Religiosity, Psychological Flexibility, and Post-traumatic Growth in Young Adults with Parental Loss

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2024

Undertaking

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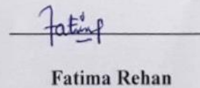

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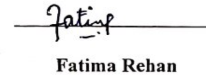

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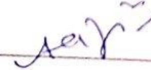

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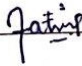

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Dedication

This work is dedicated to

My beloved Aunt Dr. Shazia Riaz

whose unwavering support was the wind beneath my wings in achieving my dreams.

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In the name of Allah Almighty the creator and sustainer of the World.

First and foremost, I express my deepest gratitude to Allah SWT, the ultimate source of all wisdom and knowledge. His divine guidance and help have been instrumental in the completion of this research. It is through His grace that I have been able to navigate the complexities of this journey and emerge as a better individual and scholar.

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List of Abbreviations

Signs	Abbreviations
α	Cronbach Alpha
β	Beta
p	Probability
t	Test Statistics
r	Pearson correlation coefficient
M	Mean
SD	Standard Deviations
R^2	R Square
ΔR^2	R Square Change

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Abstract

The current study aimed to explore the association between religiosity, psychological flexibility, and posttraumatic growth in young adults with parental loss. The existing research was completed by conducting two studies. Studies 1 comprised of development of the psychological flexibility scale (PFS). Factor analysis yielded three factors of psychological flexibility i.e., social adaptability and spirituality, mental toughness, and optimism and resilience. Study 2 was concerned with the testing of study hypotheses by recruiting 300 (Men 50% and Women = 50%) ages between 20-30 years with a mean age of 24.07 (±*SD* = 3.17), by using a snowball sampling technique. The data was collected through participants using a research protocol comprised of Pakistan Religious Coping Practices Scale (Khan et al., 2006), Psychological Flexibility Scale (Rehan & Zahra, 2024), and Posttraumatic Growth Inventory (Kausar & Saghir, 2010). Pearson Product Moment Correlation indicated the significant positive association of religiosity with psychological flexibility and posttraumatic growth. Moreover, Regression analysis suggested that religiosity and psychological flexibility, as significant predictors of posttraumatic growth. Additionally, parallel mediation analysis indicated that psychological flexibility was mediating the association between religiosity and posttraumatic growth. Furthermore, the association of key demographics with religiosity, psychological flexibility, and posttraumatic growth was also explored. Results were discussed regarding the expression and manifestation of religiosity, psychological flexibility, and posttraumatic growth in a collectivistic and traditional culture.
Keywords: Religiosity, Psychological Flexibility, Posttraumatic Growth, Parental Loss, Young Adults.

Chapter I

Introduction

A World Health Organization (WHO) survey involving 102,245 participants from 21 nations revealed that one in eight individuals (12.5%) reported experiencing traumatic life events (Stein et al., 2020). Traumatic life events, as defined by Ozturk and Ulsuahin (2019), are unexpected occurrences that cause psychological stress and undermine an individual's sense of control over their destiny. Such events include war, bereavement, divorce, abuse, physical illness, job loss, financial loss, and other catastrophes, impacting individuals, households, and communities (Frisch et al., 2016; Varcarolis, 2023). Among these traumatic experiences, death-related loss stands out as particularly impactful, affecting individuals of all ages (Cam et al., 2018). The death of a loved one brings significant physical and psychological consequences for those left behind, often resulting in profound mourning, sorrow, deprivation, and grief. These reactions, although manifested uniquely in each individual, underscore the variability in grieving processes (Crunk, 2017).

The psychological impact of death has long intrigued scholars due to the distinct manner in which each individual responds to it (Granek, 2010). This ongoing fascination highlights the complexity of how individuals respond to loss with each individual's unique experience of grieving, bereavement, and mourning, adding to a larger comprehension of the shared feeling of loss. Grief, defined as a person's reaction to loss, is an inevitable aspect of the human experience, mirroring the inevitability of death itself. Grief is the range of mental, emotional, spiritual, behavioral, and functional responses that happen after losing a loved one. (Gross, 2003). However, Zisook and Shear (2019) defined bereavement as the loss of a significant person in one's life. A variety of social and cultural variables impacting the

expression of bereavement are known as mourning, including gender classifications, belief systems, and rituals such as funerals and abstention (Ozel & Ozkan, 2020).

Although grieving is a universal experience, effective coping mechanisms during grief, particularly among young adults, remain poorly understood. According to Amett (2000) and Roisman et al. (2004), young adulthood is the transitory period between late adolescence and emerging adulthood. It is a unique developmental phase marked by self-discovery, identity exploration, instability, in-betweenness, and potential (Arnett, 2004). This period, spanning from 18 to 35, involves significant physical, psychological, cognitive, and emotional growth, driven by the need for meaning and identity development (Arnett, 2004). Hence, the period of young adulthood is a critical period for the development of an autonomous self and the exploration of various identity roles (Balk, 2011). Complicated grief might hinder the growth of young adults, disrupting identity formation and the advancement of their interpersonal skills (Balk, 2011).

Recent demographic shifts have seen young adults delaying marriage and parenthood while pursuing higher education (Arnett et al., 2014). These changes contribute to a developmental phase characterized by instability and ambivalence regarding identity, parent-child relationships, and financial independence (Arnett, 2000). Despite striving for independence, young adults often continue to rely on their parents for support (Arnett, 2007). They often lack confidence in their capacity to function as fully grown adults and do anticipate the need to rely on their parents as protection (McCoyd & Walter, 2016). Consequently, the death of a parent can profoundly disrupt their development, challenging their belief in a just world and exposing their vulnerability to misfortune (Lench & Chang, 2007). Significant occurrences and changes might elicit a sorrowful reaction in those who

have experienced the death of a parent. Bereaved adults may find it challenging to navigate life milestones such as starting a career, attending university, or entering their first romantic relationship (Biank & Werner-Lin, 2011).

Losing a parent is one of the most devastating incidents in the life of an individual, affecting individuals psychologically and emotionally at all ages (Abrams, 2000). Parents play a significant part in keeping families together, and their absence may cause uncertainty and sadness (Palmer et al., 2016). Severe grief reactions may result from such losses, particularly attributable to multiple or traumatic deaths (Tobin et al., 2020). Depression, anxiety, remorse, feelings of estrangement, suicidal thoughts, substance abuse, sleeplessness, aggression, post-traumatic stress disorder, poor self-esteem, weakened resilience, eating disorders, self-harming behaviors, difficulty focusing, and low-quality living are all possible outcomes of parental bereavement (Palmer et al., 2016; Brewer & Sparkes, 2011). These problems may differ depending on the nature of the loss (Parson, 2011; Palmer et al., 2016).

Young adults grieving a parent's death may encounter early life issues such as relationship difficulties, loss of enjoyment in activities, feelings of abandonment, anger, sleep disturbances, and trouble performing daily tasks (Scharlach, 1991). Long-term mourning behaviors, including agitation, persistent thoughts of the deceased, and difficulty moving on, are also common (Meshot & Leitner, 1992). Young adults, more than older adults, are prone to shock, sleeplessness, animosity towards the deceased, and irritability following a parent's death, with unresolved grief being most intense during early adulthood (Meshot & Leitner, 1992).

Bereavement in young adults is influenced by a variety of predictors and risk factors that can exacerbate the emotional and psychological impact of losing a parent. Pre-existing

conditions such as poor parenting or the relationship between parents and children, subsequent adverse experiences in life, and diminished self-system beliefs such as self-worth and self-confidence are all significant predictors of bereavement (Dowdney, 2000; Luecken & Roubinov, 2012; Thompson et al., 1998; Wolchik et al., 2006). Furthermore, the bereaved age at the time of the loss is crucial. According to several studies (Berg et al., 2014; Kaplow et al., 2010; Dowdney, 2010; Jacobs & Bovasso, 2009; Werner-Lin et al., 2010; Stikkelbroek et al., 2016), socioeconomic status (SES) is particularly important. Lower SES before parental death is frequently associated with increased financial hardships, mental health issues, and additional negative life events following bereavement. The quality of the relationship between the surviving parent and the bereaved is also particularly important, since unhealthy relationships may result in the bereaved youth receiving insufficient assistance and experiencing more stress (Dowdney, 2000; Luecken & Roubinov, 2012; Wolchik et al., 2008). The bereavement outcome is also influenced by the type of death, which can be sudden (from suicide or accidents) or anticipated (from illness). Sudden deaths are associated with increased risks of depression, post-traumatic stress disorder, and maladaptive grief (Eth & Pynoos, 1994; Melhem et al., 2008; Merlevede et al., 2004; Parkes, 1998; Kaplow et al., 2014; Rostila et al., 2016).

Normal grieving can be expected regardless of whether a death was anticipated or natural (Raphael & Martinek, 1997). The manner in which individuals interpret and manage a death may be influenced by the reason of death, more shock or anguish might result from an unexpected death than from one that was predicted and that the dead and others were aware of (Trauthwein, 2015). However, certain types of deaths, such as those by suicide, murder, unforeseen illness, or tragedies, can disrupt the typical grieving process, resulting in

trauma (Tedeschi & Calhoun, 2004). Trauma symptoms, including re-experiencing, avoidance, and heightened arousal, may arise, reflecting the profound emotional and physiological impact of such losses (APA, 2000; Murphy et al., 2002).

Undoubtedly, losing a loved one would result in varied degrees of anguish and unfavorable sentiments. Nevertheless, stress responses are not exclusively characterized by negative consequences. Prior studies in the field mainly concentrated on the negative effects of trauma, but with the paradigm shift towards studying healthy human responses and attitudes in the 1980s and 1990s, researchers started to wonder if trauma could also be a catalyst for positive change and growth (Maslow, 1970). Research indicated that as time passes, the bereaved individual may start to focus their thoughts and actions on more positive and purposeful behaviors. Some individuals approach optimism after experiencing shock and anguish, while others may exhibit both behaviors at the same time (Stroebe & Schut, 1999). According to Calhoun et al. (2010), grieving individuals may find it easier to piece together their broken worldview and find purpose in death if they intentionally focus on finding optimism.

Despite the severity of grief, the notion of deriving positive outcomes from a loved one's death might seem unbearable or unsettling (Calhoun & Tedeschi, 2001). Initially, post-traumatic shock and stress, potentially leading to PTSD, are common. However, when individuals navigate through the trauma, they may experience post-traumatic growth, achieving new levels of development and functioning. Traumatic experiences can strengthen support networks, enhance coping mechanisms, and increase self-awareness, presenting opportunities for posttraumatic growth despite the adversity faced. Tedeschi and Calhoun (2004) coined this phenomenon "post-traumatic growth PTG," which they define as a

positive transformation or a personal shift that happens after difficult life experiences. The subject of "post-traumatic growth," which is being addressed in positive psychology, is concerned with constructive cognitive transformations that occur in an individual after enduring trauma (Tedeschi & Calhoun, 2004). Growing after a loss does not absolve one from dealing with the negative consequences of sorrow and suffering. Conversely, post-traumatic growth is anticipated and projected to significantly lessen emotional discomfort (Calhoun et al., 2010).

Stated differently, a few individuals might discover that experiencing loss itself gives them more resilience and self-assurance (Calhoun & Tedeschi, 1999; Carnelley et al., 2006). From this perspective, it is possible to hypothesize that a grieved being may grow mentally and emotionally by finding meaning in the loss of a loved one (Fisher & Specht, 1999). According to Taku et al. (2007), there has been interest since the 1990s in the potential for beneficial changes to arise from coping with negative events. It is crucial to stress that experiencing grief does not automatically result in posttraumatic growth; rather, the occurrence of the PTG journey is dependent on the grief experience itself. When the experience is constructively reinterpreted, positive shifts known as post-traumatic growth are experienced. This elucidates the significant impact of cognitive processing on the consequences of experiencing bereavement. Tedeschi and Calhoun (2004) claim that critical cognitive processing such as when schemas are in jeopardy or broken, has a major impact on the process of recovery from trauma. Bosson et al. (2012) cite Janoff and Bulman's research, which shows how traumatic experiences break our presumptions and ideas about who we are, where we live, and the world at large. When a traumatic occurrence challenges these preconceived notions, the grieving person tries to make sense of what happened. Therefore,

they think that following a traumatic event, such as a bereavement, has a particular meaning and is for the greater good. According to Joseph and Linely (2005), when traumatic experiences conflict with an individual's pre-existing schemas, psychological disturbance ensues, which in turn causes the pre-trauma schemas to change. They went on to say that when preexisting schemas are modified in light of trauma-related knowledge, accommodation (attitude modification) occurs. Accommodation refers to the creation of new schemas as a result of the traumatic experience, however, assimilation is the process of changing trauma-related knowledge to fit it into preexisting schemas (no attitude change). The core of posttraumatic growth, according to is the "formation of a new schema as a result of cognitive striving (Wulandari et al., 2019)."

Linley and Joseph (2004) define post-traumatic growth as the subjective shift in a person's reaction to difficulties. It is a phase of development in which a person has progressed beyond their capacity for mental function, situational perception, or adaptation prior to the crisis. (Calhoun & Tedeschi, 1998; Calhoun et al., 2000; Christopher, 2004). Tedeschi and Calhoun (2004) define PTG as "a change in people that goes beyond resistance to exceedingly distressing events; it encompasses a shift beyond pre-trauma levels of adaptability." Because of its transformative nature, it alters functionality objectively. When a severe crisis strikes, it typically works to shatter the assumptive reality of the person’s suffering, causing substantial psychological discomfort. Previous assumptions about the world are no longer consistent with one's observations of it. Cognitive reprocessing and restructuring occur when the individual works through his or her unpleasant feelings and thoughts as a result of the trauma. Growth occurs when people can construct a new assumptive world that incorporates the reality of trauma, including lessons learned (Tedeschi

& Calhoun, 2004). According to Tedeschi and Calhoun (2004), these occurrences are analogous to a community razed to the ground by a powerful earthquake. Following the calamity, the community rebuilds by integrating new knowledge from the earthquake's experience, resulting in safer and better buildings.

Tedeschi and Calhoun (2004) categorized growth into three principal areas: modifications in one's fundamental life principles, transformations in the dynamics and quality of interpersonal relationships, and shifts in self-perception. These broad areas are further elaborated and operationalized in specific areas including personal strength, significant life crises that initially engender a realization of previously nonexistent opportunities and possibilities, as well as a yearning to exert effort in order to make the most of them. A shift in interpersonal interactions is the second area, some receivers report feeling more connected to those who are suffering and developing deeper ties with certain individuals. Acknowledging one's strength and believing that "if I survived that, I could face anything" is a third potential area of transformation. A heightened appreciation for life is a fourth component of posttraumatic development, as they tend to view their restored health as a second opportunity at living. The religious or spiritual inclination falls under the fifth category. According to Látos et al. (2015), some receivers report that they feel an intensification of their religious life; nevertheless, this deepening may also include a major shift in their beliefs. Numerous psychosocial characteristics, such as personality, coping mechanisms, social support, spirituality, religion (Shaw et al., 2005), and social assistance, have been linked to PTG (Linley & Joseph, 2004).

According to Tedeschi and Calhoun (2004), gaining a deeper comprehension of trauma might result in a better perspective of life's meaning and one's role in it. Seeking

support during struggles from religion can lead to deeper and closer ties with God. Similarly, as people recognize and use their reservoir of personal strength, they become more capable of dealing with adversity than they were earlier. This learning process is not only cognitive, but it also has a powerful emotional aspect. In order to find purpose and understanding for their experiences, trauma sufferers of all ages often turn to religion and spirituality (Walker et al., 2009). In order to provide meaning and hope to those experiencing traumatic stressors, they could use spiritual constructive reframing, communal support, prayer, or pastoral assistance (Bryant-Davis et al., 2012).

One potential modulator of the association between growth and suffering is religiosity. Some signs suggest the relationship between religion, growth, and posttraumatic symptoms (Maercker & Herrle, 2003). Research has demonstrated that when exposed to fear, those who are religious are more robust and experience fewer PTSD symptoms than nonreligious individuals (Solomon & Berger, 2005; Sorawski, 1996). Religion provides believers with a cognitive schema to rationalize traumatic occurrences, resulting in a more positive perception of a traumatic incident (Koenig, 1995). As a result, religiosity may play a substantial component in the process of creating meaning and promoting beneficial outcomes (Pargament et al., 2006).

Through societal backing, constructive religious coping strategies, role identification, and social penalties toward harmful conduct, spirituality, and faith may have an impact on young adults and their mental well-being (Hill & Pargament, 2008). Since having faith, which is associated with optimism and hope, is a positive trait in and of itself, spirituality and religious belief may also have intrinsic benefits for mental health (Hill & Pargament,

2008). Thus, spirituality and religiosity may play a crucial role in guiding the process of posttraumatic growth.

Spirituality is defined as a construct that involves the pursuit of the divine. This process does not always occur inside a specific religious establishment as it entails assigning significance to one's own experiences. Therefore, according to Bryant-Davis (2009), Hill and Pargament (2008), and Shafranske et al. (1990), spirituality is the individual's engagement in activities connected to their strongly held beliefs and principles. At the same time, Shafranske and Maloney (1990) define religiosity as a profound commitment to the rituals and beliefs that are associated with a specific organized religious organization, such as a mosque, cathedral, or temple. These activities may include participating in prayer, studying sacred books, and regularly attending religious services. The various aspects of religion and its function as a means of overcoming challenges and enhancing a person's capacity to cope with challenging circumstances in life make it particularly significant. Apart from shared traits with spirituality, such as the search for divine meaning while establishing a relationship with a divine source, religiousness is more focused on the community and associated with structured activities and resources that foster conviction and awareness (Austin et al., 2018; King & Crowther 2004). According to Bryant-Davis (2009), Good and Willoughby (2008), and Hodge et al. (2001), those who belong to a religious body often follow a set of rules when it comes to their religious practices. Good et al. (2011) and Walker et al. (2009) found a substantial association between spirituality and religiosity, although the two concepts are quite different. The reason is that the fundamental goal of any major religious organization is to provide a setting for individuals to have meaningful and spiritually important encounters (Hill & Pargament, 2008).

Religion is a common coping mechanism for people, irrespective of the type of stressor (such as the death of a loved one, facing personal challenges, etc.). They feel protected, supported, and have the perseverance to continue through difficult times when they place their fate "in divine care" and accept their experiences as "the will of God" (Simoni & Klobuar, 2017; Talik & Skowroski, 2018). Because religion typically influences one's worldview and most faiths provide a unique and reliable framework for interpreting challenging life situations, persons who have lost a loved one frequently turn to their religion for guidance in helping them make sense of the loss (Park & Edmondson, 2011). The application of religious ideas in this way is known as "spiritual meaning-making" (Baumeister, 1991). By viewing life through the lens of faith and assimilating it based on their belief system, some people psychologically transform tragedy into something that was meant to happen in accordance with a divine plan, is a sign of mercy by God, or was planned for a greater purpose and thus permitted to occur (Pargament & Park, 1997).

A significant factor in many individuals "going back to religion" is adversity. Religious coping is indeed one of the most often used strategies for coping during stressful times, regardless of one's religious or cultural background (Peres et al., 2007). Religion could play a significant role in coping in general. for instance, Pergament (1997), noted that by offering guidance, support, and hope, religion may aid people in understanding and adjusting to life's circumstances.

Studies emphasize the need to examine the potential consequences of religious coping, recognizing that religious coping may provide both positive and negative outcomes (Pargament, 1997). Positive religious coping strategies include asking God for solace via a faith group, praying for relief, or holding the belief that God was there throughout the

tragedy and would bring about divine justice. A perception of being spiritual, a stable relationship with God, the belief that life has a purpose, and a sense of affiliation among peers are all considered aspects of positive religious coping (PRC) (Pargament et al., 2001). Pargament et al. (1998) discovered that adopting positive religious coping practices is a predictor of growth and mental wellness.

Negative religious coping NRC is a conviction that a divine authority is out to condemn or criticize, which may lead to negative emotions of guilt or shame alongside a lack of self-worth (Pargament et al., 2001). Rejecting one's religious group, feeling the Creator caused the suffering as wrath, and hoping that God would pardon the sufferer for inflicting the trauma (self-blame) are examples of negative religious coping. According to Van Dyke et al. (2009), after a traumatic event, individuals who abandoned God stopped going to mosque or chapel or wouldn't worship again had higher levels of depressive symptoms. Negative religious coping can be expressed in spiritual dissatisfaction, interpersonal religious discontentment, rebuking the divine reappraisals, and reappraisals of the power of God (Pargament et al., 1998).

Being human includes the ability to tolerate and even embrace unfavorable ideas, individuals make decisions based on their values and beliefs. According to Karekla and Constantinou (2010), even amid agonies an individual may find tranquility and well-being if they are adaptable and willing to try an array of spiritual or religious coping mechanisms. While there are a variety of coping mechanisms that may work, such as prayer or reading scriptures, Muslims find that embracing destiny as a necessary component of Allah's greater plan is a key coping mechanism. Using faith to promote healing mostly involves recognizing trials as chances for personal growth and submitting to the divine will. According to

Clements and Ermakova (2012), accepting one's destiny might help believers find purpose in their lives and alleviate stress. Individuals prefer to leave stressful occurrences in life to divine control, therefore individuals view and handle these circumstances differently when seen through the prism of religion (Sandage et al., 2011).

According to Binzaqr (2017), Islam cherishes the notion of embracing hardships as a necessary component of Allah's great purpose for humanity. Islam views the application of religious precepts, or religious provision, as an act of loving Allah, which necessitates complete submission and faith. Muslims use bi-local expectations, which are the utilization of both external and interior loci of control, placing a strong emphasis on personal accountability because they think that their deeds will be judged in the hereafter.

Religious coping mechanisms with the principles of psychological flexibility can offer a comprehensive approach to managing grief. This synthesis highlights the importance of both spiritual and psychological strategies in navigating the complexities of loss, ultimately promoting healing and growth. Although dying is a common and normal part of life, losing a loved one may nevertheless result in severe pain and a higher chance of developing mental and physical health issues (Stroebe et al., 2007). These implications make it imperative to research the variables associated with successful adjustment and coping after loss. Understanding the fundamental processes that impact positive outcomes is crucial to fostering psychological flexibility and resilience in those who have experienced loss (Sandler et al., 2008).

Psychological flexibility is "the ability to focus on the present and, depending upon what the environment affords, continue with or change one's (even inflexible, stereotyped) behavior in the pursuit of aims and values," (Bond et al., 2008). According to Hayes et al.

(2006), a person with psychological flexibility is mindful of the present and uses it to alter or sustain their behavior in line with their ideas. They also have an awareness of both internal and exterior stimuli. Psychological flexibility is the ability of a person to be aware of and adjust to the demands of his surroundings in order to achieve certain pertinent long-term objectives (Dawson & Golijani-Moghaddam, 2020). It illustrates an individual's capacity to tolerate painful internal experiences (tough thoughts, feelings, and memories) and exhibit adaptability despite these painful occurrences (Zaheer, 2015). According to Bond et al. (2011), reporters with high psychological flexibility are thought to be able to adapt to difficult situations. Higher psychological flexibility is also believed to increase one's capacity for adjusting and staying resilient in times of challenging circumstances. Psychological flexibility guards against negative emotions and fosters good mental health when faced with challenging life circumstances (Masuda et al., 2011).

Psychological flexibility, as defined by Kashdan and Rottenberg (2010), is the ability to be "aware and openly commit to behaviors that are aligned with ingrained values; shift mindsets or behavioral repertoires when these strategies hinder social or personal functioning; recognize and adapt to various situational demands; and maintain harmony among major life disciplines." It is a multifaceted trait that is evident in numerous life domains and is characterized by "recurred exchanges between individuals and their environmental contexts," (Kashdan & Rottenberg, 2010; Williams et al., 2012). A more contextual evaluation of the usefulness of a particular emotion or coping mechanism replaces "simple, universal descriptions or theories of good versus negative emotions" with the idea of psychological flexibility. The idea holds that no experience, feeling, or coping mechanism is ideal on its own; rather, each is evaluated in light of the individual's other

experiences, feelings, and coping mechanisms as well as the particular circumstances that give each scenario (Kashdan & Rottenberg, 2010).

The concept of psychological flexibility consists of six interrelated steps: (1) acknowledging undesirable internal feelings, thoughts, or physical sensations without attempting to manipulate and change them; (2) defusing, and perceiving thoughts as personal experiences instead of objective realities; (3) flexible awareness and concentration on current circumstances; (4) self-as-context; (5) basic principles or life aspirations; and (6) engaging in behaviors that correspond with the chosen goals and values.

The association between psychological flexibility and PTG has received little academic attention. However, psychological flexibility may influence an individual's capacity to engage in conscious, mindful ruminative processes that promote a constructive understanding of trauma and its repercussions (Kashdan & Kane, 2011). The adjustment process may be challenging for individuals who have experienced trauma, as they may unconsciously suppress traumatic memories. According to Morrison et al. (2003) and Trumello et al. (2020), emotional dysfunction such as anxiety disorders, depression, diminished self-worth, and self-harm can ensue from the ensuing maladjustment. As a result, psychological flexibility may operate as a protective factor in enabling psychological adjustment in people with post-traumatic stress disorder (PTSD) (Landi et al., 2022). A general definition of psychological flexibility is the capacity to recognize and adjust to the requirements of oneself and the external environment (Gloster et al., 2017). According to Fledderus et al. (2010) and Tanhan et al. (2023), psychological flexibility promotes desirable behavior, which in turn protects against psychological diseases.

Boals and Murrell (2016) demonstrated significant decreases in posttraumatic stress severity, which they attribute to increased psychological flexibility and decreased event centrality. In other words, psychological flexibility can function as a buffer between stress and adverse psychological effects (Gloster et al., 2017). According to Masuda et al. (2011), individuals who exhibit greater psychological flexibility reported feeling less anxious, depressed, and stressed subsequent to experiencing traumatic events. Eilenberg et al. (2017), Forman et al. (2012), Hayes et al. (2006), and Wicksell et al. (2011) have observed that psychological flexibility is linked to improved emotional well-being and a higher quality of life, which may also contribute to the reduction of symptoms. Research has shown a correlation between symptoms of post-traumatic stress disorder, growth after trauma, and psychological flexibility (Boykin et al., 2020).

Research has demonstrated a significant correlation between psychological adjustment and increased psychological flexibility (Cheng et al., 2014; Flujas-Contreras et al., 2023). Research on the framework of psychological flexibility by Rizzo and Schwartz (2021) indicates that improvements in this area are associated with fewer problems with psychological adjustment. Numerous studies have illustrated the effectiveness of psychological flexibility in reducing the detrimental consequences of trauma (Dutra & Sadeh, 2018; Stabbe et al., 2019). Bean et al. (2017) conducted research that showed that individuals with a history of trauma can experience less depression by improving their psychological flexibility. As a result of psychological flexibility, individuals are able to recover their trauma-related thoughts, feelings, images, and tactile sensations more promptly. Bryan et al. (2015) found that PTSD had a less negative impact on adaptation when people are more psychologically flexible. These findings lend credence to the

hypothesis that psychological flexibility in traumatized individuals may function as a defense mechanism against psychological adjustment-related complications.

