Self-Compassion, Self-Determination and Post-Traumatic Growth among Adolescents with Experience of Parental Loss

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QUAID-I-AZAM UNIVERSITY

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CERTIFICATE

This is to certify that M.Sc. research report on **"Self-Compassion, Self-Determination and Post-Traumatic Growth among Adolescents with Experience of Parental Loss"** prepared by Ms. Maryam Mehmood has been approved for submission to Quaid-i-Azam University, Islamabad.

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Raiha Aftab

Supervisor

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Acknowledgement

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The success and final outcome of this research required a lot of guidance and assistance from many people, and I am extremely thankful to all those who cooperated with me along the completion of my research work.

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Abstract

The aim of the current study was to explore the relationships between self-determination, self-compassion, and post-traumatic growth among adolescents with experience of parental loss. Both quantitative and qualitative methods were used to study the experiences of the adolescents who suffered parental loss. A sample of 150 adolescents was selected from colleges and universities of Rawalpindi and Islamabad. The Self-Determination Scale (Sheldon & Deci, 1996), Self-Compassion Scale short form (Neff, 2003a), Post-Traumatic Cognitions Inventory (Foa et al., 1999) and Post-Traumatic Growth Inventory-Short Form (Aziz, 2012) were used. The result of the present study indicates significantly negative correlation between self-compassion and self-determination. Self-determination and post-traumatic growth has significantly positive relationship among adolescents with experience of parental loss and self-compassion and post-traumatic growth has significantly positive relationship among adolescents with experience of parental loss. Relationship of demographic variables with main study variables was also explored. Results indicated that there was significant mean difference between nuclear and joint groups on self-determination and on its subscales except awareness of self. There were also significant differences between natural death and sickness group on self-determination and self-compassion but there was non-significant difference between natural death and sickness group on PTG. Stepwise regression analysis was conducted. Beta values were significant, showed that trauma, perceived choice, self-compassion and over-identification were positive predictors for post-traumatic growth. Qualitative part of the research indicated that after the traumatic event, participants needed some time to feel positive changes in their life. These positive changes include finding new possibilities and new pathways, promoting personal strength and self-reliance, strengthening of spiritual beliefs, and having an increased appreciation for life and its value. Participants tried to regulate their emotions and learning and employed coping strategies to actively accept the traumatic event as one part of their life story. Limitations and suggestions for future researches have also been mentioned.

Chapter I

Introduction

Human beings are self-motivated to change the course of their lives, and things will not improve until they strive for anything. They are interested, explore their surroundings, manipulate objects, seek to manipulate the objects in their social and physical environment, and develop their own sense of self through these actions. Individuals have a significant impact on their own development due to an inborn tendency to connect constructively and independently with their social and physical environments (Deci & Rayan, 2002). The primary focus is that all humans have a natural desire to survive and prosper in their surroundings. This drive aids in their recovery from traumatic and stressful events.

Losing a loved one to death is one of the most difficult occurrences a person may go through (Koocher, 1986), and suffering loss affects one's life and is frequently, but not always, followed by stress and extended sorrow (Freudenberger & Gallagher, 1995). Whether a parent dies suddenly or after a severe illness, someone who had a greater impact on a person's life must be remembered. As expected, this loss is once-in-a-lifetime event that leaves a vacuum that no one else can fill. Regardless of the nature or quality of a person's relationship with their parents, their death can have a significant impact on them.

Grief is the reflection of the connection that has been lost. It’s the emotional suffering you feel when something or someone you love is taken away. As time passes following a significant loss, such as the death of a loved one, it’s normal for feelings of sadness, numbness, or anger to gradually ease. These and other difficult emotions become less intense as people initiate to accept the loss and start to move forward with your life.

Self-compassion entails being open to and aware of one's own pain, treating oneself with love and understanding, wishing one's own well-being, being nonjudgmental of one's own flaws and failures, and evaluating one's own experience in light of shared human experience (Neff, Hsieh, & Dejitterat, 2005). Self-compassion also acts as a protective factor for people who have experienced trauma (Neff, 2016).

Self-determination is having a sense of control over one's own actions, both initiating and managing them. It's a crucial idea that relates to each individual's ability to make decisions and manage their own lives. People who have self-determination believe they have control over their choices and life. It also affects motivation, as people are more motivated to act if they believe their actions will have an impact on the outcome. Self-determination can assist in achieving independence and is important not just for an individual's general well-being but also for their psychological health. Because self-determination places the individual in control, he or she becomes both responsible and potentially guilty for whatever occurs.

Another component is post-traumatic growth that captures how people react with stressful circumstances. Positive personality change as a result of traumatic life circumstances is referred to as post-traumatic growth. A traumatic event can have a transformative effect on a person's personality and help them evolve. PTG is both a cognitive change process that begins with coping and a process of result (Tedeschi, Park, & Calhoun, 1998). Changes in self-perception, interpersonal connections, and life philosophy are all examples of these transitions (Tedeschi & Calhoun, 1995). One of the most important aspects of PTG is changing one's self-perception from victim to survivor of trauma. In the long run, the traumatic event leads to an acknowledgment of the individual's sensitivity, morality, and preciousness of life, as well as beneficial changes in relationships and priorities (Tedeschi & Calhoun, 1998).

The focus of study was those individuals who experienced parental loss. Both mixed methods (quantitative and qualitative) were used. The qualitative and quantitative methods will be used to study the factor and their effects on the adolescents who experience parental loss. The present study would like to explore how they felt, what were their experiences, how they motivated themselves to move forward in their life, how they recovered when they suffered from trauma, how kind and non-judgmental are they toward themselves and which kind of growth are such individuals reported whether positive or negative psychological and emotional changes.

Literature Review

Self-Compassion

Self-compassion according to Neff (2003) is a personality trait that includes self-kindness in order to cope with stressors, feelings of connectivity, and conscious awareness of the circumstance in order to decrease the negative effects of that situation. It can also be defined as a personality attribute that requires a person to have feelings of self-kindness, a sense of connectedness with others, and a mindful state of mind in order to overcome unpleasant emotions rather than being self-judgmental and isolated during stressful situations. Self-kindness, self-judgment, common humanity, isolation, awareness, and other self-compassion components interact in a reciprocal way (Neff, 2016).

When one faces adversity in life, self-compassion essentially offer nourishment and care to one's own self. In the face of failure and incompetence, self-compassion is being flexible with oneself. It all comes down to a person's ability to generate insight into his or her failure and an adaptive technique of dealing with it. Self-compassionate people recognize their own strengths and weaknesses, as well as deal with life's stresses in a flexible manner. When a self-compassionate person sees another sorrow and loss, he or she is impacted by it and wants to help them overcome the stressor or traumatic incident.

Self-compassion is a good and adaptive personality trait that protects people from mental illnesses such as depression, anxiety, and eating disorders. Self-compassionate people may readily overcome their setbacks and strive for success again. According to Neff (2003), despite the fact that people are mostly self-interested, research suggests that people are usually harsh and judgmental of themselves. When a person develops a sense of interconnectedness with others, the self-compassionate reaction is generated. Compassion is shown because the person is aware of his or her interconnectedness with others.

Components of Self-Compassion. Following are the three faces of self-compassion:

1. Self-kindness vs self-judgment
2. Common humanity vs isolation

3. Mindfulness vs over identification

Self-Kindness vs Self-Judgment. Self-kindness entails being gentle, supportive and understanding towards oneself rather than harshly judging oneself for personal shortcomings, the self is offered warmth and unconditional acceptance. It also involves actively soothing and comforting oneself in times of distress (Neff, 2016). Whenever an ostracized aspect of one's personality comes to one's knowledge, one should use soft and supportive language to deal with the imperfection found instead of adapting an attacking and criticizing position towards oneself where an unconditional acceptance is exercised even if a change is needed to be made in that inapt personality attribute. Likewise, when external circumstances go out of order, the individual not only tries to superficially solve the problem but also advances towards oneself with a soothing and calming approach (Neff, 2009). Falling short of the set ideals should be backed up with thinking that people do not always achieve what they want. Taking on a sympathetic and kind attitude towards oneself enables one to exercise more of emotional composure (Neff, 2008).

Common Humanity vs Isolation. Common humanity involves the shared human experience, understanding that all humans fail and make mistakes, that all people lead imperfect lives. Rather than feeling isolated imperfections, egocentrically feeling as if I am the only one who has failed or suffered, one takes a broader and more connected perspective with regards to personal shortcomings and individual difficulties (Neff, 2016). It is the ability to recognize that suffering ad flaws are inescapable aspects of the shared human experience, and everybody fails at time, rather than pursuing isolation from others due to harsh circumstances (Neff, 2003a). It is no doubt a truth that that sufferings are commonplace and happen to everyone, as all human beings are imperfect, prone to failures, and indulge in detrimental practices. Self-compassion promotes thinking like "it happens to everyone", "I am not the only sufferer in this world", and so on. Thus, rather than felling isolated and deprived one feels being connected to others by acknowledging the pain of others. It is therefore, necessary to accept that suffering is an ingredient of normal happy lives as well and it is only the thoughtful stance that makes the difference (Neff, 2009).

Mindfulness vs Over Identification. Mindfulness, the third dimension of self-compassion, involves being aware of one's experience of the present moment of

suffering with clarity and balance, without being caught up in an exaggerated storyline about negative expects of oneself or one's life experience, a process that is termed over-identification (Neff, 2016). It refers to the capacity to keep one's attention in the present moment, with awareness of body and mind in relationship with the environment and be open to one's suffering in difficult times without judgmental, denial, or suppression of whatever feelings, thoughts, or sensation arise (Bishop et al., 2004; Brown & Rayan, 2003). By contrast, when encouraging difficult situations, individuals typically incline to dismiss difficult feelings and painful sensations which can lead to ineffective coping strategies. Over-identification is the tendency to become occupied with negative emotions, thoughts and sensations that arise in difficult situations (Neff, 2003a). When rumination over thoughts, emotions and sensations occurs, individual tend to experience symptoms of depression and anxiety (Nolen-Hoeksema, 2000).

Factors Influencing Self-Compassion

Gender Differences in Self-Compassion. Self-kindness, common humanity and mindfulness or positive components of self-compassion. These three components together constitute healthy framework that helps an individual to adjust harsh circumstances. Several studies support the fact that there exist gender differences among self-compassion. In university students, but there is mixed findings regarding the fact that males are more self-compassionate as compare to females.

Generally, women have predisposition to self-sacrifice, sacrificing their own needs for other which may influence their ability is give themselves compassion. Women also possessed self-criticism and engaged more in negative self-talk than males. Women are usually self-critical and hence lack self-compassion thus there is reason to believe that men are usually more self-compassionate as compare to women (Yarnell et al., 2015). Research evidence also proposed that women tends to be self-critical and ruminate about stressful situation and have low level of self-compassion as compare to men (Neff, 2003).

However, there was also research evidence regarding the fact that the women had higher level of self-compassion as compared to men. Women are usually empathic and self-kind than males and hence, women tend to be more

self-compassionate as compare to men (Neff, 2003). Infact, gender role also determine level of self-compassion in an individual. Males usually does not openly express their emotions and restricts their feeling to their own selves, suggestions that males tend to have low level of self-compassion (Yarnell et al., 2015).

Gender Differences in Components of Self-Compassion. Gender differences also influence sub-constructs of self-compassion. Self-kindness, demands being kind towards own self and this attribute is present more in males as compare to females. Self-judgment on the other hand, demands being critical, harsh and judgmental attribute related to one own self. Females are usually more vulnerable to engage in self-judgment as compare to males. Research supports the fact that females are more judgmental about any event and tend to ruminate on negative feelings more as compare to males (Leadbeater et al., 1995).

Common humanity entails experiencing problem as universal issue faced by every human rather than feelings isolated or alone during problem. Female usually have a tendency to feel isolated during stress while male comprehend problem as an issue that everybody faces in life. Research support the fact that females feel isolated more as compare to males (Neff, 2003).

Mindfulness attributes incorporated feelings of acceptance to problem without worrying or ruminating or involving in negative thinking. Our identified on the other hand involves excessive worrying and ruminating about problems. Females usually tend to ruminate more about problem and involve in negative thinking while males usually analyze situation in a neutral way without being emotionally influenced by them. Females tends to be over identified with problem and have less mindful awareness of problems as compare to males (Neff, 2003).

Age Differences in Self-Compassion. Self-compassion refers to a tendency to entail self-kindness, common humanity and mindfulness in stressful circumstances explored moderating effect of age on self-compassion, self-esteem and mental health. The findings of the study show that self-compassion on subjective well-being was beneficial for middle age adults as compared to early adulthood. Self-compassion plays an important role in leading healthier life for middle age adult as compared to adolescents.

Self-Compassion Linked with Psychological Health. A growing body of studies indicates that a self-compassion helping individual to flourish while also allows them to grieve less (Barnard & Curry, 2011). To date, most self-compassion studies have been correlated, using to determine the association between trait self-compassion and psychological health. Self-compassion is an important source of happiness and psychological wellbeing (Barnard & Curry, 2011).

Self-compassion is linked with emotional intelligence, knowledge, and enjoyment in life, happiness and emotions of social connection, central content of meaningful life (Neff, 2003a; Neff et al., 2005). People who are highly self-compassionate tend to experience more pleasure, happiness, hopefulness, creativity, interest, and have more beneficial feelings like passion, inspiration and excitement than those who are self-deprecating (Neff et al., 2007).

Self-compassion appears to facilitate resilience by moderating people's reactions to negative events. In an elegant series of experimental studies, Leary, Tate, Adams, Allen, and Hancock (2007) asked undergraduates to recall unpleasant events, imagine hypothetical situations about failure, loss, and humiliation, perform an embarrassing task, and disclose personal information to another person who gave them ambivalent feedback. Results indicated that individuals who are high in self-compassion demonstrated less extreme reactions, less negative emotions, more accepting thoughts, and a greater tendency to put their problems into perspective, while at the same time acknowledging their own responsibility, than individuals who were low in self-compassion.

One of the most coherent findings of the study is that higher self-compassion is related with less anxiety and depression. Of course, the absence of self-criticism is a main characteristic of self-compassion, and self-deprecation is known to be a significant depression and anxiety analyst (Blatt, 1995). However, when controlling for self-criticism, self-compassion still provides protection against anxiety and depression (Neff, 2003a). It also has been discovered that self-compassionate people ruminate far less than without self-compassionate people apparently because, by acknowledging their human faults with kindness, they can break the cycle of negativity (Neff, 2003a). A study suggesting that reduced rumination is one of the most important advantages of self-compassion (Raes, 2010).

Breines and Chen (2012) used mood induction to create self-compassion emotions for individual weakness, failures and previous moral wrongdoings. Compared to an orientation of self-confidence (believe of your beneficial characteristics) or a positive distractor of mood (think of a hobby of you appreciate), the result of self-compassion was more incentive to change for the better, to try harder to learn, and to avoid repeating previous mistakes. Other study demonstrated self-compassion, self-efficacy and inherent encouragement (Neff, Kirkpatrick, & Rude, 2007). Self-compassion also encourages health-related behavior such as eating (Adams & Leary, 2007) take medical treatment if necessary (Terry & Leary, 2011) reducing smoking. People who are self-compassionate have less fear of failure, but when they fail, they are more likely to try again.

Self-compassion is a useful and effective way of dealing with hard experience of emotion. For example, Smith, Sbarra, and Mehl (2012) found that the helping individual adjust after divorce was self-compassionate. Study also shows that self-compassion helps individuals deal with early childhood trauma. In a youth simple Wekerle et al. (2011) found that self-reported Self-compassion rates facilitated the connection between childhood mistreatment and subsequent emotion dysregulation. It indicates that individuals will suffering stories who have compassion for themselves are better prepared to cope productively with hurtful occurrence compared to individual who have no trauma stories self-compassion also seems to assist individual deal with different pains including long lasting body pain (Costa & Gouveria, 2011).

