try to hide, withdraw from people (Yelsema, 2002).

Previous researches have also used shattered assumptions theory as theoretical framework in their studies. In one research, it was showed that there is significant relationship between insecure attachment strategies after loss of loved one and prolonged grief in which shattered assumptions and distress plays a mediating role (Captari et.al,

2021). Due to peer victimization, loss of friends and bullying, it shatters the beliefs of students about self and other that they are trustable leading to doubt their abilities and emotional insecurity thus they try to withdraw and socially isolate themselves to escape these negative beliefs (Bulman, 2010, Wilson et.al,2006). Among 36 bereaved African adults and 29 who have been tortured, there assumptions about the world are more changed and they undergo cognitive changes. Their meaning and benevolence of the world has changed, the tortured participants experience less self-worth. The world appears more threatening to bereave and tortured as compared to non-traumatized participants (Magwaza, 1999).

Rationale

Current research will examine Grief, bereavement and social withdrawal relationship among adolescents living in orphanages as their experience of loss is different and more prolonged than those living with families due to absence of support. This increases the risk of psychological illnesses like depression, anxiety, prolonged grief, bereavement and post-traumatic stress disorder. Also, these three variables have not been studied together in past researches. Social withdrawal is a common experience people face thus studying its relationship with grief and bereavement will provide deeper understanding of symptoms people experience.

Population of orphanage adolescents is also underrepresented in past literature on grief and bereavement. Past research in Pakistan also has been conducted on parents who have lost a child (Siddique et al., 2016, Asim et.al, 2022) and on children who have lost their parents in Afghan war (Ali & shaffie, 2018) or people who have lost their loved ones

during Covid 19 (Ashraf et.al, 2022). Most of these studies are based on qualitative in-depth interviews and based on small sample of population. Current, study will identify the relationship between variables through larger representative sample of population. Current study will fill the gap in literature also it will not be limited to one type of loss as in past studies children with specific type of loss are included like who lost parents from cancer or from suicide, there will be adolescents from different backgrounds and having different type of loss due to which grief occurs and having different causes of bereavement. Also, the gap of work in Pakistan's Culture will also be fulfilled.

This study will identify causes and symptoms of grief, bereavement and social withdrawal and highlight the needs of orphanage adolescents as it would be the first step before designing any programs for them. Current research will also identify the gender differences to examine if any differences exist in experience of grief and bereavement.

Objectives

1. To examine the relationship of grief, bereavement and social withdrawal among adolescents living in orphanages.
2. To examine gender differences in experience of grief, bereavement and social withdrawal among adolescents living in orphanages.

Hypothesis

H1. Grief is positively correlated with Social Withdrawal.

H2. Bereavement is positively correlated with Social Withdrawal.

H3. Females experience more grief, bereavement and social withdrawal as compared to boys.

Chapter 2

METHODOLOGY

Research Design

The Study was of Correlational Research Design in which the relationship of grief and bereavement with social withdrawal was studied to examine if either a positive or negative relationship exists between these variables and also the strength of that relationship. Quantitative survey method was used for data collection. The study was completed in three phases:

Phase 1: Translation of the scales

Phase 2: Pilot study

Phase 3: Main study

Instruments

Hogan Inventory of Bereavement short form for Children and Adolescents

Hogan Inventory of Bereavement short form for Children and Adolescents (HIBSFCA) will be used, developed by Neimyer and Hogan in 2001, for age 8 to 18 years, has internal consistency of .91. It has 21 items having two subscales of grief and personal growth. Cronbach's Alpha for grief is .85 for personal growth and 0.95 for grief, convergent Validity of grief factor with Children depression inventory is 0.69.

Children Revised Impact of Event Scale-13

Children Revised Impact of Event Scale-13 (CRIES-13) will be used developed by Horowitz et.al in 1979 later modified by Yule and Colleagues. It consists of 13 items having subscales for intrusion, avoidance and arousals. It assesses stressful and traumatic loss events among children and adolescents (Boelen et.al,2023). Internal Consistency is 0.82-0.88, used for 8 to 18 years of age. Test- Retest reliability is .76-.85 up to 7 days.

Leibowitz Social Anxiety Scale for Children and Adolescents

The Leibowitz Social Anxiety Scale for children and adolescents will be used, developed by Dr. Michael R. Leibowitz for of 7 to 18 years of age. It assesses fear and avoidance in social situations. It has strong internal consistency and test- retest reliability of 0.78 to 0.92. The correlation between overall scores and subscales scores is r=.78-.99 (Warner et al., 2003), correlation between factors is r= (.70- .99).

Youth self-report

As, no specific scale for social withdrawal is available thus, the above-mentioned scale will be used with 5 items of youth self-report scale, developed by Achenbach in 2001. It has test-retest reliability of 0.79 and internal consistency of 0.83.

Phase 1: Translation of measures

Children Revised Impact of Event Scale-13, Hogan Inventory of Bereavement short form for children and adolescents, social withdrawal subscale of Youth Self Report Scale, and

Leibowitz Social Anxiety scale for children and adolescents were translated by using Breslin method of translation (Chen et.al,2009).

Step 1: Forward translation

In this step, the scale was translated into Urdu language. For this purpose, the scales were given to 3 individuals who were bilingual. They were proficient in understanding, reading, writing and speaking English as well as Urdu. The translators were instructed that items should be translated in a way that is understandable and according to Pakistan's culture as well as the wording and complexity of sentences should be according to the age range 11-17 years old children. After almost one-week, forward translation of the scales was received.

Step 2: Analyses of translation by the committee

The committee who did the evaluation of the translations were 3 members from Psychology department of Capital University of Science and Technology. During the committee evaluation, every item statement was strongly analyzed to select the translation among the three translated versions which best matches the original statement. During the committee approach, some words were replaced and some sentences were rephrased to match the cultural context and which can be age appropriate.

Step 3: Backward translation

The Urdu translated statements were then sent to three bilinguals who were proficient in speaking, writing and reading Urdu as well as English language but they were not familiar of the original version of the scales. They translated the Urdu statements back into English.

Step 4: Comparing the back translations to original scales

The back translations of the scales were then compared to the original scales by another committee. The committee consisted of another three members who were also from Psychology department of Capital University of Science and Technology. After the comparison and making few changes in statements which best match the original ones were selected and finalized for data collection.

Phase 2: Pilot study

During the second phase, a pilot study was done to check the reliability of translated scales. The purpose of the pilot study was to check if there was any issue in the translated items of the scales and if they were understandable for intended population so, if any issue was faced, changes could be incorporated that could improve the data collection during the main study. Data was collected from 50 participants of 11 to 17 years old, both males and females who were living in orphanages of Rawalpindi and Islamabad. Participants were selected using purposive sampling. For data collection, translated versions of Children Revied Impact of Event Scale-13, Leibovitz Social Anxiety Scale for children and adolescents, social withdrawal subscale of Youth Self-report scale and Hogan Inventory of Bereavement short form for children and adolescents, were used. During the pilot study

demographic sheets were also responded by the participants that included questions related to the personal information of the participants like age, gender. Before responding on the questionnaires, permission was taken from the respective orphanages and informed consent was taken from the participants of the study. Cognitive interviewing was also done to find out if participants were having any difficulty while responding to the statements. Then, after data collection reliability analyses for the scales was done using SPSS.

Results

The Cronbach's alpha reliabilities for the scales of CRIES-13, LSAS, YSR and HIB-SF-CA are given in the table 1.

Table 1

Cronbach's Alpha Reliability Coefficients of Scales (N= 60)

Variables	No. of Items	*A*
CRIES-13	13	.61
LSAS	48	.62
YSRW	05	.68
Grief	10	.73
Growth	11	.62

Note: CRIES-13= Children Revised Impact of Event Scale-13, LSAS= Leibovitz Social Anxiety Scale for Children and Adolescents, YSRW= Youth Self Report Social withdrawal subscale, Grief and Growth (Subscales of Hogan Inventory of Bereavement short form for children and adolescents, a= Cronbach's alpha value.

Table 1 shows the alpha reliabilities of the scales. The alpha reliabilities of all the scales were satisfactory. One objective of the pilot study was to identify any issues in the

translations. The reliabilities of the scales also showed that items were understandable for participants and no concern was raised by the participants regarding the understanding of the measures.

Phase 3: Main study

Ethical Considerations

Consent form was taken from the caregiver of children which means the authority of orphanage was considered as guardian of the children. The consent form had mentioned that participation in the study is voluntary and participants can withdraw at any time during the study. Chances of harm were reduced as much as possible. Purpose of the study was explained to the caregivers. Terms of Confidentiality were explained that results will be shared with Research supervisors and in research paper. Children names were kept anonymous. Assent form from the children was also taken for their agreement on voluntary participation. During the study recalling grief experiences could be difficult, to deal with that rapport was build to create sense of safety, acknowledgement the feelings and loss of participants and mindful breathing and positive imagery was used as they had positive outcomes in relieving the emotional dysregulations in past researches (Crensshaw, 2007).

Sample

Sample was of adolescents of 11 to 17 years of age (Qureshi et.al, 2021, Melhem et.al,2011) living in Orphanages of Rawalpindi and Islamabad, children at the age of 7 start to think logically, this is Concrete operational stage where they have complete awareness about the external events and care for other people. At this age they know that the death is irreversible

and universal phenomenon (Speece, 1995) Sample was of 260 adolescent living in orphanages, 136 female and 124 males.

Inclusion criteria

Participants of age 11 to 17 years who were living in the orphanages of Rawalpindi and Islamabad from 1 to 3 years were included in the study.

Exclusion criteria

Adolescents who were having any intellectual disability were excluded and those who were living with extended families after the death of parents were also excluded.

Sampling Technique

Purposive Sampling technique was used for sample selection in which participants with characteristics needed for the research will be selected. In this study, adolescents who were living in orphanages without families were approached.

Procedure

Approval for the study was taken from review board of university. After the research approval was taken orphanages in Rawalpindi and Islamabad, with permission letter from university, were approached. Consent from orphanages was taken and assent form was signed by the adolescents. Participants then responded on the scales of grief, bereavement and social withdrawal which took almost 30-45 minutes. The responses were then analyzed using SPSS and results were then generated.

Chapter 3

RESULTS

Data analysis procedures

SPSS was used for data analysis, Spearman correlation to find relationships between variables and Mann Whitney or Kruskal Wallis tests were used to analyze demographic variables.

Results and Interpretations

Table 02

Descriptive statistics of demographic variables

Variables	Categories	f	%
Gender	Male	124	47.7
	Female	136	52.3
Age	11-13	133	51.2
	14-17	127	48.8
Duration of stay	1 year	63	24.2
	2 years	81	31.2
	3 years	116	44.6
Education of participants	Educated	113	43.5

	Uneducated	147	56.5
Death	Mother	74	28.5
	Father	66	25.4
	Both	73	28.1
	Others	47	18.1
Perceived emotional Support from others	Yes	105	40.4
	No	155	59.6

Table 1 indicates the distribution of data across demographic variables of age, gender, education, bereavement faced, perceived support and duration of stay in the orphanage. Females were slightly more than the males as they were 52.3%. the largest age group in the sample was 12 years old with 50 individuals. Duration of stay which was most among the sample was 3 years. The number of participants who had experienced mother's death and those who were uneducated were more with the frequency of 147 and 74 respectively. 59.6 participants reported that they lack support from others. Theses descriptive analysis of demographic variables provides a basic understanding of the data distribution.

