

**Deanship of Graduate Studies
Al-Quds University**



**The Effects of Father's Death in Childhood at
Adolescents from 11 to 18 Years Old in Jerusalem Area**

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M.Sc. Thesis

Jerusalem-Palestine

2018/1440

**The Effects of Father's Death in Childhood at
Adolescents from 11 to 18 Years Old in Jerusalem Area**

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**A thesis is Submitted in Partial fulfillment of
requirement for the degree of Master in Community
Mental Health/ Psychotherapy/ School of Public
Health/Al-Quds University**

2018/1440

Al-Quds University
Deanship of Graduate Studies
Master in Community Mental Health/ Psychotherapy



Thesis Approval

The Effects of Father's Death in Childhood at Adolescents from 11 to 18 Years Old in Jerusalem Area

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Master thesis submitted and accepted, Date: 9/ 12 /2018

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Jerusalem- Palestine

2018/1440

Dedication

To my beloved ones...

Declaration:

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and that this study (or any part of this study) has not been submitted for a higher degree to any other university or institution.

Signature:

Merna Albert Awad Jaraiseh

Date: 9/12/2018

Acknowledgments

I would like to express my deep gratitude to each and every person who accompanied me through writing this research; I would like to express my great appreciation and deep gratitude to Dr. Salam Alkhatib my research supervisor, for her precious support and continuous encouragement, for her guidance, and useful critique of the research work.

Also, I would like to extend my thanks to the examiners who examined this research and had their valuable input and to the staff and professors of Al-Quds University who assisted me during my study.

Finally, I am very grateful to all my family members and friends, whom without their constant support, unconditional love and persistent encouragement throughout my study, this work would not have been possible.

Abstract

Background: Father's death is considered as one of the major issues affecting the family all over the world, and it is worst in a patriarchal society like Palestine. The emotional, behavioral, and physical effects of father's death had been highlighted by different studies as a major concern in the world and particularly among adolescents. However, there is a lack of such studies in Palestine.

Aim: To assess the effects of father's death in childhood at adolescents from 11 to 18 years old , in Jerusalem Area.

Method: A cross sectional design was utilized to achieve this purpose. The data was gathered between middle of March 2018, and finished at the end of July, 2018. Non-probability sample – convenience sample used in this study, reached out 120 females and male adolescence between the ages of 11 and 18years, who experienced the death of their fathers in childhood, in Jerusalem. The data was collected using the Youth-Self report (YSR) for adolescents; it is a questionnaire filled out by youth themselves. It consists of 113 items (range: 0 – No, 1– somewhat/sometimes true, 2–Yes true. The YSR-Self report shares eight cross-informant syndrome scales derived by principal components analysis: (1) withdrawn, (2) somatic complaints, (3) anxious/ depressed, (4) social problems, (5) thought problems, (6) attention problems, (7) delinquent behavior, and (8) aggressive behavior. These subscales are not directly equivalent to any clinical diagnosis but have proven useful for screening children and adolescents with behavioral problems across multiple cultures.

This study used descriptive statistical techniques, and frequency distribution of socio-demographic, cause of death, socioeconomic status, time passed since father death, and religiosity level. Frequency of adolescence behavior problems rated by adolescents themselves were conducted using cut-off points of YSR-Self report for adolescents. Association between child behavior problems and sex were tested using t-test in which sex and age, mother's work were the independent variables and mean of total YSR-Self report for adolescents, externalizing and internalizing problems as dependent variables. Differences between other variables such as cause of death, time passed since father death, socioeconomic status, religiosity level and child behavior problems were tested by parametric test (One Way ANOVA) in which socio-demographic variables were entered

as independent variable and mean of YSR-Self report, externalizing, and internalizing subscales as dependent variables.

Findings: Analysis of the participants' characteristics showed that males were (37.5%) and females were (62.5%). Their ages ranged between (11-18) years old and all from Jerusalem area. 51.7% had 4 and less siblings, 40.8% had 5-7 sibling, and 7.5% had 8 and more siblings. Regarding family economic status 29.2% had low family monthly income, 55.0% had medium, and 15.8% had high. Regarding to the time since the father death, 16.7% had lost father less than 2 years, 35.0% had loss 2-5 years, and 48.3% had lost father more than 5 years. Regarding cause of father loss, 10.0% lost their father due to Road Traffic accident, 29.2% due to sudden death, 48.3% had chronic disease, 4.2% were murdered 8.3% had been Martyr.

The findings showed that the total YSR self report problems were highest as internalizing problems, and lowest as thought problems, also the study found statistically significant relationship between YSR self report and other variables; sex, age, socioeconomic situation, religiosity level, cause of death, and the age of the child when the father passed away.

Conclusion: This study concluded that the death of the fathers in childhood affected the adolescents negatively, exacerbate internalizing problems (anxiety/depression, somatic and withdrawal) at adolescent female, and externalizing problems (aggressive, and delinquent problems) at adolescent males later. Adolescents who belonged to low socioeconomic status, with low religiosity and their fathers were murdered had more total YSR problems than others. These findings could help improve the interventions and preventions for adolescents who lost their fathers at young age. The findings from this study need greater attention from the families, mental health professional, and policy makers, to target children shortly after father's death in order to help children with grieving process and to prevent future emotional, social and behavioral problems.

تأثير وفاة الأب في مرحلة الطفولة على المراهقين من عمر 11-18 سنة في القدس

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إشراف: د.سلام الخطيب

ملخص

خلفية الدراسة: إن وفاة الاب أحد القضايا الأساسية التي تواجه العائلة محلياً وعالمياً، وهي أسوأ في المجتمع الأبوي مثل فلسطين. وقد سلطت دراسات مختلفة الضوء على الآثار العاطفية والسلوكية والبدنية لوفاة الأب باعتباره مصدر قلق رئيسي في العالم وبين المراهقين باهتمام بالغ. ومع ذلك، هناك نقص في مثل هذه الدراسات في فلسطين.

الهدف: إن الهدف من هذه الدراسة هو تقييم تأثير وفاة الاب في مرحلة الطفولة على المراهقين من عمر 11-18 سنة في القدس.

منهجية الدراسة: تم استخدام المنهج الكمي المقطعي من أجل تحقيق هذا الهدف، حيث تم جمع البيانات خلال شهر آذار 2018 - يوليو 2018، شملت العينة شملت العينة 120 مراهقاً من الإناث والذكور تتراوح أعمارهم بين 11 و 18 عاماً، عانوا من وفاة الأب في مرحلة الطفولة في القدس. من خلال استخدام منهجية العينة الغير احتمالية Non-probability sample - العينة الملائمة convenience sample لاختيار المشاركين. تم جمع البيانات باستخدام الاستبيان YSR الذاتي للمراهقين. إنه استبيان تم ملؤه من قبل المراهقين أنفسهم. ويتكون من 113 مادة (النطاق: 0 - 1، بعض الأحيان، 2 - نعم). يتبادل تقرير YSR-Self ثمانية جداول متلازمة cross-informant syndrome scales من تحليل المكونات الأساسية: (1) الانسحاب (2) المشكلات الجسدية، (3) القلق / الاكتئاب، (4) المشكلات الاجتماعية، (5) مشكلات الفكر، (6) مشكلات الانتباه، (7) سلوكيات انحرافية، و(8) السلوك العدوانية. أي ما يعادل أي تشخيص سريري لكنها أثبتت فائدتها لفحص الأطفال والمراهقين الذين يعانون من مشاكل سلوكية عبر ثقافات متعددة.