People with self-compassion experienced less personal distress which implies that without being beleaguered they were more will to face the pain of others furthermore self-compassion was connected considerable for giving other involves considerate the huge netting of causes and circumstances that will accompany individual to behave as they do therefore the capacity to forgive and acknowledged individual faulty humidity seems to apply on others as well. Self-compassion was connected radical but weekly with compassion for others empathy and philanthropy (Neff & Pommier, 2012).

Beside interpersonal advantage self-compassion seems to further increases and improve relational functioning. A research found that individuals of self-compassion were defined by their partners as more emotional attached, soft spoken, easy going,

acceptable and independent while less ditched physically or verbally violent and monitored than those without self-compassion (Neff & Pommier, 2012). Likewise the same research on the relationship between college roommates was carried out and the findings were that more social support was provided by self-compassionate students and encouraged interpersonal confident among roommates in comparison with those who lack self-compassion.

Theories of Self-Compassion

Social Mentality Theory of Self-Compassion. Theoretical framework that conceptualized self-compassion refers to the fact that individual learns self-compassion via adopting the systems that help in relating one's personal feelings to others. Social mentality is in built concept that suggests a person to adopt certain rules when interacting and communicating with other people and help realizing the contribution of other people during social interaction. For example, during interaction with friends, person may perceive others to be supportive and caring towards one's own self. Executive functioning, a social feature that distinguish human being from species play an important role in recognizing societal as well as social roles for example, person can became sexually aroused even in the absence of sexual partner (external stimulus) just by fantasizing or imagination which are actually the internal stimulus. Hence Gilbert (2005) proposed that social activities are triggered by relating to others as well as by relating to self.

Gilbert (2005) proposed that care-seeking and care-giving social mentalities contribute significantly in development of self-compassion or self-reassurance traits in an individual. (Bowlby, 1982) attachment theory explains the care-seeking or care-giving tendency in an individual. Human beings have innate tendency to have sense of attachment and tendency for care-giving attitude. Attachment sense or tendency in a person may buffer an individual from danger as they seek care and support from closed ones, expressing discomfort when a person feel insecure and isolated and responding in a good way to cares of other's people. Care-giving attitude serves to provide comfort, care and empathy to others during the time of need and support and responding positively to needs of other people. Care-seeking and care-giving attributes of social mentalities suggested by Gilbert (2005) tends to have same physiology as that of Bowlby's (1982) theories of the attachment and care-giving

systems, respectively. Gilbert (2005) proposed that care-seeking and care-giving social mentalities are activated when a person relates to others e.g., child cry's and mother tend to comfort the child as well as when a person relates to one own self. Self-compassion is a mechanism of self to self-interaction in which care-seeking mentality serves to reduce distress and adaptation of various ways to pursue care from the closed ones while care-giving mentality tends to provide empathy, trust and compassionate response to people who are suffering from serious transitional stages of life such as loss of job (Gilbert, 2005).

Self-Determination

Self-determination is a new psychological concept that describes people's volitional behaviors in response to their own wishes, and it is based on conscious awareness, planning, and willingness to make decisions (Nota, Soresi, Ferrari, & Wehmeyer, 2007b). Self-determination is a set of abilities, knowledge, and attitudes that enable a person to engage in self-regulated, independent action with a purpose in mind. Self-determination requires an assessment of one's strengths and limitations, as well as the belief that one is capable and effective. Individuals have a higher ability to take control of their life and play a successful part in society when they act on the basis of these abilities and attitudes (Field, Martin, Miller, Ward, & Wehmeyer, 1998).

Self-determination is the belief that human beings have the right and the ability to change and control their own quality of life, their own goals and dreams and what services they need to obtain them. Actually the right of self-determination is the right of people to determine its own destiny. In particular, the principle allows a people to choose its own particular status and to determine its own form of economic, cultural & social development. Self-determination is any effort to be in control of and alter our actions, thoughts and feeling (Deci & Ryan, 2002). Self-determination is a quality of human functioning that involves the experience of choice, in other words, the experience of an internal perceived locus of causality. It is integral to intrinsically motivated behavior and is also in evidence in some extrinsically motivated behaviors.

Although self-determination is presented in this theoretical framework as a dispositional characteristic, where functional characteristics of a person's actions define their relative self-determination, this does not minimize the contribution of

individual cognitions and perceptions to the performance of such behaviors. Just as there are people who possess such skills and the opportunity to use them who still do not act in a self-determined manner, usually because they have come to believe they cannot adequately perform the behavior or because they believe that doing so would be fruitless (Deci & Ryan, 2002).

Principles of Self-Determination

There are several concepts that are important in the life of anyone who is on the self-determination journey. These are true for people with disabilities, children, women, people of color, and everyone else regardless of religion or sexual orientation. As we think about the different concepts of self-determination, we will probably begin to see how they relate to and interact with each other. For example, if everyone had total freedom without any responsibility, our society would be confused. It is important to think about the implications of applying these principles to the every-day, real-time work of supporting people.

Freedom. The ability for individuals, with assistance from significant others (e.g, chosen family and/or friends), to plan a life based on acquiring necessary supports in desirable ways, rather than purchasing a program. This includes the freedom to choose where and with whom one lives, who and how to connect to in one's community, the opportunity to contribute in one's own ways, and the development of a personal lifestyle. Employees must understand that the freedom to pursue meaningful employment exists. They have the freedom to choose services and providers, to pursue desired employment and to choose assistance when needed.

Authority. The assurance for a person with the disability to control a certain sum of dollars in order to purchase these supports, with the backing of their significant others, as needed. It is the authority to control resources. Employees should have some degree of authority and control over how financial resources are spent on their behalf, including employment service dollars. One way to do this is by using individual accounts funding packages that combine one or more sources of employment service dollars dedicated to the individuals and their employment plan. The job seeker's choice and control over the use of the money are fundamental to this funding approach.

Support. The arranging of resources and personnel both formal and informal, to assist the person in living his/her desired life in the community, rich in community associations and contributions. It is the support to develop a life dream and reach toward that dream. Employees should be able to select their support systems. This may include supports from varying agencies, organizations, and system; family and friends; school personnel; or perhaps no one.

***Responsibility*.** The acceptance of a valued role by the person in the community through employment, affiliations, spiritual development, and caring for others, as well as accountability for spending public dollars in way that is life-enhancing. This includes the responsibility to use public funds efficiently and to contribute to the community through the expression of responsible citizenship. Employees have the obligation to spend public employment funding and resources wisely, and to contribute to the community and the employment process.

Theories of Self-Determination

Individual differences in appraising and coping with stressful and unpleasant life events are presented as a valuable framework for explaining individual differences in self-determination theory. Motivation, according to SDT, is a tendency that varies in degree of self-determination and integration. Individuals might engage in actions for more autonomous or controlled motives, according to SDT (Deci & Ryan, 2000). Autonomous motivation (i.e., choiceful responding) is a tendency to initiate behavior for the intrinsic pleasure and interest that one finds in a given activity (intrinsic motivation), because it is an integral part of one's self-identity (integrated regulation), or because the behavior is consistent with one's values (integrated regulation) (identified regulation). Controlled motivation, on the other hand, refers to initiating behaviors with the goal of avoiding negative feelings or achieving ego-related rewards (introjected regulation), or based on externally administered punishments and rewards (external regulation; Deci & Ryan, 2000).

The Self-Determination Theory (SDT) shed light on the aspects of human motivational functioning that represent human innate and active activities, as well as their overall well-being. SDT lays out a meta-theory for structuring motivational research, a formal theory that specifies intrinsic and extrinsic sources of motivation,

and a description of the roles of intrinsic and types of extrinsic motivation in cognitive and social development, as well as in individual variations (Ryan & Deci, 2008).

The idea behind self-determination theory is that everyone has natural, intrinsic, and constructive inclinations to acquire a more elaborated and unified sense of self. That is, we presume that people have a strong desire to create connections between aspects of their own minds as well as with other persons and groups in their social environments. Self-determination theory is based on a dialogical viewpoint that considers the relationship between an active, integrating human nature and the social context that either enhances or inhibits the organism's active nature. According to this viewpoint, social settings can either support or empower the human psyche's ability to evolve and integrate, or they can stop, block, and fragment these processes, resulting in actions and experiences that represent humanity's darker side. Allport (1961) proposed that personality unity is a matter of degree and should not be overemphasized. However, regardless of the psyche's attainment of oneness, the importance of personality integration cannot be overstated when seeking to comprehend the process of healthy psychological and social growth. In addition, the topic is critical for evaluating practical issues such as parenting, education, job, healthcare, psychotherapy, and other vital human efforts (Deci & Ryan, 2000).

However, self-determination theory asserts that like physical development and functioning, there are required conditions for the growth and well-being of people's personalities and cognitive structures. Within self-determination, these nutrients are referred to as basic psychological needs. Basic needs, according to this self-determination theory concept, are universal, i.e., they are innate rather than acquired drives. As a result, they are predicted to be present in all cultures and stages of development. They may have many expressions or vehicles through which they are gratified, but their essential character remains constant. Clearly, this is very restrictive definition, which is why the list of psychological needs within self-determination theory is thus for so short, including only competence, relatedness, and autonomy (Deci & Ryan, 2000).

Competence. Competence refers to feeling effective in one's ongoing interaction with the social environment and experiencing opportunities to exercise and express one's capacities (Deci, 1975; Hater, 1983; White, 1959). The need for

competence leads people to seek challenges that are optimal for their capacities and to persistently attempt to maintain and enhance those skills and capacities through activity.

***Relatedness*.** Relatedness refers to feeling connected to others, to caring for and being cared for those others, to having a sense of belongingness both with other individuals and with one's community (Bowlby, 1979; Harlow, 1958; Ryan, 1995). Relatedness reflects the homonymous aspect of the integrative tendency of life, the tendency to connect with and be integral to and accepted by others. The need to feel oneself as being in relation to others is thus out concerned with the attainment of a certain outcomes (e.g sex) or for a formal status (e.g, becoming a spouse, or a group member), but instead concerns the psychological sense of being with others in secure community or unity.

***Autonomy*.** Autonomy refers to bring the perceived origin or source of one's own behavior (Deci & Ryan, 1985). Autonomy concerns acting from interest and integrated value. When autonomous, individuals experience their behavior as an expression of the self, such that, even when actions are influenced by outside sources, the actors concur with those influences, feeling both initiative and value with regard to them.

Self-determination is a large-scale theory of human behavior that deals with the development and functioning of personality in a social setting. The theory focuses on how volitional or self-determined human conduct is, that is, how people endorse their acts at the highest level of reflection and engage in the activity with a complete sense of choice. The theory, along with its sub-theories, has focused on the impact of social context on motivation, behavior, and experience in specific situations, as well as on the development of personality across time. Under the category of self-determination, there are four sub-theories:

1. Causality Orientation Theory
2. Basic Need Theory
3. Cognitive Evaluation Theory
4. Organism Integration Theory

Causality Orientation Theory. Causality orientation theory was developed as a descriptive account of these inner resources that is, of relatively stable individual

differences in one's motivational orientation towards the social world. The causality orientation approach is intended to index aspects of personality that are broadly integral to the regulation of behavior and experience. It specifies three orientations that differ in the degree to which they represent self-determination namely, the autonomous, controlled and impersonal causality orientation and people assumed to have each of these orientations, to some degree. The autonomy orientation involves regulating behavior on the basis of interests and self-endorsed values. It serves to index a person's general tendencies towards controls and directives concerning how one should behave; it relates to external and interjected regulation. The impersonal orientation involves focusing on indicators of ineffectance and not behaving intentionally; it relates to a motivation and lack of intentional action (Deci & Ryan, 2000).

Basic Need Theory. Within Self-determination theory the nutriments for healthy development and functioning are specified using the concept of basic psychological needs, which are innate, universal, and essential for health and well-being. That is, basic psychological needs are a natural aspect of human beings that apply to all people, regardless of gender, group, or culture. To the extent that the need s are ongoing satisfied people will function effectively and develop in a healthy way, but to the extent that they are thwarted, people will show evidence of ill-being and non-optimal functioning. The darker sides of human behavior and experience are understood in terms of basic needs having been thwarted.

The concept of basic psychological needs has played an important, though often implicit, role in self-determination theory. To qualify as a need, a motivating force must have a direct relation to well-being. Needs, when satisfied, promote well-being, but when thwarted, lead to negative consequences. Further, because needs are hypothesized to be universal, this relation between satisfaction and well-being must apply across ages, genders, and cultures. Thus, in an extreme case, it is possible for the same behavior to be need satisfying for one group and need thwarting for another. Still, the underlying process in which need satisfaction promotes health is theorized to be the same across all these groups (Deci & Ryan, 2000).

Cognitive Evaluation Theory. Intrinsically motivated behaviors are those whose motivation is based in the inherent satisfaction of the behaviors rather than in

contingencies or reinforcement that are operationally separable from those activities. Intrinsic motivation represents a prototype of self-determined activity, in that, when intrinsically motivated, people engage in activities freely, being sustained by the experience of interest and enjoyment. Thus, intrinsic motivation is none instrumentally focused, instead originating automatically from satisfaction inherent in action, whereas extrinsic motivation is focused towards and dependent on contingent outcomes that are separable from the action. The intrinsic-extrinsic distinction provided the basis for the first experiments in the field. Specifically research began with the question of how extrinsic rewards would affect people's intrinsic motivation for an interesting activity. In other words, if someone engage in an activity freely without being rewarded and found it highly interesting and enjoyable, the person would clearly be intrinsically motivated (Deci & Ryan, 2000).

Organism Integration Theory. Organism integration theory is based on the assumption that people are naturally inclined to integrate their ongoing experience, assuming they have necessary nutriments to do so. Accordingly they postulated that if external prompts are used by significant others or salient reference groups to encourage people to do an uninteresting activity, an activity for which they are not intrinsically motivated the individual will tend to internalize the activity's initially external regulation. That is, people will tend to take in the regulation and integrate it with their sense of self. To the extent that this occurs, the individuals would be autonomous when enacting this extrinsically motivated behavior.

An important element of Organism integration theory is that, unlike most other theories of internalization (Bandura, 1996) it views internalization not in terms of a dichotomy but rather in terms of continuum. The more fully a regulation is internalized, the more it becomes a part of the integrated self and the more it is the basis for self-determination behavior. From this perspective, then it is possible for individual to internalize regulations without having them part of the self. Regulation that have been taken in by an individual but not integrated with the self would not be the basis for autonomous self-regulation but would instead function more as controllers of behavior. Thus intrinsically motivated behavior for which the regulation has been internalized to differing degree would differ in their relative autonomy. Those for which the regulation has been well integrated would be the basic for autonomous extrinsically motivated behavior, whereas those for which the regulation

has been less fully internalized would be the basis for more controlled forms of extrinsic motivation (Deci & Ryan, 2000).

Post-Traumatic Growth

The third variable of the research is post-traumatic growth. PTG is defined as positive psychological and emotional changes experienced by individuals as a result of their fight back against traumatic or highly stressful life situations (Tedeschi & Calhoun, 2004). PTG is defined as a personal experience of growth and transformation in the aftermath of a traumatic incident. Firstly, PTG is the individual's subjective expression of the cumulative outcome of trauma, it may be a combination of their personality attributes; their tendency to find benefit negative experiences; and the coping processes that they have employed as they struggle with the aftermath of trauma to drive meaning, feel wiser, and face uncertain futures with more confidence, among others (Tedeschi & Calhoun, 1995). PTG is thus a profoundly personal experience. Secondly, PTG occurs in the aftermath of a trauma, as the individual attempts to cope with their experience and its consequences. The trauma itself does not trigger the process of growth; rather, it is the individual's struggle to manage the blow of the trauma on their lives and the emotional suffering in the aftermath that is the catalyst for change (Tedeschi & Calhoun, 2004).

Trauma is an emotional reaction to a traumatic or bad occurrence that has a substantial impact on a person's life. A wide range of dysfunction can occur as a result of stressful circumstances. After a trauma, shock and denial are common first reactions, which can result in severe psychological impairment. However, a growing amount of data shows that beneficial benefits can occur after a traumatic experience (Linley, 2003). Growth as a result of hardship is not a recent discovery, but rather a widely accepted idea going back to ancient times (Calhoun & Tedeschi, 2004).