Surprisingly, psychological flexibility is not a feel-good trait but rather the capacity to adapt to changing pressures in life, such as worrisome thoughts and sensations. According to Kashdan and Rottenberg (2010), "a healthy individual is capable of adapting to the distinctive and evolving environment in which they reside when it is the norm rather than a rare occurrence." Contact with the present moment is a term that denotes a nonjudgmental awareness of one's internal and external experiences in the present moment. This is not to imply that the present moment is always pleasurable; it can occasionally be unfavorable. It implies that the individual is fostering the belief that "this is it" rather than rejecting it (Harris, 2009). Acceptance and commitment therapy, the most well-known psychological flexibility paradigm, has been promoting its efficacy in enhancing psychological well-being since its introduction as a therapeutic intervention in the 1990s (Hayes et al., 2019). Acceptance and commitment therapy is a cognitive behavior therapy that integrates mindfulness intervention, commitment, and acceptance to assist clients in altering their negative behavior and enhancing their psychological flexibility (Hayes et al., 2016). Psychological flexibility mitigates the adverse psychological consequences of trauma; consequently, it serves as an appropriately targeted therapeutic intervention.

Aim of the Study

The study aims to investigate the association of religiosity, psychological flexibility, and post-traumatic growth in young adults with parental loss.

Objectives of the Study

The objectives of the study are as follows:

- To develop a reliable scale of psychological flexibility for young adults with parental loss.
- To find out the association between religiosity, psychological flexibility, and posttraumatic growth in young adults with parental loss.
- To find out the predicting role of religiosity, and psychological flexibility, in post-traumatic growth in young adults with parental loss.
- To find out the mediating role of psychological flexibility in the association of religiosity and post-traumatic growth.
- To identify the role of key demographics in religiosity, psychological flexibility, and post-traumatic growth among young adults with parental loss.

Implications of the Research

- The study will provide an understanding of religiosity and how this plays an important role in the formation of post-traumatic growth.
- Religious inclinations could be incorporated into Grief counseling and Trauma-focused therapy.
- Supporting young adults and their families to investigate their beliefs can be effective in assisting them in finding closure for their loss and preserving a sense of connection to the departed (Howell et al., 2015).
- To assist their clients in achieving higher PTG, therapist trainees may find it helpful to get information on religiosity or religious coping in subsequent treatment.
- According to Andrews and Marotta (2005), a key element of efficient and healthy coping is the impression of a continued and intimate connection with the departed. Religiosity may be utilized as a tool to offer meaning to the mourning process.

- When dealing with trauma, sorrow, and loss, psychologists would be competent in dealing with religious concerns, particularly when grieving differs according to cultural norms, developmental stage, and religious or spiritual opinions. Particularly, after a loss, therapists should be equipped to work with clients who bring up matters of existence and religion (Michael & Cooper, 2013).
- Media campaigns could be held to raise awareness of grief, loss, and trauma and how it could be healed using religion.
- University administration would be able to hold seminars and awareness sessions on post-traumatic growth and its determinants.

Operational Definitions

Young Adults with Parental Loss

Young adults with parental loss are defined as individuals aged 18-35 who experienced the death of a parent (Arnet, 2004).

Religiosity

Religiosity is the extent to which an individual is involved in and committed to practices/rituals of one's faith group (Piedmont, 2012).

Psychological Flexibility

The process of contacting the present moment fully as a conscious human being and persisting or changing behavior in the service of chosen values (Luoma et al., 2007).

Post-traumatic Growth

A subjective experience of positive psychological change is reported by a person as a result of struggling with a traumatic event (Calhoun & Tedeschi, 2000).

Chapter II

Literature Review

This section includes past literature relevant to Religiosity, Psychological Flexibility, and Post-traumatic Growth in young adults with parental loss.

Background of the Study

Trauma After Bereavement

Death is an inevitable event that marks the end of an individual's existence. According to the World Health Organization (2016), approximately 56.9 million people die annually worldwide. In the United States, the Centers for Disease Control and Prevention (CDC, 2017) reports an estimated 2.7 million deaths each year, translating to about 844 deaths per 100,000 people. Mortality rates tend to increase with age, except for infants under one year old, with a sizable portion of fatalities occurring among individuals aged 75 years or older. Losing a loved one is universally recognized as one of the most painful life experiences. Research conducted in Türkiye (Altun & Yazıcı, 2012; Arıkan, 2007) highlights that it ranks among the top three most distressing events. Experiences of loss undoubtedly elicit a range of reactions, which may be emotional, physical, or cognitive in nature. Social, cultural, spiritual, and philosophical factors may also have an effect on these reactions. This sentiment is echoed globally, as individuals of any age can find death-related loss profoundly distressing (Cam et al., 2018).

One response to loss is referred as "grief." So, just as death is inevitable, too shall grief unavoidably impact everyone. It is common for individuals to go through profound mourning, grieving, and bereavement after death, yet these emotions vary for each individual. Grief is the response to a loss, whereas mourning is the condition of loss.

Consequently, bereavement is the time after death during which a person laments or experiences the emotional loss of another person (Herkert, 2000). Grief and Bereavement can physiologically impact brain development in individuals (Mann et al., 2014). Traumatic incidents can hypersensitize the amygdala, leading to heightened fear and psychological disorders (Mann et al., 2014). Reactions to trauma can include new anxieties, sleep difficulties, depression, decreased focus, and somatic complaints (La Greca et al., 2008). Long-term issues may involve reduced self-confidence, relational problems, increased depression, anxiety, suicide risk, self-harming behavior, substance abuse, and difficulty in social interactions (Greenwald, 2005).

Scholars have always sought to discover and explain shared characteristics of people's bereavement journeys. When a close family member or friend dies, even if it is a peaceful or unexpected death, it is common to experience normal grief (DeSpelder & Strickland, 2011). According to the DSM-IV-TR and the American Psychiatric Association (2000), "Normal bereavement" describes the typical stages of mourning that people experience when a loved one dies. Similar symptoms to those of depression, such as intense melancholy, difficulty eating or sleeping, loss of interest in daily tasks, and difficulty focusing, are its defining characteristics. In contrast to the normal grieving process, complicated grief can be characterized by an inhibited reaction that either doesn't manifest at all or has delayed onset of symptoms, or by a prolonged and intense emotional experience (Strobes et al., 2001). Prigerson and Jacobs (2001) provide criteria for complicated grieving, including separation distress (concern with the dead) and traumatic distress (emotions of disbelief regarding the death). Their idea of prolonged (long-term) grief is similar to chronic grief, but it doesn't include delayed or repressed sorrow. Following severe losses, individuals

often exhibit concern about death and may also suffer emotions of disbelief, wrath, shock, remorse, despair, loneliness, sleep disturbances, empty feelings, despair, or vulnerability (Dillen et al., 2009). Both the DSM-V (American Psychological Association [APA], 2013) and the ICD-11 now recognize prolonged grief as a separate mental illness (World Health Organization [WHO], 2020). According to Shear et al. (2011), symptoms of prolonged grief include intense longing and yearning, obsession with the deceased, obsession with events surrounding the passing of the person, refraining from remembering the deceased or the fatality, difficulty accepting the death, bereavement-related anger and resentment, and a hollow feeling.

The risk of experiencing complex grieving responses and extended mourning is associated with age and the nature of the connection with the dead (Lobb et al., 2010). According to Raphael and Martinek (1997), some types of deaths, such as suicides, accidents, abrupt illnesses, and murders, are inherently surprising and traumatic and might impede the typical grieving process. According to Layne et al. (2017), grieving responses and post-traumatic stress symptoms might interact after severe bereavement in youth. Traumatic sorrow, which often results in complex grieving, is distinguished by the presence of both separation anguish and traumatic distress. Moreover, there is typically a correlation between complicated grief, post-traumatic stress disorder, and depression (Giannopoulou et al., 2021). Even a minimal level of exposure to the event can have an impact on post-traumatic stress disorder (PTSD) and complicated grief in young adults who have experienced a loss (Giannopoulou et al., 2021). Furthermore, individuals who have not directly witnessed traumatic death situations themselves may still experience distressing

mental images and thoughts based on reports from witnesses, family members, or images from the media (Cohen et al., 2004).

One of the factors that influences the bereavement process is the cause of death (Corr & Corr, 2013). Anticipatory grief may manifest in the aftermath of a protracted illness, such as cancer, while abrupt fatalities frequently result in astonishment and denial. DeSpelder and Strickland (2011) have found that unanticipated death can result in a sense of unfinished business with the deceased. Adjusting to sudden deaths might be more difficult than adjusting to anticipated losses (Lehman et al., 1989). Hayslip et al. (1999) have asserted that individuals who lose a loved one to an unexpected illness may not have the same level of access to social and emotional support networks as those who lose a loved one to a known illness. In these circumstances, individuals may derive comfort from engaging in activities that commemorate the memory of their loved one. Conversely, they may experience feelings of injustice, which may result in heightened resentment, remorse, and a sense of insufficient support (Hayslip et al., 1999). This holds especially true in instances of suicide (Cerel et al., 1999; DeSpelder & Strickland, 2011). Hayslip et al. (1999) hypothesize that individuals who anticipate a death may demonstrate improved bereavement adjustment by participating in funerary activities, which is attributable to their stronger social support networks. According to Hayslip et al. (1999), adaptability may be enhanced by facing death as something that is "more natural, less personally terrifying, or less stigmatized".

Young Adults with Parental Loss

According to Cam et al. (2018) and Carey (2010), the loss of a family member, parents, siblings, companion, or teacher may be especially difficult for young adults. Gimenez et al. (2013) suggested that roughly 153 million young adults worldwide had lost

one or both of their parents. Two and a half million American children have experienced parent death before turning eighteen, (Koblenz, 2015). According to the Child Bereavement Network (2016), an estimated 23,600 parent deaths annually leave over 41,000 young adults and adolescents without a parent. Parsons (2011) states that one in twenty young adults will have experienced parental or sibling grief. In the UK, an adult loses a parent every 22 minutes, underscoring the profound and widespread impact of such losses. Coping with and grieving the loss of a parent at a young age may be very challenging. This kind of loss has a substantial impact on the lives of young adults (Lawrence et al., 2005; Raveis et al., 1999).

World Health Organization (2014) defines young adults as those who are between the ages of 19 and 30. The young adults learn how to build relationships with others while striking a balance between closeness (love) and independence (productive work). Tanner (2006) states that the main psychosocial task of young adults is recentering. The idea of "recentering" considers the person in relation to the unit of analysis, which is dynamic, and presumes the interdependence of development (Schlegel & Barry, 1991). Specifically, recentering is achieved in three stages (Settersten, 2007). During the first stage, the adolescent becomes a genuine young adult. At this point of development, people go from a position of dependence as someone who needs other people to provide them with direction, support, and resources to one in which they actively participate, with each partner taking turns taking the lead in providing care and support (Kloep & Hendry, 2011). In the second phase, one goes through the stages of maturation associated with becoming a legitimate adult. Young adults learn about their romantic and professional options via a succession of commitments (Settersten et al., 2008). After engaging in exploration and forming temporary connections with others, professions, and circumstances, a young adult moves into the third

stage committing to long-term adult duties and obligations (such as occupations, relationships, marriages, and parental responsibilities) (Arnett, 2004). According to Giedd et al. (1999), the brain's reasoning and problem-solving center completely develops throughout young adulthood. It is achieved by growth in white matter through the mid-thirties and an apron of gray matter after puberty into the twenties. Therefore, the plasticity of the developing adult brain suggests that during these formative years, maturation is still sensitive to experiences and environmental factors (Bunge & Wright, 2007).

During young adulthood, a phase that may be seen as a period of transition between late adolescence and middle adulthood (Arnet, 2000; Roisman et al., 2004), individuals navigate through many developmental challenges. The phase of young adulthood is a crucial time for the establishment of one's identity, including the exploration of many identity roles and the growth of an independent self, which helps individuals build a sense of direction and continuity in their lives (Arnett, 2000). Young adulthood is already marked by significant life transitions, making the death of a parent is very difficult and potentially traumatizing event during this time (Arnett, 2014). Grief may interfere with the development of young adults, such as identity formation and the acquisition of social skills (Balk, 2011).

Across Asia, young adults often stay at home with their families of origin, living in cohabitation with parents or other relatives in countries like India, Pakistan, Iran, Afghanistan, and Türkiye (Yardley, 2017). In contrast, in northern Europe, they are likely to move out of their parents' house when they are in their late teens or early twenties (Eurostat, 2020). In collectivistic cultures, young adults get assistance from parental figures in decision-making and dealing with challenges (Carlson, 2014). For instance, over half of adults have parents who support them in covering additional expenses in addition to college

tuition (Padilla-Walker et al., 2012). Parents also help young adults make complex decisions by providing advice or networking opportunities, in addition to financial aid (Swartz, 2008). The absence of a parent makes it difficult for young adults to deal with the challenges alone (Aquilino, 2006).

Studies investigating the ramifications of parental death on young adults have shown negative impacts on mental health (Farella et al., 2021; Lundberg et al., 2018). Dillen et al. (2009) and Ringe et al. (2000) have observed that young adults who experience unexpected and distressing losses may frequently exhibit responses such as astonishment, rage, remorse, difficulty focusing, sleep disturbances, and susceptibility, as well as a fixation on the event or the circumstances surrounding the death. Grief may have detrimental consequences on the academic performance and concentration of young adults. It can also result in health issues, increased substance abuse, emotional difficulties, and impediments to the development and acquisition of interpersonal abilities (Harison et al., 2005). The emotional burden of managing practicalities and obligations associated with their parent's death, such as funeral preparation and estate administration, can aggravate their grief (Porter & Claridge, 2023).

Risk Factors

In the aftermath of parental mortality, researchers have also investigated risk factors that affect mental well-being (Dowdney, 2000). Parental death increases the likelihood of psychological problems in bereaving young adults, and these risks may be further classified into two groups: pre and post- bereavement (Luecken & Roubinov, 2012). Dowdney (2000), Luecken and Roubinov (2012), Thompson et al. (1998), and Wolchik et al. (2006) have identified several post-bereavement risk factors, including inadequate parenting, poor parenting relationships, familial psychological problems, bereaved psychological health

problems, low self-system beliefs (e.g., self-confidence, self-worth, interpersonal connections), low economic standing, and later negative life events.

Additionally, these risk factors are also pre-bereavement risk factors, as they may already be present prior to the death and may subsequently impact psychological well-being following the death of a parent. For instance, mental health issues that existed prior to bereavement may be a significant risk factor, as the stress induced by the death can exacerbate pre-existing psychological issues (Dowdney, 2000). In retrospective studies, researchers have also discovered that depression (Gray et al., 2011; Melhem et al., 2008), sexual assault (Melhem et al., 2008), and psychiatric disorders (Weller et al., 1991) are associated with depression following parental mortality. Melhem et al. (2008), Nyhlen et al. (2011), and Wahlbeck et al. (2011) have all reported that parents who died from violent causes (e.g., suicide, accidents, abrupt deaths) or had psychiatric disorders (e.g., bipolar disorder, personality disorders) and alcohol and substance abuse issues, led bereaved at a higher risk of developing psychopathology due to a preexisting genetic vulnerability.

Type of death. Examining the reason for death is crucial when considering parental loss. According to Kaplow et al. (2014), those who lost a parent to suicide showed signs of maladaptive mourning and posttraumatic stress disorder at greater rates than people who lost a parent due to an expected death. In the same vein, Appel et al. (2013) discovered those who experienced the loss of a parent had an increased chance for PTSD, particularly if the bereavement was caused by parental suicide, in contrast to other reasons for death. Additionally, the study conducted by Rostila et al. (2016) found that when parents died due to external reasons i.e., drug abuse-related causes, it was a significant predictor of self-inflicted injuries in early adulthood. Bereaved individuals may have complex grief or post-

traumatic stress disorder (PTSD) after experiencing the unexpected or abrupt loss of a parent, particularly if the death happened while the bereaved was present (Eth & Pynoos, 1994; Parkes, 1998; Merlevede et al., 2004). According to Pynoos (1992), those who see a horrific death may have trouble adapting positively because they have intrusive, recurring pictures that get in the way of adaptation. When a death is anticipated or results from an illness that lasts a long time, it allows for preparation for the aftereffects, so it can be easier to deal with the loss (Rostila & Saarela, 2011). Additionally, Berg et al. (2016) discovered an incongruity between the slight increase in risk for depression in young adults after parental deaths caused by natural causes and the much larger risk linked with deaths caused by external factors, such as accidents, homicides, or suicides. According to Siegel et al. (1996), children often have more difficulties during the latter stages of a disease than after death. Similar findings were made by Cerel et al. (2006), who discovered that young people facing an imminent death showed higher levels of anxiety, depression, and low self-esteem during the final stages of their illness than after death, it's possible that psychosocial support was lacking during this time, and that the community was more aware of the need for support in the aftermath. Furthermore, additional cases of potentially unsettling events, including seeing medical procedures or a steady decline in health, may arise as a result of predicted deaths (Kaplow et al., 2014).

Age. The correlation between a bereaved age and maladjustment, when a parent dies, has been the subject of many studies. Appel et al. (2013) have discovered that individuals who experienced bereavement at an earlier age were more susceptible to emotional problems than those who experienced bereavement at an older age.

Gender. Another pertinent risk factor is the deceased's gender. Fathers, in their roles as major or secondary attachment figures, may not have a significant influence on their children's attachment development, however, mothers are often the most influential figures in this area (Lamb & Lamb, 1996). Nevertheless, the researchers did not observe any significant correlation between the gender of grieving and the gender of the deceased. According to Berg et al. (2016), the risk of melancholy as a result of early parental death was comparable for both maternal and paternal fatalities. Rostila et al. (2016) discovered that men who experienced a parental death were more susceptible to maladaptive behaviors that occurred as a consequence of parental death by natural causes. According to Appel et al. (2013), women who experienced loss had a higher risk of developing depressive disorders. On the other hand, there is no clear evidence that the effects of a parent's death vary for sons and daughters or that the gender of the parent who passed away matters much (Brent et al., 2009; Geulayov et al., 2012). According to Kendler et al. (2002), there is a higher chance of serious depression among those who have lost a parent, although there are no gender-related variations in this connection. However, the death of a parent presents greater externalizing problems for males and more internalizing problems for females (Dowdney, 2000). Men have behavioral problems and women have physical complaints. In terms of gender differences, men might find it challenging to balance feelings of vulnerability with the ideals of stoicism and strength. When a parent passes away, they may display behaviors including emptiness, wrath, stoicism, and tenderness (Creighton et al., 2013).

Social Economic Status. Having a low social background has been linked to losing a parent (Berg et al., 2014). According to Jacobs and Bovasso (2009), the financial strains that a family may have had in the year after a parent's death may have persisted, making it

more difficult for the family to adjust to the loss and perhaps leading to depression in the offspring of the deceased. Furthermore, Stikkelbroek et al. (2016) found that low socio-economic status was a pre-bereavement predictor of mental health difficulties. Bereaved families may find it difficult to adjust when parents pass away because of financial hardships (such as a reduction in income or loss of employment), which can result in other unfavorable life events (such as moving or changing schools, losing friends and community), and parenting challenges (Werner-Lin et al., 2010; Wolchik et al., 2008).

Parental Relationships. According to Dowdney (2000) and Luecken and Roubinov (2012), risk factors for maladjustment include inadequate parenting and a negative parent-child relationship. Surviving caregivers may face a range of stressors, such as financial challenges, forming new relationships, changes in the household, work obligations, and symptoms of grief. These stressors can result in reduced time spent grieving, decreased assistance, divergent authority, and a lack of encouragement for healthy habits (Wolchik et al., 2008). Furthermore, caregivers who are enduring work overload may get irritated and have poor relationships with the bereaved (Wolchik et al., 2008). Melhem et al. (2008), on the other hand, discovered that a possible risk factor when analyzing the relationship with the deceased parent is the nature of the last conversation with the deceased parent; positive and supportive conversations with the deceased were linked to a risk of depression. Consistent with previous research, this suggests that a greater risk of depression is associated with a closer attachment to the dead (Brent et al., 1993).

Regardless of these challenges, a large number of young adults demonstrate resilience by using their coping mechanisms to get over their loss and the assistance of friends, loved ones, and surviving family members (Porter & Claridge, 2024). Young

individuals" coping responses are impacted by several variables, including the development of abilities including identity formation, coping accessibility, and self-reliance (Nader & Salloum, 2011). Other factors that could impact the circumstances include personality traits like emotional reactivity and resilience, previous exposure to stress and loss, the existence of emotional support systems, the particulars of the loss, and the type of relationship with the deceased (Nader & Salloum, 2011). According to Howell et al. (2015), individuals who effectively dealt with the death of a parent showed self-assurance in their capacity to handle and endure life's hardships; they conveyed the conviction that they could control their emotional condition and resolve challenging feelings.

According to Howell et al. (2015), having spiritual beliefs and engaging in religious activities may help insulate young people from the negative impacts of losing a parent. Andrews and Marotta's (2005) qualitative study discovered young adults engaged in faith to provide meaning to their bereavement process, and their view of a continuous and profound connection with God can be an essential aspect of effective coping. According to Well et al. (2015), religion may provide a feeling of community solidarity and connection that may provide consolation, reassurance, empathy, and support to mourning children. Regular attendance at religious services is indicative of religiosity, which may also be linked to adaptive functioning. Belonging to a religious community allows members to mourn alongside the bereaved, and consistent attendance at religious services may provide a feeling of constancy and security (Howell et al., 2015). Additionally, research has shown that having an effective level of support protects against depressive disorders (Melhem et al., 2008; Sandler et al., 2003). A recent study by Howell et al. (2015) indicated that among the adaptive functioning group, parentally bereaved individuals were more likely to perceive

their surviving caregivers as empathic and comforting. This perception was accompanied by supportive interactions, which helped the bereaved feel understood, heard, and connected to their caregiver. Researchers have shown a relationship between caregiver coping techniques, caregiver adjustment, and caregiver parental abilities (Howell et al., 2015). This suggests that the surviving caregiver's coping style may also protect the bereaved. Thus, Lin et al. (2004) discovered that resilience in parentally bereaved young adults was associated with a supportive caregiving environment where caregivers consistently establish boundaries and provide warmth, acceptance, and support.

Posttraumatic Growth in Young Adults

Post-traumatic growth refers to positive psychological transformation following a painful event that improves the state before trauma (Khanna & Greyson, 2015). It is not, not going back to the previous condition but also coming out of the trauma as a stronger, better person with an enhanced mental state than the person was before the experience. According to Tedeschi and Calhoun (2004), PTG is the outcome of the individual's endeavor to surmount adversity and flourish. According to Pollock (2002), the anguish of losing a loved one might inspire individuals to reevaluate their relationships and value the ones they have left. Certainly, grieving over a loved one would undoubtedly result in varied degrees of anxiety and unfavorable thoughts, however, researches show that as time passes, the bereaved individual may start to focus their thoughts and actions on more positive and goal-oriented behaviors. Young adults who have experienced traumatic events such as parent death have also been found to have rumination that eventually leads to posttraumatic growth and a disturbance of their assumed reality while grieving (Calhoun et al., 2010).

The experience of loss does not inherently imply the experience of post-traumatic growth; rather, it relies upon how an individual processes the grief experience. If a mourning experience is positively reassessed, it can result in the experience of positive modifications known as post-traumatic growth. This elucidates the significant role of cognitive processing in bereavement outcomes. Growth entails an individual's fight with the new reality after trauma, but it does not necessarily happen immediately after an incident. Instead, it is a slow and progressive phenomenon. According to Bulman (2004), traumatic events undermine one's assumptions and views about oneself, surroundings, and the world in general. When a traumatic incident challenges established assumptions, the grieving individual becomes involved in making meaning of the terrible event. When trauma fractures someone's presumptive world, they may need a new lifeworld, a rejuvenation that might result in better functioning than previously (Janoff-Bulman, 1992).

Research has identified several predictors and demographic factors that foster posttraumatic growth (PTG) in young adults who have experienced bereavement. McClatchey (2018) found that anticipated parental loss is associated with higher PTG compared to abrupt death, suggesting that the nature of the bereavement impacts the growth process. Greene and McGovern (2017) discovered a negative correlation between depression and dispositional gratitude, as well as a positive association between psychological well-being and PTG. Furthermore, improved well-being results are associated with external factors, including financial stability, a strong relationship with the surviving parent, and participation in mourning rituals, and strong internal factors, such as positive reframing and an unwavering sense of identity, also substantially contribute to PTG (Hong & Scott, 2013; Hurd, 2004; Perry, 2006; Worden, 1996).

According to Arslan et al. (2022), some of the elements that might impact post-traumatic growth (PTG) include the length of time after the loss, the age of the individual, the reason for death, and even the connection to the deceased. In contrast, Wolchik et al. (2008) discovered a negative relationship between the period since death and PTG, especially in areas such as appreciating life and connecting with others, with scores falling over time. These results emphasize the complexity and fluctuation of PTG over time. According to research conducted by Wolchik et al. (2008), gender does not seem to be a significant factor in PTG. However, Helgeson et al. (2006) found that females experienced increased growth compared to males, suggesting that there may be gender disparities in the perception and expression of posttraumatic growth. Posttraumatic growth is significantly promoted by social support. Social support has the potential to reduce stress after traumatic events, such as the loss of a loved one, and so promote posttraumatic growth (Linley & Joseph, 2004), According to Aguirre (2008), Wolchik et al. (2008), and Tedeschi and Calhoun (1996), parental support is notably influential, accounting for a substantial proportion of the variance in PTG. On the other hand, peer and sibling support are less significant, which is likely a result of the increased dependence on the surviving parent (Wolchik et al., 2008). Milam et al. (2004) also suggested that elderly adults may experience a higher PTG than young adults, which suggests that there are age-related disparities in the capacity for growth after bereavement.

Lundberg et al. (2023) investigated the correlations between parental bereavement and posttraumatic growth in young adults. A support group at a palliative care service was attended by fifty-five young adults who had lost a parent to cancer at least two months prior.

The results suggest that the participants underwent posttraumatic growth, particularly in the areas of personal strength and appreciation for life.

Religiosity in Young Adults

Trauma's impact extends beyond mental or physical suffering, affecting preconceived notions about oneself, the universe, and God. This disturbance often leads individuals to seek answers in the religious or spiritual sphere. Smith et al. (2003) defined religion/spirituality as an attitude, belief, practice, evaluation, motive, or behavior incorporating religious or spiritual processes or content. Religiosity encompasses various facets of religious practice, commitment, and conviction, distinguishing between extrinsic religiosity (practiced for social prestige) and intrinsic religiosity (internalized motivation) (Gorsuch & Venable, 1983).

Regarding the death of a loved one, several scientific studies suggest that religion has a beneficial impact on the process of mourning. According to Bohannon's (1991) observations, grieving families who engaged in regular religious engagement had less complex grieving processes. The study conducted by Thearle et al. (1995) found that grieving parents who regularly attended religious services had lower levels of sadness and anxiety symptoms in comparison to those who did not participate in religious activities. Nolen-Hoeksema and Larson (1999) discovered that engaging in religious activities aids in the mourning process by enhancing the social support obtained from the religious community. There is a widespread belief that religion serves as a solid foundation for bearing with the loss of a loved one by promoting the acceptance of mortality (Oyebode & Owens, 2013).