تم استخدام تقنيات الإحصاء الوصفي - توزيع التردد الاجتماعي الديموغرافي، سبب الوفاة، الحالة الاجتماعية الاقتصادية، الوقت المنقضي منذ وفاة الأب. وأجري التكرار من مشاكل السلوك المراهقة المصنفة من قبل المراهقين أنفسهم باستخدام تقرير YSR-ASEBA الذاتي للمراهقين. تم اختبار الارتباط بين مشاكل سلوك الطفل والجنس باستخدام اختبار t حيث المتغيرين المستقلين الجنس والعمر، كان عمل الأم من المتغيرات المستقلة ومتوسط مجموع تقرير YSR الذاتي للمراهقين متغير

تابع. تم اختبار الاختلافات بين المتغيرات الأخرى مثل سبب الوفاة ، والوقت المنقضي منذ وفاة الأب، والحالة الاجتماعية والاقتصادية، ومشاكل YSR من خلال اختبار حدودي (ONE WAY ANOVA) حيث تم إدخال المتغيرات الاجتماعية والديموغرافية كمتغير مستقل ومتوسط مشاكل YSR كمتغيرات تابعة.

النتائج: أظهر تحليل بيانات المشتركين إلى أنه يوجد 37.5% ذكور و 62.5% إناث، تراوحت أعمارهم ما بين (11-18) سنة وكلهم من منطقة القدس. في ما يتعلق بعدد الأشقاء؛ 51.7% لديهم 4 وأقل من الأشقاء، 40.8% لديهم 5-7 أخوة، و 7.5% لديهم 8 أشقاء وأكثر. أما فيما يتعلق بالوضع الاقتصادي العائلي، كان 29.2% دخل عائلي منخفض، و 55% لديهم دخل عائلي متوسط، و 15.8% لديهم دخل عائلي مرتفع. وفيما يتعلق بالوقت المنقضي منذ وفاة الأب، فقد 16.7% أباً لأقل من عامين، و 35.0% فقدوا منذ 2-5 سنوات، و 48.3% فقدوا الأب لأكثر من 5 سنوات. أخيراً فيما يتعلق بأسباب وفاة الأب؛ فقد 10.0% أباهم بسبب حادث مروري، 29.2% بسبب الموت المفاجئ، 48.3% لديهم مرض مزمن ، 4.2% قُتلوا، 8.3% أُستشهدوا.

أوضحت النتائج أن إجمالي مشاكل التقرير الذاتي لل (YSR) كانت أعلى مع مشكلات داخلية للإناث Internalizing problems، ومشكلات خارجية للذكور Externalizing problems وأقلها كمشاكل فكرية Thought problems، كما وجدت الدراسة علاقة ذات دلالة إحصائية بين تقرير مشاكل YSR وغيره من المتغيرات؛ الجنس، والعمر، ومستوى التدين، والوضع الاجتماعي الاقتصادي، وسبب الوفاة ، وعمر الطفل عندما توفي الأب.

الخلاصة : وخلصت هذه الدراسة إلى أن وفاة الآباء في الطفولة أثرت سلباً على المراهقين، مما أدى إلى تفاقم المشاكل الداخلية (القلق / الاكتئاب، الجسدية والانسحاب) عند المراهقات، ومشاكل خارجية (مشاكل عدوانية، وانحرافيه) عند المراهقين في وقت لاحق. فالمرهقون الذين ينتمون إلى وضع اجتماعي واقتصادي منخفض، مع قلة التدين وأبائهم قد قُتلوا، كانت لديهم مشاكل إجمالاً أكثر من غيرها. هذه النتائج يمكن أن تساعد في تحسين التدخلات والوقاية للمراهقين الذين فقدوا آباءهم في سن مبكرة. وتحتاج النتائج التي توصلت إليها هذه الدراسة إلى مزيد من الاهتمام من جانب الأسر، وأخصائيي الصحة النفسية، وصانعي السياسات والقرارات، لاستهداف الأطفال بعد وفاة الأب بقليل من أجل مساعدة الأطفال في عملية فقدان والحزن ومنع المشاكل العاطفية والاجتماعية والسلوكية في المستقبل.

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Chapter 1

Introduction

Chapter I

Introduction

1.1 Introduction

This chapter, will present an overview of the proposed study, including the background, problem statement, justification of the study, main objectives, specific objectives, research questions, study feasibility, and study limitations.

1.2 Background

Death of parent in childhood is a tragic, irreversible loss, that leads to elevated stages of psychological distress (Silverman, 1992) when the children face father's death, they need to grieve, digest, and process their own feelings, thoughts, and emotions in their own ways. The process of grief and mourning can be a long and painful that impact their development, leave affects on their adolescence where they contemplate and understand that death is final (Mack, 2001), they may manifest emotional and behavioral symptoms, acute grief reactions, adjustment disorder, irritability, depressed mood, sleep disorders, and lower self-esteem (Mack, 2001).

Depressive symptoms are the most common psychological adjustment after parental death, adolescents who experience father's death are at risk of develop internalizing problems like anxiety, somatic disorder, but mainly major depressive episodes (Mack, 2001). Previous retrospective studies found that depression after parental death correlated with a history of depression, sexual abuse, and any psychiatric disorder (Weller, 1991).

Usually there are some risk factors which already may exist before the death and influence psychological adjustment after the loss. Stress caused by death and grief may irritate represent mental health issues, when mental health issues of adolescents existed before the bereavement (Dowdney, 2005).

One of the main risk factor for increased depressive symptoms in adolescents is gender, as females girls suffering twice as much as boys (Lewinsohn, 1998). Low socio-economic status is also an important risk factor correlated with more vulnerability to less positive life events, parenting issues and difficulties to manage the effects of the bereavement of the family (Evans, 2002). Age of the child when his father passed away is another risk factor, different ages of child development may conceptualize death and grief in different ways according to his level of cognitive functioning, and emotional regulations, after facing the death of father, as the child manage and deal with his mourn according to his developmental level, the child also may withhold his grief until he reaches an appropriate developmental level to do so, like adolescence or adulthood (Fleming and Adolph, 1986).

The Palestinian Multi-Indicator Cluster Survey (2014) data showed that 2.3% of children between the age of 0-17 years, have lost either one or both of their parents. In Gaza Strip, 2.1% of children between the ages of 0-17 years live with their mothers while their fathers

are alive, while this rate was 1.5% in the West Bank (PCBS, 2016). As there are two distinct areas in Palestinian Territories: the West Bank (including East Jerusalem) and the Gaza Strip. West bank officially controlled by the Palestinian Authority, East Jerusalem, Israel effectively annexed it immediately after the Six-Day War of June 1967, an area comprising the much smaller former Jordanian municipality of east Jerusalem. This area, which was also part of the entire Israeli municipality of Jerusalem, was applied to Israeli law, jurisdiction and administration. The residents of East Jerusalem became Israelis residents with blue Israeli identity cards and a temporary Jordanian passport (Le More, 2008).

Father's death, bereavement, grief, and mourning are still under study. As the previous studies in this field had small sample, and non-representative sample (Balk, 2001). The emotional, behavioral, and physical effects of father's death had been highlighted by different studies as a major concern in the world and particularly among adolescents. However, there is a lack of such studies in Palestine. This quantitative study seeks to address this paucity in research by conducting a cross-sectional design of a study for assessing the psychological effects of father's death in childhood among adolescence from 11-18 years old in Jerusalem.

Therefore, this study highlighted the effects of father's death in childhood at adolescents from ages 11 to 18 years old, in Jerusalem area.

1.3 Problem statement:

The Palestinian Central Bureau statistics (2016) showed that the crude death rate is 3.5 deaths for every 1000 of population in State of Palestine. In the West Bank the rate is 3.7, while in Gaza Strip, the rate is 3.3. In Jerusalem 950 children experienced the death of their fathers, 400 of them males, and 450 females. 10 children experienced the death of both parents (PCBS, 2016).

In Africa 34.294 orphans 11.9% from the total number of children, in Asia 65.504 orphans 6.5% from the total number of children, in Latin America it is 8.166 orphans 6.4% from the total number of children. Also, 5% number of children in the United States, as 1.5 million children lose one parent or both parents by the age 15 (IHH, 2016).

In Sweden, 2016, a national cohort study assessing "parental death during childhood and depression in young adults". Findings showed that children whom experienced parental loss from external causes like suicides, and children facing loss of parent in young ages, are at risk of mental health issues and should be part of a early interventions, preventive intervention after the loss, while the children whom lost their parent from natural causes have small risk of long term consequences of mental health issues (Rostila et al., 2016).