Models of Post-Traumatic Growth

Janoff-Bulman (2004) proposed three explanatory models of post-traumatic growth (PTG), strength through suffering, psychological preparedness and existential reevaluation.

Strength through Suffering. According to Janoff-Bulman (2004), the model, strength through suffering quiet obvious in our cultural knowledge, especially

in the beliefs which suggest that whatever does not kill us makes us stronger. According to this model; Post-traumatic growth can be compared to physical strength; For example; our bodies strengthen when we exhaust ourselves physically, in the similar manner, our personal strengths build up as we challenge our self psychologically. Hence, by experiencing the unbearable pain and distress which is entailed by trauma, survivors learn of their strengths of which they were previously unaware; in addition they also develop new skills for effective coping and other resources which provide new possibilities in life.

Psychological Preparedness. The model Psychological Preparedness, explains posttraumatic growth differently; when survivor's perceptual world changes, post-traumatic growth results. This model states that when survivors are able to cope successfully, they become better prepared for later traumas, and therefore are more able to be less distressed by them. Coping entails reconstructing a feasible assumptive world, and it is this reconstruction of assumptions which gives a psychological protection to the survivor. This model of post-traumatic growth is similar to Meichenbaum's (1985) stress inoculation model, where exposure to reasonable stress provides protection against upcoming stressors. This may also be compared to medicine; as vaccinations involve being exposed to weaker forms of the ailment, in order to defend against more serious ones. Just exposure to diseases themselves produces antibodies, which help in establishing immunity against future instances of the illness. Similar is the case with trauma, the survivor becomes prepared psychologically. Tedeschi and Calhoun's model of trauma states that this psychological preparedness can be understood in terms of the challenge to survivor's assumptive world and the resulting and changes the one make in the assumptive world.

Existential Reevaluation. Traumatic life occasions have a significant impact on survivor's suppositions about meaning and humans are known as meaning making creatures. To comprehend this impact, it is important to separate between two sorts of meaning which help characterize survivor's battle in the result of exploitation: meaning as understandability and meaning as significance (Janoff-Bulman & Frantz, 1997. After the immediate result of exploitation, survivors principally concentrate on the inquiries of comprehensibility: they strive to make sense out of the traumatic

occasion. Yet it is through battling with these inquiries of understandability that survivors move their attention to the inquiries of quality or significance in their lives.

The point when victims face tragedy their basic assumptions are broken, and the world seems hopeless and meaningless. Survivors attempt to comprehend what happened to them and battle to understand the occasion. Feeling of self-accuse and counterfactuals are symptomatic of this battle, survivors have a tendency to be looking for an approach to trust in a possibility between their own particular conducts and the traumatic conclusion and accordingly try to diminish their observation of an irregular, aimless and miserable universe. They experience a feeling of terror as they confront their own particular delicacy and defenselessness. Past suspicions are no more supportive, they don't provide a dependable guide for arranging everyday life; past certainties and securities vanish.

Becker (1973) is his excellent book the denial of death wrote that it is alarming to see the world as it truly is. It makes schedule, automatic, secure, self-confident activity. It puts a trembling creature at the mercy of the whole universe and the issue of the importance of it. Survivors strive to comprehend their world and make sense out of the occasion, with the time and with the assistance of backing of others and cognitive preparing instruments like rumination (first intrusive and afterward progressively volitional), survivors modify their assumptive planets (Tedeschi & Calhoun, 2004). It is their confrontation with the actuality and acknowledgement that tragedy can occur at whenever that drives a reconsideration of their own lives. Distinguishing and admitting the ever-present plausibility of misfortune urges and give birth to a new sort of significance making, one that controls around inquiries of essentialness and worth. Life undertakes new imperativeness; by definition, gratefulness incorporates an evaluation of expanded quality or worth. Life happens to extraordinary imperativeness for survivors, in light of the fact that it could never again be underestimated. Life gets viral to the degree that survivors of tragedy comprehend its potential inaccessibility. In understanding life's worth, survivors get to be energetically occupied with settling on new decisions and responsibilities that conceive reestablished significance of life to the arrangement of importance in life (Tedeschi & Calhoun, 2004).

Dimensions of PTG

PTG a complex, wide-ranging concept, still in development; but to date, the concept of PTG includes five dimensions or factors of growth.

1. ***Relationship with others.*** After the experience of a traumatic event, individuals have reported closer, more intimate relationships with others as well as more emotionally expressive interactions with friend and family.

2. ***Personal strength.*** Individuals have recognized and acknowledged their own personal strength in the coping process, alongside an increased awareness of their own vulnerability.

3. ***New possibilities***. Individuals have recognized new possibilities as a result of the trauma, and new directions in work, personal goals and/or hobbies that have enhanced their life experience.

4. ***Spiritual Growth.*** Individuals have reported an increased awareness and contemplation of fundamental existential questions, as well as a deepening of their religious or spiritual beliefs as a result of the trauma.

5. ***Appreciation of life.*** Individuals have testified to increase appreciation for life in general, for the details of daily life, as well as a changed sense of priorities in their lives.

Factors Affecting Post Traumatic Growth

The process by which PTG develops and the sectors influencing PTG differ from model to model, yet certain assumption can be made regarding the perception of growth post-trauma (Maercker & Herrle, 2003) such as, a certain degree of severity of trauma is thus necessary for PTG to occur. Also, within the framework of PTG, the emphasis is on cognitive adaptation and the cognitive processes necessary for rebuilding of the assumptive world. As far as the convolution of this concept is concerned, central to the complexity of the model and measurement of PTG is the concept of PTG itself. However, personal growth for one individual does not necessarily have the same meaning as that for another individual, even though there are striking commonalities in the response of the trauma survivors. PTG takes time to

develop (Tedeschi & Calhoun, 1995) and it is a process that which consists of several developmental stages that lead to a genuine growth, such that with the passing of time and increase growth could be expected. There are also many factors that influence the process of PTG and several domains of growth that can make up PTG. Theoretically, PTG is a complex and multifaceted psychological concept.

A study done by Roe-Berning (2009) concluded that PTG differed significantly as a function of the type of traumatic event. This study also supported the view of PTG as a complex, highly subjective perception of growth that may involve many levels and aspect of change. Another study conducted by using the Japanese version of Post-traumatic Growth inventory (PTGI) showed that growth is positively associated with posttraumatic symptoms and correlated with type of traumatic event experienced.

A study conducted by (Maercker & Herrle, 2003) examined posttraumatic stress symptoms and PTG in parents of childhood, adolescent and young adult patients with high-grade osteosarcoma. Results obtained shown that the posttraumatic stress symptom level tended to be higher in the parents rather than in with osteosarcoma. In addition to this, the PTG level increased as the posttraumatic stress symptom level rose in the parents.

The relationship between PTG and the severity of psychological distress symptoms has been explored in many previous researches and it has been concluded that the Severity of PTSD symptoms was found to be positively predicting the growth among interpersonal violence survivors. Another study examining the post- traumatic distress and less reliance on experiential avoidance showed more PTG and meaning in life as compared to other trauma survivors (Kashdan & Kane, 2010). However, varying findings have been obtained in this regard therefore, the relationship between PTG and severity of trauma has also been explored in the current study in order to validate the previous findings. The next section is the review of literature that highlights the work done on these variables and theoretical underpinnings.

Relationship between Self-Determination and Self-Compassion

A review of literature indicate a very few academic work on self-determination and self-compassion. The term temperaments, resilience, and emotional

regulation are taken in concept but with additional characteristics of self-determination and self-compassion.

Depressive and healthy people were compared in terms of their affective temperament and resilience. The ratings for depressive, cyclothymic, irritable, and anxious temperaments were greater in the depression group than in the healthy group. In this study, researchers found a correlation between hyperthymia and resilience that was identical in depressed and healthy people. As a result, there is a correlation between hyper-thermic temperament and psychological resilience in MDD patients.

Another study found that (a) low resilience contributes directly to the severity of insomnia, and (b) those with low resilience had high levels of insomnia due to the use of maladaptive emotion regulation mechanisms. Maladaptive emotion regulation mechanisms have been reported in several research to increase negative feelings and encourage the building of early maladaptive schema, lowering resilience (Emma, David, Mathew, & Noel, 2018; Haeussler & Stephanie, 2013). Low resilience increases the use of maladaptive emotion management mechanisms as a result (Li et al., 2014). There is a lack of researches on self-determination and self-compassion among adolescents with experience of parental loss.

Relationship between Self-Determination and Post-Traumatic Growth

A review of literature indicate a very few academic work on Self-determination and Post-traumatic growth. The term temperaments are taken in concept but with additional characteristics of self-determination to make case for Post-traumatic growth. Emotional reactivity is negatively related to posttraumatic growth, expressed in positive changes in self-perception.

The death of a loved one is a traumatic experience that can result in a variety of unpleasant consequences. Several studies, however, suggest that exposure to such events can result in positive transitions, as evidenced by post-traumatic growth. Post-traumatic growth refers to positive changes in self-perception, interpersonal relationships, and life enjoyment that can occur as a result of traumatic experiences (Tedeschi & Calhoun, 2004).The previous study conducted on a group of people who have lost someone close indicated on poor relationship between temperament and Post-traumatic growth (Oginska-Bulik, 2015).

Because temperament plays such a minor role in the post-traumatic growth process, it's possible that the occurrence of good changes as a result of traumatic experiences is governed more by acquired coping abilities than by inherited characteristics underlying temperament. This would be in line with the findings of research that show the role of resilience in post-traumatic growth after the death of a loved one (Oginska-Bulik, 2015). Other resources, such as social support and self-efficacy beliefs, appear to be more important than temperamental trait in the occurrence of good posttraumatic alterations.

There is a lack of researches on self-determination and post-traumatic growth among adolescents with experience of parental loss.

Relationship between Self-Compassion and Post Traumatic Growth

The term resilience is taken in concept but with additional characteristics of self-determination to make case for PTG. Previous research has suggested that cognitive fusion has a moderating role in the post-traumatic development links between distress tolerance and self-compassion. Posttraumatic growth has a favorable link with distress tolerance and self-compassion, but a negative relationship with cognitive fusion.

Other studies discovered a link between childhood maltreatment and decreased distress tolerance that people with high distress tolerance were better at dealing with and accepting negative feelings in stressful settings (Berenz et al., 2017). As a result, growth and development are more likely to occur after they have been exposed to stressful and traumatic experiences. Self-compassionate people are more likely to utilize adaptive coping techniques to deal with unpleasant life events in stressful situations, and they can cope with trauma more easily (Allen & Leary, 2010). They also have a more positive outlook on their life experiences.

In another study, it was discovered that people who live in places where terror attacks are more likely, as well as those who are exposed to more terror attacks and trauma as children, have higher levels of PTG as adults. These findings, which point to a positive linear association between resilience and PTG, are consistent with earlier research demonstrating that resilience increases the likelihood of PTG in a variety of populations following traumatic events (Bensimon, 2012; Kesnold & Mesidor, 2019).

According to the findings, resiliency is more strongly linked to PTG following the death of a close relative than temperament. Emotional reactivity was adversely connected with variations in self-perception, however none of the temperamental variables studied have a direct impact on posttraumatic growth (general score). PTG has a favorable correlation with resiliency, mostly with changes in self-perception and life appreciation.

The findings of another study are consistent with data from studies on people who have lost a loved one, demonstrating favorable relationships between resiliency and PTG (Felcyn-Koczewska & Oginska-Bulik, 2012) as well as results from studies on students who have suffered through various traumatic situations (Bensimon, 2012). Although resiliency appears to play an important role in the establishment of beneficial changes following trauma, the relationship between resiliency characteristics and PTG appears to be complicated. Apart from interactions with others, our findings demonstrated a moderate association between resiliency and all dimensions of PTG.

Self-compassion has been connected to coping with failure, enhanced emotions of mastery, and self-competence in another study, where academic related stressors/trauma is one of the key events mentioned by participants (Neff, Hsieh, & Dejitterat, 2005).Given these findings, it's easy to see how self-compassion might be a factor in PTG. When looking at this link from the perspective of cognitive and affective processing, studies show that higher levels of self-compassion help people participate in lower levels of experiential avoidance and feel less threatened by painful thoughts and memories. Furthermore, research suggests that practicing self-compassion is an important part of developing coping resources in traumatic and stressful situations, particularly when it comes to positive cognitive restructuring, which involves changing one's perspective on a stressful situation to see it in a more positive light.

Self-compassion is the cornerstone of such a coping approach in two ways: first, an individual can overcome excessive identification and obsessive fixation with difficulties; and second, a self-compassionate individual finds it easier to focus on good rather than negative aspects of the experience (Allen & Leary, 2014). In two ways, self-compassion is the foundation of such a coping strategy: first, an individual

can overcome over identification and obsessive rumination with problems; and second, a self-compassionate individual finds it easier to concentrate on positive aspects of the experience rather than negative ones (Allen & Leary, 2014). Thus, the self-compassion sub-processes of mindfulness and self-kindness offer a balanced perspective toward emotions, events, and experiences, facilitating post-traumatic growth (Wong & Yeung, 2017).

Demographic Based Literature

Losing a Parent in early and late Adolescents. Death-related attitudes shift as people progress from middle adolescence to late adolescence with late adolescence seeing more fear about other people's deaths (Corr & Corr, 2013). Middle age, on the other hand, brings a time of evaluating one's life to this point, and while one's own death becomes a distinct possibility, the reality of one's parents' deaths is frequently brought into focus through chronic illness or an acute illness, requiring a transformation of self from adult child to caregiver (Montgomery, Rowe, & Kosloski, 2007). A reevaluation of one's self and life is one of the implications of a parent's death in midlife (Corr & Corr, 2013) and the quality of child-parent connections may affect later interpersonal and psychological functioning in this regard. The loss of a parent during childhood or adolescence can have an impact on the formation of future attachments (Nickerson et al., 2011), and the death of a parent for a late adolescent can stymie future attempts at closeness owing to the dread of losing that loved one (Walter & McCoyd, 2009). The impact of parental death in late adolescence is amplified by the impression that such deaths are off-season, and that young people may lack the social support they need to deal with their emotions, making difficult mourning more likely (Walter & McCoyd, 2009).

Gender and the Loss of a Parent among Adolescents. The child's mourning response is influenced by his or her gender. While mothers are most likely the primary attachment figure for children, relationships with fathers, either as the major or secondary figure, are also common (Lamb & Lamb, 1976). Girls have more internalizing problems after the death of a parent, while boys have more externalizing problems (Dowdney, 2000) males have more behavior problems, while females have more physical symptoms (Worden, 1996).

According to Umberson and Chen (1994), the son's coping mechanisms are quite similar to his father's, although the daughters' coping mechanisms either improved or remained unchanged after the death, presumably as a result of distinct symbolic value read as a result of the death. Males and females have different response patterns, which may be linked to variations in their relationships with their mothers and fathers (Umberson & Chen, 1994). For boys and daughters, the death of a mother has been linked to decreased levels of psychological wellbeing, including self-esteem and contentment (Marks, Jun, & Song, 2007). Adolescents showed a more severe grieving response when their mother died, but middle-aged daughters showed a higher grief response when their father died (Scharlach, 1991). According to Marks (2007) the differences in grieving responses between men and women may not reflect a weaker response from men, but rather a variation in grief response style. These findings might indicate to a relationship between the grieving child's age and the bereaved parent's gender.

Cause of Death as an Influence on the Loss of a Parent. When analyzing mourning, it's crucial to remember the cause of death. As a result, the way in which a person dies does have an impact on the grieving of survivors (DeSpelder & Strickland, 2011). A death from cancer, for example, may inspire anticipatory mourning, whereas a sudden death may provoke denial. In this regard, death from a terminal disease or other causes of impending death, as opposed to an unexpected death, may allow the person to prepare for the event. For example, the death of a parent later in life is more expected, and the child may now have greater psychological resources to help with coping (Nickerson et al., 2011). However, it's possible that those who have the most trouble adjusting to mourning have had to deal with the death for a longer period of time (Saldinger, Cain, Kalter, & Lohnes, 1999). Furthermore, many children are substantially more distressed when a parent is expected to die rather than when a parent dies suddenly and unexpectedly (Kalter et al., 2003).