Table 03

Reliability of Scales CRIES13, LSAS, YSRSW and HIB-SF-CA

Scales	Items	*M*	SD	*a*	Range		Kurtosis	Skewness	K-S	*p*
					Potential	Actual				
CRIES-13	13	33.97	7.79	.65	0-65	11-59	1.13	.54	.11	.00
LSAS	48	104.88	7.20	.66	0-144	85-117	-.26	-.60	.14	.00
YSRW	5	7.29	1.41	.74	0-10	2-10	.34	-.60	.17	.00
Grief	10	26.40	5.64	.69	10-50	17-45	1.68	1.14	.18	.00
Growth	11	28.95	5.56	.60	11-55	15-46	.89	.56	.13	.00

Note: M= Mean*, SD*= Standard deviation*, K-S*= Kolmogorov Smirnov normality test*, p*= Significance level, LSAS= Leibovitz social anxiety scale, YSRW= Youth self-report social withdrawal subscale, CRIES-13= Children revised impact of event scale.

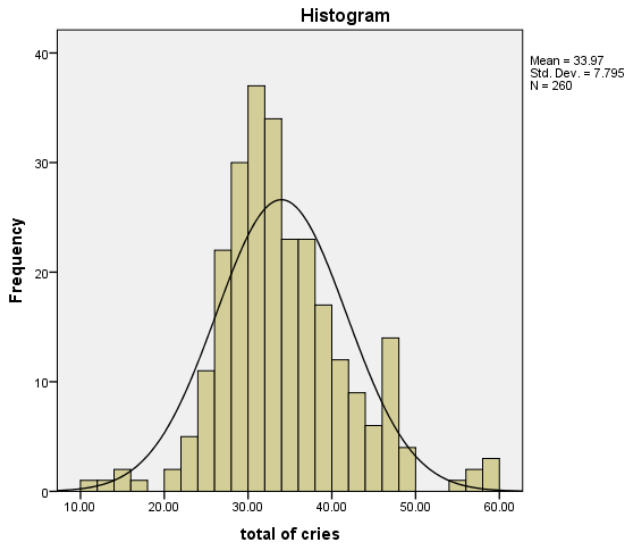

Fig. 1

Histogram of CRIES13

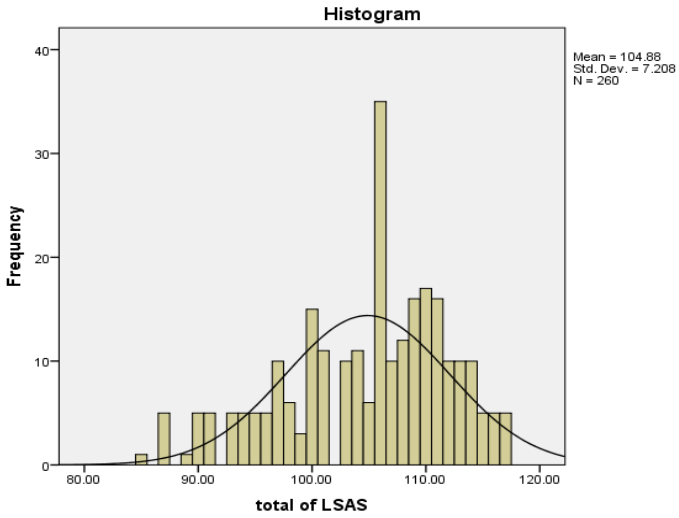

Fig.2

Histogram of LSAS

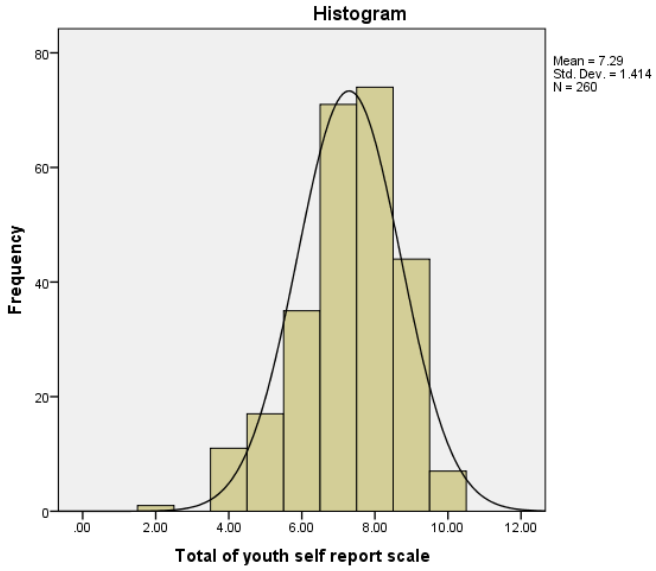

Fig.3

Histogram of YSR

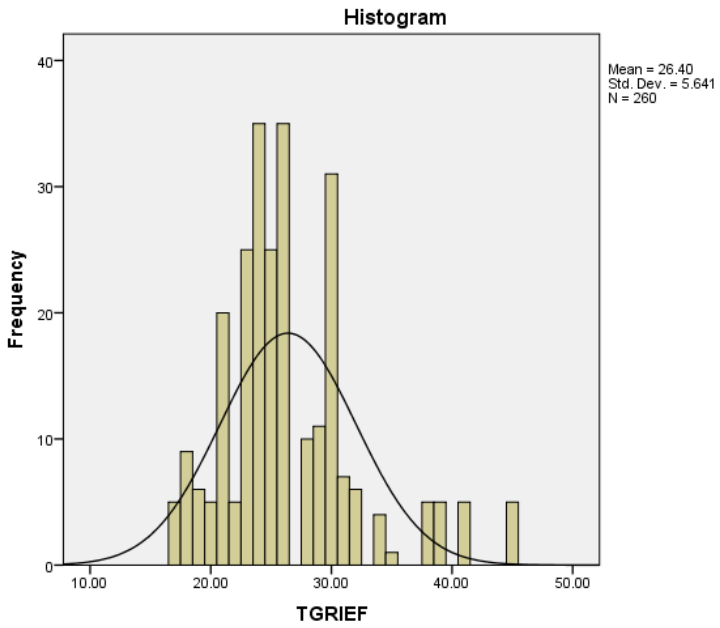

Fig.4

Histogram of grief

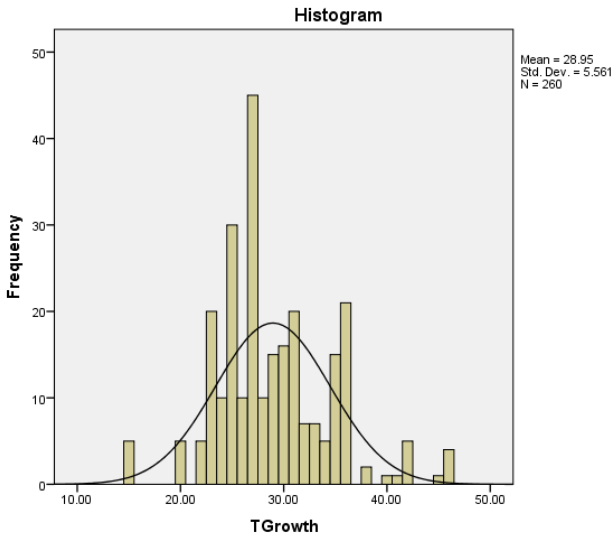

Fig. 5

Histogram of growth subscale

Table 3 indicates the reliability coefficients for CRIES-13, LSAS, YSR and HIB-SF-CA. The reliability of CRIES13 was *a* =.655 which showed moderate level of consistency between items of scales. Reliability coefficient for Leibovitz social anxiety scale for children and adolescents was *a* = .667 which also showed moderate reliability. For social withdrawal subscale of Youth self-report scale *a* = .742 which showed acceptable consistency range for scale. The reliability of HIB-SF-CA subscale grief was *a*= .698 and for growth it was *a*=.607. It indicated that the instruments were internally consistent and reliable measures of the construct.

Table 3 also shows the mean, median and mode also the standard deviations of all the scales. The skewness with a positive value of 0.547 for CRIES 13 showed that the distribution of the data was slightly skewed on the right side which meant that there were participants with higher scores. While the kurtosis value of CRIES 13 1.139 suggested that

the distribution of data was moderately platykurtic. The skewness value of -.607 of Leibowitz social anxiety scale meant that the data was negatively skewed. While its kurtosis value -.264 meant that the data had slight deviation from the normal and had flatter peak as compared to normal distribution and tail was more on the left side.

The skewness value of Youth self-report social withdrawal subscale was -.604 show that there were outliers or extreme values on the left side of the data distribution. The kurtosis value 0.340 was almost near to zero which showed the normal distribution of the data. In Hogan inventory of bereavement, the subscale of grief had skewness value of 1.147 which meant majority of the data was concentrated on the left side and the data was positively skewed as compared to the normal distribution. The kurtosis value of 1.683 means that the data was mesokurtic.

In subscale of grief, the skewness value of .569 suggested that the data was positively skewed and was more extended towards the right side while kurtosis value of .890 which meant that the distribution was moderately more peaked than the normal. K-S significance value of all scales was .00 which is less than 0.05 that showed that the data was non normal and non-parametric tests should be used in the study.

Table 4

Correlational analysis of grief, bereavement and social withdrawal

Variables	1	2	3	4	5
CRIES	-	-	-	-	-
LSAS	.185**	-	-	-	-
YSRSW	-.030	.271**	-	-	-
Grief	.309**	.037	.028	-	-
Growth	.268**	.256**	.096	.311**	-

*Note: p**<.01. p *<.05*

The table 4 shows the strength and significance of the relationship that exists between the variables. There was significant positive correlation between CRIES 13 for grief and LSAS for social withdrawal (r= .185, N=260, *p*= .001, 1- tailed). There was non-significant negative relationship between CRIES 13 and YSR for social withdrawal (*r*= -.030, N= 260, *p*=0.316, 1- tailed). There was significant positive relationship of CRIES and grief subscale of HIB-SF-CA (*r*=.309. N=260, *p*=0.00, 1 tailed). The relationship of CRIES 13 with growth subscale of HIB-SF-CA was also significant and positive (*r*=.268, N=260, *p*= 0.00, 1- tailed). There was significant positive relationship of LSAS and YSRSW (*r*=.271, *p*=0.00, 1 tailed). There was non-significant positive relationship of LSAS and grief subscale of HIB-SF-CA (*r*=.037, *p*= .275, 1 tailed). The relationship of LSAS and growth subscale was significant and positive (*r*= .256, *p*= 0.00, 1 tailed). There was non-significant and positive relationship between grief subscale and social withdrawal subscale (*r*= .028, *p*=.329, 1 tailed). Relationship of social withdrawal subscale and growth was non-significant and positive (*r*= .096, *p*=.062, 1 tailed) and the relationship of LSAS

with growth subscale was also significant positive (*r*=.256**, *p*=0.00, N=260). There was significant positive relationship between grief and growth (*r*=.311, *p*= 0.00, N= 260, 1 tailed).