However, the research on the correlation between religious elements and growth, including post-traumatic stress disorder (PTSD), continues to be modest, despite its rapid expansion. Research shows that many people have spiritual awakenings after traumatic events. Daniel (2017) emphasized the significance of these changes in the developmental process, as individuals often undergo a crisis of faith following the loss of a loved one, while others may adopt a more spiritual stance as a means of coping (Lee et al., 2017). Soenke et al. (2013) noted that faith-based practices and beliefs assist individuals in coping with trauma and in interpreting their experiences. In times of difficulty, religious groups may be a source of solace and strength (Pargament et al., 2013). Young adults who are experiencing parental loss may find spiritual and religious practices to be especially beneficial. Andrews and Marotta (2005) observed that bereaved individuals use faith to provide meaning to their bereavement process, while Howell et al. (2015) discovered that religious attendance and belief in an afterlife have a positive impact on melancholy levels following loss.

Religion fosters community solidarity, providing empathy, consolation, assurance, and support, which are essential for adaptive functioning during grief (Howell et al., 2015). Research consistently links positive religious coping, religious transparency, religious engagement, and intrinsic religiosity with PTG (Milam et al., 2004; Shaw et al., 2005). The literature also indicates that religious beliefs and practices can reduce the length of the healing process following a loss (Walsh et al., 2002). Religion helps the bereaved find consolation and, over time, comfort, serenity, and acceptance, allowing them to move forward with their lives (Halifax, 2008). Dolocos et al. (2021) highlighted that people often turn to religion as a coping mechanism during hardship, with cognitive reappraisal being an

effective technique for mitigating negative emotions. Religious activities can support cognitive reappraisal by reframing unfavorable thoughts to alter emotional states.

Globally, there is significant variation in how deeply embedded religion is in culture and social identity (Kelley & Graaf, 1997; Ruiter & Tubergen, 2009). Consequently, it is essential to consider cultural norms around religion when examining the relationship between religiosity and well-being. Chiu et al. (2010) and Zou et al. (2009) suggested that assessing cultural norms involves understanding the common, subjective views of accepted attitudes and ideas within a community. In cultures where religion is seen as less important or even stigmatized, the relationship between religiosity and well-being may not exist or could be inverse. Studies have shown that religious minorities in secular nations may practice religion more frequently than majority groups, which can attenuate the positive correlation between religious engagement and well-being (Hayward & Elliott, 2014; Huijts & Kraaykamp, 2011; May & Smile, 2016; Okulicz-Kozaryn, 2010).

Young adults, who are in a developmental stage characterized by significant cognitive and psychological growth, often re-examine their religious beliefs (Braskamp, 2008). This period coincides with significant brain maturation, including limbic system modifications, prefrontal cortex development, and synaptic pruning (Sowell et al., 2002; Steinberg, 2005). The restructuring of the prefrontal cortex supports advanced thinking processes, enabling young adults to think abstractly about existential issues, such as the existence of God and the problem of evil. Concurrently, changes in neurotransmitter levels and fluctuating hormones increase emotional sensitivity to distress (Walker et al., 2004). These hormonal and neurological advancements enhance young adults' ability to evaluate themselves (Waterman, 1985). Those who progress towards achieving their identity are more

likely to exhibit elevated levels of religious engagement and beliefs (Fulton, 1997; McKinney, 1999). The internalization of beliefs and values signifies the completion of young adults' religious development (Allport & Ross, 1997). Kass et al. (1991) emphasized the importance of fundamental religious experiences in fostering religious development, consisting of a unique occurrence and the logical understanding that supports confidence in divine authority and a personal bond with that belief. During this stressful period of transition and unpredictability, many young adults are likely to adopt coping strategies that reduce stress (Young et al., 2000).

Negative religious coping, as defined by Abu-Raiya et al. (2018), involves expressing disagreements, concerns, and questions about religion and faith, whereas positive religious coping involves using religion to seek purpose and guidance during difficulties. These coping strategies have distinct effects on measures of adjustment and mental well-being. Fatima et al. (2017) examined young Muslim adults' psychological distress, self-regulation, and religious coping, finding that self-regulation mediated the associations between positive religious coping and reduced anxiety and stress, and between negative religious coping and increased stress. According to Rassool (2000), Muslims believe in a higher power and strive for a life filled with purpose, meaning, and pleasure both in this world and the next, achieved by adhering to the belief in Allah's oneness. Faith in Allah involves submission to His will and accepting adversity as a test. This concept, deeply embedded in Islam, views hardships as a purpose for mankind, with complete submission and surrender to Allah's will be seen as a mode of worship.

Research has looked at how religion functions organizationally as well as how people respond psychologically under stress. For instance, 96 male prisoners who attended

religious gatherings more often had reduced levels of depression (Koenig, 1995); 156 relatives of accident victims and suicide victims also showed this relationship (Sherkat & Reed, 1992).

Psychological Flexibility in Young Adults

The investigation of psychological flexibility as a distinct element has garnered considerable interest in recent years (Jenkins et al., 2019; Seidler et al., 2020). Psychological flexibility (PF) is the ability to fully engage with the current moment and all of its associated thoughts and feelings as a conscious human being, without the need for unnecessary defense. Depending on the circumstances, psychological flexibility may involve continuing or altering behavior in support of personal values. (Hayes et al., 2006; Hayes et al., 1999). These processes include experiencing acceptance, cognitive diffusion, mindfulness, self as context, values, and committed actions (Hayes et al., 2006). Acceptance involves letting go of resistance to unpleasant experiences when it aids in achieving objectives. Cognitive diffusion is the ability to engage with sensations directly, free from the significance ascribed to them by thoughts, and to distinguish between thoughts and the objects they describe. Mindfulness meditation fosters flexible present-focused attention, enhancing moment-to-moment awareness. Developing a self-observing perspective involves stepping back from one's thoughts and feelings, both positive and negative. Values represent significant wants or attributes, guiding voluntary, continuous behaviors that contribute to goals. Committed action entails remaining goal-oriented and persistent despite setbacks (Hayes et al., 2006).

Psychological flexibility encompasses a variety of dynamic processes that develop throughout time. One's ability to: (1) adjust to changing demands in situations; (2) rearrange mental resources; (3) change viewpoint; and (4) strike a balance between conflicting needs,

wants, and areas of life might all be indicators of this. Psychological flexibility, therefore, aligns with the paradigm of psychological well-being and mental health. A person's negative reactions to events and lack of self-awareness can lead to mental health issues and psychological distress. Psychological flexibility supports positive coping strategies, awareness, and adaptation. Research indicates that psychological flexibility is a highly effective intervention for various psychological disorders, including depression, anxiety, stress, and PTSD (Powers et al., 2009).

Psychological flexibility in young adults is crucial to avoid the emergence of persistent mental health conditions later in life, by helping them cope with everyday pressures. Improved mental health is predicted by a high level of psychological flexibility, as shown by Turley et al. (2019). Additionally, Stockton et al. (2019) found that psychological flexibility enhances the efficacy of focused interventions for behavior change. Additionally, it may predict improved social connections among young adults (Zahra et al., 2020). Inadequate interpersonal interactions may lead to addictive behaviors, such as drug abuse (Buzdar et al., 2019), as well as emotional challenges. One of the preventive factors might be psychological flexibility (Baugh et al., 2019; Benoy et al., 2019).

Psychological flexibility is an ability that may be developed to improve health outcomes, foster personal development, increase social interaction, and manage stress (Hegarty et al., 2019). Psychological flexibility is associated with the ability to effectively regulate and control distressing thoughts, feelings, and behaviors (Almarzooqi et al., 2017). The psychological flexibility paradigm, which was introduced in the 1990s as a therapeutic intervention known as acceptance and commitment therapy (Hayes et al., 2019), has gained significant recognition for its effectiveness in promoting mental health. The methodology

used to investigate this concept posits that psychological flexibility serves as a protective factor in the onset of mental disorders. Karimzadeh and Latifi (2015) found that psychological flexibility strongly predicts higher life satisfaction and fewer adverse emotional effects.

According to Almarzooqi et al. (2017), those who possess more psychological flexibility are better able to regulate their negative feelings, thoughts, and behaviors. ACT, which was established in the 1990s, has focused on promoting mental health by emphasizing psychological flexibility (Hayes et al., 2019). One of the many similarities between Islam and ACT is their perspectives on suffering and bad experiences. Adversity, suffering, and unpleasant events are all inevitable parts of life, according to the ACT theory. It is a common belief in Islamic teachings that suffering and bad events are tests from Allah SWT. Muslims are thus strongly urged to make room for these concerns via focused prayer, muraqaba, or meditation (Tanhan, 2019).

Research on psychological flexibility stresses the "person-by-scenario approach," which focuses on adjusting behavior to various settings and reevaluating one's feelings and ideas (Kobylińska & Kusev, 2019). This approach focuses on the management and control of the visible expressions of mental processes, specifically targeting undesirable emotions or ideas associated with different mental diseases such as mood disorders, depression, anxiety, and psychosomatic signs (Boykin et al., 2019).

Research on Iraq war veterans who returned to their home country found that those with more psychological flexibility had improved relationship adaptation and reduced levels of hostility, abuse, and aggression (Reddy et al., 2011). Among veterans of the wars in Iraq and Afghanistan, Elliott et al. (2015) found a protective link between psychological

flexibility and PTSD. Bordieri et al. (2014) also discovered that those with higher psychological flexibility had lower rates of PTSD symptoms among traumatized people undergoing residential treatment for drug abuse. In summary, Acceptance and Commitment Therapy fosters psychological flexibility, which is a viable strategy for trauma management and mental health enhancement. The focus on acceptance, awareness of the present moment, and taking determined action is in line with promoting resilience and growth while dealing with trauma.

Religiosity and Post-traumatic Growth

Recent research has shown a growing connection between posttraumatic growth (PTG) and religion, emphasizing the important role that religiosity might have in promoting adaptive responses to trauma. Prati and Pietrantoni's (2009) meta-analysis, which included 103 papers, concluded that religious coping and spirituality were important factors in PTG. This emphasizes how crucial religious coping strategies are for those dealing with trauma.

Further study has been conducted on particular religious coping techniques. For example, Moussa and Bates (2011) discovered many subscales of the RCOPE (Pargament et al., 2000) that were linked to PTG. These subscales included: collaborative religious coping, benevolent religious reappraisal, pleading for direct intercession, religious focus, religious purification, forgiveness, religious boundary marking, seeking support from clergy or members, religious helping, and religious direction and conversion. Their results provide hope for future studies on religion as a coping strategy by suggesting that religious characteristics significantly contribute to PTG.

Kokou-Kpolou et al. (2019) investigated the influence of religious interventions on the process of grieving among Togolese couples, working with a sample of 162 people from

Sub-Saharan Africa. In their cross-sectional research, they discovered that religious community help was positively connected with grieving symptoms in situations of anticipated deaths, but poor religious coping predicted grief symptoms after sudden deaths. These findings suggest that religious methods may bring solace, help regulate bereavement suffering, and provide meaning to loss, highlighting the theoretical and clinical significance of religious coping in the grief process. Abu-Raiya and Sullieman (2020) explored the usage of positive and negative religious coping (PRC and NRC) among Muslims and its relationship with PTG. An analysis of 204 Muslim parents whose children had died in car accidents revealed a positive correlation between PRC and PTG, as well as an indirect association between NRC and PTG via self-control and life purpose. Higher levels of NRC were specifically connected to lower levels of life meaning and self-control, both of which were associated with lower levels of PTG.

Laufer et al. (2009) investigated the influence of religion on PTG among the religious, traditional, and secular youngsters of Israel who had been exposed to terrorist incidents. According to the research, young individuals who are considered secular had slower rates of growth than young people who are classified as religious. For religious young adults there was a positive correlation between forgiveness and PTG, while in traditional and secular youth, there was a negative correlation between growth and trauma symptoms and an unwillingness to forgive. This investigation contributes to the comprehension of how religion can facilitate PTG following traumatic experiences. Hanna (2021) examined how religion and spirituality affected the capacity of young adults to deal with mental health issues as well as trauma, loss, and grief. A total of 47 young individuals (ranging in age from 17 to 24 years old) participated in the research, which aimed to

determine the connection between PTG, spirituality, religion, life purpose, and psychological well-being. The results showed that religious affiliation predicted posttraumatic growth (PTG) and that spirituality links posttraumatic stress disorder (PTSD) and psychological well-being.

The combined findings of the research highlight the important part that religion and religious coping play in fostering PTG. They draw attention to the many ways that religious practices and beliefs might support trauma-adaptive responses, offering a useful foundation for treatments meant to improve resilience and well-being in the wake of traumatic events.

Psychological Flexibility and Post-traumatic Growth

The association between psychological flexibility and post-traumatic growth (PTG) has been well-documented in the literature, highlighting the role of adaptive coping mechanisms in fostering healing.

Boykin et al. (2019) investigated the relationship between psychological flexibility and posttraumatic stress symptoms (PTS) and perceived PTG in 125 college students who had experienced trauma, controlling for the effect of event centrality. The study found that reduced psychological flexibility intensified PTS severity as event centrality increased. Although no interaction effect was found for PTG, both event centrality and psychological flexibility independently predicted PTG, highlighting the nuanced impact of psychological flexibility on trauma recovery. This suggests that while psychological flexibility may exacerbate discomfort when traumatic events are perceived as highly significant, its role in fostering positive developmental outcomes warrants further clinical investigation.

Similarly, Misurya et al. (2021) explored the relationships among psychological flexibility, self-compassion, and PTG in 208 individuals who had experienced trauma within

the previous five years. The study revealed significant positive associations among all three variables. Notably, self-compassion significantly influenced PTG, with psychological flexibility mediating this relationship. These findings underscore the pivotal role of self-compassion in promoting PTG and suggest that psychological flexibility is a crucial mechanism through which self-compassion facilitates adaptive responses to trauma, thereby emphasizing the therapeutic value of enhancing both self-compassion and psychological flexibility in trauma recovery interventions.

Murrell et al. (2017) examined coping mechanisms among college students who had experienced the loss of a loved one during their transition to adulthood, focusing on levels of grief, experiential avoidance (EA), personal values, and resilience. Their findings indicated that higher levels of EA were associated with a diminished significance of personal values, which correlated with increased difficulty in coping with grief. EA alone accounted for 26% of the variance in bereavement grief, while commitment to personal values explained 20% of the variance in resilience. Interestingly, no significant correlation was found between EA and values, contrary to other studies and expectations, highlighting the complexity of these relationships.

Further supporting the protective role of psychological flexibility, Richardson and Jost (2019) studied a sample of 240 undergraduate students who had experienced at least one traumatic event to understand its role in preventing PTSD and depressive disorders post-trauma. Their findings demonstrated that psychological flexibility was positively associated with reduced psychological symptoms, including PTSD and depression, and moderated the adverse effects of trauma, suggesting it serves as a safeguard for trauma survivors.

Dutra and Sadeh (2017) found psychological flexibility to be a protective factor against PTSD symptoms and externalizing behaviors in traumatized veterans, while Bryan et al. (2015) observed that higher levels of psychological flexibility among Air Force personnel buffered against PTSD. These findings further reinforce the protective role of psychological flexibility in trauma-exposed populations. The efficacy of psychological flexibility as an intervention for various psychological disorders is well-supported. Powers et al. (2009) identified its effectiveness in treating depression, anxiety, stress, and PTSD. Additionally, Prevedini et al. (2011) highlighted its utility in managing physical chronic illnesses. Guerrini Usubini et al. (2021) reported that adults with obesity who exhibit psychological flexibility are more likely to maintain better health and adopt healthy lifestyle habits. Karimzadeh and Latifi (2015) demonstrated that psychological flexibility strongly predicts higher life satisfaction and fewer adverse emotional effects.

In summary, substantial evidence supports the positive correlation between psychological flexibility and PTG. This relationship underscores the importance of psychological flexibility as a critical component in therapeutic interventions aimed at enhancing resilience and well-being following traumatic experiences.

Religiosity and Psychological Flexibility in Young Adults

Although there aren't many studies specifically looking at the relationship between psychological flexibility and religion, fewer studies have shown that these two factors are positively correlated.

Psychological flexibility and Islamic religion go hand in hand, demonstrating how much of an influence religious beliefs and practices may have on healthy coping strategies and mental health. Islamic teachings are vital in fostering resilience and acceptance of life's

challenges because they place a strong emphasis on ideas like Tawakkul (dependence on Allah's plan) (Ahmed et al., 2017). Salah (prayer), one of the religious rituals, increases present-moment awareness and decreases cognitive fusion, which helps to cultivate mindfulness. People concentrate on their connection with Allah as they pray, which is consistent with mindfulness techniques in psychological flexibility (Sajjadi et al., 2016). Furthermore, Muslims are guided in making values-congruent actions by Islamic ideals like justice and compassion, which are comparable to the idea of committed action in Acceptance and Commitment Therapy (ACT) (Mohammed & Mahmood, 2020). Islam's concept of Tafakkur, or introspection, encourages introspection and spiritual development by cultivating an understanding of oneself as a framework. According to Al Ghazali (2009), this viewpoint improves psychological flexibility by enabling people to see their feelings and ideas without becoming sucked into them. Moreover, the embrace of Qadr, or divine destiny, fosters adaptability and tenacity, enabling people to meet obstacles with poise and determination (Al-Hassan et al., 2021). Combining ACT therapy with Islamic teachings offers a comprehensive framework for stress and trauma management that is in line with religious principles and efficiently manages mental health.

Binzqar (2017) studied the connections among 235 adult Muslims from throughout the world on mental health, psychological flexibility, and locus of control. The results showed that increased spirituality was linked to improved psychological flexibility and mental health. It was observed that males were more likely than women to have an external locus of control. Overall, the research discovered a negative correlation between mental health and external locus of control beliefs and a good correlation between mental health

and psychological flexibility. The findings highlight the significance of spirituality and personal autonomy in improving Muslims' mental health.

To objectively assess the association between psychological flexibility in response to distress and religious coping, Ano and Vasconcelles (2004) did a meta-analysis of 49 studies with 105 effect sizes. They found evidence to support the hypothesis that psychological flexibility is positively correlated with good religious coping and negatively correlated with poor religious coping. The present meta-analysis offers substantial evidence of the distinct effects of affirmative and negative religious coping strategies on psychological flexibility and stress.

Crissby (2010) evaluated 376 first-year college students to determine the connections between religious devotion, psychological inflexibility, and perfectionism. Findings pointed to a negative correlation between psychological inflexibility and religious devotion as well as the destructive features of perfectionism. Additionally, psychological inflexibility was shown to moderate the association between maladaptive religiosity and maladaptive perfectionism in mediation analysis utilizing the Baron and Kenny technique. The evidence points to an association between psychological flexibility and adaptive religiosity.

In conclusion, a growing body of research indicates that psychological flexibility and Islamic religion are positively correlated. This link highlights how religious practices and beliefs may improve mental health and adaptive coping strategies. It also emphasizes how important it is to integrate therapeutic and religious approaches in mental health treatments for Muslim communities.

Theoretical Framework

Grief and mourning are integral aspects of human existence. Grief is the whole reaction to loss, including its psychological, behavioral, cognitive, and spiritual aspects. It is a natural and appropriate response to loss. In essence, grief may be defined as the inevitable cost of experiencing love, and an inevitable outcome of establishing emotional connections with others, endeavors, and belongings. Eventually, one shall lose everything that they hold dearly. The most tragic losses in life may sever our connection to our identity and initiate a challenging process of not just rediscovering ourselves, but also understanding the world anew. The quest to comprehend and discover significance in the aftermath of loss is paramount for many individuals. Many researchers contributed to the theoretical framework of grief.

Freud's Theory on Grief

Sigmund Freud (1961) contributed a great deal to the theoretical understanding of grief with his book "Mourning and Melancholia," which greatly influenced therapeutic intervention for more than half a century. Freud (1961) defined "grief " as the process of breaking the emotional bonds that bind the survivor to the deceased. Three essential elements make up the mental rearrangement process: releasing the bereaved person from their emotional connection to the deceased, adjusting to their new living situation without the deceased, and forming new social bonds. According to Freud (1961), this separation requires a strong effort to identify and express troubling feelings, such as guilt and rage. It was thought that the grieving process would become more complicated, increase the risk of mental and physical illness, and impede the rehabilitation of the bereaved persons if they did not actively engage in or complete their mourning activities.

Kübler-Ross's (1969) Theory on Grief

Another highly recognized paradigm is the one put forward by Kübler-Ross (1969) in her book "On Death and Dying." The basis of her idea stemmed from her extensive professional background dealing with individuals who were nearing the end of their lives. Her notion specifically centered upon the psychological process known as anticipatory grieving, which pertains to the emotional reactions experienced by those who have received a prognosis of a terminal illness. Over time, this model developed into the five phases of grief: (1) initial shock and denial; (2) feelings of anger, rage, and guilt; (3) attempts at bargaining; (4) experiencing despair; and (5) ultimately reaching a state of acceptance. It was then used to comprehend the phenomenon of loss and several other forms of transition. Non-completion of any of these processes would result in various complications, as shown by the model.

Multidimensional Grief Theory

The "Multidimensional Grief Theory" divides grief into three conceptual domains: existential/identity-related grief, separation anguish, and sorrow over the circumstances of the death. Each of these three areas includes both maladaptive and adaptive reactions (Layne et al., 2018). Parkes and Bowlby (Bowlby, 1961, 1980; Parkes, 1972; Parkes & Weiss, 1983) developed a stage theory of grief that encompassed four stages: apathy, disorganization and despair, longing and striving, and reorganization.

There is an increasing recognition that losses may also provide the potential for life-improving 'post-traumatic growth' as individuals internalize the insights gained from loss and develop resilience. It is typical for individuals to undergo personal development even after significant and life-altering losses. There are multiple prominent models of

posttraumatic growth (PTG), such as Organismic valuing theory (Joseph & Linley, 2005), Tedeschi and Calhoun's revised model of PTG (Tedeschi & Calhoun, 2004), Shattered assumptions theory (Jannoff-Bulman, 1992), and Schaefer and Moos' model of life crises and personal growth (Schaefer & Moos, 1992).

Organismic Valuing Theory of Growth

The organismic valuing theory of growth is a significant addition to understanding personal growth after a traumatic or stressful experience. The organismic valuing process (OVP) is the inherent capacity of individuals to comprehend and cultivate an understanding of things that are significant and advantageous for a purposeful and contented living. This process aligns with the principles of humanistic, existential, and person-centered traditions.

Shattered Assumptions Theory

Shattered Assumptions Theory by Janoff-Bulman, (1992) explores the ways in which tragedy may alter our worldview. According to this idea, individuals universally maintain three fundamental beliefs about the world and themselves: the world is inherently good, the world has inherent significance, and the world is deserving of attention and respect. When encountered with trauma, the theory posits that these assumptions are disrupted, and individuals are no longer able to align themselves with these perspectives (Janoff-Bulman, 1992). After undergoing a traumatic event, individuals need to establish new assumptions or adapt their existing ones in order to facilitate their recovery from the traumatic experience.

Schaefer and Moos (1992) Model of Growth

The model proposed by Schaefer and Moos (1992) focuses on life crises and the subsequent human development that might occur. Schaefer and Moos (1992) provide a conceptual model that outlines the factors that contribute to favorable outcomes throughout

life crises and transitions. The experience of a life crisis and its consequences are believed to be influenced by ecological and personal system elements. They have an impact on the cognitive evaluation processes and coping mechanisms, which subsequently influence the outcome of the crisis. The individual's system comprises socio-demographic attributes and personal assets, such as self-efficacy, resilience, optimism, self-assurance, a calm temperament, motivation, health condition, and previous encounters with grief. Environmental elements include interpersonal interactions, familial and social support, financial resources, and many aspects of living conditions.

Functional Descriptive Model of PTG

Tedeschi and Calhoun (2004) developed an updated version of the posttraumatic growth model. In their latest work, Tedeschi and Calhoun (2004) presented an updated version of their previous model (1995), providing more elaboration on the conceptualization of the growth process. In their "functional-descriptive model of PTG," they define PTG only as a dependent variable. The growth process is conceived in the following manner: A traumatic incident, characterized by its immense impact, disrupts or annihilates significant aspects of an individual's crucial objectives and perspectives on life. It poses a challenge to more complex objectives, more advanced beliefs, and the capacity to handle emotional suffering. First, rumination is more involuntary than intentional. The individual has a pattern of often revisiting thoughts and engaging in cognitive processes relevant to the trauma and its associated matters. Following the first step in coping, such as the alleviation of emotional suffering and detachment from unattainable objectives, rumination transitions into a more purposeful process of contemplating the trauma and its consequences on an individual's life.

PTG is defined as a complex notion that encompasses changes in ideas, objectives, actions, and identity, as well as the formation of a life story and wisdom.

Research has shown that post-traumatic development may result from several psychosocial elements, such as religion and spirituality (Shaw, Joseph, & Linley, 2005), personality, coping mechanisms, and social support (Linley & Joseph, 2004). Levesque (2002) distinguished three theoretical perspectives on religious development. Individuals develop a religious judgment, by engaging in regular practices like prayer or being a part of a religious community, and that judgment subsequently aids in the development of a profound structure including values and beliefs related to religious matters. People, communities, and life events may influence not just the information included in this framework but also its evolution's timeline and direction.

Meaning-making Model

According to Fowler (1991), the act of creating meaning leads to the formation of religion. According to Fowler, meaning-making evolves in an unchanging and culturally uniform sequence throughout a person's lifetime. Elkind (1971) emphasizes how parents develop their children’s religious thinking and beliefs. According to Levesque (2002), these theoretical stances provide the groundwork for an individual to potentially form a religious connection.

Transactional Model of Stress and Coping

The Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) served as the foundation for the development of Gall et al.'s (2005) Spiritual Framework of Coping. According to Gall (2005), this model provides a foundation for comprehending studies on spirituality and religion. Religious coping improves positive mental health, post-traumatic

growth (PTG), and overall satisfaction with life. It also has been shown to reduce symptoms of mental illness, including anxiety, depression, and post-traumatic stress disorder (Gall & Guirguis, 2013). Existing research categorizes religious coping into two primary categories: positive and negative religious coping.

Conceptual Framework

The proposed model of the study highlights religious coping as a predictor of post-traumatic growth in young adults with parental loss while psychological flexibility plays a mediating role in religious coping and post-traumatic growth. It shows that religious coping leads to psychological flexibility which further leads to post-traumatic growth in young adults with parental loss.