A death from a socially unacceptable reason, such as suicide, death in the commission of a crime, death from drunk driving, or death from HIV/AIDS, is a variant on the sudden verses anticipated cause of death. For example, Demb (1989) discovered that for a teenager attempting to gain independence from their parents, the experience of their parent's mortality due to AIDS may bring particular challenges,

since these adolescents may avoid learning about their parent's sickness owing to its stigmatized nature. This stigma has the potential to isolate the adolescent as well as other family members, friends, and society as a whole (Demb, 1989). Children who lose a parent to HIV have higher levels of distress and problem behaviors than children who lose a parent to a reason other than HIV/AIDS (Rotheram-Borus, Stein, & Lin, 2001) thereby putting them at risk of catching the disease themselves (Rotheram-Borus et al., 2001).

According to some research, a sudden loss is more difficult to cope with at first, and can lead to long-term adjustment difficulties (Lehman, Lang, Wortman, & Sorenson, 1989) where such deaths can contribute to a sense of unfinished business with the deceased. While those who lose a loved one due to an expected death may have more emotional and social support, those who lose a loved one due to a sudden or unexpected loss do not always have such support systems in place (Hayslip et al., 1999) where people can be healed by participating in activities that acknowledge their loved one's death. Alternatively, people may feel a feeling of injustice as a result of the loss, leading to increased anger, guilt, and a perception that others are providing less social support (Hayslip et al., 1999). This is especially true when the death is caused by suicide (DeSpelder & Strickland, 2011; Cerel, Fristad, Weller, & Weller, 1999)

SES and Loss of Parents among Adolescents. Adolescents who have lost a parent are more likely to have a lower educational attainment, which may be linked to wealth and income differences. Lower socioeconomic status has been linked to an increased risk of mental health disorders. Researchers investigated whether parental mortality has an equalizing or exacerbating influence on socioeconomic gaps in offspring attainment, and whether the socioeconomic level of the rest of the family plays a significant role in compensating for parental death. For educational transfers to upper-secondary schooling and tertiary vocational education, Prix and Erola (2017) found that high levels of education among moms successfully compensated for the father's death. Another study found that the marginal impact of losing a father was more significant at greater levels of paternal education (Kailaheimo, Lonnqvist, & Erola, 2020). Despite the fact that we apply a different criterion, our results are similar to those of Kailaheimo, Lonnqvist, and Erola (2020). They discovered that either

parental socioeconomic status has no influence on adolescent's development after parental death, or that losing a higher socioeconomic status parent has an equalizing effect.

Rationale

The present study aims to determine the relationship between self-determination, self-compassion and post-traumatic growth in adolescence. Those individuals were one's who had lost their parents and experienced parental loss at the age before 18 years. Both mixed methods (quantitative and qualitative) will be used. The qualitative and quantitative methods will be used to study the factor and their effects on the adolescents who experience parental loss. The death of a parent when a child is young is a terrible occurrence that can lead to a variety of adaption issues as well as psychological issues later in life.

The goal of the study is to find out how much PTG these people reported and what factors aided them in doing so. The death of a parent while a child is a one-of-a-kind and traumatic experience. The study would look into whether the death of a parent when a child is young can have long-term traumatic consequences. The international scientific literature suggests a relationship between parental grief and a variety of issues in children's and adolescent's adjustment, according to the theoretical framework of developmental psychopathology (Dopp & Cain, 2012). However, majority of these studies have failed to take into account the exact developmental stages during which the loss occurs (Ratnarajah & Schofield, 2007). Individuals who lost their caregiver in the first three years of life are said to have more severe psychological implications from the loss of a parent (Abdelnoor & Hollins, 2004). Subjects react to these repercussions in various ways over time, depending on their developmental stage. Pre-adolescents i.e 11-13 years old had fewer resilience elements than adolescents i.e 14-18 years old (Rheingold et al., 2004) in typical settings.

Adolescents, in fact, have a larger and more intimate group of peers with whom they typically form psychological bonds; further, adolescents' ability to communicate and share affective contents through more sophisticated verbal skills and cognitive processes can strengthen and retain the bond with the surviving parent (Haine et al., 2008). In conclusion, the loss of a parent during childhood can have an impact on one's ability to create and maintain intimate relationships later in life, as

well as cope with stressful life events and complete developmental goals. The death of a parent in early adolescence is widely acknowledged to be a difficult experience for children, putting them at risk for future psychopathology (Stroebe et al., 2002). So, it is important to study these variable with the sample adolescents.

Previous studies explored the relationship of parental loss and adult psychopathology, and there is also researches on parental loss and parental rearing behavior, but there is no study which caters all these variables i.e. self-determination self-compassion and Post-traumatic growth among adolescents with parental loss. PTG has recently caught the attention of many researches as there has been a shift from negative to positive aspects of advertising. Majority of these studies are on cancer patients and on adolescents following an earthquake but no research has been conducted to explore PTG among adolescents with parental loss. Moreover, no research has been conducted to explore self-compassion and self-determination among adolescents with parental loss so this will help in literature. Preventions on the basis of this study so that individuals will less affected if any kind of adverse situation in case of any traumatic event.

Chapter II

Method

Research Design

In the present study, mixed methods (Quantitative and Qualitative) were used to study the experiences of the adolescents who suffered parental loss.

Quantitative Phase

Objectives

1. To determine relationship between self-compassion, self-determination and post-traumatic growth among adolescents with experience of parental loss.
2. To examine the role of demographic variables with reference to self-compassion, self-determination and post-traumatic growth.

Hypotheses

1. There will be a positive relationship between self-determination and self-compassion among adolescents with experience of parental loss.
2. There will be a negative relationship between self-determination and post-traumatic growth among adolescents with experience of parental loss.
3. There will be a positive relationship between self-compassion and post-traumatic growth among adolescents with experience of parental loss.

Operational Definitions

Self-Determination. Self-determination is an emerging psychological construct defined as volitional actions taken by people based on their own desires, and their self-determined related behavior depends on conscious awareness, panning and willingness to make decision (Nota, soresi, Ferrari, & Wehmeyer, 2007b). This is based on three basic needs:

Autonomy. Autonomy can be defined as the one's involvement in activity on their interest, decision making and personal planning. Autonomy, perhaps the most debated in SDT, refers to the experience of volition and the self-involvement of one's activity (Ryan & Deci, 2002). In this study, autonomy is measured by a rating scale and high score indicates more autonomous and low scores indicates less autonomous person.

Competence. Competence means one's feelings or perceptions of competence with respect to an activity or domain. More specifically, the experience of sense of effectiveness in interacting with one's environment (Deci & Rayan, 2000). In

this study competence measured by a rating scale and high score indicates more competence and low score indicates less competence.

Relatedness. Relatedness is defines as the experience of love and care by significant others (Deci & Rayan, 2000). In this study, relatedness is measured by a rating scale and high score indicates positive relationship with others and low score show perceived low level of care and love from significant others.

Self-Compassion. Self-compassion was measured using short version of Self-Compassion scale (Neff, 2003). Self-compassion would be computed in terms of scores on subscales of self-compassion and computing total mean. High scores on scale represent high self-compassion and vice versa.

Experience of Trauma. Experience of trauma was measured using Post-Traumatic Cognitions Inventory (Foa et al., 1999). In this study experience of trauma is measured by a rating scale and high score indicates stronger endorsement of negative cognitions and low score indicates weaker endorsement of negative cognitions.

Post-Traumatic Growth. Highly challenging life circumstances can lead to significant positive changes in an individual; these positive changes are referred as post-traumatic growth (Tedeschi et al., 2010). It is operationally defined as the scores obtained on the posttraumatic Growth Inventory, Short Form (PTGI-SF). Higher scores on the scale would indicate greater posttraumatic growth and vice versa.

Instruments

In present study three instruments were used:

The Self-Determination Scale (Sheldon & Deci, 1996). The Self-Determination Scale (SDS; Sheldon & Deci, 1996) consists of 10-items**.** The SDS was designed to assess individual differences in the extent to which people tend to function in self-determination way. Self-determination scale actually measures people's personality i-e being more aware of their sense of feeling and their sense of choice with respect to their behavior. The self-determination scale is a short 10 items scale, with 5 point rating response categories having alpha reliability .86 (Sheldon, 1996). The two 5 item subscale in self-determination scale are awareness of self and perceived choice. Item 2, 4, 6, 8 and10 measure *awareness of self* and 1, 3, 5, 7, and 9 measures the *perceived choice.* The subscale score are used to determine the self-determination by summing the score of 5 items. Items 1, 3, 5, 7, and 9 needs to be reverse scored so that higher scores on every item will indicate a higher level of self-

determination. To reverse score an item, subtract the item response from 6 and use that as the item score. Then, calculate the score for the *Awareness of Self s*ubscale and the *Perceived Choice* subscale by averaging the item scores for the 5 items within each subscale.

Self-Compassion Scale-Short Form (Neff, 2003a). Self-compassion scale was developed by Neff (2003a). This scale has long form and short form. In the present study we had used short form of the scale. The scale consists of the 12 items, which are divided into 6 subscales. All subscales have 2 items, self-kindness (2, 6), self-judgment (11, 12), common humanity (5, 10), isolation (4, 8), mindfulness (3, 7) and over- identified (1, 9). It was five point rating scale and the score ranged from "almost never" scored as 1 to "almost always" scored as 5. The possible score ranged from 12 to 60. The higher score indicate high self-compassion and lower score indicates low level of self-compassion. The reliabilities of this scale from different researches were .86 (Neff, 2003a), .90 (Neff & McGehee, 2009) and .93 (MacKinnon, MacLellan & Wasylkiw, 2012). Subscale scores are computed by calculating the mean of subscale item responses. To compute a total self-compassion score, reverse score the negative subscale items and then overall mean is calculated.

Post-Traumatic Cognitions Inventory (Foa et al., 1999). The Posttraumatic Cognitions Inventory is a self-report measure used to assess post-traumatic cognitions. The scale consists of 33 items, which are divided into three subscales including negative cognitions about the self, negative cognitions about the world, and self-blame. In current study, only the items of negative cognitions about the world (statements 7, 8, 10, 11, 18, 23, & 27) were used having alpha reliability .89 (Foa et al., 1999). Questions are rated using a 7- point Likert-type scale ranging from 1 (totally disagree) to 7 (totally agree). High scores indicate stronger endorsement of negative cognitions and vice versa.

Post-Traumatic Growth Inventory-Short Form (Aziz, 2012). It was developed by Calhoun and Tedeschi (2010) and translated by Aziz (2012) and used to assess PTG. The PTGI measured the extent to which survivors of traumatic events perceive personal growth and positive changes as a result of trauma (Tedeschi & Calhoun, 1998). It is a self-reported measure having 6-point Likert scale ranging from 0 (*I did not experience this change as a result of my crises*) to 5 (*I experience this change to a very great degree as a result of my crises*). It is a 10- item scale that comprises of five sub-scales pertaining to the different dimensions of PTG such as

relationship with others, personal strength, new possibilities, spiritual growth, and appreciation of life. In this research Urdu translated version of PTGI-SF was .92 (Aziz, 2012).

Sample

A convenient sample of the present study comprised of (*N* =150) university students, including both male (*n* = 37) and female (*n* = 113) from colleges and universities of Islamabad and Rawalpindi. Age range of the Respondents varied from 18 to 32 years (*M*= 25.05 *SD*=4.87). The sample was collected from the following colleges and universities of Islamabad and Rawalpindi: I.M.C.G G-10/2 Islamabad, I.M.C.G F-6/2 Islamabad, I.C.G F-6/2 Islamabad, Arid Agriculture University and Quaid-i-Azam University.

Table 1

Description of Demographic Variables (*N* = 150)

Variables	*f*	%
Age		
18-25 years	85	56.7
26-32 years	65	43.3
Age at time of death of parent(s)		
6-12 years	16	10.7
13-18 years	134	89.3
Gender		
Male	37	24.7
Female	113	75.3
Education		
Under graduation	23	15.2
Graduation and above	129	84.9
Socio Economic Status		
Upper	36	24
Middle	108	72
Lower	6	4
Family Setting		
Nuclear	87	58
Joint	63	42
Marital Status		
Single	87	58
Married	63	42
Cause of loss		
Natural Death	114	74.3
Sickness	36	23.7
Demise of Parent		
Father	79	52.7
Mother	68	45.3
Both	3	2

Procedure

The data was collected through purposive sampling technique from different academic institutions of Rawalpindi and Islamabad including I.M.C.G G-10/2 Islamabad, I.M.C.G F-6/2 Islamabad, I.C.G F-6/2 Islamabad and Quaid-i-Azam University. Sample was approached through administration after taking the permission from the official authorities of each institute. All the participants were briefed about the aim of the study. The data was collected in the presence of the researcher. Participants were ensured about confidentiality of the information and data will be ensured for research purpose only. Then the questionnaires were given to them

and data was collected by their consent. Any query while filling the questionnaires from the participants were answered right on the spot with simple language in order to give them better understanding of the questions they filled. If the participants felt or had an emotional problem, they had the right to withdraw at any point. The participants were instructed to complete the questionnaire as accurately as possible and were instructed to give response on every item of each questionnaire. Later the participants and authorities were thanked for their support and participation in the study.

Qualitative Phase

The qualitative research allows for a greater and in-depth and phenomenological assessment of individuals, it is also more susceptible to individual differences. Qualitative research design used Braun and Clarke's (2006) thematic analysis to analyze the self-compassion, self-determination and PTG among adolescents with experience of parental loss.

Objective

To explore qualitatively that what were the experiences of the adolescents who experienced parental loss.

Instruments

Semi-structured Interview Protocol. Semi-structured interviews allow for an open framework for intensive, conversational, two-way communication between the interviewer and the interviewee. The questions in a semi-structured interview allow both sides to gain more in-depth knowledge when required (Yeong, Ismail, Ismail, & Hamzah, 2018).

Interview Schedule Development. Semi-structured interview was developed keeping in mind that what were the experiences of the adolescents who experienced parental loss, how they felt, how they motivated themselves to move forward in their life, how they recovered when they suffered from trauma, how kind and non-judgmental are they toward themselves and which kind of growth are such individuals reported. Following are the questions asked from the participants who experienced parental loss:

نام:_____ عُمر:_____

اس وقت زندگی میں کہاں ہیں؟

کیا آپ کے لیے اپنی زندگی کی اہمیت ہے؟

کس کس پوائنٹ پہ صدمہ محسوس ہوا؟

اپنے آپ کو صدمے سے کیسے نکالا؟

آپ کے خیال میں کس چیز نے آپ کو آگے بڑھنے میں مدد کی؟ کوئی خاص تعلق تھا؟

کیا آپ وقت کے ساتھ ساتھ مضبوط ہوئے اگر ہاں تو کیسے اور کیوں؟

Sample

Convenient sampling methods were used to gather data from adolescents ranging in age from 18 to 32 years old, who experienced parental loss before 18 years old. The sample size was 19 (15 girls, 4 boys). The sample was contacted from different colleges and universities of Rawalpindi and Islamabad and were approached through administration by taking permission from authorities.

Procedure

The participants were contacted through administration after taking permission from the official authorities of each institute and asked to share their perspectives about what were their experiences, how they felt, how they motivated themselves after parental loss. All the questions in the interview were not in-depth and were specific to coping. Each participant's interview lasted 15-20 minutes. If the participants felt awkward or had an emotional problem, he or she had the right to withdraw at any point during the interview.