Table 5

Descriptive Statistics and Mann-Whitney U test scores of Griefs, Bereavement and Social withdrawal

	Male		Female			
Variables	*N*	*Median*	*N*	*Median*	*U*	P
1. CRIES13	124	30.8	136	34.8	7968.00	.44
2. LSAS	124	106.5	136	104.88	7304.50	.06
3. YSRSW	124	8.6	136	7.1	7187.50	.03
4. GRIEF	124	25	136	27.28	7760.00	.26
5. GROWTH	124	28	136	28.95	8129.50	.61

Note: a. Grouping Variable: Gender of Participants. Grief, bereavement and social withdrawal

Table 5 shows gender difference existing between males and females in variables grief, bereavement and social withdrawal. Grief was more in female participants as they had mean rank of 133.91 while males had 126.76. In case of social withdrawal males had more tendency to experience it as they had rank value 139.59 while females had 122.21. In hogan inventory of bereavement the subscale of grief also showed that females tend to experience more grief with mean rank of 135.44 while males have 125.08. In case of

growth subscale, males had more of it with mean value of 132.94 than females who have a mean rank of 128.28. Although the difference existed is non-significant as the p value is greater than 0.05.

Chapter 4

DISCUSSION

The main objective of the hypothesis was to examine the relationship of grief and social withdrawal. The second aim was to explore the relationship of bereavement and social withdrawal. Another objective of the study was to determine the gender differences that exist in experience if social withdrawal, grief and bereavement.

Current study was completed in three phases, translation, pilot testing and the actual study. Quantitative questionnaires were administered. All of these scales were translated into Urdu and in accordance with the cultural context of the participants. The purpose of the translation was to use scales in culturally appropriate language, for which forward and backward translations were done.

In second phase the pilot study has been conducted. The purpose of doing pilot study was to check if there was any issue in translations of the scale.

Phase three was the main study (N=260). During this phase analysis was done on demographic characteristics of the participants. Frequencies and percentages were obtained for age, gender and duration of stay in orphanages (Table 2). Analysis on psychometric properties of scales was also done which gave the values of Cronbach's alpha (Table 3). Alpha reliabilities showed that these scales were reliable to use. Skewness and Kurtosis values were also obtained which showed deviance from the normal distribution but the values were within the acceptable range of +2 and -2. The K-S analysis was done to further confirm the use of parametric or non-parametric test in the study. The significance value of

K-S was less than 0.05 which predicted the use of non-parametric tests in the study. Also, the histograms showed deviation of the data from the normal distribution.

There were three hypotheses of the study. The first hypothesis suggests that people who suffer from grief they are more likely to engage in social withdrawal from their family and friend. It is providing an assumption that grief and social withdrawal increase or decrease together and they have a positive correlation with each other. Results of the study also supported the mentioned hypothesis and the results were consistent with the past literature. Many studies have provided the supporting evidence for positive correlation of social withdrawal and grief. A metanalysis was conducted and many studies were reviewed to explore the relationship between grief and social functioning. The results also supported this hypothesis that a positive relationship exists between grief and social withdrawal. The results showed that the individuals who experience higher levels of grief are more likely to show withdrawal behavior. They have decreased social contact (Eisma et.al, 2015). Grief is not limited to death loss, it can also arise from non-death losses such as loss of job, favorite pet, loss of relationship. A study examined grief and social withdrawal in loss of a relationship and job loss. Results revealed that participants reported grief including sadness and social withdrawal. They desire to stay in solitude as a mean of coping from their grief (Bonanno et.al, 2002). Another correlational study also showed that individuals who experienced grief due to divorce have increased level of social due to their emotional distress (Kessler et.al, 2010). A study by Burke and Neimeyer in 2013 also showed that people experiencing grief experience disconnection from their social network, they perceive a sense of being misunderstood or unsupported leading to decreased desire to engage with or talk to people.

The second hypothesis suggests that bereavement is positively correlated with social withdrawal. The result of the study reported positive correlation of social withdrawal with grief subscale of Hogan inventory of bereavement but not significant. Past researches also provided results in evidence of this hypothesis. A qualitative study has been conducted to investigate the grieving process after the loss of the loved ones. The results also shown that social withdrawal was a common coping strategy used in grief. The participants expressed a desire to spend more time alone without interacting with anyone. Participants also reported feelings of difficulty in engaging in social activities while they are processing their grief (Rubin & Malkinson, 2010). Another study with the sample of adolescents who had experienced the loss of a parents, has been conducted which also shown that after bereavement there is intense prolonged grief in participants leading to decreased social participation and engagement in social activities (Simon et.al, 2018). The existing research provides consistent support that bereavement is positively correlated with social withdrawal. During bereavement individuals tend to experience intense grief, sadness, anger and confusion which makes social interactions difficult. A longitudinal study was conducted by Stroebe et.al in 2007 examined the relationship between bereavement and social withdrawal. The results reported significant positive correlation between bereavement and extent of social withdrawal. Another study found that grief associated symptoms like sadness, guilt increases the level of social withdrawal. Bereavement impacts the level of social behavior of an individual (Gasson & Conway, 2017). The researchers found out that participants who have experienced loss of spouse or their child tend to withdraw from other people. Moreover, the duration of social withdrawal is correlated with intensity of grief (Zisook et.al, 2012). The past research found that bereaved adolescents

have high level of social withdrawal, its duration depends on quality of relationship with the deceased and level of support provided by peers and relatives (Currier et.al, 2008).

The 3rd hypothesis suggests that females experience more grief and bereavement as compared to boys. Results of this study also suggest that females are more prone to grief and bereavement related issues as compared to boys. Past researches also provide similar results. One study reports that the difference we have found is due to the difference in the expression of the grief and bereavement as female tend to express their emotions more openly as compared to boys it does not surely tell us about the intensity of the grief (Holland,2013). Females tend to be more emotionally responsive and sensitive compared to males (Chaplin & Aldao, 2013). Rose and Rudolph in 2006 conducted a study that also reported the findings that females tend to have more intimate and close attachments in relationships as a result when the loss occurs, they feel more intense grief.

Mann- Whitney U test was done to examine the differences in grief, bereavement and social withdrawal among participants who have perceived socio emotional support and who have not. The results indicated higher experience of grief, bereavement and social withdrawal with no perceived social support while those who have social support have low score on these variables but the differences were insignificant.

This research findings do not support the hypothesis that females experience more social withdrawal than males. Findings of this study suggest that males have more experience of social withdrawal as compared to females. But the difference is not significant except for social withdrawal subscale of Youth Self Report scale. Many past researches reported the same findings and contradicts this hypothesis. Females desire to

seek social support after bereavement or any loss, they use emotional coping strategies by discussing their feelings and find comfort by talking about the grief while males use problem focused strategies more and they have internalized grief leading to social withdrawal from others (Lennon & Armstrong, 2011). In society due to gender role expectations, men become more self-relying, independent and emotionally restrained leading to social withdrawal while females socialize and engage in nurturing behavior more (Ollife & Han,2014). The findings of this study and of past researches reject the hypothesis of study that females experience more social withdrawal as compared to males. As the findings suggest that male's tendency to experience social withdrawal is more. Another study in Journal of Abnormal Child Psychology in 2012 suggested that in preschool aged children boys experience more social withdrawal as compared to girls. It can be due to role expectations of society. There was consistent gender difference as boys showed higher levels of social withdrawal across different cultures (Rubin et.al, 2009). Another study quoted that boys were more likely to display social withdrawal symptoms during their early childhood, which continued into later stages of their life (Eisenberg et.al, 2001).

The correlation of growth subscale with social withdrawal is significant and positive according to this study, which needs to be further explored. As, past researches provide mix findings on relationship of social withdrawal and growth. One study found that adolescents who spent more time alone had higher level of self-awareness and reflection that increases their growth (Larson & Csikszentmihalyi, 2014). One study explained that people who suffer from loss their social withdrawal provides them space to make meaning in their loss leading to positive changes and growth (Tedeshi & Calhoun, 2004). This research findings also reported significant positive relationship between

growth and grief. Past researches also provided evidence of it. A study found that during the grieving process individuals who actively engage in meaning making process experience more growth and positive changes in them (Park & Folkman, 1997). Research by Davis et.al in 2004 found that people who had experienced grief reported changes in their perspective on life leading to more appreciation in their relationships, empathy which leads to personal growth and psychological wellbeing.

The demographic variables of education, relationship with the bereaved, support and duration of stay in the orphanage were also analyzed. Grief was higher among uneducated ones but the difference was not significant except for CRIES-13 with p=.007. The differences examined by applying Mann Whitney and Kruskal Wallis test on support, bereavement and duration of stay in orphanage are also non-significant. More research is needed to draw further conclusion in this regard.

Conclusion

The findings of the study revealed that there is positive relationship between grief, bereavement and social withdrawal. According to the findings of the study females tend to experience more grief and bereavement than males but the occurrence of social withdrawal is more in male as compared to females. During the grief process participants responded the use of social withdrawal as a coping strategy especially males.

Limitations and recommendations

The sample of the study was relatively small and was not representative of all orphanage adolescents. Results can be different if the study will be done on other culture's orphanage

adolescents. The present study was done by using self-report measures and not from guardians who can tell about social behaviour or emotions of the participants, so there can be social desirability in the responses. If data will be gathered from guardians or authorities of orphanage than more factors related to adolescents' behavior can be explored. Cause and effect relationships are not established in current study. Future studies can be done by using experimental design or longitudinal study design. Researcher bias can be present in doing purposive sampling. Future studies can be done by using random sampling technique. The relationship between variables which was not significant does not provides much accuracy about strength of the relationship. The present study was done on orphanage adolescent that's why it doesn't tell about the difference that can exist in the experience of grief, bereavement and social withdrawal of adolescents who are non-orphans or are living with the extended families or relatives. Future researchers can work on grief and bereavement in relation with other psychological variables like attachment style, self-esteem.

Implications

This study will provide baseline for future researches on grief and bereavement in Pakistan. This research can help to design better learning environments, intervention planning and highlight need of Psychologists in orphanages. Present study will raise awareness about the needs of orphanage children and adolescents and the need of social support to them. This study can help to design training programs for care takers of orphanage, their teachers and also to the adolescents which can increase their well-being. Present study highlights the role grief, bereavement and social withdrawal play together thus, can help to develop

strategies that can increase social interactions that are positive and can help the adolescents of orphanages to cope up with their grief process and increase their engagement in meaningful activities.

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Appendices A

Original versions of Hogan inventory of bereavement short form for children and adolescents, Children revised impact of event scale-13, Leibowitz social anxiety scale for children and adolescents, Youth self-report (5 items)

Hogan inventory of bereavement short form for children and adolescents

HOGAN INVENTORY OF BEREAVEMENT
(Short Form)
(Children and Adolescents).