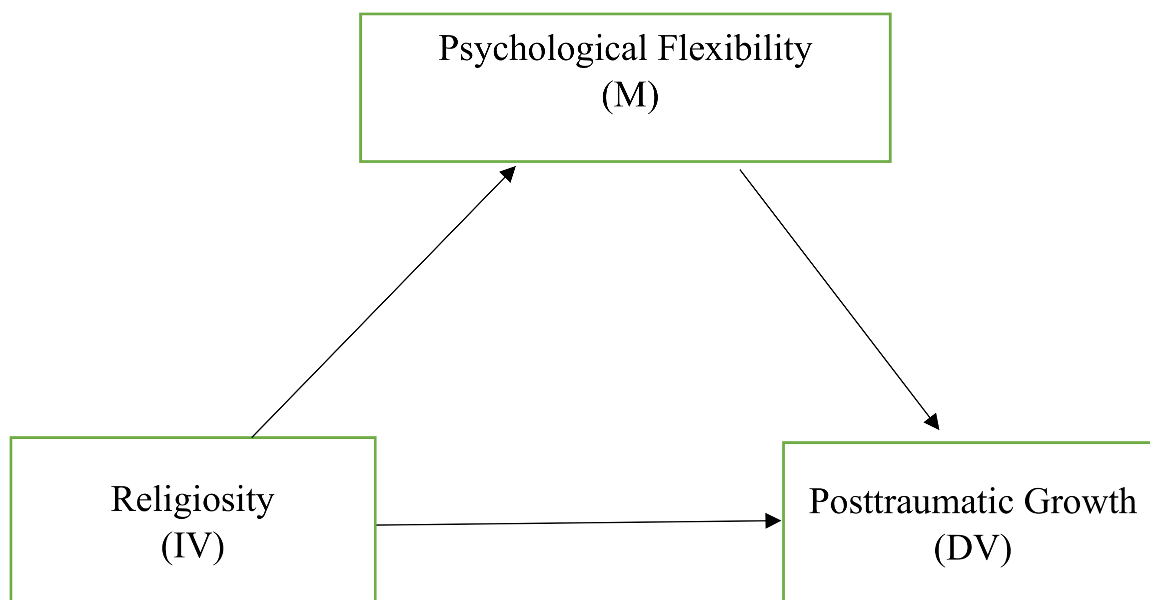

Figure 1. Hypothetical Conceptual Framework of Current Research

Rationale

Literature provides evidence for both the negative and positive consequences of grief. Cadell et al., (2003) contended that even a severely unfavorable experience could result in a favorable outcome. They proposed conducting additional empirical research on

positive outcomes of post-traumatic phenomena, which would assist mental health professionals in emphasizing positive outcomes in individuals who have experienced trauma. The concept of post-traumatic growth has emerged in recent times, although the idea that highly stressful experiences can result in improved adaptive outcomes has been present for a long time (Tedeschi & Calhoun, 2004).

According to Mathews and Marwit (2004), a significant number of studies on grief have primarily examined the loss of a spouse rather than the loss of a parent. Individuals with chronic diseases, security personnel, survivors of catastrophes, cancer patients, and medical professionals have also been studied for post-traumatic growth. However, to the best of the researcher's knowledge, no indigenous study has explored the concept of post-traumatic growth among young adults who have lost a parent. As a result of the differences in the form of trauma and its correlations, the present study focused on a hitherto unstudied group. The population group was chosen because, as the nature of trauma changes and experiences grow more distinctive, it can't be believed that all types of traumas would result in similar experiences. To assess the cultural determinants of post-traumatic growth in young adults with parental loss an indigenous study was devised.

The investigation into the characteristics and traits of psychological flexibility (Barney et al., 2019) within the specific cultural framework of Pakistan has not been examined (Lei et al., 2016). This will meet the need for creating indigenous tools that measure psychological flexibility (Žuljević et al., 2020) in a wider range of contexts. It will also support evidence-based prevention intervention studies that focus on planning appropriate programs for parentally bereaved university students in the future (Reilly et al., 2018). Psychology deals with the study of individual differences. Cultural and social values

and norms play a vital contribution in determining, developing, and shaping human behavior (Marsella, 1988). These norms and values are different in every culture. Experience, expression, and the manifestation of the same phenomenon are different in every culture. So, tools to measure the behavior should be indigenous because using culturally insensitive tools may provide a false picture of the problem and behavior and also mislead the preventative and intervention measures. The death of a parent is the most significant factor that is greatly influenced by cultural orientation. Therefore, to have an accurate account of the phenomenon, the scales should have cultural sensitivity and in this research tool of psychological flexibility was developed.

Research Question

What is the relation between religiosity, psychological flexibility, and post-traumatic growth in young adults with parental loss?

Hypotheses

H1: There would be a significant association between religiosity and psychological flexibility in young adults with parental loss.

H2: There would be a significant association between religiosity and post-traumatic growth in young adults with parental loss.

H3: There would be a significant association between psychological flexibility and post-traumatic growth in young adults with parental loss.

H4: Religiosity and psychological flexibility would significantly predict post-traumatic growth in young adults with parental loss.

H5: Psychological flexibility would significantly mediate the association of religiosity and post-traumatic growth in young adults with parental loss.

Chapter III

Method

This chapter addresses the research design, setting, sampling strategy, measures, and procedure of the current study. The primary goal of the study was to formulate a valid scale for psychological flexibility in young adults with parental loss and to investigate the relationship between religiosity, psychological flexibility, and post-traumatic growth among young adults with parental loss.

Research Design

This study used a mixed-approaches research design, which included using both qualitative and quantitative methods. The qualitative method was used to investigate the phenomenology of psychological flexibility among participants, while the quantitative method was utilized to assess the psychometric properties of a newly developed scale and test the hypotheses of the study.

Setting

The selection of participants was conducted from several universities in Lahore, Pakistan, representing both the public and private sectors.

Sampling Technique

A snowball sampling strategy was used for the research to be conducted. Sampling began with one or more study participants and continued based on referrals from those participants to the saturation point.

Sample Size

The sample size was determined through the Haris Sample Size formula (10 participants per predictor). Harris (1985) recommends that the number of participants should

be more than the number of predictors by a minimum of 50 (i.e., the total number of participants should match the number of predictor variables + 50). Also, the sample size for EFA was determined based on criteria given by Tabachnick and Fidell (2007) i.e. to recruit at least 5 participants for each item of the newly constructed scale.

Inclusion Criteria

The participants included were.

- Those between 19 to 35 years.
- Those able to read and comprehend English and Urdu.
- Those who have suffered from the loss of one biological parent.
- Those who have suffered parental loss for more than 3 months and less than 5 years.
- Only Muslims were included in the study to maintain homogeneity in the sample.

Exclusion Criteria

The participants excluded from the study were.

- Those who were diagnosed with psychological disorders.

Ethical Considerations

The following ethical considerations were maintained while conducting the research.

- Permission for the research was sought from the department's research committee.
- Permission was sought from authors of tools to utilize the tools in the research.
- Before collecting data, approval was sought by the authorities.
- Verbal informed consents were obtained from the participants.
- A debriefing about the study was given to the participants.
- Participants were guaranteed the confidentiality of the data taken from them and assured that their information would not be used for any purpose except research.

- Participants were also informed that their involvement in the study is voluntary.
- Participants were warned of potential emotional distress they might face while completing the survey.
- The choice to withdraw from the study was conveyed to the participants.

The research was based on two study methods mentioned below.

- In study 1, the scale was constructed to measure psychological flexibility in Pakistani young adults with parental loss
- In study 2, the main hypotheses of the research were tested.

Study 1: The Development of Psychological Flexibility Seale (PFS)

Study 1 explains the development procedure of the psychological flexibility scale (PFS) for young adults with parental loss. The scale was developed in four phases. In the first phase, the phenomenology of the participants was explored, followed by the second phase of establishing content validity, the third phase included conducting a pilot study, and lastly, the psychometric properties were estimated in the fourth phase.

Phase 1: Item Generation

This phase aimed to gather, recognize, and organize the nature, expression, and manifestation of psychological flexibility in young adults with parental loss.

Participants. Participants for this study were 30 young adults with parental loss (Men = 15, Women = 15), aged 20-30 years with a mean age of 24.07 (±*SD* = 3.17), selected from government and private universities of Lahore using snowball sampling strategy.

Procedure. After getting approval from the Institutional Review Board (IRB), the responses were collected from the university students who had suffered parental loss. The students were approached individually using snowball sampling technique, verbal informed consent was taken from each participant and the aim of the research was briefed. Participants were assured of confidentiality; they were told that they could decline to participate or withdraw at any time as their participation is voluntary. An open-ended phenomenological approach was used to conduct the interview. The phenomenological question asked from the participants was "آپ اپنے اردگرد ایسے لوگ دیکھتے ہوں گے جو وقت اور حالت کے مطابق خود کو ڈھال لیتے ہیں آپ کے خیال میں ان لوگوں میں کیا خصوصیات پائی جاتی ہیں ؟" (Appendix B)

Further open-ended questions were asked from the participants to clear ambiguous and vague responses. The researcher recorded the respondent's verbatims in written form. After completion of data collection, the researcher transcribed all interviews. Initially, the researcher converted the verbatim of the participants into phrases and generated separate lists of items for each interview. Later, the researcher generated two discrete lists of respaces from men and women. After close examination, no gender differences were observed in the perception. Thus, a list of 65 items was generated. Items that were vague, uncertain, dubious, and overlapping were combined keeping them close to their original meanings. (Appendix- C)

Phase 2: Content Validity Index

In this phase validity of the Psychological Flexibility Scale was established using the content validity index for item (I-CVI) and scale (S-CVI). (Appendix -D)

Participants. 8 expert clinical psychologists were approached using a purposive sampling strategy for expert validation of PFS. The number of experts was chosen by using the criteria given by Lynn (1986) who recommended a minimum of six experts, but more than ten experts as redundant.

Procedure. The rating scale of 4-point Likert type was used against each item, which included 1 = not relevant, 2 = somewhat relevant, 3 = quite relevant, and 4 = relevant. Lynn (1986), and Waltz and Bausell (1981) advocated item ratings using a 4-point scale to avoid neutral and uncertain midpoints. Labels to the item’s ratings were given as recommended by Davis (1992). After establishing the rating scale all experts were personally approached by the researcher in their respective offices to take their verbal consent to participate in the validation process. The researcher provided the experts the

operational definition of psychological flexibility and they were asked to rate the final list in the light of the operational definition. The researcher also recorded their opinions and suggestions regarding rephrasing and modifying items.

After collecting expert ratings, I-CVI was collected for each item by dividing the number of relevant responses by the total number of responses. Items having I-VCI more than .75 were retained and the items having I-CVI lower than .75 were discarded. Lynn (1986) suggested that the I-CVIs must be 1.00 when there are 5 or fewer judges, however, when there are 6 or more judges I-CVIs should not be lower than .75. A list 56 out of 65 items were retained in the PFS. S-CVI was measured by determining averages of the proportion of items rated relevant by experts. S-CVI of PFS was found to be .90, indicating good content validity of the scale as Lynn (1986) and Waltz et al. (2005) proposed that S-CVI must be .90 or higher (Appendix E).

After establishing the content validity of the scale, suggestions from the experts were incorporated and items were revised in the presence of the supervisor in which 12 items having the same construct were discarded again. The final scale was reevaluated by an expert and 44 items of PFCS were transformed into self-report measures using a five-point rating scale.

Phase 3: Pilot Study

This phase is intended to check the user-friendliness of the final PFS.

Participants. The pilot study of the final version of PFS was done by approaching 30 patently bereaved university students.

Procedure. The scale was carefully developed by keeping in the view that it would be easy for the participants to read and fill. Participants found it easy and convenient, so no further changes were made.

Phase 4: Psychometric Properties

The purpose of this phase was to establish the number of factors, reliability, and validity of the Psychological Flexibility Scale (PFS).

Sampling Strategy. The snowball sampling technique was used. Snowball sampling is a technique in which a participant in an interview provides the researcher with the name of at least one more possible participant. The interviewee, in return, offers the name of at least one more possible interviewee, and this process continues, resulting in the sample size increasing rapidly if many referrals are supplied by each interviewee.

Participants. The total number of participants who participated in this study was 300 which included 50% women and 50% men ages between 20-30 years with a mean age of 24.07 (±*SD* = 3.17).

Measures. The following measures were used.

Psychological Flexibility Scale for Young Adults for Parental Loss. The psychological flexibility scale for young adults with parental loss was developed using a four-step method. The scale was finalized in the pilot study and was used to measure the psychological flexibility of the participants. It consists of 44 items measured on a 5-point rating scale "0 = Never, 1 = Rarely, 2 = To some extent, 3 = Very much, and 4 = Always". Participants were given instructions to rate each statement on the scale to the extent to which they relate to it. Scores on PFS were gained by adding scores of each item and the scoring

range was 0 to 176 with a high score depicting the greater level of psychological flexibility. Cronbach's alpha for current research was (α = .96).

Post Traumatic Growth Inventory (Kausar & Saghir, 2010). PTGI was originally developed by Tedeschi and Calhoun (1996) and translated by Kausar and Saghir (2010). The researcher used the translated version to examine the overall positive effects that follow traumatic situations. The scale was a 21-item scale that needed a response on a 6-point Likert scale extending from "I don't experience this change as a result of crisis" (score = 0), to "I strongly experience to a very great degree as a result of my crisis" (score = 5). Total scores were gained by adding scores of each item and the scoring range was 0 to 105 with a high score depicting the greater level of posttraumatic growth. Cronbach's alpha of the PTG for the recent study was (α = .95) suggesting good internal consistency of the scale.

Procedure. Six to Seven universities were visited by the researcher and a brief explanation of the key aims and objectives of the research was explained to the competent authorities of the universities. After getting permission, the researcher started reaching students, asking them if anyone meeting the criteria would like to voluntarily participate in the study. The researcher gave a brief introduction of herself to the potential participants and stated the aims of the research. After that researcher got verbal consent from the participants, and those who were willing to join in the research were given the final protocol. Participants were given assurance of confidentiality and privacy of the data taken from them. They were also encouraged to ask any query regarding protocol. Participants took about 20 minutes to complete the protocol.

Statistical Analysis. The data was analyzed using SPSS version 25 of the Statistical Package for Social Sciences. Analyses were performed to establish the psychometric

properties of scales used in the study. Content validity, construct validity, internal consistency, split half-reliability, and exploratory factor analysis (EFA), were calculated.

Results. This part describes the psychometric properties of the Psychological Flexibility Scale (PFS).

Exploratory Factor Analysis of Psychological Flexibility Scale. Initial analysis suggested a normal distribution of the existing data (M = 136.06, 5% trimmed M = 138.17, kurtosis = 1.68, skewness = -1.19). Principal Axis Factoring (PAF) with Promax Rotation was conducted on participants (n = 300) of data (Men = 50%, Women = 50%) to identify the key factors of the Psychological Flexibility Scale (PFS). The sample size for EFA was determined based on criteria given by Tabachnick and Fidell (2013) i.e., to recruit at least 5 participants for each item of the newly constructed scale.

Firstly, the suitability of the existing data for factor analysis was determined. Initial Cronbach's alpha was .94, Kaiser- Myer-Olkin Measure of Sample Adequacy (KMO) was .94, and Bartlett test of sphericity was statistically significant ($p < .001$) demonstrating that existing data is appropriate to run factor analysis as Field (2013) proposed that Kaiser-Myer-Olkin Measure of Sample Adequacy (KMO) should be ≥ .70 and Bartlett's test of sphericity should be statistically significant ($p < .05$). Number of factors in PFS were determined based on Eigenvalue > 1 and factor loadings > .30 on particular factor (Kaiser, 1974; Kline, 1994; Raubenheimer, 2004; Tabachnik & Fidell, 2013).

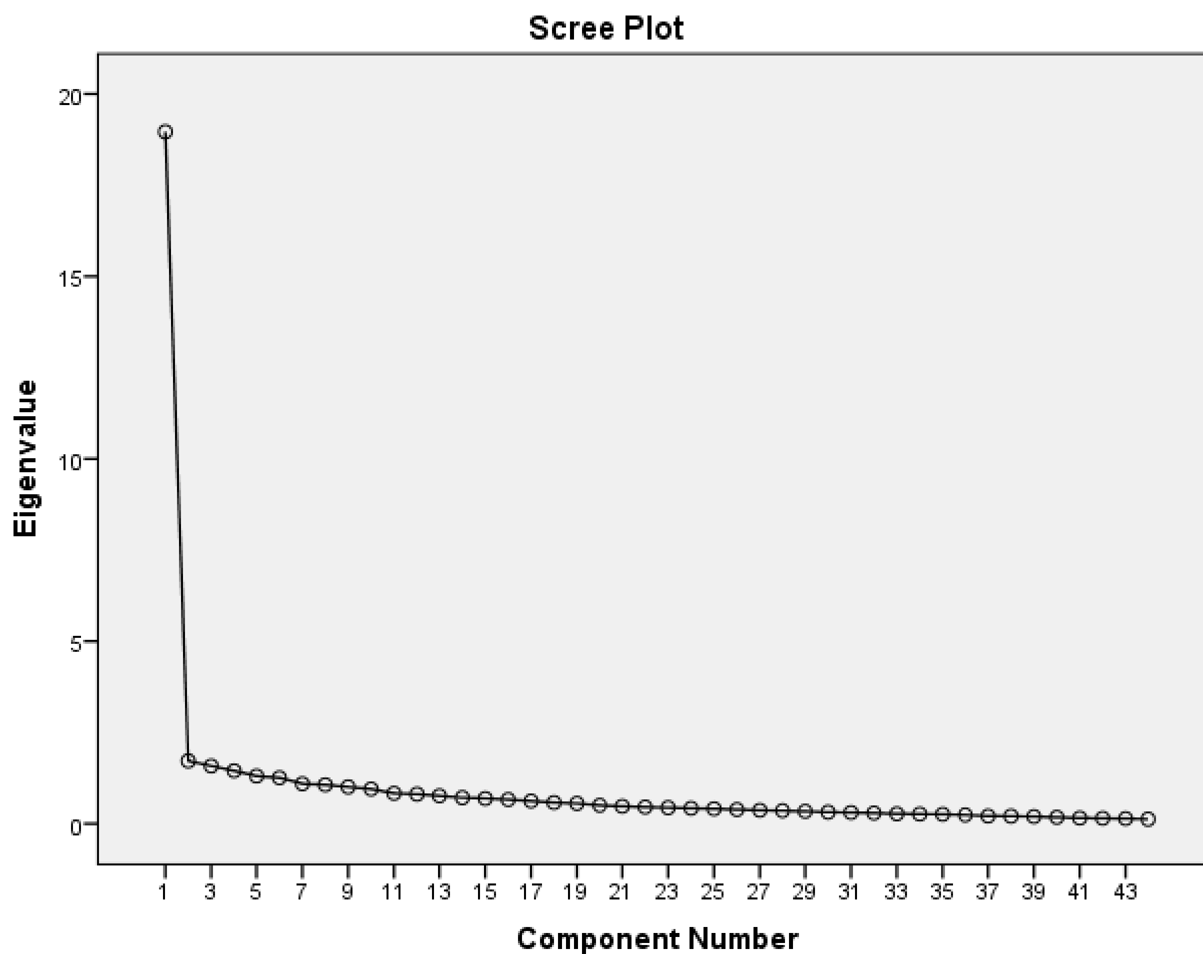

Figure 2. Scree Plot of Psychological Flexibility Scale (PFS)

A scree plot demonstrating the eigenvalues for factors of PFS is shown in Figure 2. Subsequently, Principal Axis Factoring (PAF) with Promax Rotation was directed with seven, six, five, four, three, and two-factor solutions. After close examination, the three-factor structure seemed suitable for PFS as it has the most interpretable structure with minimum vague and dubious items. None items of PFS had factor loadings less than .30, therefore, no items were excluded. Factor loadings of 44 items have been demonstrated in Table 1

Table 1

Promax Rotation of Factors Underlying Psychological Flexibility Scale (PFS) (N=300)

Item	F1	F2	F3	Item	F1	F2	F3
11	**.92**	.10	-.29	5	.34	**.52**	-.09
12	**.88**	.01	-.18	13	.01	**.44**	.26
1	**.74**	-.23	.26	37	.29	**.42**	-.07
9	**.71**	.02	.01	6	-.10	**.42**	.12
29	**.65**	.23	-.08	16	-.00	**.41**	.36
28	**.64**	-.03	.21	21	.16	**.38**	.10
7	**.54**	.22	-.09	43	.24	**.35**	.26
2	**.52**	-.17	.38	38	.29	**.33**	.09
27	**.49**	.04	.26	15	.29	.11	**.84**
20	**.47**	.11	.19	19	.28	-.17	**.68**
40	**.46**	.18	.09	17	.06	-.04	**.66**
44	**.44**	-.07	.27	42	.01	.13	**.66**
3	**.40**	.06	.23	26	-.07	.29	**.62**
8	**.39**	.02	.16	18	.22	-.11	**.59**
4	**.32**	.19	.11	10	.38	-.17	**.54**

31	-.26	**.78**	.23	25	.00	.29	**.54**
30	-.11	**.78**	-.00	14	-.16	.15	**.53**
33	.07	**.74**	-.01	41	-.02	.27	**.46**
34	.21	**.69**	-.10	24	.20	.24	**.45**
36	.12	**.64**	.08	39	.06	.03	**.41**
32	.23	**.59**	-.02	22	.34	.02	**.39**
35	.40	**.59**	-.08	23	.11	.34	**.35**
Eigen Values	18.96	1.71	1.57	Variance %	43.10	3.90	3.58
				Cumulative %	43.10	47.00	50.59

Note. Boldface items belonging to the factor

Table 1 depicts that 44 items of PFS might be gathered under three main factors given labels as social adaptability and spirituality, mental toughness, and optimism and resilience by considering the commonalities of items in a particular factor.

Factors Description. Following is a brief description of the factors of PFS.

F1: Social Adaptability and Spirituality. The first factor of PFS comprised 15 items that depicted adapting skills, social behaviors, and connection with God. The factor was named social adaptability and spirituality (SAS). Sample items included, having an effective communication style, learning the art of adaption according to situations from other people, being friendly to people, being empathetic, relying on God, having firm faith on the Day of Judgement, and being content in the will of God.

F2: Mental Toughness. The second factor of the PFS consisted of 15 items that describe the art of dealing with hardships, it was named mental toughness (MT). Sample items included the courage to take risks in order to deal with hardships, believing in one self's ability in order to deal with tricky situations, relying solely upon one's ability during tough situations, motivating oneself during grim times, and working hard during hardships.

F3: Optimism and Resilience. The last factor of PFS comprised 15 items that reflected hope in tough times, named optimism and resilience (OR). The sample items in this factor included thinking positively in tough times, being patient during challenging times, being content in every situation, facing hardships with courage, having control over one's emotions, and having a broader perspective in life.

Item-Total Correlation of Psychological Flexibility Scale (PFS). The relationship between 44 items and total scores of 44 items was also examined. Findings indicated that the range of the item-total correlation was .41 to .79.

Inter-Factors Correlation and Internal Consistency of the Psychological Flexibility Scale (PFS). To establish an association between three factors of PFS, Inter-correlations were calculated. Moreover, to establish the internal consistency of PFS,

Cronbach's alpha coefficient was also calculated. The PFS exhibits an alpha of .96 (α = 0.96).

Table 2

Intercorrelations among Psychological Flexibility, Social Adaptability and Spirituality, Mental Toughness and Optimism, and Resilience (N = 300)

Factors	PF Total	PFF1 SS	PFF2 MT	PFF3 OP
PF Total	-	.93***	.94***	.93***
PFF1 SAS	-	-	.81***	.80***
PFF2 MT	-	-	-	.82***
PFF2 OR	-	-	-	-
M	136.06	45.17	46.25	41.55
SD	26.92	8.64	9.94	9.50
a	0.96	0.91	0.92	0.91

Note. PF = Psychological Flexibility; SAS = Social Adaptability and Spirituality; MT = Mental Toughness; OR = Optimism and Resilience.
***p <.001.

Table 2 reveals that three factors of PFS and total score of PFS were significantly positively associated with each other. Cronbach's alpha for three factors of PFS was also calculated as shown in Table 2 indicating the good internal consistency of the scale.

Validity and Reliability of Psychological Flexibility Scale (PFS). This section deals with the validity and reliability of the Psychological Flexibility Scale (PFS).

Construct Validity of Psychological Flexibility Scale (PFS). Posttraumatic Growth Scale (PTGS) was used to establish the construct validity of PFS. Findings suggested a significant positive association of posttraumatic growth with psychological flexibility (r = .78, p < .001) confirming the construct validity of PFS.

Split-Half Reliability of Psychological Flexibility Scale (PFS). The split-half reliability of the PFS was determined by using the odd-even method in which the scale was divided into two equal parts, one containing all odd items and the other comprising all even items and seeing the correlation between these halves. The correlation coefficient was found statistically significant ($r = .883$, $p < .001$) confirming the split-half reliability of PFS.

Conclusion

The psychological Flexibility Scale (PFS) was found to have sound psychometric properties with good content validity, construct validity, internal consistency, and split-half reliability. Factor analysis of PFS yielded three factors of psychological flexibility namely social adaptability and spirituality, mental toughness, and optimism and resilience.

Study 2: Hypotheses Testing

This study aimed to test the main hypotheses of current research. The following objectives were addressed in this study.

- To investigate the association of religiosity, psychological flexibility, and posttraumatic growth in young adults with parental loss.
- To find out a predicting role of religiosity and psychological flexibility on post-traumatic growth in young adults with parental loss.
- To investigate the mediating role of psychological flexibility in the relationship between religiosity and posttraumatic growth.

Main Hypothesis

It was hypothesized that:

- Religiosity would be positively associated with psychological flexibility in young adults with parental loss.
- Religiosity would be positively associated with post-traumatic growth in young adults with parental loss.
- Psychological flexibility would be positively associated with post-traumatic growth in young adults with parental loss.
- Religiosity and psychological flexibility would predict post-traumatic growth in young adults with parental loss.
- Psychological flexibility would mediate the association between religiosity and post-traumatic growth in young adults with parental loss.

Research Design

The cross-sectional research design was used to examine relationships between religiosity, psychological flexibility, and post-traumatic growth among young adults with parental loss in which psychometric properties were established and hypotheses were tested.

Participants

The total number of participants who participated in this study was 300 which included 50% women and 50% men, ages between 20-30 years with a mean age of 24.07 (±*SD* = 3.17). The participants were students of undergraduate and postgraduate programs from government and private universities in Lahore.

Measures.

The information was gathered by self-report measure, with respondents filling out a questionnaire that took 15 to 20 minutes to complete. To find the association between the variables in the target population, three questionnaires were included in the survey along with a demographic information form. The following surveys were conducted.

Demographic Information Form. The researcher developed the Demographic Performa considering literature and included demographic variables that were significantly associated with study variables. Demographic information form was used as inclusionary measure to target the prospective population and to find sociodemographic characteristics of targeted population. It investigated age, gender, level of education, semester, religion, birth order, marital status, no. of siblings, no of children, gender of deceased parent, age of participant when the parent died, age of deceased parent, time since parent's death, reason of death, type of death (sudden or anticipated) participant's attachment with deceased parent (close, satisfactory, distant), and contact with parent before death.

Muslim Religiosity Religiosity-Personality Inventory (Krauss et al., (2007). Muslim Religiosity-Personality Inventory (Krauss et al., (2007) is a 102-item scale with three factors i.e., Pro-Social Behaviors, Ritual Behaviors and Anti-Social Behaviors. Researchers used items of religious ritual behavior factor, to examine the religiosity in participants. It comprises of 24-item, on a 5-point Likert scale extending from "Never" (score = 0), to "Always" (score = 4). Scores were obtained by adding scores of each item of the scale and the scoring range was 0 to 96 with a high score indicating a higher-level religiosity. Cronbach's alpha was ($\alpha = .94$) indicating good internal consistency of the scale.