In UK, 2017, a longitudinal study assessing the longer-term effects of parental death in adolescents and young adults. It tracked respondents over 7 years. Findings confirmed that adolescents suffers adjustment disorder, after the death of one or both parents during their childhood, which consent with the previous. Adjustment disorders including depression, low academic achievement, delinquency behaviors, aggressive behaviors, and substance abuse (Mueller, 2017).

Death has psychological effects of grief, children find difficult to mourn and grief, additional to the termination and loss of family bonds and social interactions with the deceased (Parkes, 1998).

As the death of a father, children find more difficulties to manage their thoughts and feelings, they may need longer time and more painful process, and they may delay their grief to a different period of age development where they can understand the death is final (Coyne & Beckman, 2012). The death of the father may affects the rest of the child life, it is true that it is a single death but it is enough to transform one's life, it is a life alerting

especially when it is in the same sex, it affects all aspects of one's life, challengeable dealing with emotional, physical, social, and behavioral changes (Greenspan & Wieder, 2006).

In Arab world around 250.000 orphans, and in Palestine it is around 4000 children experienced the death of their father, around 1800 from them are males and around 2200 females (PCBS, 2016). The literature reveals the lack of studies in Palestine. Therefore, this study aimed at assessing the effects of father's death in childhood at adolescence from ages 11 to 18 years old, in Jerusalem area.

1.4 Justification of the Study

This study is significant because:

1. There's a lack of scientific studies about the effects of father's death in the Arab world, especially in Palestine.
2. Father's death is considered as one of the major issues affecting the family all over the world, and it is worst in a patriarchal society like Palestine.
3. To increase knowledge and awareness for families, and professionals in mental health in schools and community centers, about the effects of father's death in childhood among adolescence.
4. To help the mental health professionals, to be more aware and understandable of the effects of father's death at adolescence from 11 years to 18 years old on the personal and societal levels, to give early attention and provide suitable intervention in the childhood.

1.5 Main Objective

The aim of this study is to assess the effects of father's death in childhood at adolescents from 11 to 18 years old, in Jerusalem Area.

1.6 Specific Objectives

1. To assess the effects of father's death in childhood on Youth Self-Report problems (YSR); {Internalizing problems (Withdrawn, Somatic Complaints, Anxious/Depressed), social problems, thoughts problem, attention problems, and externalizing problems (Delinquent Behavior, Aggressive Behavior)} at adolescents from 11 to 18 years old, in Jerusalem area.
2. To assess the relationship between the socio-demographic (age, sex, socio-economic status, religiosity level, mothers' work) and the YSR {internalizing problems (withdrawn, somatic complaints, anxious/depressed), social problems, thoughts problem, attention problems, and externalizing problems (delinquent behavior, aggressive behavior)} at adolescents from 11 to 18 years old, whom experienced their father's death in childhood, in Jerusalem area.
3. To assess the relationship between the age of the child when the father passed away (Birth to 2 years, 3 to 6 years, 7 to 11 years) and the YSR problems {internalizing problems (withdrawn, somatic complaints, anxious/depressed), social problems, thoughts problem, attention problems, and externalizing problems (delinquent behavior, aggressive behavior)} at adolescents from 11 to 18 years old, whom experienced their father's death in childhood, in Jerusalem area.
4. To assess the relationship between the cause of death and the YSR problems {internalizing problems (withdrawn, somatic complaints, anxious/depressed), social problems, thoughts problem, attention problems, and externalizing problems (delinquent behavior, aggressive behavior)} at adolescents from 11 to 18 years old, whom experienced their father's death in childhood, in Jerusalem area.

1.7 Research Questions:

1. What are the effects of father's death in childhood on YSR problems {internalizing problems (withdrawn, somatic complaints, anxious/depressed), social problems, thoughts problem, attention problems, and externalizing problems (delinquent behavior, aggressive behavior)} at adolescence from 11to 18 years old, in Jerusalem area?
2. Is there a relationship between the socio-demographic (age, sex, socio-economic status, religiosity level, mothers' work) and the YSR problems {internalizing problems (withdrawn, somatic complaints, anxious/depressed), social problems, thoughts problem, attention problems, and externalizing problems (delinquent behavior, aggressive behavior)} at adolescents from 11to 18 years old, whom experienced their father's death in childhood, in Jerusalem area?
3. Is there a relationship between the age of the child when the father passed away (Birth to 2 years, 3 to 6 years, 7 to 11 years) and the YSR problems {internalizing problems (withdrawn, somatic complaints, anxious/depressed), social problems, thoughts problem, attention problems, and externalizing problems (delinquent behavior, aggressive behavior)} at adolescents from 11to 18 years old, whom experienced their father's death in childhood, in Jerusalem area.?
4. Is there a relationship between the cause of death and the YSR problems {internalizing problems (withdrawn, somatic complaints, anxious/depressed), social problems, thoughts problem, attention problems, and externalizing problems (delinquent behavior, aggressive behavior)} at adolescents from 11to 18 years old, whom experienced their father's death in childhood, in Jerusalem area?

1.8 Study Feasibility

1. Ethical approval was obtained from Al-Quds University.
2. The researcher has a working experience around 10 years in Jerusalem area.
3. The interest and knowledge of the researcher helped in the process of conducting this research.

1.9 Study Limitations

Despite the feasibility of this study, each study has its limitations and this one is presented by:

- The generalization of the findings of this study might be limited, as this study only included adolescents lost their father at childhood in Jerusalem.
- Randomized sampling wasn't used in the study and instead a convenience sampling (non-probability sampling method) was used which might limit the generalization of the findings, lack of representation of the population, and possibility of sampling error.

1.10 Summary

- The chapter presented the problem statement, justification of the study, research questions, study feasibility, and study limitations.
- The literature revealed the lack of studies in Palestine that assessed the The Effects of Father's Death in Childhood at adolescents from 11 to 18 Years old in Jerusalem area.
- The aim of this study is to assess the effects of father's death in childhood at adolescents from 11 to 18 years old , in Jerusalem area.

The next chapter discusses the literature review of this current study.

Chapter II

Literature Review

Chapter II

Literature Review

2.1. Introduction

This chapter will discuss the literature review, theoretical perspective of grief and bereavement, and the previous that assessed the effects of father's death.

First, an overview about, loss, bereavement versus grief, mourning, death, grief and bereavement in families, and father's death is presented. Then theoretical perspective of grief and bereavement; including Psychoanalysis Theory, Continuing Bonds Theory, Bowlby Attachment Theory, Kübler-Ross, Grief Cycle, Parkes and Weiss's Bereavement as Psychosocial Transitions, Dual Process Model of Bereavement. Third, the studies that assessed the effects of father's death are reviewed. Finally, the conceptual framework of the study.

2.2. Section I – Overview

2.2.1. Background:

Death is an essential issue with which human must wrestle throughout everyday life. It is at the core of human experience, forces him to confront his ultimate priorities, constraints him to defy his definitive needs, to remind him more intensely than whatever else how much family connections matter (McGoldrick, 1991).

The death of a nearby relative, as the father is a noteworthy wellspring of mental trouble, which is exacerbated by an unnatural death including crime, martyr, or an accident, as well as the sudden onset of disease under unusual conditions (Barek & Haque, 2014). Such an unexpected or violent death can prompt the improvement of mental side effects in deprived relatives.. The majority of people would hope to recoup from the misfortune and come back to ordinary working after a timeframe, yet for a few, this regular procedure is upset or delayed (Barek & Haque, 2014).

Silverstein and Auerbach (1999) contend that father's passing has a negative effect on adolescents wellbeing, not necessarily negative of father absence itself, different variables can influence, the mothers' alone are overrepresented in lower financial gatherings, neediness which results in negative adolescent outcomes (Silverstein and Auerbach, 1999).