This questionnaire consists of a list of thoughts and feelings that you may have had **since** your loved one died. Please read each statement carefully and choose the number that best describes the way you have been feelings during the **past two weeks, including today.** Circle the number beside the statement that best describes you. Please do not skip any items.

1 Does not describe me at all
2 Does not quite describe me
3 Describes me fairly well
4 Describes me well
5 Describes me very well

1. I believe I will lose control when I think about him or her 1 2 3 4 5
2. I believe I am a better person 1 2 3 4 5
3. I have no control over my sadness 1 2 3 4 5
4. I believe I am stronger because of the grief I have had to deal with 1 2 3 4 5
5. I get a sick feeling when I am feeling happy 1 2 3 4 5
6. I have learned to deal better with my problems 1 2 3 4 5
7. I have a better outlook on life 1 2 3 4 5
8. I get all nervous and scared for no reason 1 2 3 4 5
9. I am a more caring, and nice to other..... 1 2 3 4 5
10. I worry about everything 1 2 3 4 5
11. I don't care what happens to me 1 2 3 4 5
12. I have learned to deal better with my life 1 2 3 4 5
13. I don't think I will ever be happy again 1 2 3 4 5
14. I try to be kinder to other people 1 2 3 4 5
15. I have trouble paying attention to my schoolwork and other things..... 1 2 3 4 5
16. I am more aware of others' feelings 1 2 3 4 5
17. I am afraid to get close to people 1 2 3 4 5
18. I am more understanding of others 1 2 3 4 5
19. I do not sleep well at night..... 1 2 3 4 5
20. I have grown up faster than my friends 1 2 3 4 5
21. I can put up with others a lot better 1 2 3 4 5

Children revised impact of event scale-13

THE CHILDREN'S IMPACT OF EVENT SCALE (13) CRIES-13

Revised Child Impact of Event Scale

Below is a list of comments made by people after stressful life Event. Please tick each item showing how frequently these comments were true for you *during the past seven days*. If they did not occur during that time please tick the 'not at all' box.

Name: ..... Date: .....

								Office use only		
			Not at all	**Rarely**	**Some-times**	**Often**		In	Av	Ar
1.	Do you think about it even when you don't mean to?		[ ]	[ ]	[ ]	[ ]				
2.	Do you try to remove it from your memory		[ ]	[ ]	[ ]	[ ]				
3.	Do you have difficulties paying attention or concentrating		[ ]	[ ]	[ ]	[ ]				
4.	Do you have waves of strong feelings about it		[ ]	[ ]	[ ]	[ ]				
5.	Do you startle more easily or feel more nervous than you did before it happened?		[ ]	[ ]	[ ]	[ ]				
6.	Do you stay away from reminders of it (e.g. places or situations)		[ ]	[ ]	[ ]	[ ]				
7.	Do you try not talk about it		[ ]	[ ]	[ ]	[ ]				
8.	Do pictures about it pop into your mind?		[ ]	[ ]	[ ]	[ ]				
9.	Do other things keep making you think about it?		[ ]	[ ]	[ ]	[ ]				
10.	Do you try not to think about it?		[ ]	[ ]	[ ]	[ ]				
11.	Do you get easily irritable		[ ]	[ ]	[ ]	[ ]				
12.	Are you alert and watchful even when there is no obvious need to be?		[ ]	[ ]	[ ]	[ ]				
13.	Do you have sleep problems?		[ ]	[ ]	[ ]	[ ]				

Leibowitz social anxiety scale for children and adolescents

This questionnaire is about situations that sometimes make teenagers feel nervous or uncomfortable.

In the first box, please rate how nervous, uncomfortable, or afraid each situation has made you feel in the past week. If the situation hasn't happened, imagine how you would feel if it did. In the second box, rate how often you avoid the situation.

	Fear or Anxiety 0 = None 1 = Mild 2 = Moderate 3 = Severe	Avoidance 0 = Never (0%) 1 = Sometimes (1-33%) 2 = Often (34-67%) 3 = Usually (68-100%)
1. Talking to classmates or others on the telephone (S)		
2. Participating in work groups in the classroom (P)		
3. Eating in front of others (e.g., school cafeteria, restaurants) (P)		
4. Asking an adult you don't know well, like a store clerk, principal, or policeman for help (e.g., for directions or to explain something that you don't understand) (S)		
5. Giving a verbal report or presentation in class (e.g., show and tell for younger children) (P)		
6. Going to parties, dances, or school activities (S)		
7. Writing on the chalkboard or in front of others (P)		
8. Talking with other kids you don't know well (S)		
9. Starting a conversation with people you don't know well (S)		
10. Using school or public bathrooms (P)		
11. Going into a classroom or another place (e.g., Church, food court seating) when others are already seated (P)		

	Fear or Anxiety 0 = None 1 = Mild 2 = Moderate 3 = Severe	Avoidance 0 = Never (0%) 1 = Sometimes (1·33%) 2 = Often (34·67%) 3 = Usually (68·100%)
12. Having people pay close attention to you or being the center of attention (e.g., your own birthday party) (S)		
13. Asking questions in class (P)		
14. Answering questions in class (P)		
15. Reading out loud in class (P)		
16. Taking tests (P)		
17. Saying "no" to others when they ask you to do something that you don't want to do (like borrow something or look at your homework) (S)		
18. Telling others that you disagree or that you are angry with them (S)		
19. Looking at people you don't know well in the eyes (S)		
20. Returning something in a store (S)		
21. Playing a sport or performing in front of other people (e.g., gym class, dancing school recital, musical concert) (P)		
22. Joining a club or organization (S)		
23. Meeting new people or strangers (S)		
24. Asking a teacher permission to leave the classroom (like to go to the bathroom or to the nurse) (P)		

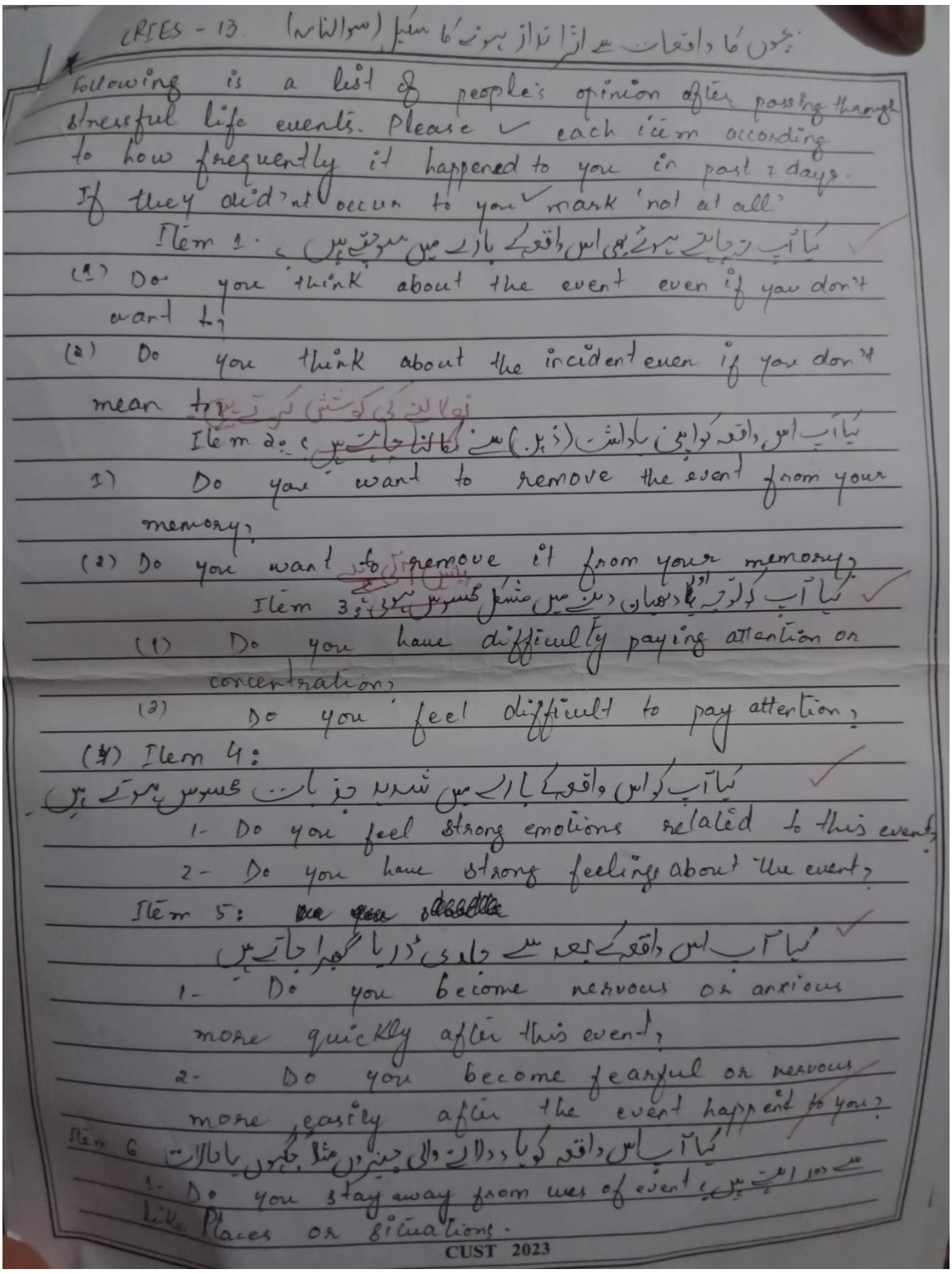
Youth self-report scale

Rated on 3 point scale with 0 is=not at all, 1 = a little or sometimes, 2= always or often true.

1. I would rather be alone than with others.
2. I am secretive and keep things to myself.
3. I am too shy or timid.
4. I refuse to talk
5. I keep from getting involved with others.

Appendices b

Forward and backward translations of the scales



CRIES - 13 (سوالنامہ) بچوں کا واقعات سے اثر انداز ہونے کا سکیل

Following is a list of people's opinion after passing through stressful life events. Please ✓ each item according to how frequently it happened to you in past 7 days. If they did not occur to you ✓ mark 'not at all'

Item 1: کیا آپ نہ چاہتے ہوئے بھی اس واقعے کے بارے میں سوچتے ہیں؟

(1) Do you think about the event even if you don't want to?

(2) Do you think about the incident even if you don't mean to?

Item 2: کیا آپ اس واقعہ کو اپنی یادداشت (ذہن) سے نکالنا چاہتے ہیں؟

1) Do you want to remove the event from your memory?

(2) Do you want to remove it from your memory?

Item 3: کیا آپ کو توجہ یا دھیان دینے میں مشکل محسوس ہوتی ہے؟

(1) Do you have difficulty paying attention or concentration?

(2) Do you feel difficult to pay attention?

(3) Item 4:

کیا آپ کو اس واقعے کے بارے میں شدید جذبات محسوس ہوتے ہیں؟

1- Do you feel strong emotions related to this event?

2- Do you have strong feelings about the event?