Pakistan Religious Coping Practices Scale (Khan et al., 2006). Pakistan Religious Coping Practices Scale (Khan et al., 2006) was used by the researcher to determine the religiosity and religious coping behaviors of the participants. It was an 8-item scale measuring practices perceived to be religiously and culturally related to Muslims. The scale was developed on a point 4 scale ranging from 1 = Not at all, 2 = Somewhat, 3 = Quite a bit, and 4 = A great deal. Scores were obtained by adding each item's scores and the scoring range was 8 to 32 with high scores indicating higher religious coping. Cronbach's alpha of the PRCPS was ($\alpha = .84$) suggesting good internal consistency of the scale.

Psychological Flexibility Scale for Young Adults for Parental Loss. The psychological flexibility of the participants was assessed by using the Psychological Flexibility Scale (PFS) developed in Study 1. The scale consisted of 44 items having a 5-point rating scale "0 = not at all, 1 = rarely, 2 = to some extent, 3 = very much, and 4 = always" and three sub-scales labeled as social adaptability and spirituality, mental toughness, and optimism and resilience. Scores were obtained by adding each item's scores and the scoring range was 0 to 176 with high scores indicating greater psychological

flexibility. Cronbach's alpha of the PFS for the recent study was (α = .96) suggesting good internal consistency of the scale.

Post Traumatic Growth Inventory (Kausar & Saghir, 2010). PTGI was originally developed by Tedeschi and Calhoun (1996) and translated by Kausar and Saghir (2010). The researcher used the translated version to examine the overall positive effects that follow traumatic situations. The scale was a 21-item scale that needed a response on a 6-point Likert scale extending from "I don't experience this change as a result of crisis" (score = 0), to "I strongly experience to a very great degree as a result of my crisis" (score = 5). Total scores were gained by adding scores of each item and the scoring range was 0 to 105 with a high score depicting the greater level of posttraumatic growth. Cronbach's alpha of the PTG for the recent study was (α = .95) suggesting good internal consistency of the scale.

Procedure

Approval was sought from the supervisor and institutional review board of DCP, SPP to conduct the proposed study. After receiving permission, the authors of the tools were approached to seek permission to use their respective tools (Appendix F and G). The tools were consolidated into a single survey, together with a demographic information form. The pilot study was conducted to assess the practicability, duration, and potential challenges of the survey. The researcher contacted authorities from several institutions to get approval for data collection, and a concise overview of the study's objectives was provided to them. Once consent was obtained from the authorities, the participants were reached out to. Verbal consent was taken from the participants in which they were provided with a guarantee that information would be kept confidential and solely will be used for research purposes. The participants were informed about the nature of the research and were made aware that their

participation in the study was voluntary. They were also encouraged to ask any queries about the process. The questionnaire protocol consisted of the Demographic Information Form, Religious Ritual Behavior Scale, Pakistan Religious Coping Practices Scale, Psychological Flexibility Scale, and Posttraumatic Growth Scale was provided to those who consented to participate in the study. It took 25 minutes for participants to complete the protocol. The researcher also made a concerted effort to decrease the occurrence of missing data. Following the completion of data collection, all questionnaires included in the study were given a number. The researcher created a spreadsheet using the Statistical Package for Social Sciences (SPSS Version 25.0) and entered data into it.

Statistical Analysis

The data was analyzed using SPSS version 25 of the Statistical Package for Social Sciences. Data was examined to identify any coding mistakes and outliers. Descriptive analysis was conducted to find out the percentages and frequencies of categorical variables and the mean and standard deviations of continuous variables. Inferential statistics i.e., correlation, regression, mediation, one-way ANOVA, and t-test, were used to test the study hypotheses. Pearson product-moment correlation was administered to see the association among study variables. Hierarchical multiple regression analysis was conducted to explore the predictive relation of religiosity psychological flexibility and posttraumatic growth. Mediation analysis was performed by Hayes's (2018) bootstrapping approach to find the impact of psychological flexibility as a mediator between religiosity and posttraumatic growth. Independent sample t-test and one-way ANOVA were used to find out group differences in certain demographic variables on study variables.

Chapter IV

Results

This chapter will highlight the sociodemographic characteristics, psychometric properties of measures and testing of main and secondary hypotheses. This chapter comprised six sections.

Section 1: Sample Description

This section deals with the sociodemographic characteristics of the study participants.

Section II: Psychometric Properties of Scales

This section is devoted to explaining the psychometric properties of the scales used in the main study.

Section III: Testing of Main Hypotheses

This section will explain the findings of the main hypotheses testing to demonstrate the relationship among religiosity, psychological flexibility, and posttraumatic growth in young adults with parental loss

Section IV: Testing of Secondary Hypotheses

This section is devoted to explaining the relationship of demographic variables with religiosity, psychological flexibility, and posttraumatic growth in young adults with parental loss.

Section I: Sample Description

This section describes the percentages and frequencies of categorical demographic characteristics and the means, standard deviation of continuous demographic variables and normality of study variables.

Table 3

Frequencies and Percentages of Sociodemographic Characteristics of the Participants (N = 300)

Variable	*n*	%
Gender		
Male	150	50
Female	150	50
Level of Education		
Undergrad	168	56
Post-Grad	132	44
Semester		
First Year	83	27
Second Year	116	38
Third Year	47	15
Fourth Year	54	18
Birth Order		
First Born	70	23
Middle Born	141	47
Last Born	89	30

No of Sibling		
None	17	6
Less than five	193	64
Five or More	90	30
Marital Status		
Single	184	61
Married	116	39
No of Children		
No Children	261	87
Have Children	39	13
Role of Deceased Parent		
Father	141	47
Mother	159	53
Type of Death		
Sudden / Accidental	170	57
Anticipated / Natural	130	43
Contact with Parent		
Daily	251	83
Twice a Week	19	7
Once a week	16	5
Twice a Month	6	2
Once a Month	8	3
Bond with Parent		

Close	247	82
Satisfactory	43	14
Distant	10	3

Table 3 shows the frequencies and percentages of the sociodemographic characteristics of the study participants. The sample consisted of 300 participants, with an equal distribution of gender (50% men and 50% women). The majority of the population consisted of undergraduates, 56% of the total, while postgraduates accounted for the remaining 44%. A significant proportion of participants, 38%, were enrolled in their second year of either undergraduate or postgraduate programs. Respectively 27% were in their first year, 15% were in their fourth year, and 18% were in their third year of study. Moreover, the majority of the population were middle born 47%, while 30% were last born and 23% were first born. Among the population, 64% had fewer than five siblings, 30% had more than five siblings, and just 6% were single children. A substantial number of the population were single, comprising 61% of the sample, while the remaining 39% were married. A considerable number of participants, 87%, had no children and only 35% had children because most of the population was unmarried.

The percentage of participants who reported their father as the deceased parent was 47%, while 53% identified their mother as the deceased parent. 57% of participants' parents suffered abrupt or accidental deaths, whereas 43% reported anticipated or natural deaths. A significant number of participants had daily contact with their parent before the parent's death 83%. This was followed by 7% who had contact twice a week, 5% who had contact once a week, 2% who had contact twice a month, and 3% who had contact once a month.

According to the statistics, 82% of participants reported having a strong relationship with their departed parent, while 14% found it satisfactory and just 3% described it as distant.

Table 4

Means and Standard Deviations of Age, Semester, No. of Siblings, No. of Children, Year Passed Since Parent Died, Age of Participant at the Time of Death, and Age of Deceased Parent (N = 300)

Variable	*M*	*SD*
Age	24.07	3.17
Year passed since death	2.52	1.22
Participant’s age	21.59	3.47
Age of Deceased Parent	56.23	8.26

Table 4 presents the means (*M*) and standard (*SD*) deviations for various *demographic variables* among 300 participants (*n* = 300). The average age of participants was 24.07 years (*M* = 24.07, *SD* = 3.171). Most of the participants lost their parent during the past 2.5 years (*M* = 2.52, *SD* = 1.22). The average age of participants at the time of their parent's death was 21 years (*M* = 21.59, *SD* = 3.47), and the average age of the deceased parent was 56 years (*M* = 56.23, *SD* = 8.26). These data provide a comprehensive overview of the demographic and familial background of the sample.

Normality of Sample

Mean, median, skewness, and kurtosis values for study variables were computed to ensure the normal distribution of the existing sample.

Table 5

Means, Median, Skewness, and Kurtosis of Study Variables (N = 300)

Variable	Median	Mean	5% Skimmed Mean	Skewness	Kurtosis
RBR	73.00	70.91	71.66	-0.58	-0.12
PRCP	23.00	22.72	22.81	-0.09	-0.12
PF	141.00	136.06	138.17	-1.19	1.69
PTG	84.00	78.66	80.32	-1.01	0.60

Note. RRB = Religious Ritual Behaviors; PRCP = Pakistan Religious Coping Practices; PF = Psychological Flexibility; PTG = Posttraumatic Growth.

Table 5 shows values of mean, median, 5% trimmed mean, skewness, and kurtosis for religious ritual behaviors, Pakistan religious coping practices, psychological flexibility, and posttraumatic growth. According to Gravetter and Wallanau (2000), for normally distributed data, the mean and median should be approximately equal. Table 5 shows that the means and medians for all variables are nearly equal, indicating that the data is normally distributed. Moreover, Brown (1997) notes that skewness and kurtosis values should be between 0 to 3 for data to be considered normally distributed. In this study, the skewness and kurtosis values for all religious ritual behaviors, Pakistan religious coping practices, psychological flexibility, and posttraumatic growth are between 0 to 3, supporting the normality of the data. Additionally, the means and 5% trimmed means for all variables are almost equal. This further confirms the normality of the data, as normally distributed data should exhibit similar mean and 5% trimmed mean values. Given evidence confirmed that the data of the current study is normally distributed. Consequently, parametric tests will be employed for further data analysis.

Section II: Psychometric Properties of the Scales

This section highlights the psychometric properties of the Psychometric Properties for Religious Ritual Behaviors Scale, Pakistan Religious Coping Practices Scale, Psychological Flexibility Scale, and Posttraumatic Growth Scale.

Table 6

Psychometric Properties for Religious Ritual Behaviors Scale, Pakistan Religious Coping Practices Scale, Psychological Flexibility Scale, and Posttraumatic Growth Scale (N = 300)

Measure	*M*	*SD*	Range	*α*
RRBS	70.91	15.91	72	0.94
PRCPS	22.73	5.84	21	0.84
PFS Total	136.06	26.92	138	0.96
F1 SAS	45.17	8.64	47	0.91
F2 MT	46.25	9.54	47	0.92
F3 OR	41.55	9.50	43	0.91
PTGS	78.66	21.27	90	0.95

Note. RRBS = Religious Ritual Behaviors Scale; PRCPS = Pakistan Religious Coping Practices Scale; PFS = Psychological Flexibility Scale; SAS = Social Adaptability and Spirituality; MT = Mental Toughness; OR = Optimism and Resilience; PTG = Posttraumatic Growth

Table 6 depicts the Religious Ritual Behaviors Scale (RRBS), Pakistan Religious Coping Practices Scale (PRCPS), Psychological Flexibility Scale (PFS), and Posttraumatic Growth Scale (PTGS) as having sound psychometric properties with Cronbach's alpha ranging from .84 to .96.

Section III: Testing of Main Hypotheses

This section highlights the relationship between religiosity, psychological flexibility, and posttraumatic growth in young adults with parental loss. Hypotheses addressed in Chapter II will be tested in this section. To test these hypotheses Pearson Product Moment Correlation, Hierarchical Multiple Regression Analysis, and Mediation Analysis were conducted.

Correlation Analysis

Hypotheses. It was hypothesized that:

- Religiosity will be positively associated with psychological flexibility in young adults with parental loss.
- Religiosity will be positively associated with post-traumatic growth in young adults with parental loss.
- Psychological flexibility will be positively associated with post-traumatic growth in young adults with parental loss.

Table 7

Intercorrelations among Religious Ritual Behaviors, Religious Coping Practices, Psychological Flexibility, and Posttraumatic Growth (N = 300)

Scales	RRB	PRCP	PF Total	PFF1 SS	PFF2 MT	PFF3 OP	PTG
RRB	-	.63***	.75***	.73***	.69***	.70***	.67***
PRCP	-	-	.55***	.48***	.50***	.57***	.47***
PF Total	-	-	-	.93***	.94***	.93***	.76***
PFF1 SAS	-	-	-	-	.81***	.80***	.72***
PFF2 MT	-	-	-	-	-	.82***	.74***
PFF2 OR	-	-	-	-	-	-	.68***
PTG	-	-	-	-	-	-	-
M	70.91	22.73	136.06	45.17	46.25	41.55	78.66
SD	15.91	5.84	26.92	8.64	9.94	9.50	21.27

Note. RRBS = Religious Ritual Behaviors; PRCP = Pakistan Religious Coping Practices; PF = Psychological Flexibility; SAS = Social Adaptability and Spirituality; MT = Mental Toughness; OR = Optimism and Resilience; PTG = Posttraumatic Growth
***p <.001.

The relationships among religious ritual behaviors, religious coping practices, psychological flexibility, and posttraumatic growth were examined using the Pearson Product-Moment Correlation. Initial analyses were performed to ensure no violation of the assumptions of linearity, normality, and homoscedasticity.

Table 7 shows the findings of the Pearson Product-Moment Correlation. Findings indicated religious ritual behaviors were significantly positively correlated with religious coping practices ($r = .63$, $p < .001$), Psychological flexibility ($r = .75$, $p < .001$), Subscale of psychological flexibility i.e., social adaptability and spirituality ($r = .73$, $p < .001$), mental

toughness ($r = .69$, $p < .001$), PFF3 optimism and resilience ($r = .70$, $p < .001$), and Posttraumatic growth ($r = .67$, $p < .001$). Furthermore, religious coping practices showed a significant positive relationship with psychological flexibility ($r = .55$, $p < .001$), and its subscale i.e., social adaptability and spirituality ($r = .48$, $p < .001$), PFF2 mental toughness ($r = .50$, $p < .001$), optimism and resilience ($r = .57$, $p < .001$), and posttraumatic growth ($r = .47$, $p < .001$).

Psychological flexibility was significantly positively correlated with its subscale i.e., social adaptability and spirituality ($r = .93$, $p < .001$), mental toughness ($r = .94$, $p < .001$), optimism and resilience ($r = .93$, $p < .001$), and posttraumatic growth ($r = .76$, $p < .001$). The subscales of PFS also showed significant relationships with PTG. Social adaptability and spirituality significantly positively correlated with mental toughness ($r = .81$, $p < .001$), optimism and resilience ($r = .80$, $p < .001$), and posttraumatic growth ($r = .72$, $p < .001$). mental toughness significantly positively correlated with optimism and resilience ($r = .82$, $p < .001$) and posttraumatic growth ($r = .74$, $p < .001$). Lastly, optimism and resilience were significantly positively associated with posttraumatic growth ($r = .68$, $p < .001$). These findings suggest strong interrelationships among religious ritual behaviors, religious coping practices, psychological flexibility, and posttraumatic growth, highlighting the interconnectedness of these constructs in the sample.

Regression Analysis

Hierarchical multiple regression analysis was aimed to determine how religiosity and psychological flexibility account for variance in posttraumatic growth in young adults with parental loss. Initial analyses were conducted to confirm no violation of the assumptions of linearity, normality, absence of collinearity, and homoscedasticity.

Hypothesis. Religiosity and psychological flexibility will predict post-traumatic growth in young adults with parental loss.

Table 8

Hierarchical Multiple Regression Analysis for Posttraumatic Growth (N = 300)

Variable	*B*	95% CI for B		*SEB*	*β*	R^2	ΔR^2
		LL	UL				
Step 1						.05	.05
Age	-1.05	-7.19	5.09	3.12	-.15		
Gender	-.58	-5.54	4.38	2.52	-.01		
Level of Education	6.58	-4.47	17.64	5.62	.15		
Semester	-.55	-2.07	.96	.77	-.05		
Birth Order	1.15	-.88	3.17	1.03	.10		
No. of Siblings	-.27	-2.10	1.54	.92	-.02		
Marital Status	3.96	-4.20	12.12	4.14	.09		
No of Children	-.61	-3.76	2.52	1.59	-.02		
Role of Deceased Parent	-1.08	-6.29	4.13	2.65	-.02		
Year passed since death	-2.75	-8.93	3.42	3.14	-.16		
Type of Death	-1.40	-6.47	3.66	2.57	-.03		
Age of Deceased Parent	.09	-.24	.44	.17	.03		
Age of participant at time of death	-.20	-6.19	5.79	3.04	-.03		

Step 2						.52	.46***
RRB	.84	-.96	.69	.98	.62***		
PRCP	.39	-2.67	.00	.77	.10*		
Step 3						.65	.13***
PFF1 SAS	.59	.76	.23	0.18	.96***		
PFF2 MT	.75	.98	.44	1.05	.35***		
PFF3 OR	.00	.77	-.32	.32	.00		

Note. CI = confidence interval; LL = lower limit; UL = upper limit; RRBS = Religious Ritual Behaviors Scale; PRCP = Pakistan Religious Coping Practices; PF = Psychological Flexibility; SAS = Social Adaptability and Spirituality; MT = Mental Toughness; OR = Optimism and Resilience; PTG = Posttraumatic Growth
***p <.001.

The hierarchical multiple regression analysis was conducted in four steps to determine the relationship of sociodemographic characteristics (age, gender, level of education, semester, birth order, number of siblings, marital status, number of children, role of deceased parent, year passed since death, type of death, age of participant at the time of death and age of parent at the time of death), religiosity (religious ritual behaviors and religious coping practices), and psychological flexibility (social adaptability and spirituality, mental toughness, and optimism and resilience), as predictors of posttraumatic growth.

Table 8 presents the results of hierarchical multiple regression analyses. Step 1 included sociodemographic characteristics (age, gender, level of education, semester, birth order, number of siblings, marital status, number of children, role of deceased parent, years passed since death, type of death, age of parent at time of death, and age of participant at time of death) as predictors of posttraumatic growth, findings were not significant (F [1, 258] = 1.285, $p > .05$), accounting for 5% of the variance in PTG scores. Indicating None of the sociodemographic variables emerged as significant predictors of PTG.

Step 2 included religiosity i.e., religious ritual behaviors (RRB) and religious coping practices (PRCP) as significant predictors of PTG, results were significant, (F [15, 248] = 20.771, $p < .001$) and religiosity accounted for 46% variance in PTG scores. Findings indicated religiosity emerged as a significant positive predictor of PTG which means higher engagement in religious ritual behaviors and specific religious coping practices predicts greater posttraumatic growth.

Step 3 included factors of psychological flexibility i.e., (social adaptability and spirituality (SAS), mental toughness (MT), and optimism and resilience (OR) as significant predictors of PTG, results were statistically significant (F [18, 281] = 29.59, $p < .001$). Psychological flexibility accounts for 13% of the variance in PTG scores. In this step, social adaptability and spirituality, and mental toughness emerged as significant positive predictors for PTG, indicating that higher levels of social adaptability and spirituality, and mental toughness are associated with greater posttraumatic growth. However, optimism and resilience did not emerge as a significant predictor.

Overall, sociodemographic characteristics, religiosity, and psychological flexibility accounted for 64% of the variability in PTG scores among participants.

Mediation Analysis

Hypotheses. Psychological flexibility would mediate the association between religiosity and post-traumatic growth in young adults with parental loss.

The Pearson Product-Moment correlation suggested interrelatedness religiosity, psychological flexibility, and posttraumatic growth in young adults with parental loss. Furthermore, regression analysis also indicated religiosity and psychological flexibility as significant predictors of PTG. Therefore, the mediating role of psychological flexibility (total score by combining the subscales) in the association of religiosity and posttraumatic growth was identified. In this regard, the Hayes (2018) bootstrapping approach was used to investigate whether or not psychological flexibility mediates the relationship between religiosity and posttraumatic growth in young adults with parental loss.

According to the oldest mediation model proposed by Barron and Kenny (1986), the independent and mediating variables should be significantly correlated with each other. Furthermore, the mediating variable should also be significantly associated with the dependent variable. Moreover, after controlling the effect of the mediating variable, the correlation coefficient between the independent variable and the dependent variable should be reduced indicating partial mediation. However, in the case of complete mediation, this correlation coefficient should be reduced to zero.

Hayes (2018) also investigated the conditional process analysis that proposed the mediation model needs to establish a link between the assumed independent variable (X) to a presumed effect, i.e., dependent variable (Y) at least in part through a mediator variable (M). The current study fulfilled the proposed assumptions of Baron and Kenny (1986) as well as Hayes and Preacher (2013). Therefore, in the current research, Hayes's (2018) bootstrapping

approach was utilized to explore the mediating role of social adaptability and spirituality, and mental toughness which are subscales of psychological flexibility in the association between religiosity (religious ritual behaviors and religious coping practices) as independent variables and posttraumatic growth as a dependent variable.

Model 1

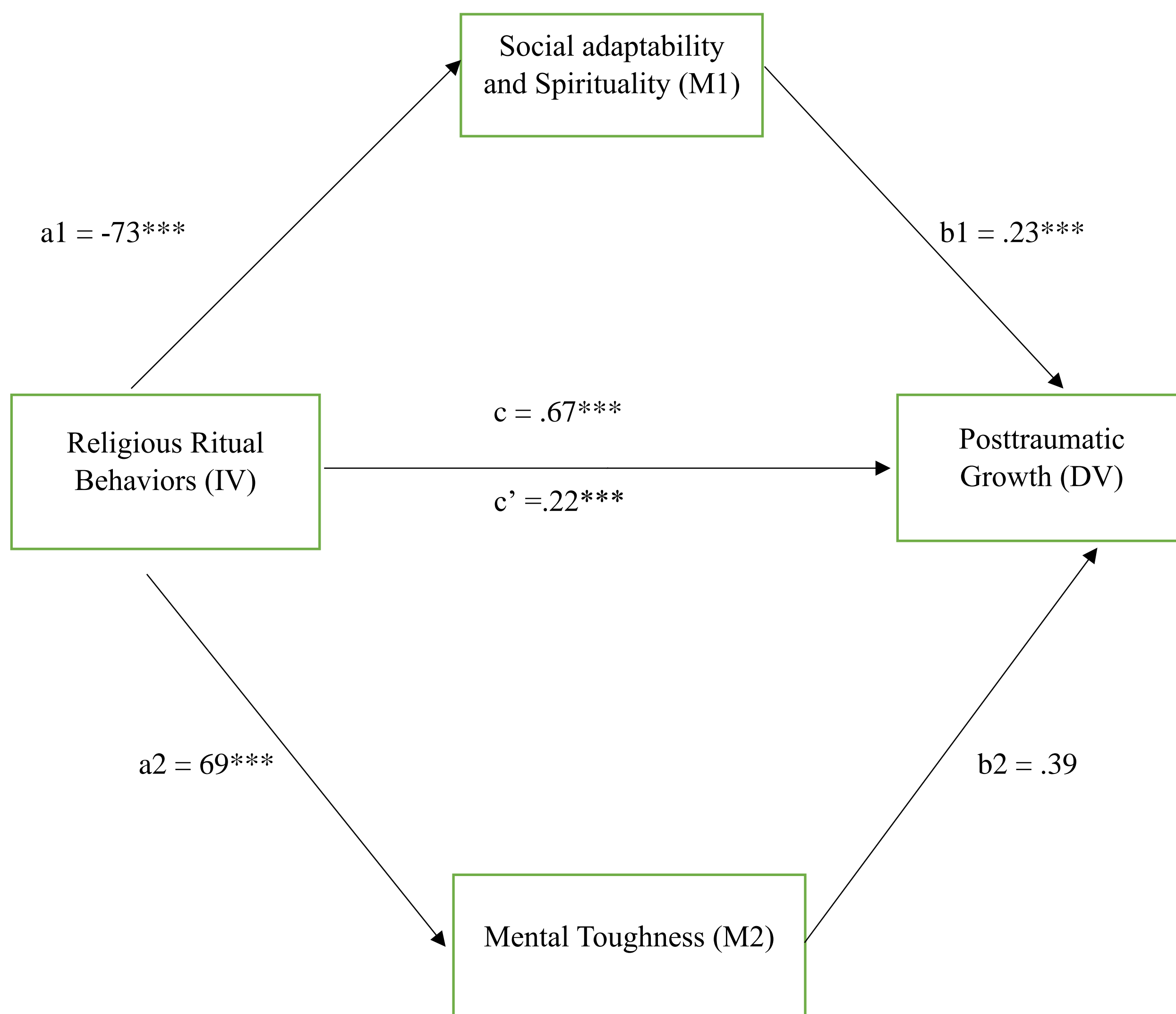

Figure 3. Mediation of Social Adaptability and Spirituality, and Mental Toughness between Religious Ritual Behaviors and Posttraumatic Growth

According to Figure 3, path a1 depicts a significant direct effect of religious ritual behaviors (IV) on social adaptability and spirituality (M1) (β = .73, *SE* = .02, $p < .001$). and path a2 shows a significant direct effect of religious ritual behaviors (IV) on mental toughness (M2) (β = .69, *SE* = .02, $p < .001$). Path b1 demonstrates that social adaptability and spirituality (M1) a significant predictor of posttraumatic growth (DV), (β = .23, *SE* = .16, $p < .001$). Path b2 depicts mental toughness (M2) as a significant predictor of posttraumatic growth (DV), (β = .39, *SE* = .13, $p < .001$). Path c' indicates a significant direct effect of religious ritual behaviors (IV) on posttraumatic growth (DV) in the absence of a mediator i.e., social adaptability and mental toughness (β = .22, *SE* = .07, $p < .001$). Path c demonstrates the total effect of religious ritual behaviors (IV), social adaptability and spirituality (M1), and mental toughness (M2) on posttraumatic growth (DV), (β = .67, *SE* = .05, $p < .001$). Findings indicated that social adaptability and mental toughness partially mediate the association between religious ritual behaviors and posttraumatic growth, as after controlling the mediator i.e., social adaptability and spirituality, and mental toughness the direct effect of religious ritual behaviors on posttraumatic growth is weakened but significant.