Chapter III

Results

The present study aims to explore the relationship between self-compassion, self-determination and PTG among adolescents with experience of parental loss. Both quantitative and qualitative researches were designed. In quantitative research the relationship between variables and inquired demographics was checked. For data analysis, appropriate statistical procedures were used through SPSS-22 software. The internal consistency of the scales was determined through Cronbach's alpha reliability coefficient. Pearson Product Moment Correlations were calculated to determine the relationship between the variables of the current study. Independent sample *t*-test and ANOVA were computed to explore group differences. Stepwise regression analysis was used to study prediction. In qualitative analysis participants were asked general questions regarding their experiences after parental loss and how they recovered from it. The data gathered through the interviews was categorized into a number of themes and subthemes. To understanding this data themes are explained and supported by verbatim of the participants. Hypothetical names were assigned, FP for female participants, MP for male participants to maintain confidentiality and keep the identity of the candidate secret. Participants were asked mentioned questions regarding their experiences after parental loss. The details are discussed:

Quantitative Results

Table 2

Alpha Reliabilities and Descriptive Statistics Of Self-Determination Scale, Self-Compassion Scale and Post-traumatic Growth (*N* = 150)

Variables	*k*	*α*	*M*	*SD*	*Range*			
					Potential	*Actual*	*Skewness*	*kurtosis*
SEL DET SC	10	.73	37.31	6.05	10-50	3-43	1.71	1.88
AWAR SELF	5	.58	21.11	2.81	5-25	9-23	2.73	2.28
PER CHOICE	5	.69	17.81	3.19	5-25	8-35	1.45	1.30
SEL COM SC	12	.64	37.73	6.06	12-60	21-48	.62	-.16
SEL KIND	2	.89	6.17	1.03	2-10	4-8	1.05	.32
SEL JUDG	2	.52	5.81	.45	2-10	4-6	2.37	2.07
COM HUMA	2	.76	8.24	2.01	2-10	4-10	1.13	.26
ISOLATION	2	.76	5.28	1.48	2-10	4-7	.30	-1.94
MINDFUL	2	.53	7.71	.71	2-10	6-8	2.02	2.09
OVER-IDEN	2	.64	5.79	1.86	2-10	4-8	.28	-1.84
PTG	10	.72	40.31	8.05	10-60	23-57	-.07	-.02

Note. SEL DET SC = Self-Determination Scale; AWAR SELF = Awareness of Self; PER CHOICE = Perceived Choice; SEL COM SC = Self-Compassion Scale; SEL KIND = Self-Kindness; SEL JUDG = Self-Judgement; COM HUMA = Common Humanity; MINDFUL = Mindfulness; OVER-IDEN = Over-Identified; PTG = Post-Traumatic Growth.

Table 2 depicts the detailed description of statistics which include mean, standard deviation, skewness, kurtosis and actual and potential range. The alpha reliabilities of the scale have been calculated. The alpha reliability of scales and subscales depicts the acceptable and good internal consistency of all scales and subscales. The reliability of Self-Determination scale is .73, and its subscales (Awareness of Self = .58, Perceived Choice = .69), Self-Compassion Scale = .64, and its subscales (Self-Kindness = .89, Self-Judgement =.52, Common Humanity = .76, Isolation = .76, Mindfulness = .53, Over-Identified = .64), and Post-traumatic Growth

(PTG = .72). The skewness value of the scales and their subscales in descriptive statistics is less than 1, implying that their distribution is normal (Miles & Shevlin, 2001). Positive skewness values mean that higher values are present and the tail to the right, while negative values indicate that lower values are present and the tail points to the left.

Table 3

Correlation Between Self-Determination, Self-Compassion and Post-traumatic Growth (*N* = 150)

	1	2	3	4	5	6	7	8	9	10	11
Self-determination scale	-	.53**	.51**	-.24**	-.52**	-.40**	-.58**	-.61**	-.39**	.39**	-.21**
Awareness of Self		-	.42**	-.13	-.34**	-.28**	-.38**	-.36**	-.27**	.20*	-.12
Perceived Choice			-	-.16*	-.37**	-.29**	-.42**	-.43**	-.28**	.27**	.03
Self-Compassion scale				-	.28**	.25**	.31**	.20*	.28**	-.04	.46**
Self-kindness					-	.55**	.94**	.69**	.87**	-.29**	.21**
Self-judgment						-	.76**	.36**	.77**	.18*	.33**
Common Humanity							-	.75**	.87**	-.28**	.25**
Isolation								-	.35**	-.83**	.03
Mindfulness									-	.17*	.33**
Over identified										-	.18*
PTG											-

Note. PTG = Post-Traumatic Growth.

*p <.01; ** p <.05.

Table 3 shows correlational analysis between self-compassion, self-determination and PTG among adolescents with experience of parental loss. Correlational analysis revealed that self-determination had strong, significant and negative relationship with self-compassion. The findings were not supported with hypothesis 1 which is stated that there will be a positive relationship between self-determination and self-compassion among adolescents with experience of parental loss. Self-determination had strong, significant and negative relationship with PTG. The findings were supported with hypothesis 2 which is stated that there will be a negative relationship between self-determination and PTG among adolescents with experience of parental loss. Self-compassion had strong, significant and positive relationship with PTG. The findings were supported with the hypothesis 3 which is stated that there will be a positive relationship between self-compassion and PTG among adolescents with experience of parental loss.

Table 4

Stepwise Multiple Regression Analysis for Prediction Of Post-traumatic Growth in Adolescents with Experience of Parental Loss (*N = 150)*

Post- traumatic Growth								
Variables	Model 1	Model 2	Model 3	Model 4	Model 5		95% CI	
	β	*β*	*β*	*β*	*β*	*t*	*UL*	*LL*
Constant						1.83	28.19	-1.02
Age	-.09	-.13	-.14*	-.11	-.08	-1.29	.07	-.36
Trauma	-	.39***	.41***	.31***	.31***	4.03	.33	.11
SEL DET SC	-	-	-.12	-.08	-.17	-1.85	.01	-.47
AWAR SELF	-	-	-.15	-.13	-.13	-1.58	.09	-.82
PER CHOICE	-	-	.28**	.28**	.25**	3.22	1.04	.24
SEL COM SC	-	-	-	.26***	.35***	5.05	.65	.28
OVER-IDEN	-	-	-	-	.25**	3.51	1.70	.47
R2	.00	.16	.22	.34	.39			
ΔR2	.00	.15	.06	.11	.05			
F	1.10	14.27	8.51	12.45	13.27			
P	.28	.00	.00	.00	.00			

Note. SEL DET SC = Self-Determination Scale; AWAR SELF = Awareness of Self; PER CHOICE = Perceived Choice; SEL COM SC = Self-Compassion Scale; OVER-IDEN = Over-Identified.
*$p < .05$, **$p < .01$, ***$p < .001$.

Table 4 shows the regression analysis to test which factors will affect the PTG among adolescents with experiences of parental loss. Five models are run to check predict models for PTG model 1, model 2, model 3, model 4 and model 5 are significantly predicting the dependent variable. For model 2 trauma was the only significant predictor for PTG. In model 3 age, trauma and perceived choice are significant predictors for PTG. In model 4 trauma, perceived choice and self-

compassion are significant predictors for PTG. In model 5 trauma, perceived choice and self-compassion and over identified are significant predictors of PTG.

Demographics Based Analysis

Age. Age differences were accessed between boys and girls on self-Determination scale (Awareness of self and perceived choice), self-Compassion scale (Self-kindness, Self-judgment, Common Humanity, Isolation, Mindfulness, and Over identified) and Post-traumatic Growth overall sample of Adolescents. The results of the analysis are as follows:

Table 5

Main Differences Across Age Along Study Variables (N = 150)

Variables	14-25 Years (*n* = 85)		26-37 Years (*n* = 65)				*95% CI*		*Cohen's d*
	M	*SD*	*M*	*SD*	*t*	*p*	*UL*	*LL*	
SEL DET SC	37.48	5.36	37.09	6.87	.38	.70	2.36	-1.59	-
AWAR SELF	21.31	2.19	20.85	3.46	1.02	.31	.60	-1.47	-
PER CHOICE	17.62	3.32	18.06	3.03	-.83	.40	1.38	-.44	-
SEL COM SC	37.95	6.03	37.45	6.13	.51	.61	2.48	-1.47	-
SELF KIND	6.21	0.95	6.12	1.13	.51	.60	.45	-.25	-
SELF JUDG	5.86	.38	5.74	.53	1.53	.12	.27	-.03	-
COM HUMA	8.36	1.87	8.09	2.18	.82	.41	.94	-.38	-
ISOLATION	5.27	1.49	5.29	1.49	-.08	.93	.46	-.51	-
MINDFUL	7.76	.65	7.63	.78	1.11	.26	.37	-.10	-
OVER-IDEN	5.92	1.91	5.63	1.81	.94	.34	.89	-.32	-
PTG	40.90	7.32	39.54	8.92	1.03	.30	3.98	-1.33	-

Note. SEL DET SC = Self-Determination Scale; AWAR SELF = Awareness of Self; PER CHOICE = Perceived Choice; SEL COM SC = Self-Compassion Scale; SELF KIND = Self-Kindness; SELF JUDG = Self-Judgement; COM HUMA = Common Humanity; MINDFUL = Mindfulness; OVER-IDEN = Over-Identified; PTG = Post-Traumatic Growth.

Table 5 shows the independent *t*-test comparison between age groups. There are non-significant mean differences between age groups on self-determination and on its subscales. There is also non-significant difference between age groups on self-compassion scale and PTG.

Table 6

Main Differences Across Gender Along Study Variables (*N* = 150)

Variables	Boys (*n* = 37)		Girls (*n* = 113)				*95% CI*		*Cohen's d*
	M	*SD*	*M*	*SD*	*t*	*p*	*UL*	*LL*	
SEL DET SC	38.48	5.52	36.92	6.19	1.37	.17	3.83	-.69	-
AWAR SELF	21.51	3.00	20.98	2.27	0.99	.32	1.94	-.52	-
PER CHOICE	18.37	2.81	17.63	3.29	1.24	.22	1.58	-.44	-
SEL COM SC	38.35	6.21	37.53	6.02	0.71	.47	3.09	-1.45	-
SELF KIND	6.22	1.23	6.15	0.97	.26	.79	.50	-.38	-
SELF JUDG	5.65	.63	5.85	0.37	-1.91	.06	.01	-.43	-
COM HUMA	8.03	2.23	8.32	1.93	-.76	.47	.46	-1.04	-
ISOLATION	5.29	1.51	5.27	1.49	.08	.93	.58	-.54	-
MINDFUL	7.62	0.97	7.73	0.68	-.84	.40	.15	-.37	-
OVER-IDEN	5.44	1.72	5.90	1.90	-1.32	.19	.23	-1.11	-
PTG	38.73	8.14	40.83	7.99	-1.38	.17	.90	-5.10	-

Note. SEL DET SC = Self-Determination Scale; AWAR SELF = Awareness of Self; PER CHOICE = Perceived Choice; SEL COM SC = Self-Compassion Scale; SELF KIND = Self-Kindness; SELF

JUDG = Self-Judgement; COM HUMA = Common Humanity; MINDFUL = Mindfulness; OVER-IDEN = Over-Identified; PTG = Post-Traumatic Growth.

Table 6 shows mean based comparison based on gender. Boys and girls groups were compared through *t*-test analysis. There is non-significant mean differences between boys and girls groups on self-determination and on its subscales. There is non-significant mean differences between boys and girls groups on self-compassion and its subscales. There is also non-significant mean differences between boys and girls groups on PTG.

Table 7

Main Differences Across Education Along Study Variables (*N* = 150)

Variables	Under Graduate (*n* = 37)		Graduate and Above (*n* = 113)				*95% CI*		*Cohen's*
	M	*SD*	*M*	*SD*	*t*	*p*	*UL*	*LL*	*d*
SEL DET SC	38.11	5.69	37.04	6.16	.92	.35	3.33	-1.20	-
AWAR SELF	21.59	2.36	20.95	2.94	1.20	.23	1.69	-.41	-
PER CHOICE	18.18	2.85	17.69	3.29	.82	.41	1.69	-.69	-
SEL COM SC	37.94	6.27	37.66	6.01	.245	.80	2.55	-1.99	-
SELF KIND	6.35	.63	6.11	1.13	1.58	.11	.53	-.05	-
SELF JUDG	5.97	.164	5.75	.51	4.01	.00	.33	.11	.58
COM HUMA	8.70	1.26	8.09	2.18	2.07	.04	1.18	.02	.34
ISOLATION	5.21	1.49	5.30	1.49	-.299	.76	-.64	.47	-
MINDFUL	7.94	.32	7.62	.78	3.48	.01	.49	.13	.54
OVER-IDEN	6.29	1.98	5.62	1.80	1.82	.07	1.40	-.06	-
PTG	40.89	6.59	40.12	8.49	.57	.57	3.44	-1.91	-

Note. SEL DET SC = Self-Determination Scale; AWAR SELF = Awareness of Self; PER CHOICE = Perceived Choice; SEL COM SC = Self-Compassion Scale; SELF KIND = Self-Kindness; SELF JUDG = Self-Judgement; COM HUMA = Common Humanity; MINDFUL = Mindfulness; OVER-IDEN = Over-Identified; PTG = Post-Traumatic Growth.

Table 7 shows the independent *t*-test comparison between graduate and above and undergraduate level illustrated that there is non-significant mean

differences on self-determination and on its subscales. There is non-significant mean difference on self-compassion scale but there is significant mean differences on its subscales except self-kindness, isolation and over identified. There is also non-significant mean differences on PTG.

Table 8

Main Differences Across Family Setting Along Study Variables (*N* = 150)

Variables	Nuclear (*n* = 87)		Joint (*n* = 63)				*95% CI*		*Cohen's d*
	M	*SD*	*M*	*SD*	*t*	*p*	*UL*	*LL*	
SEL DET SC	38.27	6.22	35.95	5.57	2.35	.02	4.28	.36	.39
AWAR SELF	21.40	2.62	20.71	3.04	1.48	.14	1.60	-.23	-
PER CHOICE	18.32	2.92	17.11	3.43	2.26	.02	2.26	.15	.41
SEL COM SC	37.85	6.60	37.57	5.26	.28	.77	2.19	-1.64	-
SELF KIND	6.00	1.18	6.41	.73	-2.63	.00	-.10	-.72	.41
SELF JUDG	5.70	0.55	5.95	.21	-3.8	.00	-.12	-.38	.60
COM HUMA	7.82	2.24	8.82	1.46	-3.29	.00	-.39	-1.59	.53
ISOLATION	5.10	1.45	5.52	1.51	-1.70	.09	.066	-.91	-
MINDFUL	7.56	0.83	7.90	.43	-3.27	.00	-.13	-.54	.51
OVER-IDEN	5.77	1.79	5.82	1.97	-.17	.86	.56	-.67	-
PTG	39.63	8.16	41.25	7.86	-1.2	.22	1.00	-4.25	-

Note. SEL DET SC = Self-Determination Scale; AWAR SELF = Awareness of Self; PER CHOICE = Perceived Choice; SEL COM SC = Self-Compassion Scale; SELF KIND = Self-Kindness; SELF JUDG = Self-Judgement; COM HUMA = Common Humanity; MINDFUL = Mindfulness; OVER-IDEN = Over-Identified; PTG = Post-Traumatic Growth.

Table 8 shows mean based comparison based on family setting. Nuclear and Joint groups were compared through *t*-test analysis. There is significant mean differences between nuclear and joint groups on self-determination and on its subscales except awareness of self. There is non-significant mean differences between nuclear and joint groups on self-compassion but there is significant mean differences

on its subscales except isolation and over identified. There is non-significant mean differences between nuclear and joint groups on PTG.

Table 9

Main Differences Across Marital Status Along Study Variables (*N* = 150)

Variables	Married (*n* = 98)		Single (*n* = 52)				*95% CI*		*Cohen's d*
	M	*SD*	*M*	*SD*	*t*	*p*	*UL*	*LL*	
SEL DET SC	37.64	5.08	36.69	7.54	.81	.42	3.27	-1.37	-
AWAR SELF	21.28	2.43	20.78	3.43	1.03	.30	1.45	-.45	-
PER CHOICE	17.92	3.18	17.61	3.22	.55	.58	1.38	-.78	-
SEL COM SC	37.91	5.86	37.40	6.44	.48	.63	2.56	-1.55	-
SELF KIND	6.23	.90	6.05	1.24	.91	.36	.56	-.211	-
SELF JUDG	5.87	.35	5.67	.58	2.3	.02	.38	.02	.42
COM HUMA	8.42	1.78	7.92	2.36	1.32	.18	1.24	-.25	-
ISOLATION	5.25	1.48	5.32	1.50	-.28	.78	.43	-.57	-
MINDFUL	7.79	.61	7.54	.85	1.93	.07	.52	-.00	-
OVER-IDEN	5.98	1.92	5.42	1.70	1.85	.67	1.17	-.04	-
PTG	41.20	7.53	38.63	8.79	1.87	.06	5.27	-.13	-

Note. SEL DET SC = Self-Determination Scale; AWAR SELF = Awareness of Self; PER CHOICE = Perceived Choice; SEL COM SC = Self-Compassion Scale; SELF KIND = Self-Kindness; SELF JUDG = Self-Judgement; COM HUMA = Common Humanity; MINDFUL = Mindfulness; OVER-IDEN = Over-Identified; PTG = Post-Traumatic Growth.