2.2.2. Loss

The loss is the process of losing something or someone, it is the time of sorrow and grieving after taken something from you or destroyed (Kaplan and Sadock, 2007).

Loss is the time of sorrow and grieving after death. Loss can be physical, emotional, or financial. The physical loss related to what the human can touch or measure, such as losing a parent through death (Kaplan and Sadock, 2007).

2.2.3. Bereavement versus grief

Bereavement is objective description refers to the state of loss, the loss of someone or something, such as death, which terminate a bond with a significant person (Kaplan and Sadock, 2007).

The normal reaction to a loss is part of bereavement, as well as the process of grief and mourning after death of later in person's life, the reactions may be emotional, physical social or mental (Kaplan and Sadock 2007). On the other hand, grief is a subjective description refers to the reaction to loss, the pain, discomfort, mental and physical feeling after a loss of anything, which not has to be death.

Grief is a multifaceted response to loss, particularly to the loss of someone or something that has died, to which a bond or affection was formed. Although conventionally focused on the emotional response to loss, it also has physical, cognitive, behavioral, and social dimensions..

Grief is also a response to any loss. The grief connected with death is recognizable to majority of people, yet people differently in their variety of losses throughout life, it likewise, physical, interpersonal, behavioral, and social (Kaplan and Sadock's, 2007).

There are two types of grief, the normal grief, and the complicated/prolonged grief; the normal grief reaction looks like strong longing, mild anger, depression, and Lack of acceptance – “I cannot believe it happened” (Prigerson, 1999). 10-15% of individuals experiencing prolonged or complicated grief; the long term severe symptoms after loss which includes yearning, intrusive thoughts, avoidance of places or events, emotional numbing, guilt, anger, emptiness, hyper-responsiveness for more than 6 months causing functional impairment in different realms of life (Prigerson, 1999).

❖ **The four most common trajectories of Grief:**

- **Resilience**

It is the most common, natural reaction to loss; “The ability of adults in otherwise normal circumstances who are exposed to an isolated and potentially highly disruptive event, such as the death of a close relation or a violent or life-threatening situation, to maintain relatively stable, healthy levels of psychological and physical functioning” (Bonanno, 2004).

- **Recovery**

When normal functioning temporarily gives way to threshold or sub threshold psychopathology (Bonanno,2004).

- **Chronic dysfunction**

Delayed affliction and being unable to function, typically enduring a multi year or more (Bonanno, 2004).

- **Delayed Grief**

At the point when adjustment appears to be typical and normal after death, yet then pain and distress increase months after the loss. Studies have not discovered proof of delayed grief, but rather delayed trauma seems to be a genuine phenomenon (Bonanno, 2004). In instances of delayed grief, the response to the loss is delayed until later period of developmental age, even years after the death, in adolescence or adulthood, and may be activated by an apparently random occasion, for example, an ongoing separation or even the passing of a pet, however with responses over the top to the present circumstance.

may show as any of the responses in ordinary sorrow: aches of exceptional longing fits of misery, short episodes of crazy chuckling, mournful or uncontrolled wailing, feeling of sadness, anxiety, sleep deprivation, distraction with contemplations about the deceased one, also unexplained anger, or major depression , which In both cases response may summon self-destructive inclinations (Bonanno, 2004).

The term "delayed grief" is additionally used to depict an example in which manifestations of misery, looking for, longing (and so on.), are happening at a substantially later day and age than is normal. Delayed grief refers to any reaction that occurs later than usual, as a delayed onset of symptoms (Bonanno, 2004).

2.2.4. Mourning:

The process by which sadness is settled, grief is resolved, it is the societal articulation of post-bereavement behaviors and practices (Kaplan and Sadock's, 2007).

Wearing dark garments is one practice followed in numerous nations, however different types of dress are additionally observed. Those most influenced by the departure of a friend or family member frequently watch a time of lamenting, set apart by withdrawal from get-togethers and calm, aware conduct. Other people may likewise pursue certain religious customs for such events.

Grieving may likewise apply to the passing of, or commemoration of the demise of, an imperative individual like a nearby pioneer, ruler, religious figure, and so forth. State grieving may happen on such an event. Lately a few conventions have offered approach to less strict practices, however numerous traditions and customs keep on being pursued (Kaplan and Sadock's, 2007).

Children have great variation in behavior; one minute crying the next minute playing, as they are unable to sustain mourning behavior for long periods of time. It is common in children to have guilt feeling connected to the loss, due to the causal relationship and a limited understanding of the causes of death, and many need to "re-mourn" at important developmental passages and life events (Schonfeld & demaria, 2016).

2.2.5. Death

Is the termination of all biological functions that sustain an organism, is the end of every single natural capacity that continue a living being, Phenomena which ordinarily achieve passing incorporate organic maturing senescence, predation, lack of healthy sustenance, sickness, suicide, murder, starvation, drying out, and mishaps or injury bringing about terminal damage. Groups of living life forms start to deteriorate not long after death. Passing has ordinarily been considered a tragic or obnoxious event, because of the end of social and familial bonds with the deceased. Different concerns include fear of death, necrophilia, anxiety, emotional distress, depression, misery, empathy, or isolation (Kaplan and Sadock's, 2007).

❖ Four Bio-Scientific Components of Death:

There are four bio-scientific components of death, including universality, irreversibility, non-functionality, and causality. Non-corporeal continuation, as fifth component was proposed, refers to the spiritual, and that some of life continues after the death of physical body, which put attention on the age of the child when he reaches a mature understanding of death (Mark, 1995).

- **Universality**

Universality refers to a sub-concept in which death is understood as happening to everyone, not to be avoid, and that all living things must eventually die (Mark, 1995).

- **Irreversibility**

Irreversibility refers to the lack of recognition that actions can be reversed, it is a long lasting permanent, in which death understood that once the physical body dies it cannot be made alive again (Mark, 1995).

- **Non-functionality**

Non-functionality refers to the understanding that when death occurs the physical body dies, and by that all the typical life-defining capabilities of the living physical body cease, no more walking, hearing, thinking, feeling, learning, seeing, eating, drinking...ext.

The non-corporeal as fifth component, argue whether some aspect of the human, like the spirit, is capable to function the loving after the death (Mark, 1995).

- **Causality**

Causality has no general agreement like the other components of death. However, the various approaches propose the definition of causality refers to the explanation people make for the events they observe, a realistic knowledge of the internal and external events that may possibly cause the death. Causality; "Abstract" refers to the classes of causes which caused the death, general accepted to living things, while, "Realistic" refers to the valid cause of death that mature people may generally accept (Mark, 1995).

As we may notice, the four components concentrated on the scientific parts of death, focused on the physical body, ignoring any importance of the spiritual bond after death. Young children have lack realization of the physical body, and that death happened after failure of the internal organs in the body, they can't realize that death is universal, it is not reversible and permanent, and they may give unrealistic causes for the death, or feel as they did something bad and because of it the significant person in his life passed away. While for School aged children understand death as it is permanent and irreversible, and are aware of universality of death (Mark, 1995).

2.2.6. Grief and Bereavement in Families

The family where a parent dies usually face more difficulties than other families, they had many different changes and challenges to deal with, as financial difficulties, psychological issues, and other social difficulties (Fauth, 2009).

Modernist theorists focus on the person's himself experience of grief, while continuing bonds theory attend to the cultural and historical context, a family's grieving process can be understood as a child's grief is informed by and inextricably linked to family relationships. A child makes sense of their parent's death by interacting with family members. The findings in Nadeau's study complement those of the Childhood Bereavement Study, as both found families that were more able to communicate and collectively process the death better situated to experience a healthy adaptation to the loss. Also Rosenblatt and Elde (1990) studied the role that reminiscence among family members can play in coming to terms with loss. Shared reminiscence involves recalling common experience about the parent who has died, or events not experienced by the listener but those they can appreciate, and integrating these with personal memories (Rosenblatt & Elde, 1990). Among the families studied, Rosenblatt and Elde found that what really helps the family to move forward is to share together their thought, emotions, and rituals in order to be more empathetic and supportive to each-other, and the importance of sharing reminiscence to achieve the mutual support (Rosenblatt & Elde ,1990). This study involved interviewing adults whose parents died and explored the value of sibling shared reminiscence. One notable limitation of the applicability of this study to childhood loss is the child's developmental capacity for use of language as it can hinder a child's ability to participate in shared reminiscence.