Table 9

Regression Coefficient, Standard Error, and Model Summary Information for the Social Adaptability and Spirituality, Mental Toughness, Religious Ritual Behaviors, and Posttraumatic Growth (N = 300)

Antecedent	Consequent											
	M1 (SAS)				M2 (MT)				Y (PTG)			
		β	*SE*	*p*		*β*	*SE*	*p*		*β*	*SE*	*p*
RRB (X)	a1	.73	.02	.000***	a2	.69	.02	.000***	c’	.22	.07	.000***
SAS (M1)									b1	.23	.16	.000***
MT (M2)									b2	.39	.13	.000***
Constant	i	16.8	1.54	.000***	i	15.5	1.89	.000***	i	-8.4	4.10	.04*
	R^2 = .54				R^2 = .48				R^2 = .623			
	F (1, 298) = 353 p < 001***				F (1, 298) = 275 p < .001***				F (3, 296) =163 p < .001***			

Note. RRB = Religious Ritual Behaviors, SAS = Social Adaptability and Spirituality, MT = Mental Toughness, PTG = Posttraumatic Growth
*p <.05, ***p <.001

Table 10

Indirect Effects of Social Adaptability and Spirituality and Mental Toughness on Emotional Posttraumatic Growth through Religious Ritual Behaviors (N = 300)

			Bootstrap 95% BCa CI	
Effect	*B*	*SE*	UL	LL
Total Indirect Effect	.45	.04	.35	.54
RRB ➡ SAS ➡ PTG	.17	.05	.07	.27
RRB ➡ MT ➡ PTG	.27	.05	.37	.37

Note. BCa CI = bias-corrected and accelerated confidence interval; LL = lower limit; UL; RRB = Religious Ritual Behaviors, SAS = Social Adaptability and Spirituality, MT = Mental Toughness, PTG = Posttraumatic Growth

Indirect effects within the established model in the present study were also investigated over 5000 bootstrap samples by taking estimates at a 95% confidence interval. The bias-corrected and accelerated confidence interval (BCa CI) findings are described in Table 10. Findings depict that the total indirect effect (the difference between total and direct effects/c-c') of religious ritual behaviors via social adaptability and spirituality, and mental toughness on posttraumatic growth is statistically significant. Within the current tested model, when considering the mediating variables distinctly and jointly in association with the mediating indirect effects of religious ritual behaviors on posttraumatic growth, mediation of social adaptability and spirituality, and mediation of mental toughness were found statistically significant. Hence, it can be confirmed the parallel mediating roles of social adaptability and mental toughness in the association between religious ritual behaviors and posttraumatic growth.

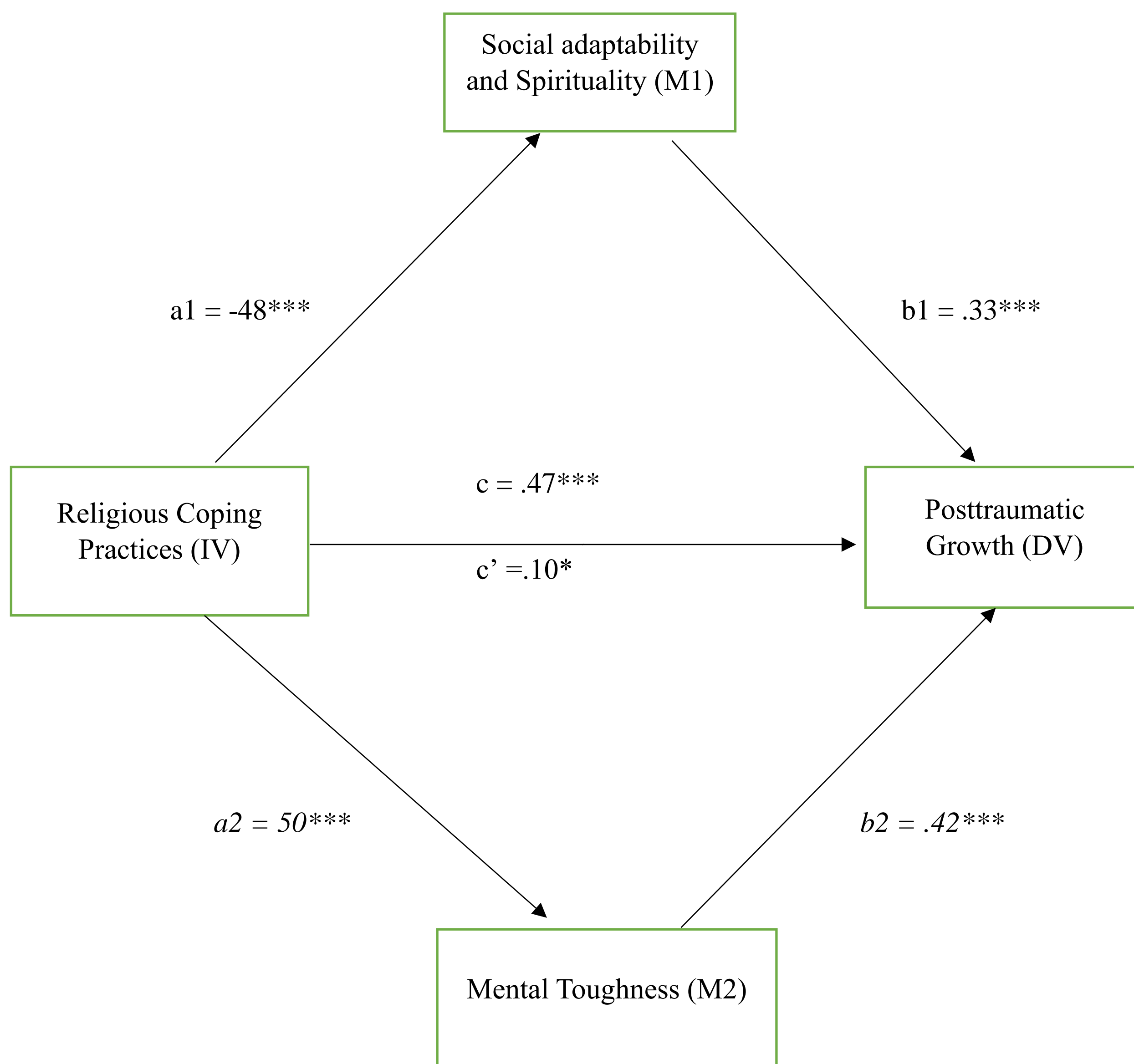

Figure 4. Mediation of Social Adaptability and Mental Toughness between Religious Coping Practices and Posttraumatic Growth

According to Figure 4, path a1 depicts a significant effect of religious coping practice (IV) on social adaptability and spirituality (M1) (β = .48, *SE* = .07, *p* < .001). and path a2 shows a significant effect of religious coping practices (IV) on mental toughness (M2) (β = .50, *SE* = .08, *p* < .001). Path b1 indicates that social adaptability and spirituality (M1) a significant predictors of posttraumatic growth (DV), (β = .33, *SE* = .15, *p* < .001). Path b2 depicts mental toughness (M2) as a significant predictor of posttraumatic growth

(DV), (β = .42, *SE* = .13, $p < .001$). Path c' indicates direct effect of religious coping practices (IV) on posttraumatic growth (DV) in the absence of mediator i.e., social adaptability and mental toughness (β = .10, *SE* = .15, $p < .05$). Path c demonstrates the total effect of religious coping practices (IV), social adaptability and spirituality (M1), and mental toughness (M2) on posttraumatic growth (DV), (β = .47, *SE* = .18, $p < .001$). Findings indicate that social adaptability and mental toughness partially mediated the association between coping practices and posttraumatic growth, as after controlling the mediator i.e., social adaptability and mental toughness the direct effect of religious coping practices on posttraumatic growth is significant but weakened.

Table 11

Regression Coefficient, Standard Error, and Model Summary Information for the Social Adaptability and Spirituality, Mental Toughness, Religious Coping Practices, and Posttraumatic Growth (N = 300)

Antecedent	Consequent											
	M1 (SAS)				M2 (MT)				Y (PTG)			
		β	*SE*	*p*		β	*SE*	*p*		β	*SE*	*p*
RCP (X)	a1	.48	.07	.000***	a2	.50	.08	.000***	c'	.10	.15	.02*
SAS (M1)									b1	.33	.15	.000***
MT (M2)									b2	.42	.13	.000***
Constant	i	28.9	1.76	.000***	i	26.5	1.99	.000***	i	-8.6	4.29	.04*
	R^2 = .23				R^2 = .25				R^2 = .60			
	F (1, 298) = 90 *p* < 001***				F (1, 298) = 103 *p* < .001***				F (3, 296) =153 *p* < .001***			

Note. RCP = Religious Coping Practices, SAS = Social Adaptability and Spirituality, MT = Mental Toughness, PTG = Posttraumatic Growth
**p* <.05, ****p* <.001.

Table 12

Indirect Effects of Social Adaptability and Spirituality and Mental Toughness on Emotional Posttraumatic Growth through Religious Coping Practices (N = 300)

			Bootstrap 95% BCa CI	
Effect	*β*	*SE*	UL	LL
Total Indirect Effect	.37	.03	.30	.45
RCP ➡SAS ➡PTG	.16	.03	.09	.22
RCP ➡MT ➡PTG	.21	.03	.14	.29

Note. BCa CI = bias-corrected and accelerated confidence interval; LL = lower limit; UL; RCP = Religious Coping Practices , SAS = Social Adaptability and Spirituality, MT = Mental Toughness, PTG = Posttraumatic Growth

Indirect effects within the established model in the present study were also investigated over 5000 bootstrap samples by taking estimates at a 95% confidence interval. The bias-corrected and accelerated confidence interval (BCa CI) findings are described in Table 12. Findings depict that the total indirect effect (the difference between total and direct effects/c-c') of religious coping practices via social adaptability and spirituality, and mental toughness on posttraumatic growth is statistically significant. Within the current tested model, when considering the mediating variables distinctly and jointly in association with the mediating indirect effects of religious coping practices on posttraumatic growth, mediation of social adaptability and spirituality, and mediation of mental toughness were found statistically significant. Hence, it can be confirmed the parallel mediating roles of social adaptability and mental toughness in the association between religious ritual behaviors and posttraumatic growth.

Section IV: Testing of Secondary Hypotheses

This section explains the relationship of demographic characteristics with Religiosity Psychological Flexibility and PTG.

Gender Differences in Study Variables

Hypothesis. It is hypothesized that there is a significant difference between men and women in religiosity, psychological flexibility, and posttraumatic growth.

Table 13

Mean Differences in Religiosity, Psychological Flexibility, and Posttraumatic Growth between Male and Female (N = 300)

	Men (n = 150)		Women (n = 150)			Cohen's d
Variable	*M*	*SD*	*M*	*SD*	*t*	
RRB	71.76	17.57	70.06	14.06	.92	.10
PRCP	23.23	5.99	22.24	5.67	1.47	.16
PF Total	138.22	29.52	133.90	23.95	1.38	.15
SAS	45.26	9.77	45.08	7.36	.17	.02
MT	47.15	10.80	45.36	8.95	1.58	.18
OR	42.81	9.77	40.30	9.09	2.30*	.26
PTG	78.81	23.52	78.50	18.82	.12	.01

Note. RRBS = Religious Ritual Behaviors Scale; PRCP = Pakistan Religious Coping Practices; PF = Psychological Flexibility; SAS = Social Adaptability and Spirituality; MT = Mental Toughness; OR = Optimism and Resilience; PTG = Posttraumatic Growth
*$p < .05$.

The men and women represented independent samples and data were normally distributed. These assumptions were satisfied for the application of the independent sample t-test therefore, the independent sample t-test was conducted to examine the gender differences in religiosity, psychological flexibility, and posttraumatic growth.

Table 13 presents the mean scores for men and women on the study variables. The results indicated a significant gender difference only in optimism and resilience (*t* = 2.305, *p* < .05), with men (*M* = 42.81, *SD* = 9.776) scoring higher than women (*M* = 40.30, *SD* = 9.094). For other variables, no significant gender differences were found.

Level of Education and Study Variables

Hypothesis. It is hypothesized there is a significant difference in under and postgraduate young adults, in religiosity, psychological flexibility, and posttraumatic growth after parental loss.

Table 14

Mean Differences in Religiosity, Psychological Flexibility, and Posttraumatic Growth between Undergraduate and Postgraduate Grade(N = 300)

	Undergraduate (*n* = 168)		Postgraduate (*n* = 132)			Cohen's *d*
Variable	*M*	*SD*	*M*	*SD*	*t*	
RRB	72.43	16.63	68.98	14.78	1.87	.22
PRCP	23.60	5.47	21.63	6.13	2.92**	.33
PF Total	135.82	29.44	136.37	23.45	-.17	.01
SAS	45.17	9.83	45.17	6.87	-.00	0
MT	45.97	10.71	46.62	8.89	.56	.06
OR	41.65	9.81	41.43	9.14	.20	.02
PTG	76.57	23.54	81.31	17.70	-1.92	.22

Note. RRBS = Religious Ritual Behaviors Scale; PRCP = Pakistan Religious Coping Practices; PF = Psychological Flexibility; SAS = Social Adaptability and Spirituality; MT = Mental Toughness; OR = Optimism and Resilience; PTG = Posttraumatic Growth
*$p < .05$, **$p < .01$.

The level of education of participants represented the independent sample. Data were normally distributed between under and postgraduates, justifying the use of the independent

sample t-test to explore differences in religiosity, psychological flexibility, and posttraumatic growth between these two groups.

Table 14 presents the mean scores for undergraduates and postgraduates on the study variables. The results indicated significant differences in religious coping practices (PRCP) and posttraumatic growth (PTG), undergraduates ($M = 23.60$, $SD = 5.476$) scored higher than postgraduates ($M = 21.63$, $SD = 6.134$), in religious coping practices ($t = 2.92$, $p < .01$). In terms of religiosity, psychological flexibility, social adaptability, spirituality, mental toughness, and optimism and resilience, both educational levels display comparable levels.

Marital Status and Study Variables

Hypothesis. It is hypothesized there is a significant difference in single and married parentally bereaved young adults, in religiosity, psychological flexibility, and posttraumatic growth after parental loss.

Table 15

Mean Differences in Religiosity, Psychological Flexibility, and Posttraumatic Growth between Single and Married (N = 300)

	Single (n = 184)		Married (n = 116)			Cohen's d
Variable	M	SD	M	SD	t	
RRB	71.47	17.04	70.02	13.96	.76	.09
PRCP	23.38	6.05	21.71	5.63	2.42**	.28
PF Total	135.62	29.04	136.75	23.28	-.35	.04
SAS	44.89	9.68	45.62	6.64	-.71	.08
MT	45.97	10.72	46.69	8.59	-.61	.07
OR	41.71	9.69	41.30	9.23	.36	.01
PTG	77.34	22.19	80.74	19.62	-1.34	.16

Note. RRBS = Religious Ritual Behaviors Scale; PRCP = Pakistan Religious Coping Practices; PF = Psychological Flexibility; SAS = Social Adaptability and Spirituality; MT = Mental Toughness; OR = Optimism and Resilience; PTG = Posttraumatic Growth
**$p < .01$.

The marital status of participants was represented by the independent sample. Data was normally distributed between single and married participants, justifying the use of the independent sample t-test to explore differences in religiosity, psychological flexibility, and posttraumatic growth between these two groups.

Table 15 presents the mean scores for single and married individuals on the study variables. The results indicated a significant difference in religious coping practices (PRCP) (t = 2.42, $p < .01$, in single individuals (M = 23.38, SD = 6.055) scoring higher than married

individuals (*M* = 21.71, *SD* = 5.634). The results suggest that single individuals exhibit higher levels of religious coping practices compared to married individuals. However, in terms of religiosity, psychological flexibility, social adaptability and spirituality, mental toughness, optimism and resilience, and posttraumatic growth, both marital statuses display comparable levels.

Role of Deceased Parent and Study Variables

Hypothesis. It is hypothesized there is a significant difference in bereaved young adults after loss of a mother and father in young adults, in religiosity, psychological flexibility, and posttraumatic growth after parental loss.

Table 16

Mean Differences in Religiosity, Psychological Flexibility, and Posttraumatic Growth between Deceased Father and Deceased Mother (N = 300)

	Father (n = 141)		Mother (n = 159)			Cohen's d
Variable	*M*	*SD*	*M*	*SD*	t	
RRB	70.76	17.08	71.05	14.85	-1.54	.01
PRCP	22.70	5.82	22.76	5.88	-.09	.01
PF Total	137.20	27.62	135.05	26.34	.69	.08
SSA	45.19	9.18	45.15	8.16	.03	.00
MT	46.72	9.83	45.84	10.06	.76	.08
OR	42.22	9.65	40.91	9.36	1.23	.13
PTG	79.19	21.58	78.18	21.04	.40	.04

Note. RRBS = Religious Ritual Behaviors Scale; PRCP = Pakistan Religious Coping Practices; PF = Psychological Flexibility; SAS = Social Adaptability and Spirituality; MT = Mental Toughness; OR = Optimism and Resilience; PTG = Posttraumatic Growth
*$p < .05$.

Role of deceased parent represented by the independent sample. Data were normally distributed between late fathers and mothers, justifying the use of the independent sample t-

test to explore differences in religiosity, psychological flexibility, and posttraumatic growth between these two groups.

Table 16 presents the mean scores for late fathers and mothers on the study variables. The results suggest that the death of a father or mothers exhibit comparable levels of religiosity, psychological flexibility, social adaptability and spirituality, mental toughness, optimism and resilience, and posttraumatic growth. The lack of significant differences indicates that parental status does not appear to influence these variables in bereaved young adults.

Type of Death and Study Variables

Hypothesis. It is hypothesized there is a significant difference after the sudden and natural death of a parent in young adults, in religiosity, psychological flexibility, and posttraumatic growth after parental loss.

Table 17

Mean Differences in Religiosity, Psychological Flexibility, and Posttraumatic Growth between Sudden / Accidental and Anticipated / Natural Death of Parents (N = 300)

	Sudden / Accidental (n = 170)		Anticipated / Natural (n = 130)			Cohen's d
Variable	M	SD	M	SD	t	
RRB	70.89	16.54	70.94	15.11	-.03	.00
PRCP	23.75	5.85	22.71	5.86	.05	.17
PF Total	137.34	27.54	134.38	26.10	.94	.11
SSA	45.14	8.81	45.20	8.45	-.06	.00
MT	47.05	10.38	45.21	9.28	1.58	.18
OR	42.11	9.47	40.82	9.54	1.16	.13
PTG	79.05	21.23	78.14	21.38	.36	.04

Note. RRBS = Religious Ritual Behaviors Scale; PRCP = Pakistan Religious Coping Practices; PF = Psychological Flexibility; SAS = Social Adaptability and Spirituality; MT = Mental Toughness; OR = Optimism and Resilience; PTG = Posttraumatic Growth
$^*p < .05$.

Data were normally distributed, justifying the use of the independent sample t-test to explore differences in religiosity, psychological flexibility, and posttraumatic growth between these two groups.

Table 17 presents the mean scores for participants who experienced sudden/accidental and anticipated/natural parental loss on the study variables. The results

suggested that experiencing a sudden/accidental loss versus an anticipated/natural loss does not significantly influence levels of religiosity, psychological flexibility, social adaptability, spirituality, mental toughness, optimism and resilience, and posttraumatic growth. Both groups displayed comparable levels across all measured variables.

Birth Order and Study Variables

Hypothesis. It is hypothesized there is a significant difference in the birth order of parentally bereaved young adults, in religiosity, psychological flexibility, and posttraumatic growth after parental loss.

Table 18

Mean Differences in Religiosity, Psychological Flexibility, and Posttraumatic Growth between Groups of Birth Order (N = 300)

	First Born (n = 70)		Middle Born (n = 141)		Last Born (n = 81)			η^2
Variable	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	
RRBS	71.14	15.87	71.07	15.88	70.48	16.15	1.41	.52
RCPS	23.78	6.40	22.19	5.43	22.76	5.96	.09	.34
PF Total	134.25	24.74	136.56	27.03	136.69	28.59	.04	.59
SAS	45.05	7.87	45.29	8.50	45.07	9.49	.34	.37
MT	45.61	9.90	46.45	9.87	45.07	9.49	.12	.45
OR	40.34	8.50	41.73	9.77	42.22	9.83	.64	.39
PTG	77.32	21.66	78.81	20.87	79.46	21.76	.16	.55

Note. RRBS = Religious Ritual Behaviors Scale; PRCP = Pakistan Religious Coping Practices; PF = Psychological Flexibility; SAS = Social Adaptability and Spirituality; MT = Mental Toughness; OR = Optimism and Resilience; PTG = Posttraumatic Growth
*$p < .05$.

Three groups of birth order (firstborn, middle born and last born) showed independence of observation, and data were normally distributed, hence fulfilling the assumptions of Analysis of Variance. Therefore, these age groups were compared on religiosity, psychological flexibility, and posttraumatic growth using one-way ANOVA.

Table 18 shows the comparison of three groups of birth order on religious ritual behaviors, religious coping practices, psychological flexibility and its subscales i.e., social adaptability and spirituality, mental toughness and optimism, and resilience and posttraumatic growth. Findings revealed that birth order does not significantly influence levels of religiosity, psychological flexibility, social adaptability and spirituality, mental toughness, optimism and resilience, and posttraumatic growth in young adults with parental loss. Both groups displayed comparable levels across all measured variables.

Summary of Results

A sample of 300 parentally bereaved young adults from different universities in Lahore, Pakistan were given a protocol of Religious Ritual Behavior Scale (RRBS), Religious Coping Practices Scales (RPCPS), Psychological Flexibility Scale for parentally bereaved young adults (PFS) and Posttraumatic Growth Scale (PTGS). The main aim of this research was to determine the association between religiosity, psychological flexibility, and posttraumatic growth in young adults with parental loss. The following are the key findings of this study.

- The first objective of the study was to develop the psychological flexibility scale. The psychological flexibility scale of young adults with parental loss was found to have three factors, *Social Adaptability and Spirituality*, *Mental Toughness* and *Optimism, and Resilience*.
- The second objective of this research was to explore the association of religiosity, psychological flexibility, and posttraumatic growth. Person product-moment correlation analysis revealed that religiosity was positively associated with psychological flexibility and posttraumatic growth. Also, there was a positive correlation between psychological flexibility and posttraumatic growth.
- Results of hierarchical regression analysis revealed that religiosity and psychological flexibility were significant predictors of posttraumatic growth in young adults with parental loss, however, none of the sociodemographic variables predicted posttraumatic growth.

- Findings of the parallel mediating role of subscale psychological flexibility i.e., social adaptability and spirituality and mental toughness among the association of religiosity and posttraumatic growth.
- Another objective of this research was to investigate the relationship of key demographics with religiosity, psychological flexibility, and posttraumatic growth. An independent sample t-test and one-way ANOVA were conducted to find the relation.
- The findings of gender differences indicated that men scored higher than women in the subscale of psychological flexibility i.e., optimism and resilience. However, no gender differences were found in other study variables.
- Differences in subgroups of the level of education indicated that postgraduates scored higher in religious ritual behaviors, while undergraduates scored higher in religious coping practices. For other demographics, no significant differences were found.
- The differences for subgroups of marital status with study variables suggested that single individuals exhibit higher levels of religious coping practices compared to married individuals. However, in terms of other variables, both marital statuses display comparable levels.
- The result for the difference in subgroups of the gender of the deceased parent, types of death, and birth order on study variables, suggested a lack of significant differences, which indicates that parental status i.e., father or mother, type of death i.e., anticipated or sudden or birth order i.e., firstborn, middle born and last born does not appear to influence study variables in this sample.

Chapter V

Discussion

According to Amett (2000) and Roisman et al. (2004), young adulthood is the transitory period between late adolescence and emerging adulthood. It is a unique developmental phase marked by self-discovery, identity exploration, instability, in-betweenness, and potential (Arnett, 2004). This period, spanning from 18 to 35, involves significant physical, psychological, cognitive, and emotional growth, driven by the need for meaning and identity development (Arnett, 2004). Hence, the period of young adulthood is a critical period for the development of an autonomous self and the exploration of various identity roles (Balk, 2011). Consequently, the death of a parent can profoundly disrupt their development, challenging their belief in a just world and exposing their vulnerability to misfortune (Lench & Chang, 2007). Significant occurrences and changes might elicit a sorrowful reaction in those who have experienced the death of a parent. Bereaved adults may find it challenging to navigate life milestones such as starting a career, attending university, or entering their first romantic relationship (Biank & Werner-Lin, 2011).

However, Grieving is an interpersonal experience involving behavioral, emotional, cognitive, and psychological responses (MacCallum et al., 2017). Young adults grieving a parent's death may encounter early life issues such as relational difficulties, loss of enjoyment in activities, feelings of abandonment, anger, sleep disturbances, and trouble performing daily tasks (Scharlach, 1991). Long-term mourning behaviors, including agitation, persistent thoughts of the deceased, and difficulty moving on, are also common (Meshot & Leitner, 1992). Young adults, more than older adults, are prone to shock, sleeplessness, animosity towards the deceased, and irritability following a parent's death,

with unresolved grief being most intense during early adulthood (Meshot & Leitner, 1992). Also, Culture plays a vital role in determining and maintaining human behaviors (Smith et al., 2019). Culture defines values, norms, belief systems, expectations, and ways of interacting with others (Matsumoto, 2000). This cross-cultural variation of expression and perception of psychological phenomena has led the attention of researchers to develop indigenous tools to measure psychological constructs. Therefore, keeping in view these considerations, the current study developed an indigenous scale on psychological flexibility in young adults with parental loss,

The first objective of this research was to construct a reliable and valid scale for psychological flexibility. There has been little discussion of the nature of psychological flexibility in the context of Pakistani culture (Barney et al., 2019). This fueled the need for particular evidence-based preventative intervention studies to design appropriate programs for parentally bereaved young people, as well as the development of indigenous psychological flexibility measuring instruments (Žuljević et al., 2020). This research examined the traits of bereaved psychological adaptability in order to create and evaluate an indigenous measure for bereaving university students in Lahore, Pakistan. Genetic characteristics, external stimuli, and personal experiences all contributed to cross-cultural differences in psychological flexibility expression and manifestation, which suggests (Ramaci et al., 2019) that responses from the Asian context should be added to the emerging evidence for the application of the construct in a specific context as opposed to the scales' universal utility (Timmers et al., 2019). Pakistan has contributed minimally to the area of psychological flexibility literature, and studies conducted there have used scales that have been validated for the Western population, which may obscure the true expressions and

manifestations of psychological flexibility (Ong et al., 2019; Drake et al., 2019). It was also strongly encouraged that the psychological flexibility measurement instrument be cross-culturally and population-specifically validated (Ong et al., 2019). Parentally bereaved university students have not been studying in this area (Sutcliffe et al., 2019).

The initial phase of this study was based on the emic approach which emphasizes exploring and studying any phenomenon in a specific cultural context (Berry, 1969). However, the emic approach focuses on a cross-cultural perspective in which researchers study the common pattern of activities and behaviors across various cultures (Berry, 1989). Furthermore, this phrase used an open-ended phenomenological approach to identify the expression, experience, and manifestation of psychological flexibility in bereaved young adults. Moreover, this study explored the three underlying dimensions of psychological flexibility which are social adaptability and spirituality, mental toughness, and optimism and resilience.

The first factor represents *Social Adaptability and Spirituality.* The capacity of a person to modify their attitudes and actions to fit the social context in which they find themselves is known as social adaptability. It is an essential component of psychological flexibility, which includes the ability to adjust to changing circumstances, change in one's state of mind, and preserve equilibrium throughout several significant areas of one's life. Studies show that social adaptability improves psychological flexibility by helping people deal with social complexity and stress. Kashdan and Rottenberg (2010) claimed that resilience and psychological well-being depend on one's capacity to adapt to social situations and form dependable connections. Furthermore, capabilities to preserve social cohesiveness and conform to group standards are highly prized in collectivist civilizations.