Table 9 shows mean based comparison based on Marital Status. Married and Single groups were compared through *t*-test analysis. There is non-significant mean differences between married and single groups on self-determination and on its subscales. There is non-significant mean differences between married and single groups on self-compassion and its subscales except self-judgement. There is non-significant mean differences between married and single groups on PTG.

Table 10

Main Differences Across Cause Of Loss Along Study Variables (*N* = 150)

Variables	Natural (*n* = 112)		Sickness (*n* = 36)				*95% CI*		*Cohen's*
	M	*SD*	*M*	*SD*	*t*	*p*	*UL*	*LL*	*d*
SEL DET SC	38.49	4.83	33.88	7.85	.32	.00	7.39	1.80	.71
AWAR SELF	21.31	2.51	20.80	3.12	.98	.32	1.51	-.50	-
PER CHOICE	18.05	3.03	17.05	3.65	1.48	.14	2.34	-.35	-
SEL COM SC	37.06	5.95	39.66	6.03	-2.27	.02	-.34	-4.86	.43
SELF KIND	6.03	1.06	6.61	.80	-3.02	.00	-.20	-.96	.61
SELF JUDG	5.77	.47	5.88	.39	-1.37	.17	.04	-.24	-
COM HUMA	7.96	2.06	9.08	1.57	-2.98	.00	-.37	-1.86	.61
ISOLATION	5.03	1.43	6.00	1.43	-3.52	.00	-.42	-1.51	.67
MINDFUL	7.65	.76	7.88	.46	-2.29	.02	-.03	-.45	.36
OVER-IDEN	6.03	1.85	5.08	1.72	2.82	.00	-.62	-.27	.53
PTG	40.32	8.18	39.88	7.49	.28	.77	3.4	-.25	-

Note. SEL DET SC = Self-Determination Scale; AWAR SELF = Awareness of Self; PER CHOICE = Perceived Choice; SEL COM SC = Self-Compassion Scale; SELF KIND = Self-Kindness; SELF JUDG = Self-Judgement; COM HUMA = Common Humanity; MINDFUL = Mindfulness; OVER-IDEN = Over-Identified; PTG = Post-Traumatic Growth.

Table 10 shows mean based differences across the cause of loss. Natural death and sickness groups were compared through *t*-test analysis. There is significant mean differences between natural death and sickness on self-determination but there is non-significant mean differences on its subscales. There is significant mean difference between natural death and sickness on self-compassion and its subscales except self-judgement. There is non-significant mean differences between natural death and sickness on PTG.

Table 11

Main Differences Across Age at Time of Death Along Study Variables (*N* = 150)

Variables	Age (6-12 years) (*n* = 16)		Age (13-18 years) (*n* = 134)				*95% CI*		*Cohen's d*
	M	*SD*	*M*	*SD*	*t*	*p*	*UL*	*LL*	
SEL DET SC	34.86	5.26	37.68	6.26	-1.66	.09	.51	-6.14	-
AWAR SELF	20.46	3.42	21.26	2.59	-.87	.39	1.13	-2.73	-
PER CHOICE	16.93	3.75	17.94	2.97	-1.21	.22	.64	-2.66	-
SEL COM SC	40.93	4.30	37.34	6.19	2.89	.00	6.15	1.01	.67
SELF KIND	6.73	.45	6.04	1.67	2.44	.01	1.24	.13	.56
SELF JUDG	6.00	.01	5.77	.49	5.24	.00	.317	.14	.54
COM HUMA	9.46	.91	7.97	2.06	2.76	.00	2.55	.42	.93
ISOLATION	6.20	1.37	5.04	1.43	2.95	.00	1.92	.38	.83
MINDFUL	8.00	.01	7.65	.76	5.14	.00	.48	.21	.65
OVER-IDEN	5.06	1.83	6.01	1.85	-1.86	.06	.05	-1.94	-
PTG	41.26	6.26	40.41	8.29	.38	.70	5.2	-3.53	-

Note. SEL DET SC = Self-Determination Scale; AWAR SELF = Awareness of Self; PER CHOICE = Perceived Choice; SEL COM SC = Self-Compassion Scale; SELF KIND = Self-Kindness; SELF JUDG = Self-Judgement; COM HUMA = Common Humanity; MINDFUL = Mindfulness; OVER-IDEN = Over-Identified; PTG = Post-Traumatic Growth.

Table 11 shows mean based comparison based on the age at time of death. Two groups of ages were compared through *t*-test analysis. There is non-significant mean differences between age of group 1 and group 2 on self-determination and its subscales. There is significant mean differences between age of group 1 and group 2 on self-compassion and its subscale except over identified. There is non-significant mean differences between age of group 1 and group 2 on PTG.

Table 12

Main Differences Across Demise of Parent Among Study Variables (*N* = 147)

Variables	Father (*n* = 79)		Mother (*n* = 68)				*95%CI*		*Cohen's*
	M	*SD*	*M*	*SD*	*t*	*p*	*UL*	*LL*	
SEL DET SC	37.14	6.87	37.52	5.09	-.38	.70	1.61	-2.39	-
AWAR SELF	21.10	3.06	21.13	2.59	-.06	.94	.90	-.96	-
PER CHOICE	17.96	3.01	17.63	3.47	.61	.54	1.38	-.72	-
SEL COM SC	37.54	6.13	37.96	6.00	-.38	.70	1.61	-2.39	-
SELF KIND	6.13	1.08	6.22	1.00	-.46	.64	.26	-.42	-
SELF JUDG	5.78	.47	5.82	.45	-.50	.61	.11	-.189	-
COM HUMA	8.15	2.08	8.36	1.96	-.66	.52	.45	-.88	-
ISOLATION	5.25	1.48	5.36	1.50	-.46	.64	.37	-.60	-
MINDFUL	7.67	.74	7.73	.68	-.54	.58	.17	-.29	-
OVER-IDEN	5.75	1.84	5.73	1.88	-.07	.93	.63	-.58	-
PTG	39.91	7.87	40.22	8.02	-.23	.81	2.28	-2.90	-

Note. SEL DET SC = Self-Determination Scale; AWAR SELF = Awareness of Self; PER CHOICE = Perceived Choice; SEL COM SC = Self-Compassion Scale; SELF KIND = Self-Kindness; SELF JUDG = Self-Judgement; COM HUMA = Common Humanity; MINDFUL = Mindfulness; OVER-IDEN = Over-Identified; PTG = Post-Traumatic Growth.
*$p < .01$, ** $p < .05$.

Table 12 shows mean based differences across the demise of parent. Father and mother groups were compared through *t*-test analysis. 3 individuals were deleted from (Both) group. There is non-significant mean differences between father and mother groups on self-determination and on its subscales. There is non-significant mean differences between father and mother groups on self-compassion and its subscales. There is also non-significant mean differences between father and mother groups on PTG.

Table 13

One-Way Analysis of Variance for SES (*N* = 150)

Variables	Socio-Economic Status							
	Upper (*n* = 24)		Middle (*n* = 93)		Lower (*n* = 32)			
	M	*SD*	*M*	*SD*	*M*	*SD*	*F*	*p*
SEL DET SC	35.66	6.52	37.63	6.12	37.59	5.42	1.05	.35
AWAR SELF	20.00	4.15	21.41	2.33	21.06	2.76	2.48	.08
PER CHOICE	17.29	3.47	17.93	3.26	17.84	2.81	.38	.68
SEL COM SC	36.58	6.58	38.07	6.08	37.60	5.65	.58	.56
SELF KIND	6.37	.87	6.15	1.10	6.09	.94	.58	.56
SELF JUDG	5.92	.28	5.77	.49	5.81	.46	.93	.39
COM HUMA	8.75	1.75	8.19	2.14	8.03	1.77	.97	.37
ISOLATION	5.62	1.52	5.35	1.50	4.81	1.35	2.39	.09
MINDFUL	7.83	.56	7.65	.75	7.75	.66	.70	.49
OVER-IDEN	5.58	1.93	5.61	1.82	6.45	1.85	2.72	.06
PTG	38.83	7.35	40.78	8.10	40.06	8.48	.57	.56

Note. SEL DET SC = Self-Determination Scale; AWAR SELF = Awareness of Self; PER CHOICE = Perceived Choice; SEL COM SC = Self-Compassion Scale; SELF KIND = Self-Kindness; SELF JUDG = Self-Judgement; COM HUMA = Common Humanity; MINDFUL = Mindfulness; OVER-IDEN = Over-Identified; PTG = Post-Traumatic Growth.

**p*<.01, ** *p*<.05.

Results in the above table revealed that there are non-significant differences on self-determination, and its sub scales. There are non-significant differences on self-compassion and its subscales. There is also a non-significant difference on PTG.

Table 14

Relationship Between Trauma And Study Variables (N= 150)

Variables	Less Trauma Reported (n = 50)		Average Trauma Reported (n = 47)		More Trauma Reported (n = 53)					95% CI	
	M	*SD*	*M*	*SD*	*M*	*SD*	*F*	*i-j*	*D(i-j)*	*UL*	*LL*
SDS	36.36	5.49	41.55	3.27	34.38	6.43	23.91	1<2	-5.19*	-2.65	-7.73
								2>3	7.16*	9.68	4.64
Awar Self	20.12	3.88	22.25	1.76	21.03	1.89	8.57	1<2	-2.13*	-.83	-3.43
Per Choice	17.42	3.88	19.29	1.52	16.86	3.14	23.91	1<2	-1.87*	-.41	-3.34
								2>3	2.42*	3.87	.98
SCS	37.9	6.15	35.23	6.8	39.79	4.29	7.71	2<3	-4.55*	-1.8	-7.31
Self Kind	6.44	.86	5.38	1.21	6.62	.48	27.66	1>2	1.05*	1.48	.62
								2<3	-1.23*	-.81	-1.66
Self Judg	5.92	.27	5.46	.65	6.00	.00	25.18	1>2	.45*	.26	0.64
								2<3	-.53*	-.34	-0.72
Com Huma	8.88	1.72	6.44	1.98	9.24	.97	43.93	1>2	2.43*	3.2	1.66
								2<3	-2.79*	-2.03	-3.55
Isolation	5.80	1.48	4.06	.43	5.86	1.46	32.54	1>2	1.73*	2.33	1.13
								2<3	1.80*	-1.21	-2.39
Mindful	7.84	.54	7.23	.98	8.00	.00	19.81	1>2	.60*	.91	.30
								2<3	-.76*	-.46	-1.06
Over-Iden	5.36	1.85	6.57	1.54	5.51	1.95	6.53	1<2	-1.21*	-.34	-.21
								2>3	1.06*	1.91	.21
PTG	39.58	7.49	36.91	6.23	44.02	8.58	11.39	1<3	-4.43*	-.92	-7.96
								2<3	-7.10*	-3.52	10.68

Note. SDS = Self-Determination Scale; AWAR SELF = Awareness of Self; PER CHOICE = Perceived Choice; SCS = Self-Compassion Scale; SELF KIND = Self-Kindness; SELF JUDG = Self-Judgment; COM HUMA = Common Humanity; MINDFUL = Mindfulness; OVER-IDEN = Over-Identified; PTG = Post-Traumatic Growth.

Results in the above table revealed that self-determination was higher among those who experienced average trauma than other two groups. Individuals with average trauma have more self-awareness and perceived choice; self-compassion was higher among those who experienced more trauma; self-kindness, self-judgment, isolation, common humanity and mindfulness were higher among those who reported less trauma than those who reported average and more trauma. Individuals with average trauma has more over-identified than other two groups. Results also show that post-traumatic growth was higher among those who experienced more trauma.

Qualitative Result

Data Analysis

Qualitative research design used Braun and Clarke's (2006) thematic analysis to analyze the self-determination, self-compassion and PTG among adolescents with experience of parental loss. For the data analysis, interview recordings were transcribed manually, which involved writing down the interviews while listening to the audio recordings. The method of analysis in the current study was thematic analysis. Thematic analysis is a method for identifying, analyzing, and reporting patterns within data (Braun & Clarke, 2006). It minimally organizes and describes your data set in detail. Thematic analysis was chosen for this study because it allows for the analysis of broad data sets from multiple participants and the synthesis of those data sets into a meaningful account.

Thematic analysis differs from other analytic methods that seek to describe patterns across qualitative data such as thematic discourse analysis, thematic decomposition analysis, IPA and grounded theory (Attride, 2001). Both IPA and grounded theory seek patterns in the data, but are theoretically bounded. IPA is wed to a phenomenological epistemology (Smith, Jarman, & Osborn, 1999; Smith & Osborn, 2003), which gives experience primacy (Holloway & Todres, 2003), and is about understanding people's everyday experience of reality, in great detail, so as to gain an understanding of the phenomenon in question (McLeod, 2001). To complicate matters, grounded theory comes in different versions (Charmaz, 2002). In contrast to IPA or grounded theory (and other methods like narrative, discourse or CA), thematic analysis is not wed to any pre-existing theoretical framework, and so it can be used within different theoretical frameworks (although not all), and can be used to do different things within them. Similarly, content analysis uses a descriptive approach in both coding of the data and its interpretation of quantitative counts of the codes (Downe-Wamboldt, 1992; Morgans, 1993). Conversely, thematic analysis provides a purely qualitative, detailed, and nuanced account of data (Braun & Clarke, 2006).The steps of thematic analysis as defined by Braun and Clarke (2006) were followed, as these guidelines provide an up-to-date overview of the procedure.

1. Familiarizing with the data
2. Generating initial codes
3. Searching for themes

4. Reviewing themes
5. Defining and naming themes
6. Producing the report

Thematic analysis, according to Braun and Clarke (2006), is the method of finding, analyzing, and documenting trends in data sets that are relevant to a particular research question and represent a specific phenomenon. Familiarity of data set was gained after transcribing the interviews manually and later by careful and repeated reviewing of the transcriptions. The emerging ideas were noted down. To produce initial codes, line by line coding was used. The entire set of codes was then grouped into related categories and arranged into initial possible themes. During the finalizing process, the themes were checked, refined, and evaluated in relation to one another.

General Findings

A general overall finding of the research was that the majority of the participants reported initial psychological impact of the death of a parent, participants talked about denial, isolation, avoidance, anger, and depression. They reported being confused, feeling numb, and struggling to make sense of what had happened. As participants reflected on having lost a parent during childhood, most talked about the way in which their parent died and the impact that these circumstances had on the grief process. In addition to this participants reported some level of ongoing emotional response to the loss. Participants tended to feel guilty when they were not present with their parent died.