As understood by family systems theory, the family must adjust to the absence of the deceased family member, and their roles and functions in the family must be taken over by others (McGoldrick, 1991). Maintaining a connection to the deceased that is consistent with family dynamics and the child's cognitive development allow for continued living in the face of death of a parent. In constructing a relationship to the deceased parent, a child's family is instrumental. Janice Nadeau conducted a qualitative study (1998) of family meaning-making in the process of family bereavement, exploring patterns of meaning in ten nonclinical, multigenerational families. Her findings included patterns of "meaning-

making enhancers” such as a family’s willingness to share meanings, frequency of family contact, family rituals, and the nature of the death (Nadeau, 2001).

The Harvard Childhood Bereavement Study identifies six categories of mediating factors in a child’s adjustment to loss, two of which involve the surviving family unit: “the functioning of the surviving parent and his or her ability to parent the child” and “family influences such as size, solvency, structure, style of coping, support, and communication, as well as family stressors and changes and disruptions in the child’s daily life” (Worden, 1996)

2.2.7. Father's Death:

When the child lose his parent in his childhood, this loss could be correlated with risk on mental health issues, behavioral, emotional and mortality difficulties (Rostila & Saarela, 2011).

The relationship between the father and child is significant and influential in both of them lives, it is a unique bond and attachment, this relationship father-child influence many aspects of the child's life, as his development, wellbeing, morals, and characteristics (Rohner and Veneziano, 2001) However, child whom has no father figure, has less chance than other children to rich his environment with experiences on cognitive, behavioral, emotional, and self confident aspects, and these affects the child academic achievement, self-image, social relationships, emotional problems, substance abuse, aggressiveness, and behavioral problems (Blankenhorn, 2005).

Rohner and Veneziano (2001), made a literature review study, related to "the importance of fathers on children’s development and well-being" , they discovered that the impact of fathers on their children conceivably offers solid mental improvement, self-idea and advancement of individual qualities through youth, youthfulness and adulthood and might be a defensive factor against the advancement of maladaptive practices and negative self-image (Rohner and Veneziano, 2001).

Father's death could mean losing both, even temporarily. The loss of the death, and the sorrow following the death, moreover exacerbate the impact of loss. It's very important for a child and adolescent to be all around by other significant, and caring adults. Social support needed, supportive, caring, loving, comfortable and secure environment is important for every child, but it's more essential for the child who experienced loss in his

childhood, and for the females more than males especially in adjustment and well-being. A study by Maier and Lachman (2000), assessed the impact of the death of parent before the age of 17 on their physical and mental well-being at the middle-aged adults, in which the finding showed that the death of parent had positive correlation with increased autonomy in men, and increased depression in women, and that each child reacts different, their emotional reactions different, their level of resilience different, by that not all the children whom their father passed away in their childhood may experience the same affects later in the middle-aged adults (Maier and Lachman, 2000).

The loss of a parent figure impact the self-esteem of adolescent females more than their male counterparts, while female teenagers take on more emotional responsibility for intimate relations. Adolescent females tend to measure their self- esteem in a negative way when faced with the loss of a parent, and they are more anxious about abandonment (Strauman, 2011).

The response of children and adolescents to a loss is similar to that seen in adults, but the period of time and overt grievance process are different. There are the developmental differences; as the cognitive skills and personality structures, use more psychological defense mechanisms for children and adolescents than adults such as regression and denial, putting them at psychological risk after the father's death, as denial can prevent a child and adolescent to confront and work through feelings of loss, which cause the child behavioral, physical and emotional difficulties for months, years or later when a child remedies his or her sorrow (Re-works the grief) (Piaget, 1951).

With the developmental differences, Nagy(1984) designed and implemented a three- stage awareness model and linked the stages to approximate chronological ages; the first stage, three to five years of age, children's cognitive and language development is too immature to have any conception of death, they consider death to be reversible; as the deceased considered sleeping (less alive) (Nagy,1948). In this stage as Piaget it is the (preoperational), development level generally does not recognize the irreversibility of death (Piaget, 1951).

The ages of five to nine, is the second stage, here children start to see death as reversible, but that death won't happen to them, it happens to other people. And in the third stage, ten years and above, death are final, it is a failure in the internal organs of the physical body.

Which makes it true that age of child varies regress despite the differences in emotional threats and resilience (Nagy,1948).

In psychoanalysis, many psychoanalysts argue that children usually use immature defense mechanisms, such as denial, which interfere with adequate loss resolution, and that it is not until adolescence that children can tolerate the severe painful effects needed to complete the separation process (Munro, 1969). Bowlby, a psychiatrist, emphasize the similarities in the responses to loss between children and adults, and sees them as evolutionary basis, arguing children's ability to mourn is largely terminological, with most psychoanalysts restrict the usage of mourning in psychological process.

The probability of parental death varies according to local and social circumstances. Little attention has paid to ethnicity, class and material circumstances. Minority ethnic groups may suffer losses through migration, disadvantage and racism, which may increase their vulnerability to the loss of their father (Desai,. 2007).

McLanahan & Sandefur (1994), had implement several researches for years, as they included assessing, analyzing, and evaluating four large national databases and the control of a wide variety of factors, including urban location, race, income, residential instability, parent's education, child's cognitive ability, child support and other variables provided evidence that the absent of father may cause negative and painful consequences in children's life (Mclanahan & Sandefur,1994)

Studies showed that father's death worsen economical condition of the family and led to mothers' work outside home to be able to carry out her family financially. Consequently, mothers have less time to supervise the children, and they may cause low academic achievement, and behavioral problems (Barber and Eccles, 1992). But also, it may cause positive psychological consequences on the adolescent, mainly on the well-being, which may occur by the positive model, suitable coping mechanisms, support system, personal strength and good financial status (Barber and Eccles, 1992).

A study done on children whose fathers were killed in a violent death by Haggerty (1998), showed an essential response by bereaved adolescents three to four years after death. The finding showed that some children became needy or aggressive, others exhibited emotional control and laudable behavior, other bereaved children assumed new tasks and

responsibilities due to the absence of the parent, they boosted their self-esteem. The needful and requisite create from these children hard workers in order to survive.

In Sweden, a national cohort study (2016) examining "Parental death during childhood and depression in young adults" and was conducted by Rostila et al, (2016). The study found that parental loss to death due to natural causes during childhood is linked to a small increased risk of long-term psychological consequences. However, children who lose their parents to death due to external causes, as like suicides, accidents or murders, and children who lose their parent in childhood are at specific risk and early intervention, as prevention suppose to be implemented after the loss of parent (Rostila et al., 2016).

One of the new researchers, titled with the stigma associated with bereavement by suicide and other sudden deaths, proposed that suicide and other traumatic death can have specific difficult for people to disclose or even recognize (Pitman et al, 2018). People pointed to suicide as stigmatized death, and that they feel as they need to contain and keep silent, but people suffered from terrorism or train crash grieve openly and angrily: suicide seen as 'private troubles' differ from terrorism or train crash which seen as 'public issues'. The sudden traumatic events of the death are linked to the circumstances of the death suicide, murder, accident and the consequences associated with social acceptance of public displays of grief and mourning (Pitman et al, 2018).

Although the impacts of father's death were highlighted worldwide, religion, ethnicity, and cultural factors must be taken into account (Bracken, Giller, & Summerfield, 1995; Friedman et al., 2011).

Western societies can treat the deceased with the utmost material respect, an official embalmer and rituals. Eastern societies may be more open to accept it as an accomplished fact, with a funeral ceremonies honoring the dead person (Marilyn et al., 1999).