People develop psychological flexibility as a result of this cultural focus on social adaptation because they learn to value group cohesion and modify their conduct appropriately (Markus & Kitayama, 1991). Pakistan is a traditional collectivistic culture where all family members are interconnected and interdependent (Saleem et al., 2017), it might be the reason that the individual adapts behaviors to get congruent with one another. Spirituality, which is often characterized as a feeling of connection with someone beyond oneself, is a noteworthy factor that influences psychological flexibility. It offers a paradigm for experiencing transcendence, overcoming hardship, and creating meaning, all of which support psychological flexibility and resilience. Studies on spiritual activities like prayer and meditation have shown improvements in emotional control and mindfulness, two essential elements of psychological flexibility (Keng et al., 2011). Cultural and religious practices in Pakistan are profoundly rooted in social adaptability and spirituality, which significantly contribute to the psychological flexibility of parentally bereaved young adults. The collectivist nature of Pakistani society emphasizes the importance of strong family bonds and community support, which in turn promote social adaptability. Furthermore, the spiritual framework that Islam provides is a prevalent influence that aids in the coping of individuals with loss. The factor items have a resemblance to the Western psychological flexibility model's self-as-context idea (Zucchelli et al., 2020). According to this factor's items and the literature, people who are proficient at adapting to everyday situational changes engage in socially rewarding interactions with others (Tariq & Adil, 2020). The factor items also have a resemblance with the values and committed action concept of the Western psychological flexibility model (Fonseca et al., 2020; Miller & Orsillo, 2020).

The second factor depicts *Mental Toughness*. Mental toughness includes the fortitude, self-assurance, and tenacity required to face hardship and stress. It entails being dedicated to objectives, keeping focused, and adjusting to changing conditions. These qualities are crucial for psychological flexibility, especially while dealing with bereavement, as people have to deal with a great deal of emotional grief, learn to live without their loved one, and go on with their everyday lives. Studies reveal that mental toughness may dramatically improve psychological flexibility by giving people the inner fortitude they need to deal with loss and adjust to changing circumstances (Clough et al., 2002). Ahmad et al. (2016) suggest that this cultural emphasis can assist in the development of mental toughness in young adults, thereby allowing them to more effectively manage the stresses of bereavement. Religious rituals and community mourning customs, for instance, are widespread in Pakistan and may provide a comforting atmosphere that aids in the grieving process and preserves psychological flexibility for the bereaved. These cultural customs uphold the value of adaptability and resilience, two essential elements of mental toughness (Nadeem & Khalid, 2018).

The third factor depicts *Optimism and Resilience*. According to Carver et al., (2010), optimism is commonly characterized as a propensity to anticipate favorable outcomes and have faith in one's capacity to affect positive changes. Optimism may provide grieving young adults with a feeling of purpose and hope, which encourages the development of flexible coping mechanisms. According to Aspinwall and Tedeschi (2010), optimists are more inclined to solve problems and seek social support, both of which are crucial for grieving process management and preserving psychological flexibility. Research indicates that by encouraging a positive reinterpretation of unfavorable events and improving

emotional control, optimism might lessen the harmful impacts of mourning (Segerstrom, 2007). As per the findings of research conducted by Bonanno et al. (2002), those who were more optimistic showed less suffering connected to loss and were more resilient. Resilience is the capacity to recover from adversity, trauma, or substantial duress (Luthar et al., 2000). Adults who are resilient are able to overcome the pain of loss and go on with purpose in their lives. People who are resilient are likely to have a repertoire of flexible behavioral, emotional, and cognitive reactions that support psychological flexibility (Masten, 2001). Pakistani culture is collectivist, which may foster optimism and resilience via robust social support systems (Khan & Husain, 2010). Systems of extended families often provide the practical and emotional assistance that is essential for grieving. It may improve psychological flexibility by strengthening resilience and optimism. According to Khan and Husain (2010), religious rituals and beliefs have a big role in coping strategies in Pakistani society. Spirituality and religion often provide a context for understanding and embracing loss, which may promote optimism. Religious teachings that emphasize perseverance and optimism in the face of hardship support resilient coping mechanisms. The items showcase an individual's optimism, which is the hallmark of a collective culture that values social support and unwavering faith for optimal functioning (Akbar & Woods, 2020).

Some of the factors suggested by the psychological flexibility model in the Western population are closely related to the first and third factors. In addition, a few factors are not pertinent to the Indigenous scale and may be characterized as typically unique for utility in specific populations (Sairanen et al., 2020) that are not in Eastern countries. In the newly developed indigenous Eastern scale, factor 2 (mental toughness) is somewhat related to the present moment and acceptance factor (Ryan et al., 2020) from the European scale.

Conversely, the values, committed action, and self as context (Luoma et al., 2020) are slightly related to factors 1 (social adaptability and spirituality). The cognitive diffusion dimension (Zucchelli et al., 2020) that is present on a Western scale is not present in the specific context of Pakistan.

Another key objective of this research was to identify the association between religiosity, psychological flexibility, and posttraumatic growth. The findings of this study suggested a significant positive correlation between religiosity, psychological flexibility, and all factors of psychological flexibility. Although there aren't many studies specifically looking at the relationship between religiosity and psychological flexibility, fewer studies have shown that these two factors are positively correlated. Psychological flexibility and Islamic religion go hand in hand, demonstrating how much of an influence religious beliefs and practices may have on healthy coping strategies and mental health. Islamic teachings are vital in fostering resilience and acceptance of life's challenges because they place a strong emphasis on ideas like Tawakkul (dependence on Allah's plan) (Ahmed et al., 2017). Salah (prayer), one of the religious rituals, increases present-moment awareness and decreases cognitive fusion, which helps to cultivate mindfulness. People concentrate on their connection with Allah as they pray, which is consistent with mindfulness techniques in psychological flexibility (Sajjadi et al., 2016). Furthermore, Muslims are guided in making values-congruent actions by Islamic ideals like justice and compassion, which are comparable to the idea of committed action in Acceptance and Commitment Therapy (ACT) (Mohammed & Mahmood, 2020). Islam's concept of Tafakkur, or introspection, encourages introspection and spiritual development by cultivating an understanding of oneself as a framework. According to Al Ghazali (2009), this viewpoint improves psychological

flexibility by enabling people to see their feelings and ideas without becoming sucked into them. Moreover, the embrace of Qadr, or divine destiny, fosters adaptability and tenacity, enabling people to meet obstacles with poise and determination (Al-Hassan et al., 2021). Pakistani culture is profoundly influenced by religious beliefs, societal support, and familial structures, which are the foundations of resilience and coping mechanisms. Suffering is believed to facilitate personal and spiritual development. Islam, the predominant religion, prioritizes fortitude and perseverance. These religious beliefs are in close alignment with the concept of psychological flexibility, as they promote present-focused awareness and acceptance (Farooq, 2014).

Additionally, results showed that religiosity also had a positive correlation with posttraumatic growth, the findings were congruent with the existing literature which shows, that religion fosters community solidarity, providing empathy, consolation, assurance, and support, which are essential for adaptive functioning during grief (Howell et al., 2015). Research consistently links positive religious coping, religious transparency, religious engagement, and intrinsic religiosity with PTG (Milam et al., 2004; Shaw et al., 2005). The literature also indicates that religious beliefs and practices can reduce the length of the healing process following a loss (Walsh et al., 2002). In Pakistan, Islam serves as both a religious belief system and a comprehensive framework that shapes individuals' personal, social, and political dimensions of society. The robust focus on religious doctrines and collective assistance in Islam establishes a structure for managing and overcoming hardship.

Islamic beliefs promote the search for significance and intentionality in the experience of hardship, which may cultivate fortitude and personal development. The Quran and Hadiths underscore the importance of exhibiting patience (Sabr), placing reliance on

God (Tawakkul), and expressing appreciation (Shukr) in the face of adversity (Ahmed, 2009). These beliefs strongly correspond to the components of positive religious coping, which might promote posttraumatic growth by assisting individuals situated in reinterpreting traumatic events in a significant manner (Abu-Raiya & Pargament, 2011).

Moreover, study results depicted a significant positive correlation between psychological flexibility, all its subscales, and posttraumatic growth. Minimum literature has demonstrated a relationship between posttraumatic growth and psychological flexibility. Studies show that psychological flexibility enhances PTG by facilitating adaptive coping strategies and emotional regulation. Kashdan and Rottenberg (2010) emphasized that psychological flexibility allows individuals to confront distressing thoughts and emotions, fostering resilience and growth in the aftermath of trauma. Hayes et al., (2006) noted that ACT helps individuals accept their traumatic experiences and commit to values-driven actions, thereby promoting growth and transformation (Niaz, 2006). Pakistani culture prioritizes the support of family and community, which establishes an efficient network for those who are victims of trauma. This collective support can improve psychological flexibility by offering psychological assistance, shared strategies for coping, and a feeling of belonging, all of which are essential for the progression of PTG.

Results of regression analysis depicted that religiosity and psychological flexibility with all its subscales were significant positive predictors of posttraumatic growth. Research emphasized that individuals who exhibit greater religiosity are more susceptible to experiencing PTG. Calhoun and Tedeschi (2006) observe that religious and spiritual ideas often serve as a structure for trauma survivors to comprehend their experiences, resulting in heightened posttraumatic growth (PTG). Moreover, studies suggest that those who have firm

religious convictions are more inclined to see challenges as a chance for spiritual development, resulting in increased post-traumatic growth (PTG) (Shaw et al., 2005). In the Pakistani context, where religion has a prominent position in both society and individual identity, the level of religious devotion may have a substantial impact on how individuals deal with the experience of losing a loved one. Pakistan is mostly inhabited by Muslims, and the Islamic faith places great importance on principles such as patience (Sabr), reliance on God's plan (Tawakkul), and the impermanence of life, which are essential in the process of mourning (Khan, 2008). These religious beliefs may provide solace and a structure for comprehending and embracing loss, therefore promoting post-traumatic growth among grieving persons. A study conducted in Pakistan has shown that religious practices, including reciting the Quran, praying, and participating in community religious events, are often used as coping mechanisms that promote mental and emotional health throughout the grieving process (Nadeem et al., 2017).

Subscales of psychological flexibility i.e., social adaptability and mental toughness had also resulted as significant predictors of posttraumatic growth. Social adaptability is the capacity to successfully traverse and interact with social settings, sustain social connections, and assimilate into societies. It offers essential social assistance that may mitigate the effects of trauma and promote post-traumatic growth (Linley & Joseph, 2004). Socially adaptive individuals are more inclined to actively seek and get emotional support, openly discuss their experiences, and use community resources that promote personal development (Prati & Pietrantoni, 2009). Spirituality encompasses a feeling of being linked to a higher power or something that surpasses one's existence. This connection may provide solace, significance, and a structure for comprehending hardship (Pargament, 1997). Research has shown that

spirituality may enhance post-traumatic growth (PTG) by giving individuals a sense of meaning and direction, aiding in emotional recovery, and fostering social support within religious groups (Tedeschi & Calhoun, 2004). In Pakistan, the cultural emphasis on collectivism, strong family bonds, and communal living highlights the need for psychological flexibility, mental resilience, spirituality, and social adaptation in promoting post-traumatic growth among young people who have experienced loss. In Pakistan, the development of social adaptability is promoted by the presence of strong family and communal networks. In a collectivist society, people benefit from a wide range of social support, which facilitates emotional expression, the sharing of loss, and the discovery of common strength (Batool & Najam, 2009). Pakistani culture is profoundly imbued with spirituality, mostly shaped by Islam. Religious rituals and beliefs provide a strong structure for understanding loss and seeking comfort. The focus on communal prayers, recital of the Quran, and religious assemblies provide vital emotional and spiritual assistance that is essential for Post-Traumatic Growth (PTG) (Nadeem et al., 2017).

Mental Toughness is characterized as the ability to remain resilient, confident, and perseverant when confronted with stress and adversity (Clough et al., 2002). It allows people to maintain a resolute and positive mindset, which are essential qualities that support post-traumatic growth. Research suggests that persons with high levels of mental toughness are more adept at dealing with traumatic experiences. Mental toughness is especially pertinent in Pakistan, where the ability to bounce back from adversity, such as economic hardships, natural calamities, and socio-political problems, is often seen. Mental fortitude enables people to maintain resilience and actively seek personal development in the face of adversity (Aslam et al., 2016). In Pakistan, Mental Toughness is especially pertinent since it is often

shown by society in the face of many hardships, including economic difficulties, natural calamities, and socio-political problems. Mental fortitude enables people to maintain resilience and actively seek personal development in the face of such adversities (Aslam et al., 2016).

Results of mediation analysis depicted that psychological flexibility mediated the relationship between religiosity and posttraumatic growth. Limited literature is available supporting the mediating role of psychological flexibility in relation to religiosity and posttraumatic growth. However, keeping in view the cultural context, in Pakistani culture, psychological flexibility is often strengthened by religious teachings that highlight the need to embrace, be patient, and have faith in God's plan (Malik et al., 2010). These lessons may improve posttraumatic growth, aiding people in navigating trauma and fostering post-traumatic growth (PTG). Research has shown that religious beliefs and practices might improve psychological flexibility by offering a cognitive structure that promotes acceptance and effective coping mechanisms (Wolgast et al., 2013). The parallel mediating analysis showed that mental toughness, social adaptability, and spirituality as subscales of psychological flexibility mediate the relation between religiosity and posttraumatic growth. Spirituality, sometimes an inherent aspect of religion, offers a structure for discovering significance and direction in the aftermath of loss. Studies suggest that spirituality improves emotional well-being by fostering feelings of tranquility, interconnectedness, and optimism, hence supporting post-traumatic growth (Tedeschi & Calhoun, 2004). In the Pakistani cultural setting, where religion has a profound impact on everyday life and strategies for dealing with challenges, spirituality plays a crucial role as a mediator. Engaging in religious activities such as prayer, reciting the Quran, and attending spiritual meetings offers

emotional and psychological assistance, aiding people in coping with their loss (Nadeem et al., 2017). The communal features of religion enhance social adaptation, which is another important factor. Religiosity often fosters social networks and community engagement, which are crucial for emotional support and resilience in times of loss. The communal aspect of Pakistani culture, characterized by its strong focus on family and community support, implies that religious persons are more likely to possess resilient social networks that provide both practical and emotional aid (Batool & Najam, 2009). These social networks facilitate people in adjusting to their new circumstances, expressing their sorrow, and discovering collective resilience, all of which lead to post-traumatic growth (PTG). Therefore, under the specific circumstances of Pakistani culture, spirituality, and social adaptation play a crucial role in explaining how religion promotes post-traumatic growth (PTG) among young people who have experienced the loss of a loved one.

Moreover, Studies suggest that religious values and customs might bolster an individual's mental resilience by fostering a constructive mindset and unwavering determination in the face of challenges, both of which are fundamental aspects of post-traumatic growth (Crust & Clough, 2011). In the Pakistani cultural setting, where religion is intricately interwoven with everyday life, the principles of religion and support from the community greatly enhance mental toughness. Islamic teachings prioritize the virtues of patience (Sabr) and reliance on God's plan (Tawakkul), which provide a solid psychological basis for resilience and personal development (Khan, 2008). The cultural promotion of mental toughness via religious beliefs assists grieving persons in reinterpreting their loss more optimistically, therefore promoting post-traumatic growth. The resilience of Pakistani society is enhanced by its collective and supportive character, which is typically focused on

religious activities and social meetings. This fosters a network of emotional and spiritual support (Aslam et al., 2016). Therefore, mental toughness plays a crucial role in connecting religion and post-traumatic growth (PTG), aiding young adults who have experienced parental loss in coping with their sorrow and ultimately becoming more resilient.

Another objective of this study was to explore the association of key demographics with religiosity, psychological flexibility, and posttraumatic growth. Findings suggested significant gender differences in optimism and resilience. Men scored higher on optimism and resilience than women. Literary works and societal observations suggest that men may exhibit more hope and resilience than women while grieving. Bonanno et al. (2004) claim that males often react to loss in a more resilient way, displaying less melancholy and keeping a more upbeat perspective throughout the grieving process. This disparity might be ascribed to many social influences and coping methods deeply embedded in gender roles. Pakistani culture is heavily influenced by conventional gender conventions, which have a considerable impact on how emotions are expressed, and coping techniques are developed. Men are often taught to be unemotional, independent, and tough when dealing with difficult situations, which might result in a more resilient attitude after experiencing the loss of a loved one (Khan & Naz, 2016). On the other hand, women, who are often more open about their feelings, may encounter social pressures that impede their ability to cope, resulting in more noticeable and intense mourning. Both literature and cultural context indicate that grieving men are likelier to display optimism and resilience than females.

Further findings suggested that undergraduates show more religious coping strategies compared to postgrads, the possible explanation could be, that young adults who are in the early stages of their adult life may depend more on religious coping strategies since they

have not yet fully formed their coping mechanisms and have a stronger need for organized support structures. Younger adults, particularly students, are more prone to participating in religious rituals, such as prayer and seeking counsel from religious authorities, as they negotiate the difficulties associated with grief. On the other hand, postgraduates, who tend to be older and have more experience, may have evolved a wider array of coping mechanisms, which might include secular and psychological methods (Khan & Watson, 2006). In addition, the educational setting for postgraduates often fosters critical thinking and provides exposure to a wide range of coping strategies that go beyond religious traditions.

Findings of group differences also suggested that single young adults who lost a parent scored higher on religious coping practices as compared to married young adults which could potentially be due to cultural context, research by Park and Folkman's (1997) study emphasizes individuals who are alone and experiencing grief frequently rely on religion as their main source of solace and purpose, particularly when they lack the immediate social support often provided by a spouse. Unmarried young adults in Pakistan, who lack emotional and practical assistance from a partner, are more inclined to resort to religious coping mechanisms such as prayer, seeking guidance from religious authorities, and participating in congregations to find comfort and communal support (Qidwai et al., 2009). In contrast, married persons often depend on their spouses for emotional support and thus use a wider array of coping strategies, including both religious and non-religious approaches (Folkman & Moskowitz, 2000). The cultural milieu in Pakistan, which places significant importance on familial and community assistance, highlights the need for unmarried young individuals on religious rituals to cope with their sorrow.

The hypothesis that the gender of a deceased parent significantly impacts religiosity, psychological flexibility, and posttraumatic growth was rejected. The results showed that the death of either parent (father or mother) results in comparable levels of religiosity, psychological flexibility, social adaptability, spirituality, mental toughness, optimism, and resilience, and posttraumatic growth, which is possibly because culture promotes psychological flexibility and social adaptation by promoting community mourning customs and shared religious ceremonies, which might mitigate the impact of the particular kind of loss. Pargament et al. (1998) argue that religiosity serves as a universal coping mechanisms, providing individuals with a sense of meaning and support regardless of which parent is lost.

Additionally, a study conducted by Bonanno et al. (2004) suggests that mental toughness is not contingent upon the specific form of parental loss, but rather is associated with individual coping strategies and the presence of support systems. Resilience and optimism are strengthened by the involvement of extended family and community, who play a vital role in offering emotional and practical assistance (Khan & Watson, 2006). Furthermore, the notion of posttraumatic growth, which occurs after experiencing trauma, is expected to occur similarly regardless of whether the bereavement is caused by the death of a mother or a father.

Another hypothesis that the type of death sudden or anticipated has a significant impact on religiosity, psychological flexibility, and posttraumatic growth was rejected. Findings that religious practices, psychological flexibility, social adaptability and spirituality, mental toughness, optimism and resilience, and posttraumatic growth in young adults who have experienced parental loss, whether expected or unintentional do not significantly differ from one another in terms of these dimensions in bereaved adults can be

justified through cultural backing. Bonanno et al. (2002) found individuals had several resilience mechanisms that are triggered independent of the kind of loss. Resilience is frequently reinforced by cultural and societal structures that prioritize collective grieving and communal assistance. Religiosity, acting as an important coping strategy, is strongly ingrained in everyday life and offers a reliable source of consolation and direction regardless of whether the death was sudden or anticipated (Pargament et al., 1998). Moreover, psychological flexibility is not intrinsically contingent upon the predictability of the event, but rather on the coping mechanisms used by the person and the presence of support networks (Kashdan & Rottenberg, 2010). The Pakistani culture places a strong focus on collective sorrow and community support, which assists people in maintaining social adaptation and mental toughness via participation in shared religious rites and communal activities (Qidwai et al., 2009). Furthermore, the notion of posttraumatic growth is supported by cultural and social systems that encourage collective resilience and adaptive coping strategies (Tedeschi & Calhoun, 2004).

Limitations and Recommendations

Despite several implications and significance, the existing study has some limitations as well. The following are limitations and recommendations for future studies to overcome the limitations of the existing research.

- Data work was collected from only urbanized populations and future research can make a comparison between urban and rural samples.
- This study had not taken socioeconomic status into account, whereas literature suggested that socioeconomic status impacts the nature of trauma, after parental bereavement.

- Self-report questionnaires can be biased by the participants' current emotional state or desire to respond in socially desirable ways.
- The findings may be considered less generalizable to other religious groups due to the fact that a substantial amount of the participants were Muslims. This religious homogeneity may induce bias in the comprehension of the function of religiosity in various faiths. To conduct a more thorough study, it is advisable to additionally assess religiosity among non-Muslims.
- Young adulthood spans a broad range of ages and is characterized by notable variations in development. Age and developmental stage variations can impact psychological adaptability and posttraumatic growth.
- Cross-sectional research design was used in the existing study, data work was on one point of time. In future studies, the longitudinal research method should be used to study the same phenomena for a longer period.
- The present study cannot be generalized to the entire parentally bereaved population because of the limited sample size and a narrow age range.
- No interventions were planned for bereaving adults in the current student, findings suggested that religious teaching and acceptance commitment therapy ACT which uses psychological flexibility as its fundamental concept, can be integrated into grief counseling for effective healing of the bereaved.

Conclusion

Young adulthood is the transitory period between late adolescence and emerging adulthood. It is a unique developmental phase marked by self-discovery, identity exploration, instability, and potential. This period, spanning from 18 to 35 involves

significant physical, psychological, cognitive, and emotional growth, driven by the need for meaning and identity development. Hence, the period of young adulthood is a critical period for the development of an autonomous self and the exploration of various identity roles. Complicated grief might hinder the growth of young adults, disrupting identity formation and the advancement of their interpersonal skills. Young adults grieving a parent's death may encounter early life issues such as relational difficulties, loss of enjoyment in activities, feelings of abandonment, anger, sleep disturbances, and trouble performing daily tasks. Stated differently, a few individuals might discover that experiencing loss itself gives them more resilience and self-assurance. From this perspective, it is possible to hypothesize that a grieved being may grow mentally and emotionally by finding meaning in the loss of a loved one. The study examined the relationship of posttraumatic growth with religiosity and psychological flexibility. Moreover, sociodemographic of the bereaved were also investigated i.e., age, gender, level of education, semester, religion, birth order, no of siblings, marital status, no of children, role of deceased parent, type of death, reason for death, year passed since parent died, age of participant at the time of death and age of the parent at the time of death. The results showed a significant association between religiosity, psychological flexibility, and posttraumatic growth. Results also displayed religiosity and psychological flexibility as significant predictors of posttraumatic growth, also psychological flexibility and its subscales strongly mediated the association of religiosity and posttraumatic growth, Therefore, it can be concluded that from the findings that religious teaching and principles and acceptance commitment therapy ACT which use psychological flexibility as its fundamental concept, can be integrated into grief counseling for effective healing of the bereaved.

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Appendix A

Permission Letter for Data Collection

University of Management and Technology
Department of Clinical Psychology
We train professionals

Date: 3-06-2024

To
Government College
University (GCU)

Dear Sir/Madam,

Re: Permission for Data Collection

Ms. Areeba Participant F2022257008 is the student of MS Clinical Psychology (Session 2022–2024) in the Department of Clinical Psychology, School of Professional Psychology, University of Management and Technology, Lahore. She is doing her research project on working university students. I would be grateful if you would allow her to collect the data from your institute. She will explain to you the aims of her research project. It is assured that this information will only be used for research purpose.

Thanking you in anticipation.

Yours sincerely,

May be allowed to collect the data for Research.

Dy. Reg (ACAD)
5/6/24

Supervisor,
Dr. Sayyeda Taskeen Zahra
Assistant Professor,
Department of Clinical Psychology
School of Professional Psychology, UMT Lahore

5/6/24
Chairperson.

C-II, Johar Town, Lahore – 54770, Pakistan. Tel. (92-42) 35212801-10 Ext. 3530
Email: spp.dean@umt.edu.pk,Website:www.umt.edu.pk

Appendix B

Phenomenological Question for Psychological Flexibility Scale (PFS)

Psychological Flexibility The ability to effectively manage unwanted inner experiencing (e.g., thoughts, memories, bodily sensations) in the present, while adjusting behaviors in the context of changing situational demands to ensure one is behaving consistently with personal values (Hayes et al., 2006)

"آپ اپنے اردگرد ایسے لوگ دیکھتے ہوں گے جو وقت اور حالات کے مطابق خود کو ڈھال لیتے ہیں ۔آپ کے خیال میں ان لوگوں میں کیا خصوصیات پائی جاتی ہیں ؟"

Appendix C

Psychological Flexibility in Young Adults with Parental

صابر ہونا	1
برداشت ہونا	2
حالات کا سامنا کرنے کی ہمت ہونا	3
دوستانہ رویہ ہونا	4
تجربات سے سیکھنا	5
مواقع سے فائدہ اٹھانا	6
مسلسل آگے بڑھنے کی جستجو کرنا	7
لوگوں سے سیکھنا	8
بامقصدزندگی گزارنا	9
مثبت سوچ رکھنا	10
آخرت پرایمان مضبوط ہونا	11
اللہ پر توکل ہونا	12
خود سے جڑے رشتوں کا احساس ہونا	13
خطرہ مول لینے کی ہمت ہونا	14
اپنی ترجیحات پر سمجھوتا کرنا	15
اپنے خوف کو خود پر ہاوی نہ ہونے دینا	16
اپنی قابلیت پر یقین ہونا	17
حال میں جینا	18
بدلتے حالات کو جلدی قبول کرنا	19
تحمل مزاج ہونا	20
عاجز مزاج ہونا	21
خود پر انحصار کرنا	22
جذبات پر قابو پانا	24
وصیع نظریہ ہونا	25
پریشان کن حالات کابہادری سے سامنا کرنا	26
تناؤکوبراشت کرنے کی سکت ہونا	27
فیصلہ کرنے کی صلاحیت ہونا	28
حقیقت ہر مبنی خواب دیکھنا	29
ہر حال میں شکر کرنا	30
قناعت پسند ہونا	31
اللہ کی رضا میں راضی رہنا	32

33	حواسوں پر قابو ہونا
34	لوگوں کو جانچنے / پرکھنے کا ہنر ہونا
36	حالات کا تجزیہ کرنے کی صلاحیت ہونا
40	احساس ذمہ داری ہونا
41	اپنی حوصلہ افزائی خود کرنا
42	خیالات میں پختگی ہونا
43	ماضی کی غلطیوں سے سبق حاصل کرنا
44	اپنی سوچوں سے آگاہی ہونا
46	محنتی ہونا
48	کامیابی پر مبنی ذہنیت ہونا
50	دوسروں کے لیئے جذباتی طور پہ میسر ہونا
51	فوری رد عمل ظاہر نہ کرنا
52	اپنی تکالیف کو چھپانے کا ہنر ہونا
54	سنجیدہ مزاج ہونا
55	ہمدرد مزاج ہونا
56	گھروالوں کے لیے قربانی کا جذبہ رکھنا
57	ماضی میں نہ جھانکنا
58	اپنے مقاصد کوحاصل کرنے کی کوشش کرنا
59	تفصیلات پر توجہ دینا
60	تجربات سے نہ گھبرنا
61	سیکھنے کا شوق ہونا
62	ہر حال میں مطمئن رہنا
63	مضبوط اعصاب کا ہونا
64	اپنی ذات سے آگاہی ہونا
65	موثر انداز گفتگو ہونا

Appendix D

Psychological Flexibility in Young Adults with Parental Loss

آپ اپنے اردگرد ایسے لوگ دیکھتے ہوں گے وقت اور حاالت کی مناسبت سے خود کو ڈھال لیتے ہیں۔

ان لوگوں میں کیا خصوصیات پائی جاتی ہیں؟

Following are some statements that describe the characteristic features of individuals (who have suffered trauma) being purposefully aware of the present moment and using moment to moment awareness of internal and external stimuli to either persist in or change behaviour based on personal values.