Participants reported grieving when they felt isolated, lonely, unsuccessful, in need of emotional support, or when they experienced additional losses. They also reported grieving during significant life events such as weddings, graduations, and job promotions, when they were content with their lives. In these situations, they wished their deceased parents could have been present to witness and express pride in their achievements. All participants reported some level of ongoing emotional response to the loss. After analysis, the data has been categorized into three major themes. The overall scheme of themes and subthemes can be seen below:

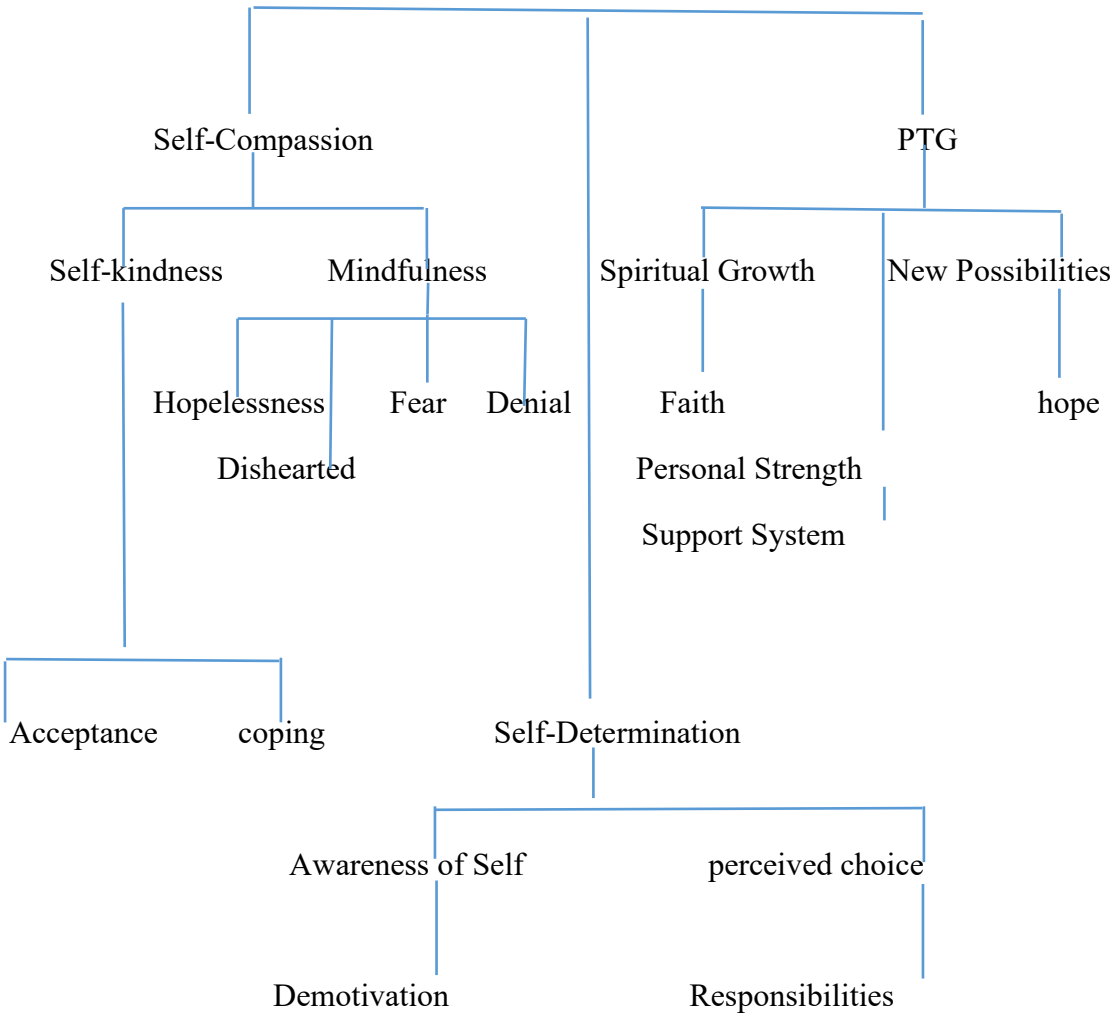

Figure 1. Self-compassion, self-determination and PTG reported by adolescents with experience of parental loss.

The data was analyzed for classifying the experiences of the participants into major themes. The themes are depicted as follows: *Self-compassion, self-determination and PTG reported by adolescents with experience of parental loss.*

Self-Compassion

The present study aimed at experiences of adolescents to describe how they act toward themselves when they were experienced parental loss. The experiences that the adolescents experienced after parent's death are discussed below in these clustered themes:

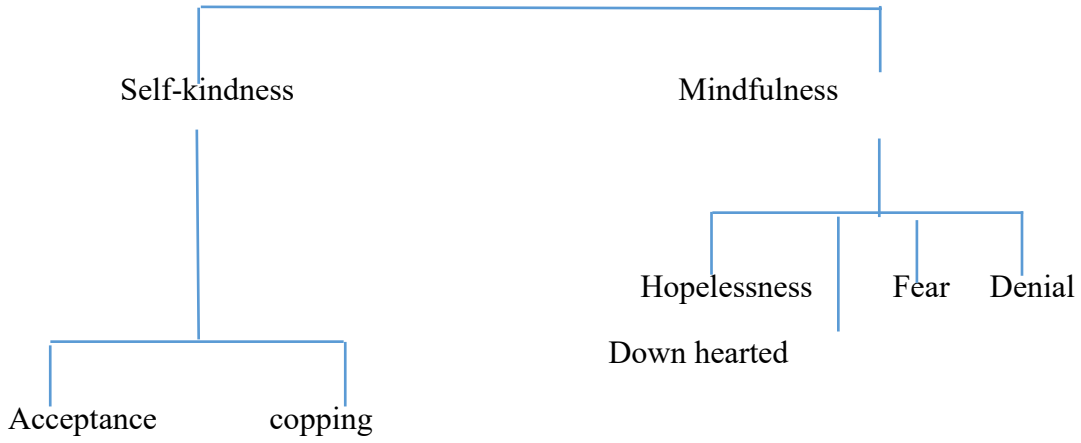

Figure 2. Self-compassion reported by adolescents with experience of parental loss.

Acceptance. Some participants reported that they strengthen themselves to move forward in their life. As respondents stated:

Me apni zindagi sa mutmaeen hun, Allah apna bando ka lia galat faisla nahi krta shaid isi me hi hamari behtari thi. [I am satisfied with my life. Allah does not make wrong decisions for His servants. May be that was our best]. (FP-5)

Mera lia meri zindagi bht ehmiat rakhti ha, aik din sb na Allah ki traf lotna ha. [My life is very important to me, one day or another, everyone has to return to Allah]. (FP-8)

Abu ki kami aj bi mehsoos hti ha lkn zindagi me aga bharna ka lia apna ap ko mazboot krna para aj kl ka dor me koi ksi ka sahara nai banta. [I still miss my father but I strengthen my selfto move forward in life. Nowadays no one can support you]. (FP-11)

Coping. Participants reported that they thanked Allah for whatever he did, as Allah didn't make wrong decision. Some reported that they kept themselves busy to avoid stress. As respondents stated:

Mein na apna ap ko masroof rakhna shoru kr dia tha ta ka ami ki yad km sa km a saka. [I started to keep myself busy so that memory of my mother would come out atleast]. (FP-2)

Apna ap ko mazboot kia ta ka ami ka sahara bn sakun. [I had to strengthen myself to support my mother]. (MP-18)

Walid ki wafat ka bad bht gussa me rahta tha, hr choti si choti bat pa gussa ata tha, lkn time ka sath sath apna ap ko samja or halat ka muqabla kia. [I was very angry after my father's death. I used to get angry over every little thing but with time I explained myself and faced the situation]. (MP-16)

Fear, Denial, Hopelessness and Dishearted. Some reported mindfulness as they face fear, denial, hopelessness and dishearted after parental loss. One participants reported that they were scared after parent's death, can't get out of shock, still have mother belongings. Participants reported that they still missed their parents as they never thought this would happen so suddenly. A very few reported that life seem dull, meaning less as they didn't like to do anything. As the respondents stated:

Walid ki wafat ka bad akela mehsoos krta the, mout sa bht dar lgta tha. [Feeling lonely and scared after father's death]. (FP-12)

Abu ki bht yad ati thi q ke me un ka sath bht zyada attach tha, yakeen hi nai hta tha ka un ki wafat ho chuki ha. [I missed my father a lot because I was very attached to him. I couldn't believe he was dead]. (MP-17)

Me aj b ami ki chezein sambhal ka rakhti hun, ami ki yad me roti hun. [I still take care of my mother belongings and cry remembering my mother]. (FP-2)

Mja dukh hta ha ka mera pas abu ki yadein nhi hein q ka me bht choti thi jb abu ki death hui. [I feel sad that I do not have memories of my father as I was very young when he died]. (FP-2)

Zindagi beronaq lgti thi, kuch bi acha mehsoos nhi hta tha. [Life seemed dull, nothing feels good]. (FP-13)

Self-Determination

The present study aimed at experiences of adolescents to describe how they act toward themselves when they were experienced parental loss. In self-determination, we came to know how adolescents make choices and manage their life. The experiences that the adolescents experienced after parent's death are discussed below in these clustered themes:

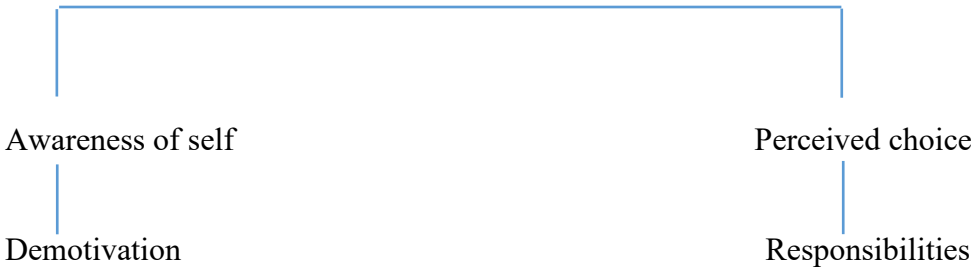

Figure 3. Self-determination reported by adolescents with experience of parental loss.

Some participants reported demotivation. Most of the adolescents reported that they were not good to do or think of anything after their parent death. They felt that they were not in control of their own behaviors and goals. Some participants reported awareness of self as they were demotivated after their parent death. Some participants reported perceived choice as some reported that they choose new ways to deal with the situation.

Demotivation. Most of the adolescents reported that after the death of parent they didn't like anything or didn't want to do anything. Some reported that they felt frustrated and helpless. They felt life would be darker for the rest of the life. As respondents stated

Ami ki wafat ka baad esa lgta tha ka ami na jo mera lia khawab dekha tha me unko pura nhi kr sakun gi. [After my mother's death, it seemed that I would not be able to fulfill my mother's dream]. (FP-15)

Abu ki wafat ka bad mj sa study nhi hti thi, abu ki yad ati thi, kuch b krna ko dil nhi krta tha, esa lgta tha jesa mj sa kuch nahi ho ga. [after my father's death, I didn't study because I missed my father, I didn't want to do anything, it seemed like nothing would happen to me]. (FP-12)

Abu ki wafat ka baad ka bad esa lagta that ka ab sari umer zindagi me andhera hi raha ga. [After the death of father, it seems that life would be darker for the rest of life]. (FP-13)

Responsibility. Most of the participants reported that they took responsibilities after parent death. A very few reported that they focus on their career and studies after father death as they had many responsibilities on them. One

participant reported that after the death of father he would not fall into bad habits. As respondents stated:

Me bhn bhaiyun me sb sa bara tha is lia walid ki wafat ka bad mja apni zimadariyon ka ehsas karna para [I was eldest of the siblings so after my father's death I had to realize my responsibilities]. (MP-17)

Walid ki wafat (Death) ka bad me ksi buri adat me nhi para tha, apna career pa focus kia tha ta ka me aik kamyab insan bn sakon. [I didn't fall into bad habbits after my father's death, I focused on my career to become a successful person]. (MP-16)

Hum 3 behnein hein, me sb sa choti hun baki dono married hein, abu ki wafat ka bad zindagi bht mushkil lagi, esa me apni ami ka sahara bani or aik mamoli si job dhondhi ta ka guzr basr acha ho. [I am the youngest of three sisters, the other two are married. Life was very difficult after my father's death, so I support my mother and found a job]. (MP-18)

Post-Traumatic Growth

The present study aimed at experiences of adolescents to describe how they act toward themselves when they were experienced parental loss. In posttraumatic growth adolescents reported positive psychological changes that they experienced as a result of struggling with traumatic event. The experiences that the adolescents experienced after parent's death are discussed below in these clustered themes:

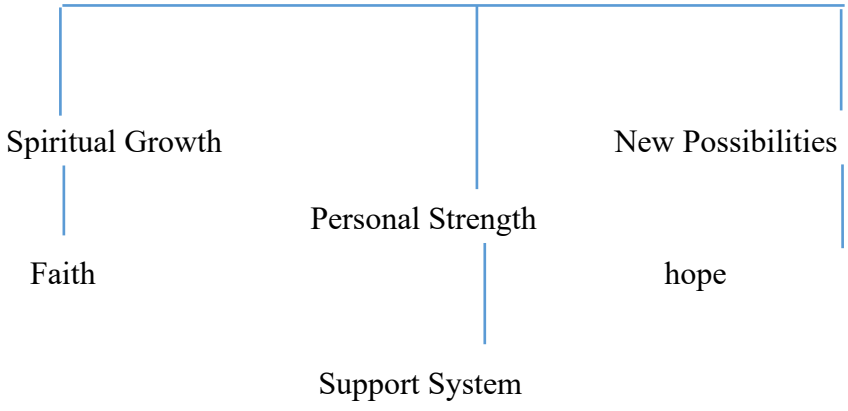

Figure 4. PTG reported by adolescents with experience of parental loss.

Spiritual Growth. Some participants reported spiritual growth as they reported that they belief on Allah as He didn't make wrong decisions. Some reported that they

thought things will better soon. Some participants reported that they thanked Allah for whatever he did, as Allah didn't make wrong decision. As respondents stated:

Ye zindagi Allah ki amanat ha is soch na aga bharna me meri madad ki. [This life is God's trust. This thought heled me to move forward]. (FP-5)

Me na Qur'an sa sahara lia aur Allah ki taraf mutawaja huwa. [I relied on Qur'an and turned to Allah]. (FP-1)

Zindagi sa mutmaeen hun, Allah ka shukr ada krti hun wo jis hal me bhi rakha. [I am satisfied with my life and thanks Allah whatever He does]. (FP-10)

Personal Strength. Some female participants reported personal strength as they stated that after parent death their husband was very supportive and didn't let them feel deprived. Some reported that I strengthen myself over time so that I could do something for my family. Some participants reported that they had positive thoughts toward themselves which strengthen them a lot. As respondents stated:

Shadi ka bad mera husband na mja bht support kia, zindagi me aga bharna me meri madad ki, kabi abu ki kami mehsoos na hna di. [After marriage, my husband supported me a lot and helped me to move forward in life and never let me miss my father]. (FP-10)

Abu ki wafat ka bad me kamzoor na pari, apni study pa focus kia, meri ami mja bht himmat deti thein, kabi abu ki kami mehsoos na hna di. [After father's death, I did not weaken. I focused on my study, my mother gave me a lot of courage and never let me miss my father]. (FP-14)

Waqt ka sath sath mazboot hui ta ka mera walid na mera lia jo khawab dekha tha un ko pora kr sakun. [Strengthened over time so I could fulfill my dreams that my father had for me]. (FP-11)

New Possibilities. Some participants reported that marriage was new way of life for them. As respondents stated:

Walid ki wafat ka bad meri jaldi shadi ho gait hi or aik umeed jagi thi ka ab shaid halat behtar ho jaien. [After my father's death, I got married early and there was a hope that things get better, for me marriage was new way of my life]. (FP-14)

Chapter IV

Discussion

The main objective of the study was to explore the relationship between Self-compassion, Self-determination and post-traumatic growth among adolescents with experience of parental loss. Another objective was to examine the role of demographics with reference to self-compassion, self-determination and post-traumatic growth and to explore qualitatively what were the experiences of the adolescents who experienced parental loss. Initially quantitative phase was conducted but the picture was incomplete so that qualitative phase was also designed. Quantitative phase was used to study the 'what' of the experiences and qualitative Phase were used to explain the 'how' of the experiences of the adolescents who suffered parental loss. In quantitative phase, the results of the study proved that there was a negative relationship between self-determination and post-traumatic growth among adolescents with experience of parental loss. The results of the study also proved that there was a positive relationship between self-compassion and post-traumatic growth among adolescents with experience of parental loss but the study did not prove that there was a positive relationship between self-compassion and self-determination among adolescents with experience of parental loss. The regression analysis indicated the predicting role of self-compassion and self-determination on post-traumatic growth.