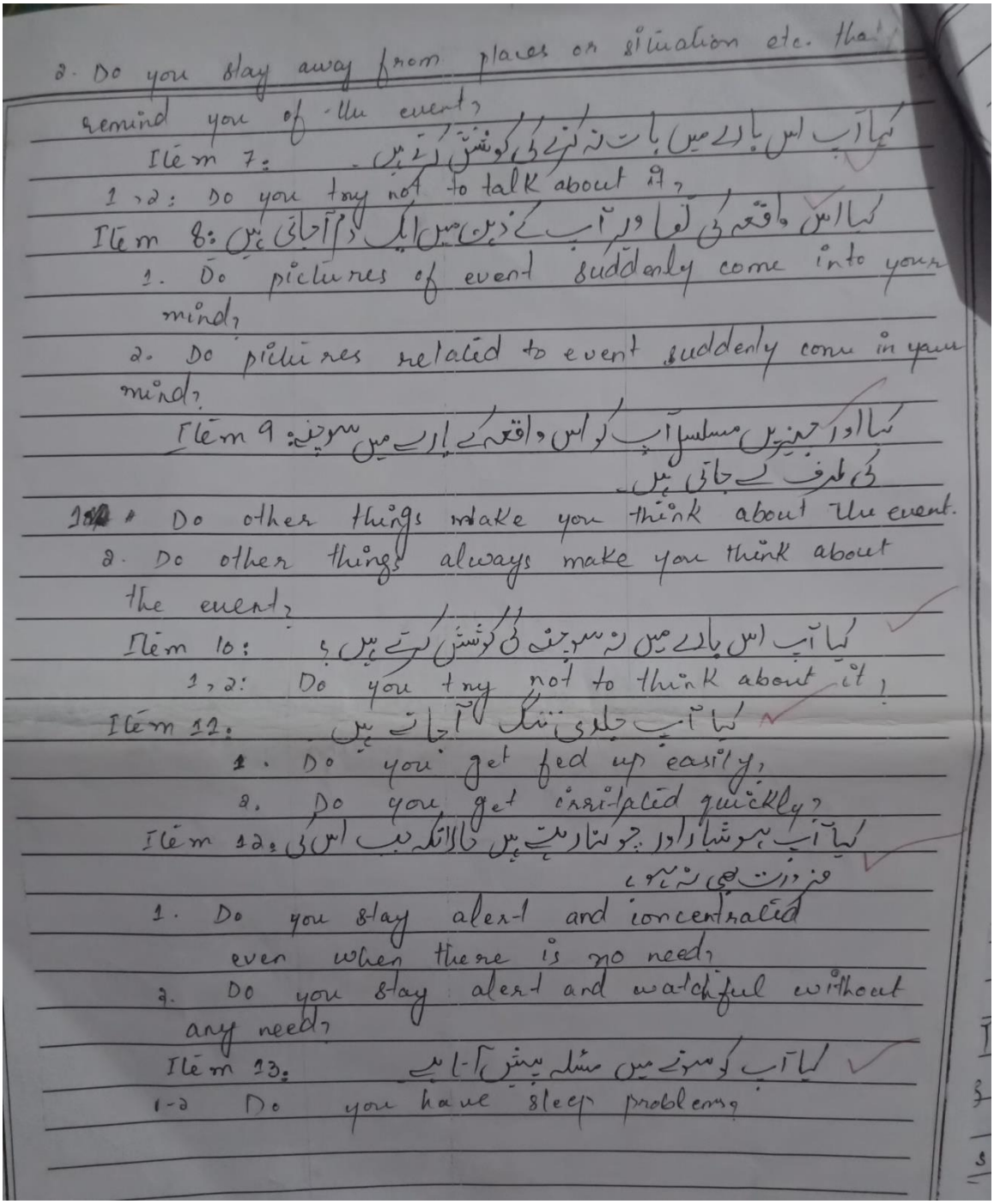
Item 5: کیا آپ اس واقعے کے بعد سے جلدی ڈر یا گھبرا جاتے ہیں

1- Do you become nervous or anxious more quickly after this event?

2- Do you become fearful or nervous more easily after the event happened to you?

Item 6 کیا آپ اس واقعہ کو یاد دلانے والی چیزوں مثلاً جگہوں یا حالات سے دور رہتے ہیں؟

1- Do you stay away from ues of event? Like Places or situations.



2. Do you stay away from places or situation etc. that remind you of the event?

Item 7: کیا آپ اس بارے میں بات نہ کرنے کی کوشش کرتے ہیں۔

1, 2: Do you try not to talk about it?

Item 8: کیا اس واقعہ کی تصاویر آپ کے ذہن میں ایک دم آجاتی ہیں

1. Do pictures of event suddenly come into your mind?

2. Do pictures related to event suddenly come in your mind?

Item 9: کیا اور چیزیں مسلسل آپ کو اس واقعہ کے بارے میں سوچنے کی طرف لے جاتی ہیں۔

1. Do other things make you think about the event.

2. Do other things always make you think about the event?

Item 10: کیا آپ اس بارے میں نہ سوچنے کی کوشش کرتے ہیں؟

1, 2: Do you try not to think about it?

Item 11: کیا آپ جلدی تنگ آجاتے ہیں۔

1. Do you get fed up easily?

2. Do you get irritated quickly?

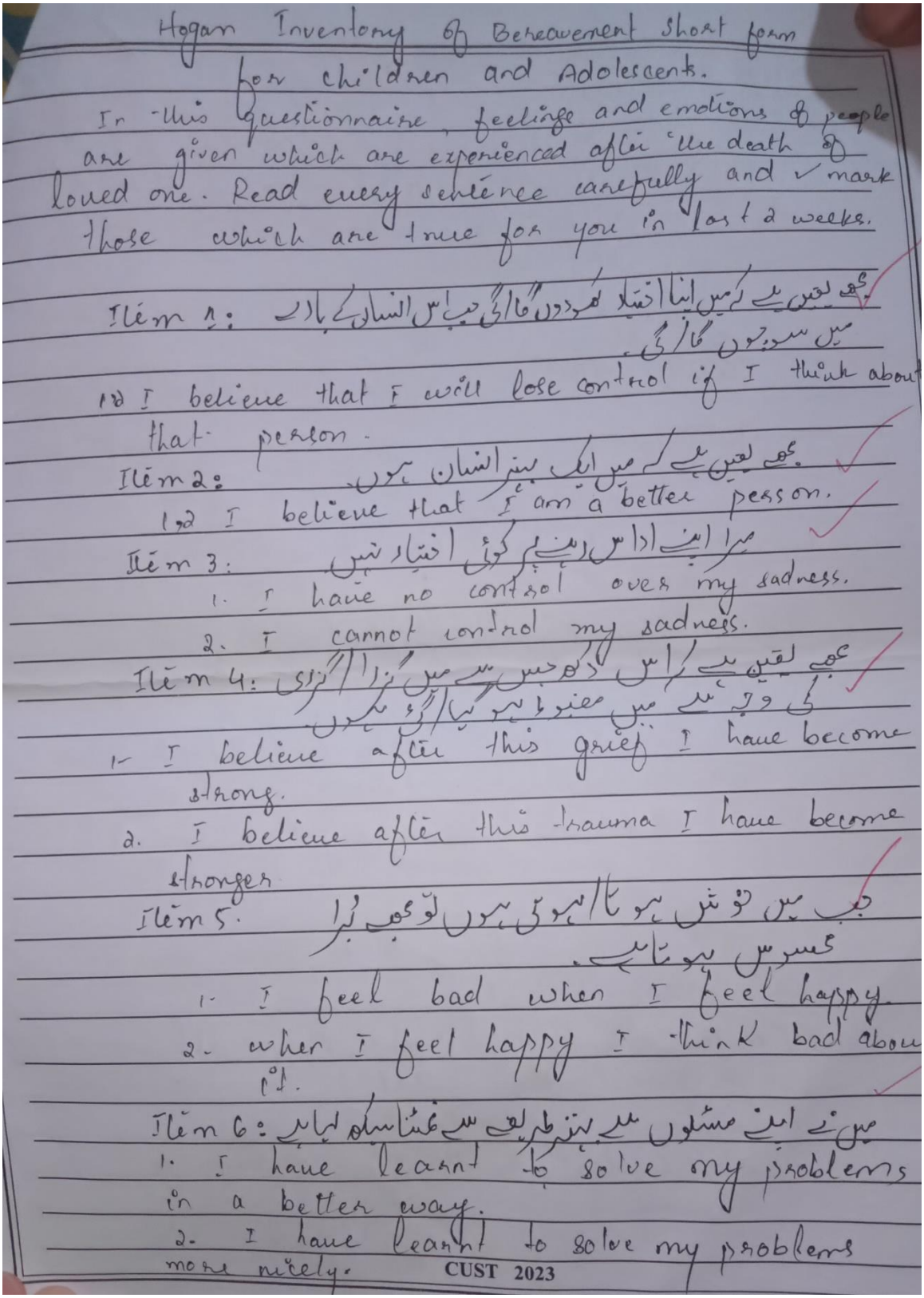
Item 12: کیا آپ ہوشیار اور چوکنا رہتے ہیں حالانکہ ایسی ضرورت بھی نہ ہو؟

1. Do you stay alert and concentrated even when there is no need?

2. Do you stay alert and watchful without any need?

Item 13: کیا آپ کو سونے میں مسئلہ پیش آتا ہے

1-2 Do you have sleep problems?



Hogan Inventory of Bereavement Short form for children and Adolescents.

In this questionnaire, feelings and emotions of people are given which are experienced after the death of loved one. Read every sentence carefully and ✓ mark those which are true for you in last 2 weeks.

Item 1: مجھے یقین ہے کہ میں اپنا اختیار کھو دوں گا اگر میں اس انسان کے بارے میں سوچوں گا/گی۔

1a I believe that I will lose control if I think about that person.

Item 2: مجھے یقین ہے کہ میں ایک بہتر انسان ہوں۔

1,2 I believe that I am a better person.

Item 3: میرا اپنے اداسی پہ کوئی اختیار نہیں

1. I have no control over my sadness.
2. I cannot control my sadness.

Item 4: مجھے یقین ہے کہ اس دکھ جس سے میں گزرا/گزری کی وجہ سے میں مضبوط ہو گیا/گئی ہوں

1- I believe after this grief I have become strong.