Please read each statement to the extent to which it reflects **psychological flexibility for trauma population.** For rating 1 = not relevant 2 = somewhat relevant 3 = quite relevant 4 = highly relevant.

Relevance Scale				Item	No.
4	3	2	1	صابر ہونا	1
4	3	2	1	برداشت ہونا	2
4	3	2	1	حالات کا سامنا کرنے کی ہمت ہونا	3
4	3	2	1	دوستانہ رویہ ہونا	4
4	3	2	1	تجربات سے سیکھنا	5
4	3	2	1	مواقع سے فائدہ اٹھانا	6
4	3	2	1	مسلسل آگے بڑھنے کی جستجو کرنا	7
4	3	2	1	لوگوں سے سیکھنا	8
4	3	2	1	بامقصدزندگی گزارنا	9
4	3	2	1	مثبت سوچ رکھنا	10
4	3	2	1	آخرت پرایمان مضبوط ہونا	11
4	3	2	1	اللہ پر توکل ہونا	12
4	3	2	1	خود سے جڑے رشتوں کا احساس ہونا	13
4	3	2	1	خطرہ مول لینے کی ہمت ہونا	14
4	3	2	1	اپنی ترجیحات پر سمجھوتا کرنا	15
4	3	2	1	اپنے خوف کو خود پر ہاوی نہ ہونے دینا	16
4	3	2	1	اپنی قابلیت پر یقین ہونا	17
4	3	2	1	حال میں جینا	18
4	3	2	1	بدلتے حالات کو جلدی قبول کرنا	19
4	3	2	1	تحمل مزاج ہونا	20

4	3	2	1	عاجز مزاج ہونا	21
4	3	2	1	خود پر انحصار کرنا	22
4	3	2	1	دوسروں سے توقعات وابستہ نہ کرنا	23
4	3	2	1	جذبات پر قابو پانا	24
4	3	2	1	وصیع نظریہ ہونا	25
4	3	2	1	پریشان کن حالات کابہادری سے سامنا کرنا	26
4	3	2	1	تناؤکوبراشت کرنے کی سکت ہونا	27
4	3	2	1	فیصلہ کرنے کی صلاحیت ہونا	28
4	3	2	1	حقیقت ہر مبنی خواب دیکھنا	29
4	3	2	1	ہر حال میں شکر کرنا	30
4	3	2	1	قناعت پسند ہونا	31
4	3	2	1	اللہ کی رضا میں راضی رہنا	32
4	3	2	1	حواسوں پر قابو ہونا	33
4	3	2	1	لوگوں کو جانچنے / پرکھنے کا ہنر ہونا	34
4	3	2	1	سماجی سرگرمیوں میں شمولیت اختیار کرنا	35
4	3	2	1	حالات کا تجزیہ کرنے کی صلاحیت ہونا	36
4	3	2	1	جذباتی بے حسی ہونا	37
4	3	2	1	زندگی میں واضح پن ہونا	38
4	3	2	1	حساس طبیت کا ہونا	39
4	3	2	1	احساس ذمہ داری ہونا	40
4	3	2	1	اپنی حوصلہ افزائی خود کرنا	41
4	3	2	1	خیالات میں پختگی ہونا	42
4	3	2	1	ماضی کی غلطیوں سے سبق حاصل کرنا	43
4	3	2	1	اپنی سوچوں سے آگاہی ہونا	44
4	3	2	1	والدین کی امیدوں پر پورا اترنےکی کوشش کرنا	45
4	3	2	1	محنتی ہونا	46
4	3	2	1	ہر حال میں گھر والوں کو ترجیح دینا	47
4	3	2	1	کامیابی پر مبنی ذہنیت ہونا	48
4	3	2	1	لوگوں کی تنقید کا خوف ہونا	49
4	3	2	1	دوسروں کے لییئے جذباتی طور پہ میسر ہونا	50
4	3	2	1	فوری ردعمل ظاہر نہ کرنا	51
4	3	2	1	اپنی تکالیف کو چھپانے کا ہنر ہونا	52

4	3	2	1	خاموش طبیعت ہونا	53
4	3	2	1	سنجیدہ مزاج ہونا	54
4	3	2	1	ہمدرد مزاج ہونا	55
4	3	2	1	گھروالوں کے لیے قربانی کا جذبہ رکھنا	56
4	3	2	1	ماضی میں نہ جھانکنا	57
4	3	2	1	اپنے مققاصد کوحاصل کرنے کی کوشش کرنا	58
4	3	2	1	تفصیلات پر توجہ دینا	59
4	3	2	1	تجربات سے نہ گھبرنا	60
4	3	2	1	سیکھنے کا شوق ہونا	61
4	3	2	1	ہر حال میں مطمئن رہنا	62
4	3	2	1	مضبوط اعصاب کا ہونا	63
4	3	2	1	اپنی ذات سے آگاہی ہونا	64
4	3	2	1	موثر انداز گفتگو ہونا	65

Appendix E

Content Validity Index

Item Number	Expert Responses								CVCI	
	E1	E2	E3	E4	E5	E6	E7	E8		
1.	3	2	4	4	4	4	4	4	7/8	0.875
2.	4	4	4	4	4	4	4	4	8/8	1
3.	4	4	3	4	4	4	4	4	8/8	1
4.	1	3	2	4	4	4	3	3	6/8	0.75
5.	4	3	4	4	4	4	4	4	8/8	1
6.	4	3	3	4	4	3	4	3	8/8	1
7.	4	3	3	4	4	3	4	4	8/8	1
8.	4	3	4	4	4	4	4	4	8/8	1
9.	4	3	3	4	4	4	4	4	8/8	1
10.	4	3	1	4	4	4	4	4	7/8	0.875
11.	1	3	3	4	4	2	4	4	6/8	0.75
12.	1	4	3	4	4	4	4	4	7/8	0.875
13.	1	3	2	4	4	4	4	4	6/8	0.75
14.	4	3	3	4	4	1	4	3	7/8	0.875
15.	4	3	4	4	4	4	4	2	7/8	0.875
16.	4	3	3	4	4	4	4	3	8/8	1
17.	4	3	3	1	4	4	4	4	7/8	0.875
18.	4	3	3	3	3	4	3	4	8/8	1
19.	4	3	3	4	4	4	4	4	8/8	1
20.	1	3	3	2	4	4	4	4	6/8	0.75
21.	1	3	4	4	4	4	3	4	7/8	0.875
22.	1	3	4	4	4	4	4	4	7/8	0.875
23.	1	1	1	1	4	4	4	4	4/8	0.5
24.	1	2	3	4	4	4	4	4	6/8	0.75
25.	4	4	4	4	3	4	3	4	8/8	1
26.	4	4	3	4	3	4	4	4	8/8	1
27.	4	4	3	4	1	4	4	4	7/8	0.875
28.	4	4	4	4	3	4	4	4	8/8	1
29.	4	3	3	4	4	4	4	3	8/8	1
30.	1	3	3	4	4	4	4	4	7/8	0.875
31.	1	3	4	4	4	4	4	4	7/8	0.875
32.	4	4	3	4	4	4	4	4	8/8	1
33.	4	3	3	4	4	4	4	4	8/8	1
34.	1	3	4	4	4	3	4	4	7/8	0.875
35.	1	3	3	1	4	3	4	2	5/8	0.625
36.	4	3	3	4	4	4	4	4	8/8	1
37.	1	1	4	1	4	1	4	2	3/8	0.375
38.	4	4	3	1	1	2	2	3	4/8	0.5
39.	1	3	4	1	4	2	4	2	4/8	0.5

40.	3	3	3	4	4	4	4	3	8/8	1
41.	4	3	4	4	4	1	4	4	7/8	0.875
42.	4	3	3	1	4	3	4	4	7/8	0.875
43.	4	3	4	4	4	4	4	4	8/8	1
44.	4	3	3	4	4	2	4	4	7/8	0.875
45.	1	3	3	4	1	3	4	2	5/8	0.625
46.	4	3	3	4	4	4	4	4	8/8	1
47.	1	2	4	4	1	4	4	2	4/8	0.5
48.	4	3	3	4	1	4	4	4	7/8	0.875
49.	1	2	3	4	4	2	4	1	4/8	0.5
50.	1	3	3	4	4	2	4	3	6/8	0.75
51.	4	3	3	4	4	3	4	4	8/8	1
52.	4	3	2	4	4	2	4	4	6/8	0.75
53.	1	2	2	1	4	4	3	3	4/8	0.5
54.	1	2	3	4	4	4	3	3	6/8	0.75
55.	1	2	3	4	4	4	4	4	6/8	0.75
56.	1	3	2	4	4	4	4	3	6/8	0.75
57.	4	3	3	4	3	2	3	4	7/8	0.875
58.	4	4	3	4	4	2	4	3	7/8	0.875
59.	4	4	3	4	4	2	3	2	6/8	0.75
60.	4	4	3	4	4	3	4	3	8/8	1
61.	4	3	4	4	4	2	2	4	6/8	0.75
62.	2	3	4	4	1	4	4	4	6/8	0.75
63.	4	4	4	4	4	4	4	4	8/8	1
64.	4	3	3	4	1	3	4	4	7/8	0.875
65.	4	3	3	4	4	4	4	4	8/8	1
SCVI					50.373/56					.90

Appendix F

Permission for Religious Ritual Behaviors Scale

Krauss, Steven 12/9/2023

to me

Salam Fatima,

You are more than welcome to use the scale.

All the best with your research!

wassalam,
Lateef (Steven)

Steven Krauss, PhD
Associate Professor | 4-H Extension State Specialist in Volunteerism and Youth-Adult Partnerships
Department of Human Development & Family Science
4-H Center for Youth Development
University of Missouri
230 Gentry Hall
Columbia, MO 65211

P: 573-882-8833 | E: skrauss@missouri.edu

Human Development and Family Science-- *"Improving the lives of individuals and families."*

From: FATIMA REHAN <f2022257011@umt.edu.pk>
Sent: Saturday, December 9, 2023 3:00 AM
To: Krauss, Steven <skrauss@missouri.edu>
Cc: Dr. Sayyeda Taskeen Zahra <taskeen.zahra@umt.edu.pk>
Subject:

Appendix F

Permission for Pakistan Religious Coping Practices Scale

Ziasma Khan 12/8/2023

to me

WS
You have consent to use my scale.
Best of luck

On Fri, 8 Dec 2023, 2:41 PM FATIMA REHAN,
<f2022257011@umt.edu.pk> wrote:

> Assalam o alikum ma'am..
> I am Fatima Rehan from University of Management and Technology, Lahore.
>
> I am a student of MS Counselling Psychology and for my Thesis work I want to use your scale "Pakistani Religious Coping Practices Scale".
> My topic of research is Religious Coping, Psychological Flexibility and Post traumatic Growth in young adults with parental loss.
>
> I would be highly grateful if you can provide me with the Scale and permission to use it in my Research.
>
> Thanks in Anticipation.
> Regards

Appendix H

Demographic Information Form

Age: ______________________

Gender: (a) Male (b) Female

Level of education: (a) Undergraduate (b) Post Grade

Semester: ______________________

Religion: (a) Islam (b) Others

Birth order: ______________________

No. of sibling (Other than you): ______________________

Marital status: (a) Single (b) Married

No of children (if married): ______________________

Role of deceased parent: (a) Father (b) Mother

Years passed since parent's death: ______________________

Age of parent at the time of death: ______________________

Reason of death: ______________________

Type of death: (a) Sudden/ Accidental (b) Anticipated/ Natural

Age of participant when parent died: ___________________

Contact with parent before death: (a) Daily (b) Once a week (c) Twice a week (d) Once a month (e) Twice a month

Bonding with the Deceased parent: (a) Close (b) Satisfactory (c) Distant

Appendix I

RRBS

Instructions: This questionnaire is designed to measure your religious beliefs and practices. Please answer the questions honestly and to the best of your ability. For each question, choose the response that best describes your beliefs or behaviors. Response Scale: Never = 0, Rarely = 1, Sometimes = 2, Most of the time = 3, Always = 4

1	I make an effort to deepen my understanding of Islamic law. I make an effort to deepen my understanding of the law/rules/teaching/precepts of my religion.	0	1	2	3	4
2	I feel at peace when I hear the Qur'an recited. I refer to Al Qur'an/my Holy book/Scriptures to obtain tranquility (peace).	0	1	2	3	4
3	I love my brothers and sisters in Islam as I love myself. I love my brothers and sisters in my religion as I love myself.	0	1	2	3	4
4	I use the lessons from the Qur'an and Hadith in my conversations. I use the lessons from the Holy Book/Scriptures in my conversations.	0	1	2	3	4
5	I try to understand the meaning of Qur'anic words/verses. I try to understand the teachings of my religion in the Holy Book/Qur'an.	0	1	2	3	4
6	I invite others to perform obligatory prayer (salat). I invite others to perform salat/prayer/religious service.	0	1	2	3	4
7	I avoid something if I am unsure about its legal status. I avoid something if I am unsure about its religious implications.	0	1	2	3	4
8	I make an effort to remember death often. I make an effort to remember death and the afterlife often.	0	1	2	3	4
9	I make sure that when I read the Qur'an. I understand its demands. I make sure that I understand the demands/obligations/teachings of my religion.	0	1	2	3	4
10	I find time to recite the Qur'an even if I am busy. I find lime to recite the Qur'an/Holy book/Scriptures even if I am busy.	0	1	2	3	4
11	I will seek God's help first then to others when faced with difficulty.	0	1	2	3	4
12	I frequently discuss religious issues with my friends.	0	1	2	3	4

	I frequently share my religious values with my friends.					
13	I make sure all my family members are following the teachings (sunnah) of Rasulullah. I make sure all my family members are following the teachings of my religion.	0	1	2	3	4
14	I make an ongoing effort to increase the frequency of my non-obligatory (nafil) prayers. I make an ongoing effort to increase the frequency of my good deeds.	0	1	2	3	4
15	I am involved in Da'wah's work. I am involved in religious work.	0	1	2	3	4
16	I perform my work duties enthusiastically because it is a form of worship (ibadat). I perform my work duties enthusiastically because of my religion/God.	0	1	2	3	4
17	I make an effort to obey Allah S.W.T.'s rules in every situation. I make an effort to obey the rules/advice of my religion (God) in my daily life.	0	1	2	3	4
18	I refer to the people who know when I feel uncertain about Islamic rulings. I refer to the people who know when I feel uncertain about the rulings/teachings of my religion.	0	1	2	3	4
19	I make effort to internalize the Prophet's ethical conduct in my daily life. I make an effort to internalize the ethical conduct of my religion in my daily life.	0	1	2	3	4
20	I make sure that when I read the Qur'an. I understand its demands. I make sure that I understand the demands/obligations/teachings of my religion.	0	1	2	3	4
21	I like to take advantage of opportunities to understand my religion with my family.	0	1	2	3	4
22	I look for opportunities to give charity.	0	1	2	3	4
23	I set aside money every year for charity. I set aside money every year for religious purposes.	0	1	2	3	4
24	I pray the 5 compulsory (fard) prayers {solat) every day. I practice solat/religious prayers as taught in my religion.	0	1	2	3	4

Appendix J

PRCPS

This section of the questionnaire consists of a list of different practices that people may use in an attempt to solve their problems. Please read each of the practices and determine the extent to which you have used the practice to cope with difficulty. For each item, you should choose one of the following options. Not at all = 1, Somewhat = 2, Quite a bit =3, A great deal = 4.

1.	I perform the Nafil prayer to seek help from Allah.	1	2	3	4
2.	I made a vow (manat) in the name of Allah and pledged to fulfill that vow if my problem is solved.	1	2	3	4
3.	I sought (or was comforted by the fact that a family member sought) the company of righteous men close to Allah to obtain their dua for the solution of my problem	1	2	3	4
4.	I read (or was comforted by the fact that a family member read) a special Wazifa for the removal of my problem.	1	2	3	4
5.	I read (or was comforted by the fact that a family member read) special duas for the solution to my problem.	1	2	3	4
6.	I made (or was comforted by the fact that a family member made) a vow (manat, hold a Quran Kawani or some similar religious gathering if my problem is solved.	1	2	3	4
7.	I held (or was comforted by the fact that a family member held) a special religious gathering such as a Khatam for the solution to my problem.	1	2	3	4
8.	I gave (or was comforted by the fact that a family member gave) Sadaqah in the name of Allah.	1	2	3	4

Appendix K

PFS

ہدایات: ذیل میں شخصیت کے بارے میں بیانات دیئے گئے ہیں۔ آپ ہر بیان کو غور سے پڑھیں اور بتائیں کہ ہر بیان آپ پر کس حد تک لاگو ہوتا ہے۔ یہ بتانے کے لیئے بالکل نہیں، بہت کم، ایک حد تک، بہت زیادہ ، ہمیشہ میں سے کسی ایک پر نشان لگائیں۔ ہر سوال کا جواب دینا لازمی ہے

1.	F1	مشکل حالات میں صبر کرنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
2.	F1	مشکل حالات کو برداشت کرنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
3.	F1	مشکل حالات کا سامنا کرنے کی ہمت رکھنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
4.	F1	لوگو ں سے دوستانہ رویہ رکھنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
5.	F2	تلخ تجربات سے سبق حاصل کرنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
6.	F2	موجودہ حالات کے مواقعوں سے فائدہ اٹھانا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
7.	F1	زندگی میں مسلسل آگے بڑھنے کی جستجو کرنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
8.	F1	لوگوں سے حالات کے مطابق ڈھلنے کا ہنر سیکھنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
9.	F1	زندگی کو بامقصد طریقے سے گزارنے کی کوشش کرنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
10.	F3	مشکل حالات میں مثبت سوچ رکھنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
11.	F1	آخرت پرایمان مضبوط ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
12.	F1	اللہ پر توکل ہونا اور بہترین کی امید ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
13.	F2	مشکل حالات سے نمٹنے کے لیے خطرہ مول لینے کی ہمت ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
14.	F3	اپنی ترجیحات پر سمجھوتہ کرلینا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
15.	F3	اپنے خوف کو خود پر حاوی نہ ہونے دینا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
16.	F2	مشکلات سے نمٹنے کے لیئے اپنی قابلیت پر یقین ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
17.	F3	حال میں جینا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
18.	F3	بدلتے حالات کو قبول کرنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
19.	F3	مشکل حالات کا سامنا تحمل سے کرنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
20.	F1	عاجز ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
21.	F2	مشکلات کے دوران صرف خود پر انحصار کرنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ

22.	F3	مشکلات کے دوران اپنے جذبات پر قابو رکھنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
23.	F3	زندگی میں وسیع نظریہ ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
24.	F3	پریشان کن حالات کابہادری سے سامنا کرنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
25.	F3	تناؤکوبراشت کرنے کی سکت ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
26.	F3	مشکل حالات میں صحیح فیصلہ کرنے کی صلاحیت ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
27.	F1	حقیقت پسند ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
28.	F1	ہر حال میں شکر کرنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
29.	F1	اللہ کی رضا میں راضی رہنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
30.	F2	لوگوں کو جانچنے / پرکھنے کا ہنر ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
31.	F2	حالات کا تجزیہ کرنے کی صلاحیت ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
32.	F2	ذمہ داری کا احساس ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
33.	F2	مشکلات کے دوران اپنی حوصلہ افزائی خود کرنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
34.	F2	ماضی کی غلطیوں سے سبق حاصل کرنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
35.	F2	مشکل حالات میں محنت سے کام لینا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
36.	F2	کامیابی پر مبنی ذہنیت ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
37.	F2	دوسروں کے لیئے جذباتی طور پر میسر ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
38.	F2	اپنی تکالیف کو دوسرو ں سے چھپانے کا ہنر ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
39.	F3	سنجیدہ مزاج ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
40.	F1	ہمدرد مزاج ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
41.	F3	تجربات سے نہ گھبرانا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
42.	F3	ہر حال میں مطمئن رہنا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
43.	F2	اپنی ذات سے آگاہی ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ
44.	F1	موثر انداز گفتگو ہونا	بالکل نہیں	بہت کم	ایک حد تک	بہت زیادہ	ہمیشہ

Appendix L

PTGS

درج ذیل پیمانے کا استعمال کرتے ہوئے اس مشکل وقت کے نتیجے میں آپ کی زندگی میں جس حد تک یہ تبدیلی واقع ہوئی ہے اس سے نیچے کے بیانات میں سے ہر ایک کی نشاندہی کریں

0=میں نے اپنے مشکل وقت کے نتیجے میں اس تبدیلی کا تجربہ نہیں کیا

1=میں نے اپنے مشکل وقت کے نتیجے میں اس تبدیلی کا تجربہ بہت تھوڑی حد تک کیا یا

2=میں نے اپنے مشکل وقت کے نتیجے میں اس تبدیلی کا تجربہ تھوڑی حد تک کیا

3= میں نے اپنے مشکل وقت کے نتیجے میں اس تبدیلی کا تجربہ تھوڑی حد سے زیادہ کیا

4=میں نے اپنے مشکل وقت کے نتیجے میں اس تبدیلی کا تجربہ زیادہ کیا

5=میں نے اپنے مشکل وقت کے نتیجے میں اس تبدیلی کا تجربہ بہت زیادہ کیا

5	**4**	**3**	**2**	**1**	**0**	**Items**	**Sr. No**
5	4	3	2	1	0	چیزوں کی اہمیت کے مطابق میں نے اپنی ترجیحات بدل دی ہیں	1
5	4	3	2	1	0	مجھے اپنی زندگی کی اہمیت کی بہت قدر ہے	2
5	4	3	2	1	0	میں نے نئی زندگی میں نئی مصروفیات ڈھونڈ لی ہیں	3
5	4	3	2	1	0	میرے اندر بہت خود انصاری ہے / مجھے خود انصاری کا بہت احساس ہے	4
5	4	3	2	1	0	میں روحانی معاملات کی بہتر سمجھ رکھتا / رکھتی ہوں	5
5	4	3	2	1	0	میں واضح طور پر ان لوگوں کی پہچان کر سکتا/ سکتی ہوں جن پر مشکل وقت میں بھروسا کر سکتا/ سکتی ہوں	6
5	4	3	2	1	0	میں نے اپنی زندگی کے لیے ایک نیا راستہ چن لیا ہے	7
5	4	3	2	1	0	میرے اندر دوسروں کی قربت کا زیادہ احساس ہے	8
5	4	3	2	1	0	میں اپنے جذبات کا اظہار کرنے کے لیے تیار رہتا/رہتی ہوں	9
5	4	3	2	1	0	مجھے معلوم ہے کہ میں مشکلات کا مقابلہ کر سکتا/ سکتی ہوں / قابو پا سکتا/ سکتی ہوں	10
5	4	3	2	1	0	میں اپنی زندگی میں بہتر چیزیں کر سکتا/ سکتی ہوں	11
5	4	3	2	1	0	میں چیزوں کے کام کرنے کے طریقوں کو اچھے سے سمجھنے کے قابل ہوں	12
5	4	3	2	1	0	میں ہر آنے والے دن کی قدر کرتا/کرتی ہوں	13
5	4	3	2	1	0	اب مجھے نئے مواقع میسر ہیں جو شاید پہلے نہیں تھے	14
5	4	3	2	1	0	میرے اندر دوسروں کے لئے بہت احساس ہے	15
5	4	3	2	1	0	میں اپنے تعلقات نبھانے کے لیے زیادہ کوشش کرتا/کرتی ہوں	16

5	4	3	2	1	0	جن چیزوں کے تبدیل ہونے کی ضرورت ہے میں انہیں تبدیل کرنے کی کوشش کرتا/کرتی ہوں	17
5	4	3	2	1	0	میرا مذہب پر پختہ یقین ہے	18
5	4	3	2	1	0	میں نے یہ جانا ہے کہ میں اپنی سوچ سے زیادہ مضبوط ہوں	19
5	4	3	2	1	0	میں نے لوگوں کی اچھائی کے بارے میں بہت کچھ سیکھا ہے	20
5	4	3	2	1	0	میں لوگوں کی مدد کو ہمہ تن قبول کرتا/کرتی ہوں	21

Appendix M

Department of Clinical Psychology

School of Professional Psychology

University of Management and Technology

We train Professionals

Certificate of Approval of Dissertation

Name of Candidate: Fatima Rehan **Participant ID:** F2022257011

Approval for: Research Thesis

APA Format (7th Edition)

▪ Title Page (See Appendix A for Guidelines)	☐ Yes	☐ No
▪ Table of Contents (See Appendix A for Guidelines)	☐ Yes	☐ No
▪ Font size	☐ Yes	☐ No
▪ Spacing	☐ Yes	☐ No
▪ Margins	☐ Yes	☐ No
▪ Page numbers	☐ Yes	☐ No
▪ Alignment	☐ Yes	☐ No
▪ Reference citation	☐ Yes	☐ No
▪ Grammar Check (by using software, e.g. Ginger)	☐ Yes	☐ No
▪ Quality of Expression	☐ Yes	☐ No

Main Dissertation

Item	Yes	No
1. Introduction	☐ Yes	☐ No
1.1 Implications of the current research	☐ Yes	☐ No
1.2 Aims	☐ Yes	☐ No
1.3 Objectives	☐ Yes	☐ No
2. Review of literature	☐ Yes	☐ No
2.1 Recent local and international literature	☐ Yes	☐ No
2.2 Rationale of the study	☐ Yes	☐ No
2.3 Research Questions	☐ Yes	☐ No
2.4 Hypotheses	☐ Yes	☐ No
3. Method	☐ Yes	☐ No
3.1 Research design	☐ Yes	☐ No
3.2 Setting	☐ Yes	☐ No
3.3 Participants (sampling strategy)	☐ Yes	☐ No
3.4 Measures	☐ Yes	☐ No
3.5 Procedure (ethical considerations)	☐ Yes	☐ No
4. Analysis of the results	☐ Yes	☐ No
4.1 Descriptive analysis	☐ Yes	☐ No
4.2 Inferential analysis	☐ Yes	☐ No
4.3 Summary of results	☐ Yes	☐ No
5. Discussion	☐ Yes	☐ No
6. Limitation and Recommendation	☐ Yes	☐ No
7. Conclusion	☐ Yes	☐ No
8. References	☐ Yes	☐ No
9. Appendices	☐ Yes	☐ No
10. Plagiarism report	☐ Yes	☐ No

- This document is approved/ not approved for final submission.

Signature of the Deponent	Signature of the Supervisor
___________________________	______________________________
Fatima Rehan	Dr. Sayyeda Taskeen Zahra
Dated: 26-08-2024	Date: 26-08-2024