The reliabilities of self-compassion short form scale was .64 which is relatively low as the reliability of self-kindness subscale, self-judgment subscale, common humanity subscale, isolation subscale, mindfulness subscale and over identified subscale is .89, .52, .76, .76, .53, and .64 respectively. Alpha reliability for self-determination scale is .73 which shows good internal consistency as the reliability of Awareness of self subscale and perceived choice sub scale is .58, and .69 respectively. Alpha reliability for post-traumatic growth is .72 which shows good internal consistency (see Table 2)

The first hypothesis of the current study was that there will be a positive relationship between self-determination and self-compassion among adolescents with experience of parental loss. The result of Pearson correlation analysis indicates significantly negative correlation between self-compassion and self-determination

which does not support the hypothesis. According to literature there is positive relationship between self-determination and self-compassion among adolescents.

The second hypothesis of the present study was that there will be a negative relationship between self-determination and post-traumatic growth among adolescents with experience of parental loss. Correlational analysis shows significant negative correlation between self-determination and posttraumatic growth.

The third hypothesis of the present study stated that self-compassion will positively predict post-traumatic growth among adolescents. The results of Pearson correlation analysis showed significantly positive relationship between self-compassion and post-traumatic growth (see Table 3).

Regression analysis was run to test which factors will affect the PTG among adolescents with experiences of parental loss. Five models were run to check predict models for PTG model 1, model 2, model 3, model 4 and model 5 were significantly predicting the dependent variable. For model 2 trauma was the only significant predictor for PTG. In model 3 age, trauma and perceived choice were significant predictors for PTG. In model 4 trauma, perceived choice and self-compassion were significant predictors for PTG. In model 5 trauma, perceived choice and self-compassion and over identified were significant predictors of PTG (see Table 4).

The study was also explored the relationship of demographic variables (age, gender, education, family setting, marital status, cause of loss, your age at time of death, SES and demise of parent) with self-compassion, self-determination and post-traumatic growth. The first demographic variable was age. We found relation of age with main study variables through *t*-test analysis. The result showed that there were non- significant mean differences between age groups on self-determination and on its subscales. There was also non-significant difference between age groups on self-compassion scale and PTG (see Table 5). Losing a parent during childhood or adolescence may affect the establishment of future attachments (Nickerson et al., 2011), and a parent's death for a late adolescents may hinder future efforts in achieving intimacy due to the fear of losing that loved one (Walter & McCoyd, 2009).

The second variable was gender. To find the relation of gender with main study variables, we computed mean based comparison on gender. Boys and girl

groups were compared through *t*-test analysis. There was non-significant mean difference between boys and girls groups on self-determination and on its subscales. There were non-significant mean differences between boys and girls groups on self-compassion and its subscales. There was also non-significant mean differences between boys and girls groups on PTG (see Table 6). McLeod (1991) observed that the different grief responses between men and women may not indicate a lower response from men, but rather a difference in the style of grief response. These findings might suggest an interaction between age of the bereaved child and gender of the deceased parent. Following the death of a parent, girls exhibit greater internalizing problems while boys show greater externalizing difficulties (Dowdney, 2000); males show more behavior problems and females experience more somatic symptoms (Worden, 1996).

The third demographic variable was education, which was categorized into two groups (undergraduate and graduate and above). Undergraduate and GRADUATE and above groups were compared through *t*-test analysis. There were non-significant mean differences on self-determination and on its subscales. There was non-significant mean difference on self-compassion scale but there was significant mean differences on its subscales except self-kindness, isolation and over identified. There was also non-significant mean differences on PTG (see Table 7).

The fourth demographic variable was family setting, which was categorized into two groups (Nuclear and Joint). Nuclear and joint groups were compared through *t*-test analysis. There were significant mean differences between nuclear and joint groups on self-determination and on its subscales except awareness of self. There were non-significant mean differences between nuclear and joint groups on self-compassion but there was significant mean differences on its subscales except isolation and over identified. There was non-significant mean differences between nuclear and joint groups on PTG (see Table 8).

The fifth demographic variable was marital status, which was categorized into two groups (Married and Single). Married and single groups were compared through *t*-test analysis. There were non-significant mean differences between married and single groups on self-determination and on its subscales. There were non-significant mean differences between married and single groups on self-compassion and its

subscales except self-judgment. There was non-significant mean differences between married and single groups on PTG (see Table 9).

The sixth demographic variable was cause of loss, which was categorized into two groups (natural death and sickness). Natural death and sickness groups were compared through *t*-test analysis. There were significant mean differences between natural death and sickness on self-determination but there were non-significant mean differences on its subscales. There was significant mean difference between natural death and sickness on self-compassion and its subscales except self-judgment. There was non-significant mean differences between natural death and sickness on PTG (see Table 10). Some work suggests that compared with an anticipated loss, a sudden loss may initially be more difficult to cope with and at times may lead to long-term adjustment difficulties (Lehman, Lang, Wortman, & Sorenson, 1989), While those losing a loved one from an expected death may have more available social and emotional support, individuals experiencing the loss of a loved one from a sudden or unexpected death do not often have such support systems in place (Hayslip et al., 1999).

The seventh demographic variable was age at time of death, which was categorized into two groups (6-12 years and 13 to 18 years). These groups were compared through *t*-test analysis. There were non-significant mean differences between age of group 1 and group 2 on self-determination and its subscales. There were significant mean differences between age of group 1 and group 2 on self-compassion and its subscale except over identified. There was non-significant mean differences between age of group 1 and group 2 on PTG (see Table 11).

The eight demographic variable was demise of parent, which was categorized into two groups (father and mother). Father and mother groups were compared through *t*-test analysis. Result showed that there were non-significant mean differences between father and mother groups on self-determination and on its subscales. There were non-significant mean differences between father and mother groups on self-compassion and its subscales. There was also non-significant mean differences between father and mother groups on PTG (see Table 12).

The ninth demographic variable was socio economic status, which was categorized into three groups (upper, middle and lower). One way ANOVA computed

to study the mean differences on study variables. Results showed that there were non-significant differences on self-determination, and its sub scales. There were non-significant differences on self-compassion and its subscales. There was also a non-significant difference on PTG (see Table 13).

In qualitative analysis participants were asked general questions regarding their experiences after parental loss. The data gathered through the interviews was categorized into a number of themes and subthemes. After the traumatic event, some participants felt they have to take more responsibility toward them self and others. Hence, they started to clarify their values and goals, paid attention to their life priorities, tried to regulate their emotions and learning and employing coping strategies to actively accepting the traumatic event as one part of their life story. All participants needed some time to feel positive changes in their life. These positive changes after a traumatic event include finding new possibilities and new pathways, promoting personal strength and self-reliance, strengthening spiritual beliefs, and having an increased appreciation for life and its value.

Conclusion

The current study aims to examine the relationship between self-compassion, self-determination and post-traumatic growth. The findings revealed that self-compassion significantly and negatively related with self-determination. The findings also revealed that self-determination significantly and positively related with post-traumatic growth and self-compassion significantly and positively related with post-traumatic growth. Moreover, gender differences also explored on self-compassion self-determination and post-traumatic growth. Results indicate that there is non- significant difference between girls and boys on self-compassion self-determination and post-traumatic growth. Other demographic variables i.e (age, education, family setting, marital status, cause of loss, age at time of parent's death and demise of parent) have been explored on study variables. Their significant and non-significant differences were reported in result session as well. Stepwise regression analysis was conducted. Beta values were significant, showed that trauma, perceived choice, self-compassion and over identification all were positive predictors for post-traumatic growth. Qualitative analysis indicated that participants needed some time to feel positive changes in their life. These positive changes after a

traumatic event include finding new possibilities and new pathways, promoting personal strength and self-reliance, strengthening spiritual beliefs, and having an increased appreciation for life and its value.

Suggestions and Limitations

No matter how well the study is conducted, every research has some limitations. These are to be highlighted in order to establish a base line for the upcoming researches in the similar area. In the present study following are the limitations that might be addressed in future researches.

1. In the present research adolescent female students were approached through purposive and convenient sampling technique. Adolescents who were not educated and could not understand English language were excluded from the study. Only those adolescents, who could understand English, were part of the study. Two scales were used in English version; however, translation of these scales can be helpful in future so that adolescents who are unable to understand English language can also participate; eventually providing more insight of the phenomena.
2. The data for the present research was gathered from the twin cities (Rawalpindi and Islamabad) and the sample size for study was very small that brings down the generalizability of the outcome. So future researchers should collect large sample size across different parts of Pakistan to increase the generalizability and to find significant prevalence of post-traumatic growth among adolescents.
3. The chances of choosing larger sample in limited time is very difficult because of pandemic situation in the country and also the topic of the research is very sensitive and participants showed less interest in it so time constraints was a major obstacle in this study.
4. The study included only adolescents from twin studies. This is only a small part of total population. This makes the results unsuitable for the generalization of the population of this country.

a. Another limit of the study is that, this was a cross-sectional study; one of the disadvantages of the research is that cause-and-effect relationships

cannot be derived. Finally, it focuses exclusively on the relationship without examining the variables involved in the relationship.

5. In qualitative analysis, data collection from boys is quite low as the topic of the research is sensitive so the boys took less interest in it, as such, in future there is need of extensive connection with boys to make comparison with girls.
6. No clinical or psychiatric diagnosis to exclude underlying mental health problems was carried out in this study. Present studies identify the significant risk factor of post-traumatic growth and different areas of life that are being affected specifically. It is recommended to find out effected interventions for the present phenomena to find a way to improve quality of life of adolescents.

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Appendix A

Informed Consent

I am a research student at National Institute of Psychology, Quaid-i-Azam University, Islamabad. I am doing a research which is required for the partial fulfillment of my M.sc degree. The topic of my research is "Self-Compassion, Self-Determination and Post-Traumatic Growth among Adolescents with experience of Parental loss**.** For this purpose, I need your honest opinion. I request you to read each statement carefully of all the scales attached. There is no right and wrong answers. I assure you that the provided information will be kept confidential and will only be used for the academic research purpose. If you agree to participate in this research please sign below. Thank you for your participation in this research.

_____

Signature of Respondent

Appendix B

Demographic Information Sheet

This questionnaire can be filled by those individuals who experience loss of one / both parents before the age of 18 years.

Age: (years) _____

Gender: Male_____ Female_____

Marital Status: Married_____ Unmarried _____

Socio-Eonomic Status: Upper_____ Middle_____ Lower_____

Education: _____

Family Setting: Nuclear_____ Joint _____

Age at the Death of Parents (years) _____

Demise of Parent: Father _____ Mother_____ Both _____

Cause of Parental Loss: Natural Death_____ Sickness_____

Appendix C

Self-compassion Scale Short Form (SCS-SF)

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner:

1	2	3	4	5
Almost Never	Never	Neutral	Always	Almost always

		1	2	3	4	5
1	When I fail at something important to me I become consumed by feelings of inadequacy					
2	I try to be understanding ad patient towards those aspects of my personality I don't like					
3	When something painful happens I try to take a balanced view of the situation.					
4	When I'm feeling down, I tend to feel like most other people are probably happier than I am					
5	I try to see my feelings as part of the human condition					
6	When I'm going through a very hard time, I give myself the caring and tenderness I need					
7	When something upsets me I try to keep my emotions in balance					
8	When I fail at something that's important to me, I tend to feel alone in my failure					
9	When I'm feeling down I tend to obsess and fixate on everything that's wrong					
10	When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people					
11	I'm disapproving and judgmental about my own flaws and inadequacies					
12	I'm intolerant and impatient towards those aspects of my personality I don't like.					

Appendix D

Self-Determination Scale

Instructions: Please read the pair of statements, one pair at a time, and think about which statement within the pair seems more true to you at this point in your life. Indicate the degree to which statement A feels true, relative to the degree that Statement B feels true, on the 5- point scale shown after each pair of statements. If statement A feels completely true and statement B feels completely untrue, the appropriate response would be a 3. If only statement B feels true and so on.

A. I always feel like I choose the things I do.
B. I sometimes feel that it's not really me choosing the things I do.

Only A feels true 1 2 3 4 5 **Only B feels true**

A. My emotions sometimes seem alien to me
B. My emotions always seem to belong to me

Only A feels true 1 2 3 4 5 **Only B feels true**

A. I choose to do what I have to do
B. I do what I have to do, but I don't feel like it is really my choice

Only A feels true 1 2 3 4 5 **Only B feels true**

A. I feel that I am rarely my self

B. I feel like I am always completely my self

Only A feels true 1 2 3 4 5 **Only B feels true**

A. I do what I do because it interests me.
B. I do what I do because I have to.

Only A feels true 1 2 3 4 5 **Only B feels true**

A. When I accomplish something, I often feel it wasn't really me who did it.
B. When I accomplish something, I always feel it's me who did it.

Only A feels true 1 2 3 4 5 **Only B feels true**

A. I am free to do whatever I decide to do.
B. What I do is often not what I'd choose to do.

Only A feels true 1 2 3 4 5 **Only B feels true**

A. My body sometimes feel like a stranger to me
B. My body always feel like me.

Only A feels true 1 2 3 4 5 **Only B feels true**

A. I feel pretty free to do whatever I choose to.
B. I often do things that I don't choose to do.

Only A feels true 1 2 3 4 5 **Only B feels true**

A. Sometimes I look into the mirror and see a stranger
B. When I look into the mirror I see myself.

Only A feels true 1 2 3 4 5 **Only B feels true**

Appendix E

Post-traumatic Cognitive Inventory

Direction: Please check (✓) and rate yourself honestly based on what you actually you feel, on given statements using the following scales:

1	2	3	4	5	6	7
Totally Disagree	Disagree very much	Disagree slightly	Neutral	Agree slightly	Agree very much	Totally agree

		1	2	3	4	5	6	7
1	People can't be trusted.							
2	I have to be on guard all the time.							
3	You can never know who will harm you.							
4	I have to be especially careful because you never know what can happen next.							
5	Somebody else would not have stopped the event from happening.							
6	I feel isolated and set apart from others.							
7	My life has been destroyed by the trauma.							
8	The event happened because of the way I acted.							
9	My reaction since the event mean that I am going crazy.							
10	I have permanently changed for the worse.							
11	I can't rely on other people.							
12	I feel like I don't know myself anymore.							

Appendix F

Post-Traumatic Growth Inventory-Short Form (PTGI)

ہدایات: اس صفحے پر کچھ بیانات لکھے ہوئے ہیں۔ آپ ہر بیان کو غور سے پڑھیں اور اس کے سامنے دیے گئے نمبر 1 2 3 4 5 میں سے جواب کے لیے مناسب نمبر کا انتخاب کریں۔ اس بات کو مدنظر رکھتے ہوئے (کوشش کریں کہ) حادثے کے بعد آپ کی زندگی میں کس قدر تبدیلی آئی ہے۔

بہت زیادہ (5)	کافی حد تک (4)	درمیانے درجے تک (3)	کسی حد تک (2)	بہت کم (1)	بالکل نہیں (0)	عنوانات	
						زندگی میں کیا اہم ہے اس کے لیے میں نے اپنی ترجیحات تبدیل دی ہیں۔	1.
						میرے لیے اپنی زندگی کی بہت اہمیت ہے۔	2.
						میں اپنی زندگی میں بہت سی چیزیں کرنے کی صلاحیت رکھتی ہوں۔	3.
						میں روحانی معاملات کو بخوبی اچھی طرح سمجھنے لگی ہوں۔	4.
						میں اپنے آپ کو دوسروں سے زیادہ قریب سمجھنے لگی ہوں۔	5.
						میں نے اپنی زندگی کے لیے ایک واضح راستہ چن لیا ہے۔	6.
						میں اچھی طرح جانتی ہوں کہ میں مشکلات کو حل کر سکتی ہوں۔	7.
						میرا دینی عقیدہ زیادہ پختہ ہو گیا ہے۔	8.
						مجھے لگتا ہے کہ میں پہلے سے زیادہ مضبوط ہوں۔	9.
						میں نے اچھی طرح جان لیا ہے کہ لوگ کتنے اچھے ہوتے ہیں۔	10.