The Japanese have an ancient tradition between life and death, they have particular biological and cultural background, as in Japan, too, ending a life with honor by seppuku was considered a desirable death, while suicide is regarded as a sin, whereas he traditional Christian and Islamic cultures. (Valentine, 2009)

In Arab communities, there are Muslims and Christians; Muslims believe that life today is only a preparation for the next realm of life, that death is only movement from one world to another. It can be described as a journey through an existence dimension. The Prophet

taught that three things can still help a person even after death; charity which he gave, knowledge he had taught and prayers of a righteous in their behalf (<http://www.religiousmovements.org>).

There is a diversity of practice among. There are Christian traditions that say when someone dies, they sleep, and when Jesus comes again they wake up. In mainstream traditions, death is more a transition to another kind of life. Also, majority of Christians believe in some sort of heaven, in which believers enjoy the God's presence and the freedom from suffering and sin. Most of the Christians believe that Jesus died on the cross for the sins of humanity, so that mankind could be saved. There are heaven and hell in the Bible. It is clearly stated that those who do not follow Jesus and believe in him end up in hell, while those who do achieve salvation end up in heaven. In the Bible it is explained in the bible that there is a time for birth, and a time for death (<http://www.religiousmovements.org>).

2.3. Section II: Theoretical perspective of grief and bereavement

2.3.1. Psychoanalysis theory

The first theory that examined the grieving process as a linear one was the theory of Psychodynamic, as a limited time experience. Freud drew up the concept the 'grief work' to distinguish between pathological and normal grievances. He argued the concept that "when the work of mourning is completed the ego becomes free and uninhibited again" (Freud, 1917).

Freud acknowledged later that "the acute state of mourning will subside... we shall remain inconsolable and will never find a substitute" (Freud, 1929). "Disengaging," "ending," "hypercathecting," and "relinquishing the bond" are all traditional psychoanalytic descriptions of the last phase of healthy grievance (Freud, 1917).

Freud's ideas emphasized grief about personal attachment. The theory emphasizes that grieving individuals are looking for a lost attachment. Freud described mourning as being separated from the beloved. Freud defines mourning as a state of melancholy which suggests melancholia escalates when mourning goes wrong. Melancholy is seen as a profound depression involving a complete loss of pleasure in almost everything (Freud, 1961).

2.3.2. Continuing bonds theory

Silverman and Klass (1996) not see sorrow or grief as ever completely resolved, leading to "closure" or "recovery". This theory claims in which "the resolution of grief involves continuing bonds that survivors maintain with the deceased" have presented an alternative approach to grief. They add that the continuation of an attachment link facilitates adaptation to life without the presence of the deceased, the focus is on the nature of the ongoing relationship with the deceased (Silverman & Klass, 1996).

Silverman and Klass suggest that instead of "letting go" the bereaved person negotiates and renegotiates over time the meaning of their loss, as death is permanent, but grief and mourn can keep the deceased's presence in the web of the family, they are remembered and hard to forget, and they continue to play role in the memories of the bereaved (Silverman & Klass, 1996).

2.3.3. Kübler-Ross Grief Cycle

The model has five stages of grief that are part of every grievance process, it was originally developed to describe the experience of those who die from terminal disease (Kubler-Ross, 2005).

- ❖ **Denial** is the first of the five grief stages. It helps us to overcome the loss, here the world becomes meaningless and overwhelming, where life doesn't make sense. people are in shock and state of denial. people go numb, wondering how can they go on, they try to find a way to get up every day and get through each day, asking themselves why they should go on. Denial and shock help people to cope and enable them to survive. When people accept the reality of the loss and they begin to ask themselves questions, the healing process begins unknowingly. They get stronger and the denial begins to fade, but usually as people proceed, all the feelings they denied start to surface.
- ❖ **Anger** is a necessary stage of the process of healing, people need to be willing and ready to feel their anger, even if it might seem endless, the more they truly feel it, the more it starts to dissipate and the more they heal. There are many other emotions and people usually get to them in time, but anger is the emotion that people manage the most. In reality anger, has no limits. It can extend not only to the friends, the doctors, your family, themselves, and the loved one who died, but to God as well. There's pain underneath is anger.
- ❖ **Bargaining**; it seems like people will do anything if only the beloved one is spared. "Please God, " people negotiate and bargain, after a loss, bargaining may take the form of a temporary truce. People get lost in a maze of "If only..." or "What if...", they want to return life to what it was; they want to return their beloved one, to return back time. Guilt is often the companion of bargaining. The "if only" causes people to find fault and what they "believe" they could have done differently.
- ❖ **Depression**; following the bargaining, people focus into the present. The emptiness they feel, and grief becomes part of their lives on a very deep level. This depressive stage feels as though it will last forever. It's important for people to understand that

this depression is not a sign of mental illness. It is the appropriate response to a great loss. Depression after a loss is too often seen as unnatural: a state to be fixed, something to snap out of, while the loss of a loved one is a very depressing situation, and depression is a normal and appropriate response. As not to experience depression after a loved one dies would be unusual. If grief is a process of healing, then depression is one of the many necessary steps along the way.

- ❖ **Acceptance**; following the depression, people start the acceptance stage, to accept the reality that a loved one is physically gone and to recognize that this new reality is the permanent reality. People will never like this reality or make it OK, but eventually they accept it, and learn to live with it, as in resisting this new norm, at first many people want to maintain life as it was before a loved one died. Finding acceptance may be just having more good days than bad ones. As people begin to live again and enjoy life, they may feel as they are betraying the beloved deceased, people will never replace what has been lost, but they can make new connections, new meaningful relationships, new inter-dependencies, and become involved in their lives. People begin to live again, but they cannot do so until they have given grief its time.

2.3.4. Bowlby Attachment theory:

Bowlby was born in London with upper-middle-income family. He was the fourth of six children. Bowlby was raised primarily by nursemaid Minnie who acted as a mother figure to him and his siblings. His father was surgeon to the king's household, with a tragic history: at age five, he was killed while serving as a war correspondent in the Second Opium War. Normally, Bowlby saw his mother only one hour a day after teatime, though during the summer she was more available. She considered that parental attention and affection would lead to dangerous spoiling of the children. Bowlby was lucky in that the nanny in his family was present throughout his childhood. When Bowlby was almost four years old, his beloved nursemaid Minnie who was actually his primary caretaker in his early years, left the family. Later, he was to describe this as tragic as the loss of a mother. Bowlby was extremely affected by the loss of his nursemaid Minnie as she acted as his mother substitute in a warm and nurturing way

like a mother should. This early loss of Bowlby's "mother-figure" fuels his interest later in life around what is now known as attachment theory (Bowlby, 1970).

❖ **The four distinguishing characteristics of attachment as Bowlby believed in:**

- Proximity Maintenance - Ideally, the child can rely on his caregiver for comfort when he feels threatened, scared or at risk..
- Safe Haven- Here, Re, the caregiver provides the child with a good and reliable basis as he continues to learn and sort things himself. Return to comfort and security in the face of fear and threat.
- Secure Base- This means that the child wants to explore the world, but remains close to his caregiver. The attachment figure acts as a basis of security from which the child can explore the surroundings.
- Separation Distress- This means that the child is disappointed and sorry when he is separated from his caregiver. The child has anxiety in the absence of the attachment figure (Bowlby, 1973).

❖ **The four general phases of mourning according to Bowlby include:**

- Numbing is characterized by feelings of disbelief that death occurred, providing a temporary relief from the loss-related pain to the grieving person.
- Yearning and searching involves realizing the loss when the numbness begins to disappear. Anger and frustration are common at this stage, as the grieving person is looking for someone to blame.
- The phase of disorganization involves accepting the reality of the loss, together with all the turmoil it causes. At this stage, self-evaluation without the deceased often occurs.
- The phase of reorganization takes effect after the deceased has come to realize a new life. This phase is characterized by gradual changes as life's painful attempts (Bowlby, 1980).

Bowlby's renowned attachment theory evolved from the study of a child's grieving over an absent parent. While the nature of the relationship of attachment has become a cornerstone of the clinical lens, contemporary theorists have begun to increasingly integrate the consideration of the larger environment of the child, including the family and culture (Bowlby, 1980).