2. I believe after this trauma I have become stronger

Item 5: جب میں خوش ہوتا/ہوتی ہوں تو مجھے برا محسوس ہوتا ہے۔

1. I feel bad when I feel happy.
2. when I feel happy I think bad about it.

Item 6: میں نے اپنے مسئلوں کے بہتر طریقے سے نمٹنا سیکھ لیا ہے

1. I have learnt to solve my problems in a better way.
2. I have learnt to solve my problems more nicely.

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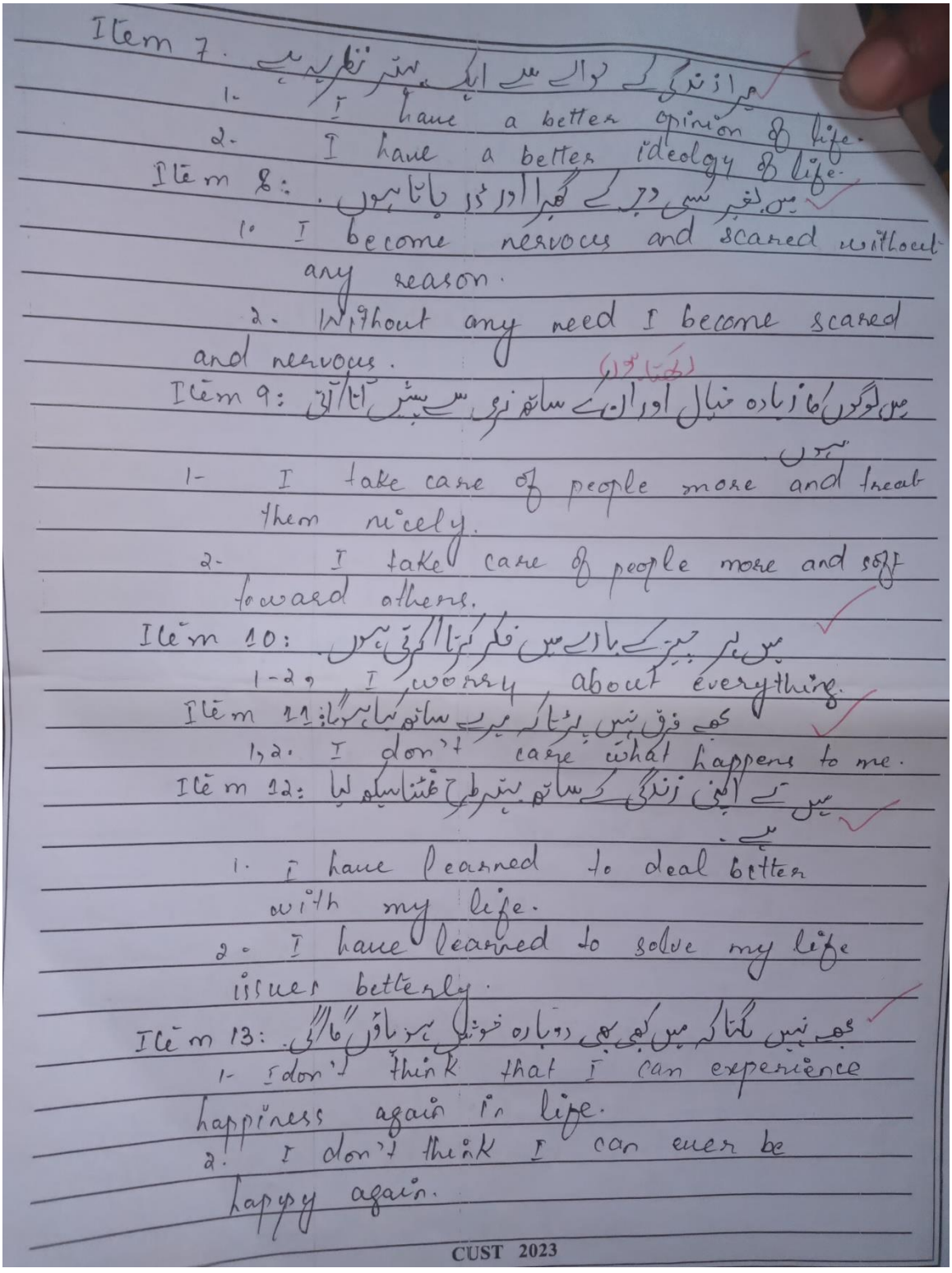

Item 7. میرا زندگی کے بارے میں ایک بہتر نظریہ ہے۔
1- I have a better opinion of life.
2- I have a better ideology of life.
Item 8: میں بغیر کسی وجہ کے گھبرا اور ڈر جاتا ہوں۔
1- I become nervous and scared without any reason.
2- Without any need I become scared and nervous.
Item 9: میں لوگوں کا زیادہ خیال اور ان کے ساتھ نرمی سے پیش آتا ہوں۔
1- I take care of people more and treat them nicely.
2- I take care of people more and soft toward others.
Item 10: میں ہر چیز کے بارے میں فکر کرتا رہتی ہوں۔
1-2, I worry about everything.
Item 11: کوئی فرق نہیں پڑتا کہ میرے ساتھ کیا ہوتا ہے۔
1,2. I don't care what happens to me.
Item 12: میں نے اپنی زندگی کے ساتھ بہتر طرح نمٹنا سیکھ لیا ہے۔
1. I have learned to deal better with my life.
2. I have learned to solve my life issues betterly.
Item 13: کوئی نہیں لگتا کہ میں کبھی بھی دوبارہ خوشی محسوس کر پاؤں گی۔
1- I don't think that I can experience happiness again in life.
2. I don't think I can ever be happy again.

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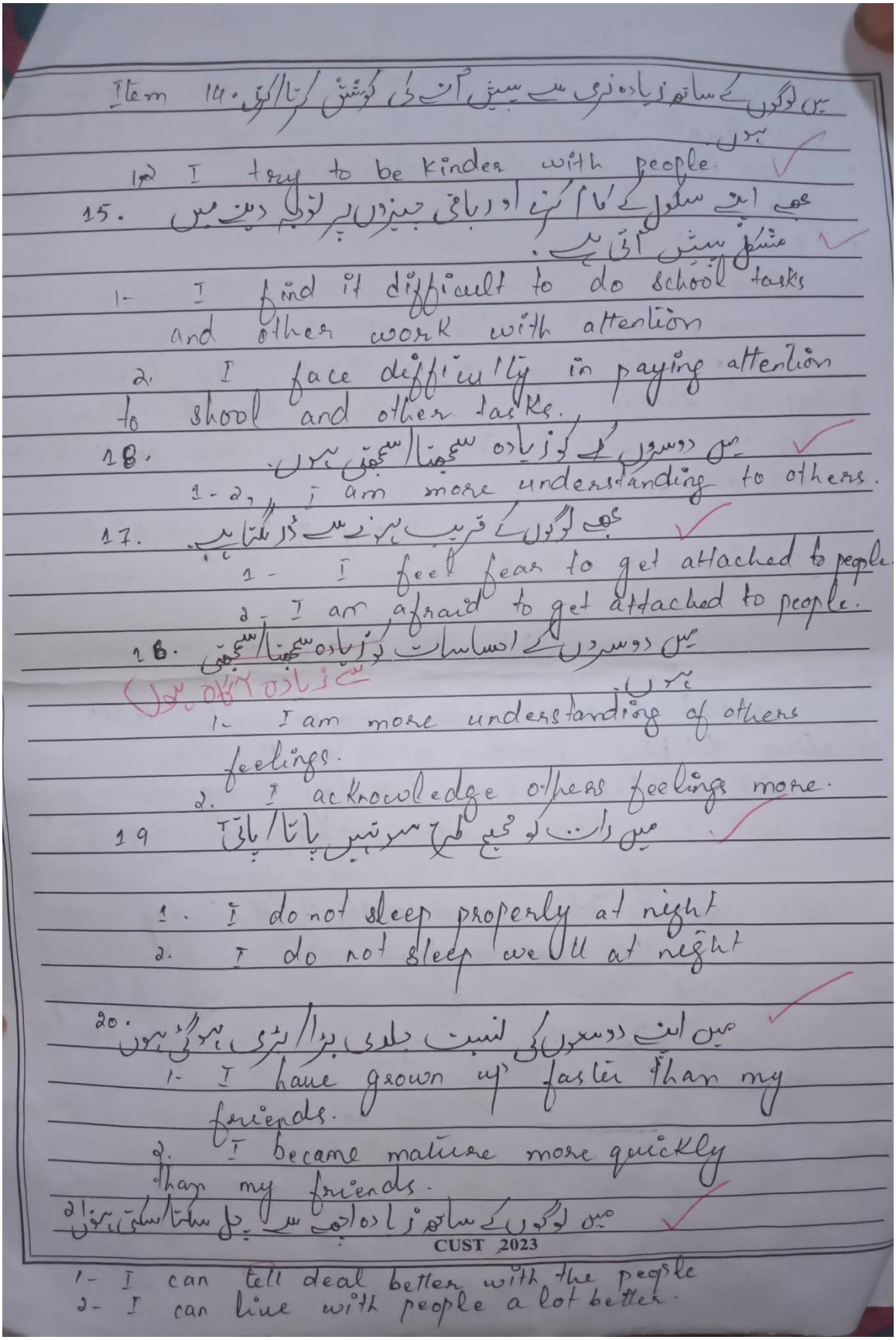


Item 14. میں لوگوں کے ساتھ زیادہ نرمی سے پیش آنے کی کوشش کرتا/کرتی ہوں۔

14. I try to be kinder with people.

15. مجھے اپنے سکول کے کام کرنے اور باقی چیزوں پر توجہ دینے میں مشکل پیش آتی ہے۔

1- I find it difficult to do school tasks and other work with attention

2. I face difficulty in paying attention to shool and other tasks.

18. میں دوسروں کو زیادہ سمجھتا/سمجھتی ہوں۔

1-2, I am more understanding to others.

17. مجھے لوگوں کے قریب ہونے سے ڈر لگتا ہے۔

1- I feel fear to get attached to people.

2- I am afraid to get attached to people.

16. میں دوسروں کے احساسات کو زیادہ سمجھتا/سمجھتی ہوں۔ (سے زیادہ واقف ہوں)

1- I am more understanding of others feelings.

2. I acknowledge others feelings more.

19 میں رات کو صحیح طرح سو نہیں پاتا/پاتی

1. I do not sleep properly at night

2. I do not sleep well at night

20. میں اپنے دوستوں کی نسبت جلدی بڑا/بڑی ہو گیا/گئی ہوں

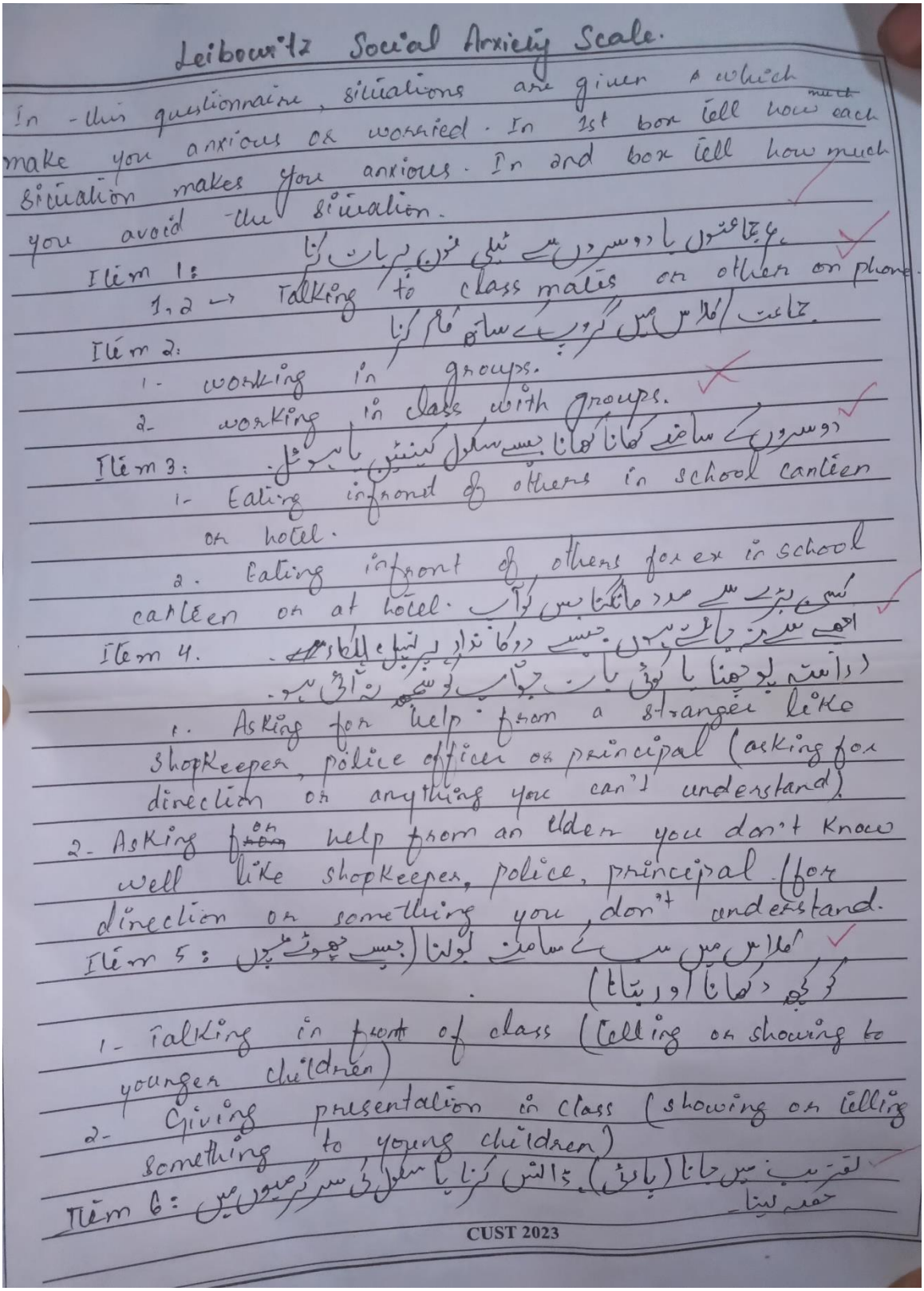
1- I have grown up faster than my friends.

2. I became mature more quickly than my friends.

21. میں لوگوں کے ساتھ زیادہ اچھے سے پیش آ سکتا/سکتی ہوں

1- I can tell deal better with the people

2- I can live with people a lot better.



Leibowitz Social Anxiety Scale.

In this questionnaire, situations are given which make you anxious or worried. In 1st box tell how much each situation makes you anxious. In 2nd box tell how much you avoid the situation.

Item 1: جماعتوں یا دوسروں سے نیلی فون پر بات کرنا

1, 2 → Talking to class mates or others on phone.

Item 2: جماعت/کلاس میں گروپ کے ساتھ کام کرنا

1- working in groups.

2- working in class with groups.

Item 3: دوسروں کے سامنے کھانا کھانا جیسے سکول کینٹین یا ہوٹل

1- Eating infront of others in school canteen or hotel.

2. Eating infront of others for ex in school canteen or at hotel.

Item 4. کسی بڑے سے مدد مانگنا جس کو آپ اچھے سے نہ جانتے ہوں جیسے دوکاندار پرنسپل یا پولیس (راستہ پوچھنا یا کوئی بات جو آپ کو سمجھ نہ آئی ہو)

1. Asking for help from a stranger like shopkeeper, police officer or principal (asking for direction or anything you can't understand)

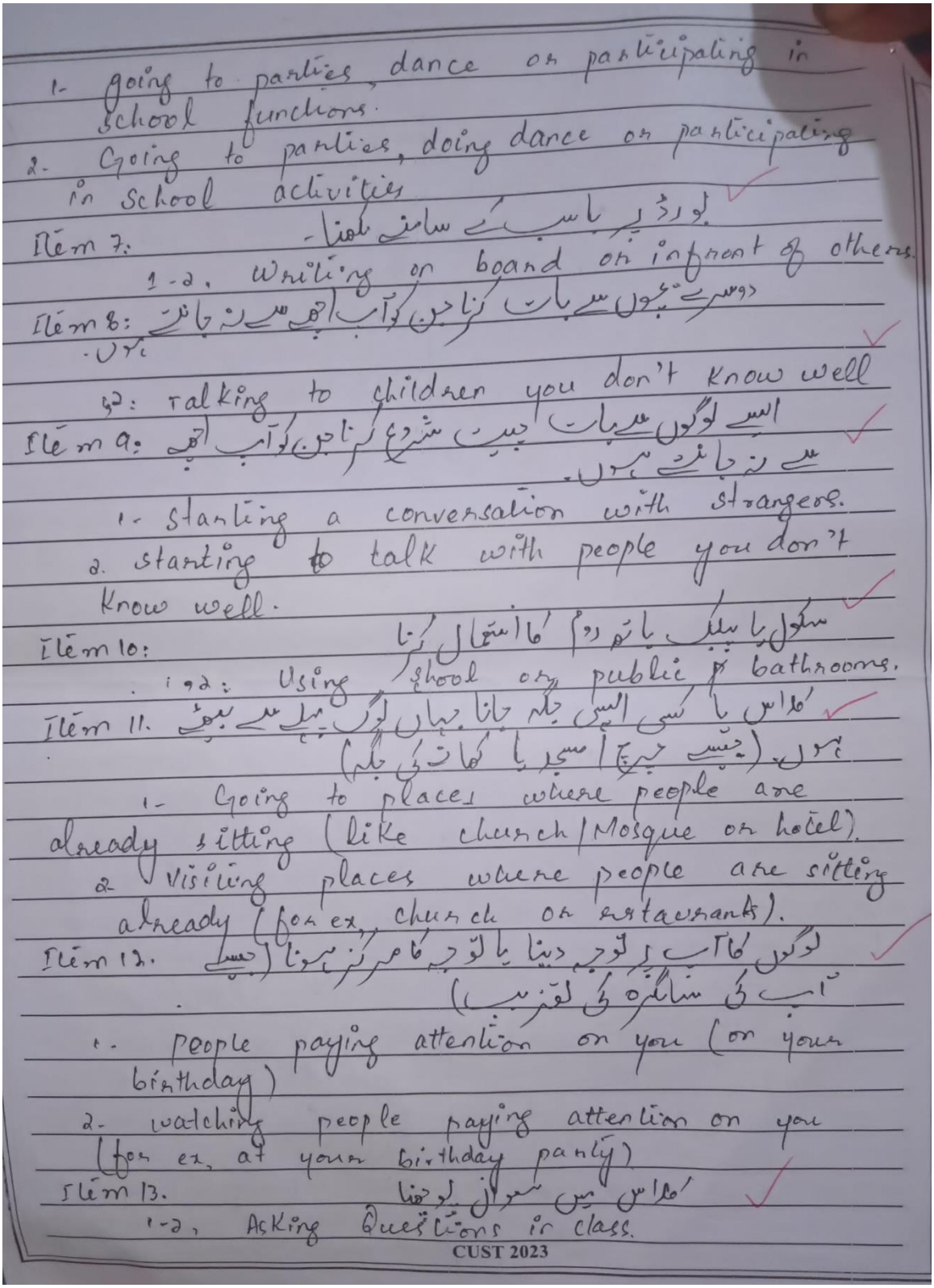
2- Asking for help from an elder you don't know well like shopkeeper, police, principal (for direction or something you don't understand.

Item 5: کلاس میں سب کے سامنے بولنا (جیسے چھوٹے بچوں کو کچھ دکھانا اور بتانا)

1- Talking in front of class (telling or showing to younger children)

2- Giving presentation in class (showing or telling something to young children)

Item 6: تقریب میں جانا (پارٹی) یا سکول کی سرگرمیوں میں حصہ لینا



1- going to parties, dance or participating in school functions.

2- Going to parties, doing dance or participating in school activities

Item 7: بورڈ پر باقی سب کے سامنے لکھنا

1-2. Writing on board on infront of others.

Item 8: دوسرے بچوں سے بات کرنا جن کو آپ اچھے سے نہ جانتے ہوں

2: Talking to children you don't know well

Item 9: ایسے لوگوں سے بات چیت شروع کرنا جن کو آپ اچھے سے نہ جانتے ہوں۔

1- Starting a conversation with strangers.

2. starting to talk with people you don't know well.

Item 10: سکول یا پبلک باتھ روم کا استعمال کرنا

1-2: Using school or public bathrooms.

Item 11. کلاس یا کسی ایسی جگہ جانا جہاں لوگ پہلے سے بیٹھے ہوں (جیسے چرچ، مسجد یا کھانے کی جگہ)

1- Going to places where people are already sitting (like church/Mosque or hotel).

2- Visiting places where people are sitting already (for ex. church or restaurants).

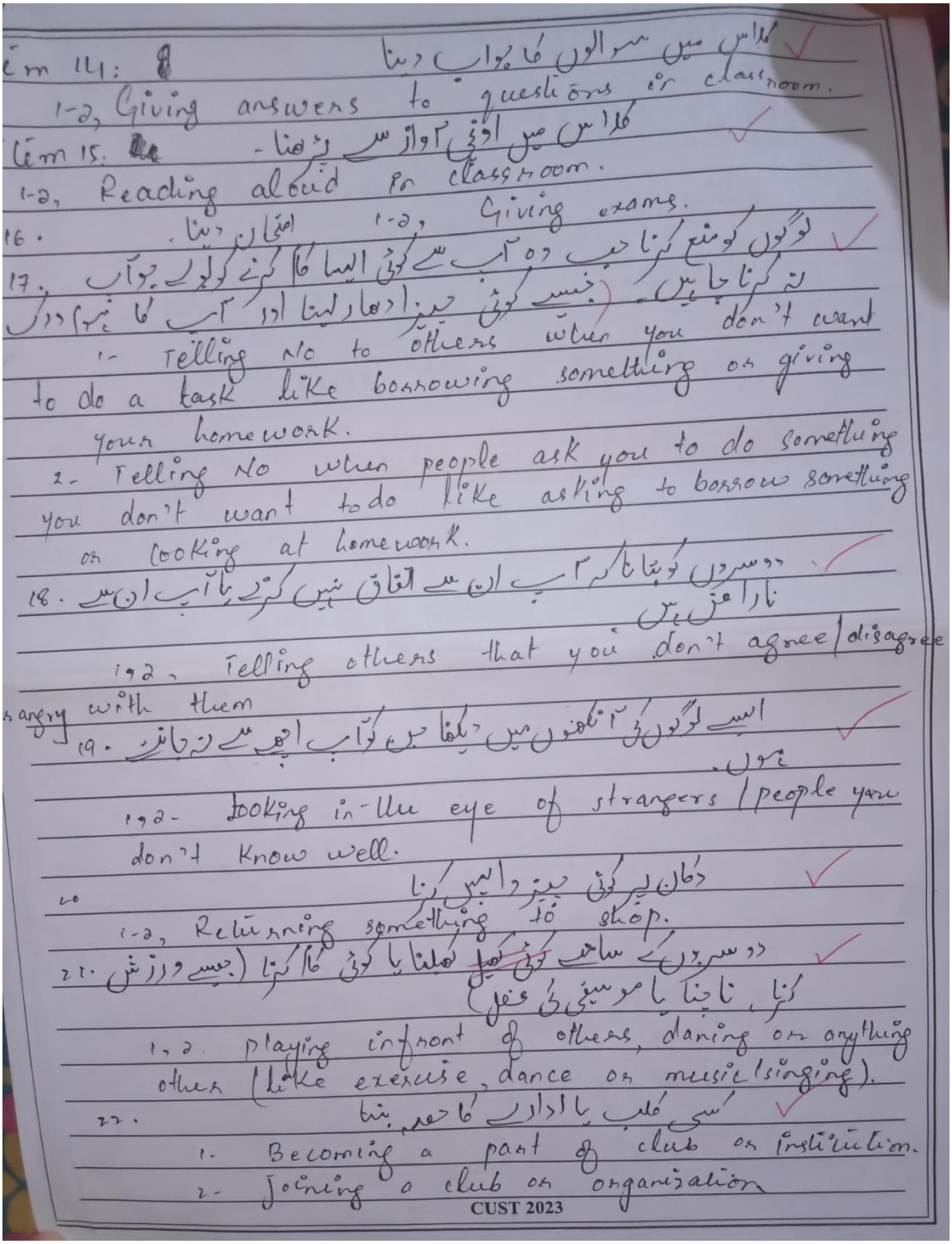
Item 12. لوگوں کا آپ پر توجہ دینا یا توجہ کا مرکز ہونا (جیسے آپ کی سالگرہ کی تقریب)