2.3.5. Parkes and Weiss's Bereavement as Psychosocial Transitions

The perspective of bereavement taken by Parkes and Weiss (1983) is one of a psychosocial transition. The bereaved person has experienced a rupture of their normative view of the world, resulting in a need to establish and accept a new and altered world view. This is essentially a developmental process. The bereaved person must stop attending to the wishes of their lost loved one and must, as, for example, in the case of spousal bereavement, begin to learn to think in terms of "I" rather than "we". The challenge to the assumptive world view experienced by the bereaved can be all-encompassing. New roles need to be learned to accommodate domestic tasks which were previously the domain of the deceased. Parkes and Weiss are describing Bowlby's fourth phase of grief – that of reorganisation and accommodation of the loss within everyday life. For Parkes and Weiss, healthy grief requires the loss to be assimilated and a new world view constructed in its wake (Parkes & Weiss, 1983).

2.3.6. Dual Process Model of Bereavement

In recent years, researchers have turned their attention to consideration of the processes which influence individual outcomes within the bereaved. The Dual Process Model of coping with bereavement is a dynamic model in which the person oscillates between loss orientation and restoration. Suggesting that the grieving person will focus on the restoration plans or activities when focusing on the loss becomes too much to bear. Both orientations are sources of stress, are burdensome, and are associated with distress and anxiety. A griever will oscillate between confronting the loss and avoiding the loss. The coping task may not be to return to previous levels of functioning but to negotiate meaningful life without the deceased (Stroebe & Schut, 1999) .

2.4. Section III: Studies that assessed the effects of father's death

Bergman, Axberg, and Hanson (2017), "when a parent dies", a systematic review of the effects of support programs for parentally bereaved children and their caregivers. The study inclusion criteria were comparative studies with samples of parentally bereaved children 0-18 years old. The findings showed that 17 studies were included, consisted of 15 randomized controlled studies, the studies were published within several disciplines such as psychology, social work, medicine and psychiatry, which illustrates that support for bereaved children is relevant for different professions, also results indicated that relatively brief interventions can prevent children from developing more severe problems after the loss of a parent, by that the study recommended further research including how best to support younger bereaved children.

Stikkelbroek, et al. (2015), in their prospective longitudinal study "Mental health of adolescents before and after the death of a parent or sibling" they assessed the change in mental health following bereavement of 2230 Dutch adolescents. 131 adolescents (5.9 %) had experienced family bereavement at the last wave. The findings showed that bereaved adolescents within 2 years after the death, reported more internalizing problems, compared to the non-bereaved peers, and that 22 % new clinical cases were found in family-bereaved, in comparison to 5.5 % new cases in non-bereaved, also, they found that multiple family bereavements predicted fewer externalizing problems. They recommended the need of awareness among professionals regarding the risks for aggravation of mental health problems after family loss.

Berg et. al. (2014), conducted a study to examine "Parental Death During Childhood and Subsequent School Performance", The study investigated the association between parental death before 15 years of age and school performance between 15 and 16 years of age, taking into consideration potentially contributing factors such as family socio-economic status (SEP) and parental abuse, mental health issues and crime. The results showed that parental death was associated with lower rates of paternal and maternal death, and the adjustment to SEP and psychosocial parental factors weakened the associations, but the results remained statistically significant. And that parental death

during childhood was associated with lower grades and school failure, especially for deaths by external causes (i.e., accident, violence, suicide) (Berg et al., 2014).

A study by **Ellis, Dowrick , and Lloyd-Williams** (2013), reported the results of perceptions of the long-term impact of early parental death: lessons from a narrative study. The participants were Individuals living in the North West of England who had lost a parent(s) before the age of 18 in UK. An exploratory qualitative design using written ($n = 5$) and oral ($n = 28$) narratives and narrative analysis was adopted to explore the experiences 33 adults (7 men and 26 women) who had experienced parental death during childhood. The results indicated three common themes of narratives: positive a disruption and continuity, the role of social networks and affiliations and communication and the extent to which these dynamics mediated the bereavement experience and the subsequent impact on adult life. Specifically they illustrate how discontinuity (or continuity that does not meet the child's needs), a lack of appropriate social support for both the child and surviving parent and a failure to provide clear and honest information at appropriate time points relevant to the child's level of understanding was perceived to have a negative impact in adulthood with regards to trust, relationships, self-esteem, feeling of self-worth loneliness and isolation and the ability to express feelings. This study findings suggest that if the negative consequences are to be minimized it is crucial that guidelines for 'best practice' that recognize the complex nature of the bereavement experience are followed (Ellis et al., 2013).

Appel et al. (2013), in their study; "Early Parental Death and Risk of Hospitalization for Affective Disorder in Adulthood", They examined the association between early parental loss and hospitalization risk for an adult emotional disorder. They included 1,225,660 people born in Denmark in 1970-1990 in a national registered cohort study, 138,893 of whom died before the age of 30. Follow-up for emotional disorder hospitalization in 1990–2009 resulted in 15,261,058 person-years and 19,867 emotional disorder hospitalizations (prepared $n=2,644$; unprepared $n=17,223$). A Cox proportional hazard model was used for the early evaluation of hazard ratios (HRs) for hospitalization with an affective disorder. They found that people who experienced early parental death had an increased risk of unipolar hospitalization (men: $HR=1.33$; 95% confidence interval $[CI]=1.23-1.44$; women: 1.23 ; $1.17-1.30$). There have been

stronger associations with parental death caused by suicide than with other causes. For bipolar affective disorder, only after suicide was an increased risk of hospitalization observed (Appel et al., 2013).

A study by **Gali Cas et al.** (2013), Evidence from the Indian Ocean Tsunami by population-representative longitudinal data collected by children aged 9-17 in Aceh, Indonesia, before and after December 2004 at the time of the tsunami, aimed at identifying the impact of parental death on children's well-being. The study exploited the unexpected nature of parental death caused by the tsunami in combination with the measured well-being of the same children before and after the tsunami, and estimated models that include fixed effects on children to isolate the causal effect of parental death. After the study, the children lost one or both parents and the children whose parents survived were compared. The short- and long-term impacts are not identical. Five years after the tsunami, the tsunami had significant deleterious effects on older boys and girls, while the effects on younger children were more silent (Gali Cas et al., 2013).

Coyne and Beckman (2012), the aim of their study was to better determine what types of struggles a student faces after the loss of the parent by death in their research; the loss of the parent by death: determining the impact of the student. They analyzed previous research to determine the most significant manifestations after parental death. The results indicated that academic achievement is not sufficiently investigated to determine whether it is particularly affected by parental loss through death, primary and secondary age groups are the most academically affected, the developmental level of a child contributes to its reaction to parental death, the emotional well-being of a student is the most commonly researched manifestation, and University faculty are the most common publishers of this topic from previous research. They recommended further research regarding the impact of a parental death on students to be conducted (Coyne and Beckman, 2012).

Brent, Melhem, Donohoe, and Walker (2009), "The Incidence and Course of Depression in Bereaved Youth 21 Months After the Loss of a Parent to Suicide, Accident, or Sudden Natural Death". This study examined effects of bereavement 21 months after a parent's death, particularly death by suicide. The participants were 176

offspring, ages 7–25, of parents who died by suicide, accident, or sudden natural death. They were assessed 9 and 21 months after the death, along with 168 non-bereaved subjects. The findings showed that major depression and alcohol or substance abuse 21 months after the parent's death were more common among bereaved youth than among comparison subjects. Offspring with parental suicide or accidental death had higher rates of depression than comparison subjects; those with parental suicide had higher rates of alcohol or substance abuse. Youth with parental suicide had a higher incidence of depression than those bereaved by sudden natural death, most propitious time to prevent or attenuate depressive episodes in bereaved youth may be shortly after the parent's death. Interventions that target complicated grief and blaming of others may also improve outcomes in symptomatic youth with parental bereavement (Brent et al., 2009).