1- people paying attention on you (on your birthday)

2- watching people paying attention on you (for ex, at your birthday party)

Item 13. کلاس میں سوال پوچھنا

1-2, Asking Questions in class.


Item 14: کلاس میں سوالوں کا جواب دینا
1-2, Giving answers to questions in classroom.
Item 15. کلاس میں اونچی آواز سے پڑھنا۔
1-2, Reading aloud in classroom.
16. امتحان دینا 1-2, Giving exams.
17. لوگوں کو منع کرنا جب وہ آپ سے کوئی ایسا کام کرنے کو کہیں جو آپ کا نہ کرنا چاہیں۔ (جیسے کوئی چیز ادھار لینا اور آپ کا ہوم ورک)
1- Telling No to others when you don't want to do a task like borrowing something or giving your homework.
2- Telling No when people ask you to do something you don't want to do like asking to borrow something or looking at homework.
18. دوسروں کو بتانا کہ آپ ان سے اتفاق نہیں کرتے یا آپ ان سے ناراض ہیں۔
1-2, Telling others that you don't agree/disagree or angry with them
19. ایسے لوگوں کی آنکھوں میں دیکھنا جن کو آپ اچھے سے نہ جانتے ہوں۔
1-2- Looking in the eye of strangers/people you don't know well.
20 دکان پر کوئی چیز واپس کرنا
1-2, Returning something to shop.
21. دوسروں کے سامنے کوئی عمل کرنا یا کوئی کام کرنا (جیسے ورزش کرنا، ناچنا یا موسیقی کی دھن)
1-2. playing infront of others, daning or anything other (like exercise, dance or music/singing).
22. کسی کلب یا ادارے کا حصہ بننا
1. Becoming a part of club or institution.
2- Joining a club or organization

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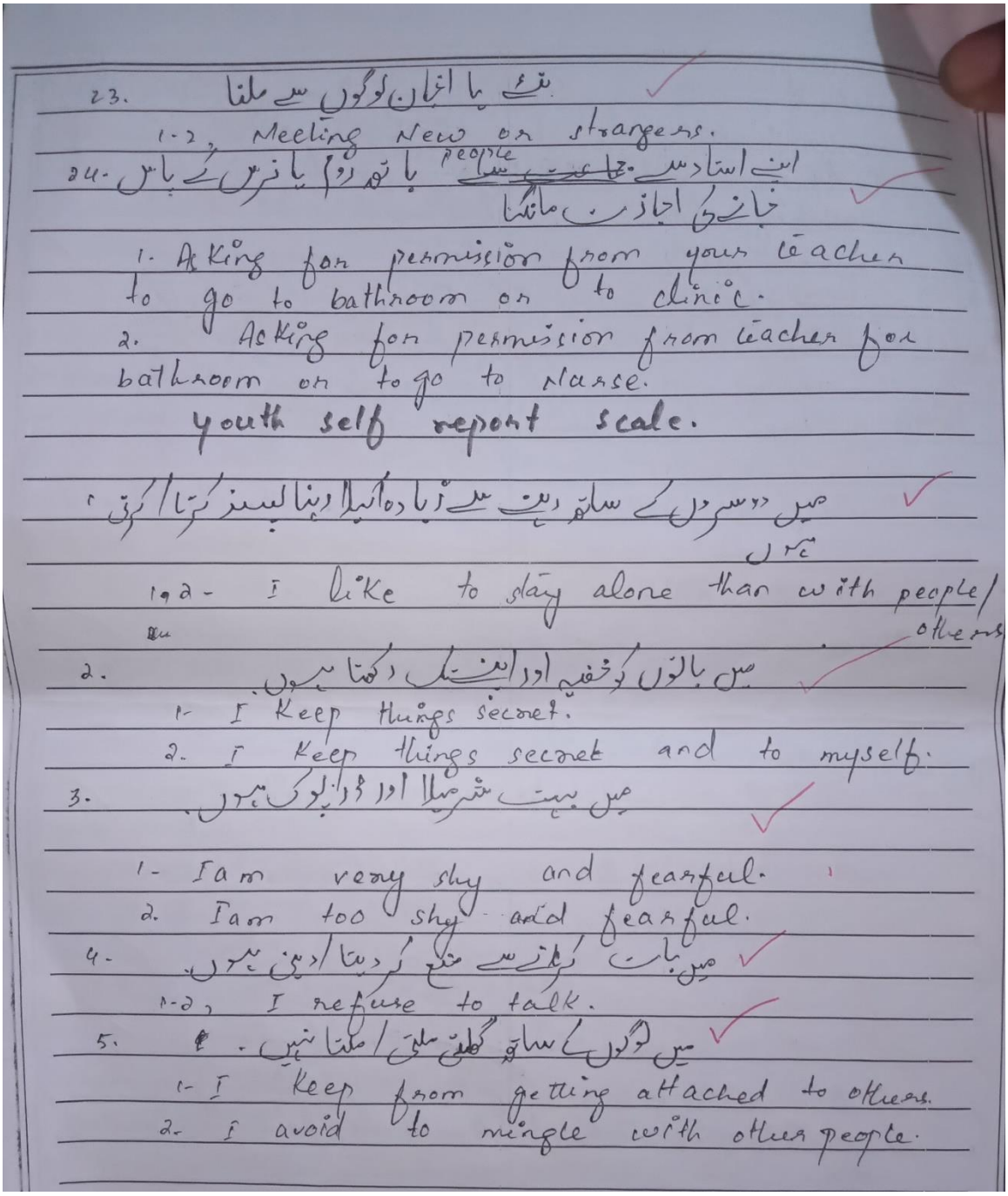

23. نئے یا اجنبی لوگوں سے ملنا

1-2, Meeting New or strangers.

24. اپنے استاد سے جماعت سے باتھ روم یا نرس کے پاس جانے کی اجازت مانگنا

1. Asking for permission from your teacher to go to bathroom or to clinic.

2. Asking for permission from teacher for bathroom or to go to Nurse.

Youth self report scale.

1. میں دوسروں کے ساتھ رہنے سے زیادہ اکیلا رہنا پسند کرتا/کرتی ہوں

1-2- I like to stay alone than with people/others

2. میں باتوں کو خفیہ اور اپنے تک رکھتا ہوں۔

1- I Keep things secret.

2. I Keep things secret and to myself.

3. میں بہت شرمیلا اور ڈرپوک ہوں۔

1- I am very shy and fearful.

2. I am too shy and fearful.

4. میں بات کرنے سے منع کر دیتا/دیتی ہوں

1-2, I refuse to talk.

5. میں لوگوں کے ساتھ گھلتا ملتا نہیں۔

1- I keep from getting attached to others.

2. I avoid to mingle with other people.

Appendices c

Support letter for data collection

Ref. CUST/IBD/PSY/Thesis-01

July 30, 2021

TO WHOM IT MAY CONCERN

Capital University of Science and Technology (CUST) is a federally chartered university. The university is authorized by the Federal Government to award degrees at Bachelor's, Master's and Doctorate level for a wide variety of programs.

Ms. Syeda Arooj Zehra Naqvi, registration number BSP193015 is a bona fide student in BS Psychology program at this University from 2019 till date. In partial fulfillment of the degree, she is conducting research on "Relationship of Grief, Bereavement and Social withdrawal among adolescents living in the orphanages". She is required to collect data from adolescents of age 11 to 17 years old of your orphanage. In collecting this data, your cooperation and help is required.

I hope that you will allow her to collect data/ information from your organization/ institute. Your cooperation in this regard is highly appreciated. Please feel free to contact undersigned, if you have any query in this regard.

Best Wishes,

Dr. Sabahat Haqqani

Head, Department of Psychology

Ph no. 111-555-666 Ext: 178, sabahat.haqqani@cust.edu.pk

Appendices d

Informed consent

اجازت نامہ

السالم علیکم

میرا تعلق کیپیٹل یونیورسٹی آف سائنس اینڈ ٹیکنولوجی سے ہے۔ میں ایک تحقیق کر رہی ہوں جس کا مقصد بچوں میں کسی عزیز کے مر جانے کا صدمہ، کسی بھی نقصان کا غم اور خود کو دوسرے لوگوں سے الگ کرنے کے عمل کو دیکھنا ہے۔ اس مقصد کے لیے تحقیق میں شرکت کرنے والے کو چند سوالنامے دیے جائیں گے جن میں بچے جیسا محسوس کرتے ہیں اس کے مطابق سواالت کے جوابات دیں گے کیونکہ کوئی جواب صحیح یا غلط نہیں ہے۔ ان سواالت سے حاصل ہونے والے جوابات کو صرف تحقیقی مقاصد کے لیے استعمال کیا جائے گا اور شرکت کرنے والے کی شناخت کہیں ظاہر نہ کی جائے گی۔ اس تحقیق میں شرکت آپ کی مرضی پر منحصر ہے اور آپ کسی بھی وقت اس میں شرکت سے دستبردار ہو سکتے ہیں۔

اگر آپ اس تحقیق میں شرکت پر رضامند ہیں تو اس فارم پر دستخط کر دیں۔

دستخط: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

اگر اس تحقیق سے متعلق آپ کا کوئی بھی سوال ہو تو آپ مندرجہ ذیل پر رابطہ کر سکتے

Appendices e

Plagiarism report

Syeda arooj Zehra

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