Jacobs, and Bovasso (2009), A study was conducted to investigate whether parent death experiences in childhood increase the risk of adult psychopathology. Through the 1981 Baltimore Epidemiologic Catchment Area study, 3,481 men and women came together and continued through 1994–95. The diagnostic interview survey was conducted by trained interviewees and used to evaluate DSM-III disorders such as major depression, panic and anxiety disorders. The death of the father during childhood more than doubled the risk for major depressive disorder in adulthood. The findings did not show any significant interactions between gender of the deceased parent and gender of the participant nor did the current age of the participant or their age at the time of the death of a parent affect risk for adult psychopathology. The findings did not show any significant interactions between the deceased parent's gender and the participant's gender, nor did the participant's current age or age at the time of the parent's death affect the risk to adults psychopathology. During childhood, the death of the father more than doubled the risk of serious depressive disorder in adult life. The long-term effect of the death of the father in childhood on adult depression is attributed to probable financial stresses, which may have continued for years and possibly in early adulthood, complicating the adaptation of the family to the initial loss (Jacobs and Bovasso, 2009).

Further, a parental death study by **Ketron (2008)** grievous loss of life while maintaining relationship, examined how an adult whose parent died in childhood understands their ongoing relationship with that parent and whether rituals or practices are essential to the observation of that ongoing relation. Interviews Nterviews were carried out with twelve

adults whose mother or dad died between the ages of 0 and 17. Participants were asked how they understood the connection with their deceased parent and whether rituals or practices were part of their deprivation process over time. The results of this study showed that the continued recognition of the deceased parent was a significant aspect or part of the life of the participant. The experience of the child at the time of death was most strongly influenced by the age, developmental stage and family dynamics of the participants. The results showed that the amount of energy invested in the deceased parent has shifted over time, most often in conjunction with nodal life events. The results of this study suggest that clinicians can help children, families and individuals suffering from loss to communicate their experience. For some people who are suffering, clinicians can facilitate relationships with the deceased (Ketrone,2008).

Esleah (2000), conducted a study to examine the psychological compatibility of those deprived of the father (sons of martyrs in the Gaza Strip), this study aimed to reveal the extent of psychological compatibility among the deprived of the father, in particular the children of martyrs in the Gaza Strip. The sample of the study was (104) of the students in the tenth, eleventh and twelfth grades whom were sons of martyrs 56 were males and 48 were females. The researcher used the personal and social compatibility test for adults (Dr. Deeb 1988) and the social and economic level questionnaire. The search results showed that: there are differences of statistical significance on the dimensions of compatibility between children of martyrs and ordinary children, there are significant differences between the children of martyrs in terms of place of residence (city - camp) in the distance, for social compatibility for the children of the camp there were no differences in the level of income (high low), and there were statistically significant differences in social compatibility in the sex variable (Male-female) for females (Esleah, 2000).

Abdalla, (1992), Conducted a study on the hostility as a function of father absence, Compared a sample of 60 father-present adolescents with another sample of 90 father-absent adolescents to measure hostility as a function of father absence. All were 16–18 years old. The amount of hostility was measured by an Arabic version of the Hostility and Direction of Hostility Questionnaire. The 3 causes of absence studied were divorce, death, and work abroad. A significant relationship in the amount of hostility between father-present and father-absent was observed. No significant relationship was found in

the amount of hostility and the cause of absence in the case of father-absent. Father-absent from divorce seemed to demonstrate higher levels of hostility than other causes as death and work (Abdallah, 1992).

2.5. Section IV: Conceptual framework

2.5.1. Introduction

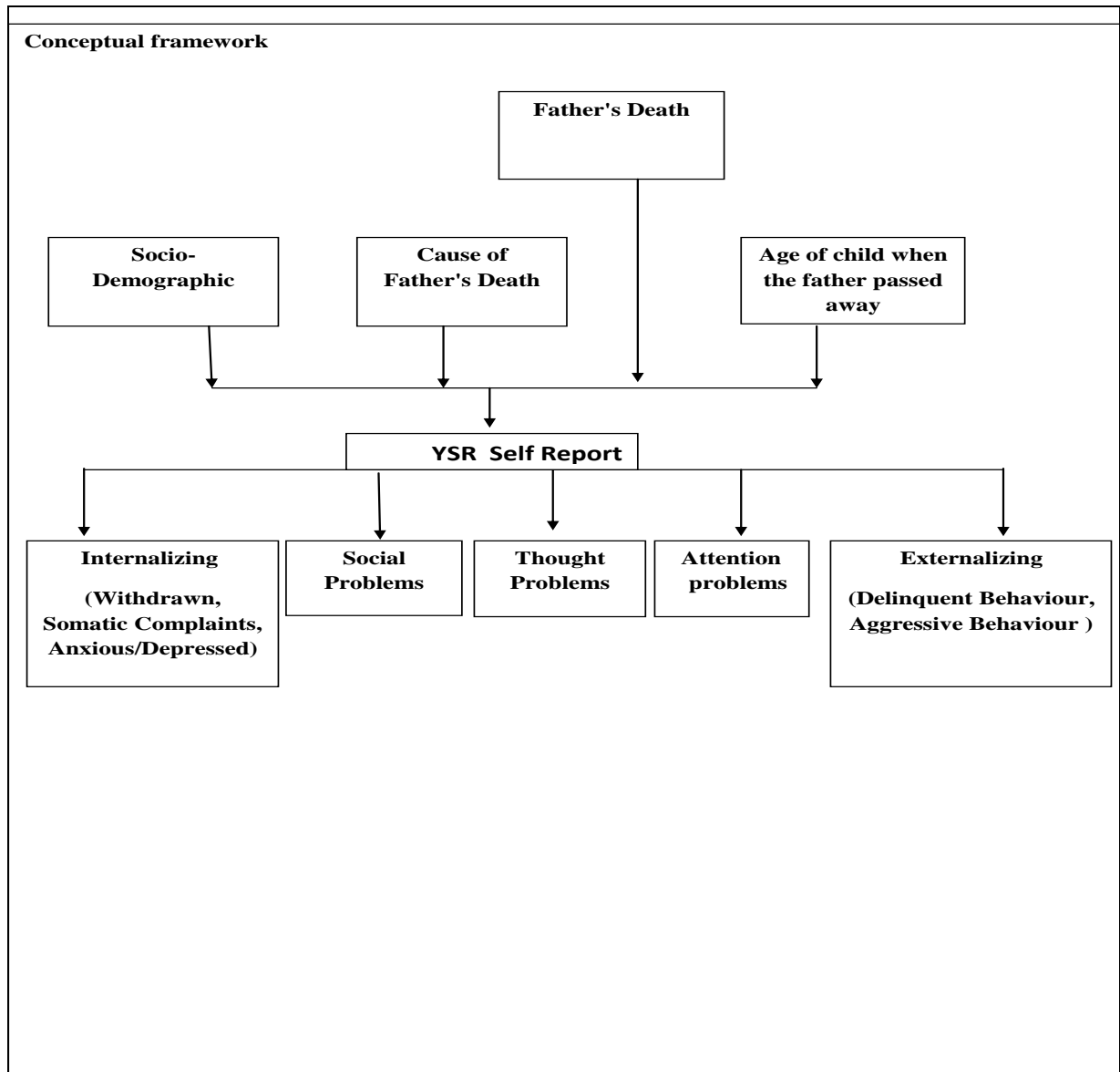
Conceptual and theoretical framework definitions are unclear and sometimes interlinked. (2004, Knobloch). Camp (2001) defined the conceptual framework as a structure of what was learned to explain the natural progress of a phenomenon under study. Conceptual and theoretical framework definitions are unclear and sometimes interlinked. (2004, Knobloch). Camp (2001) defined the conceptual framework as a structure of what was learned to explain the natural progress of a phenomenon under study. Conceptual frameworks have ontological, epistemological and methodological assumptions, and each concept plays an ontological or epistemological role within a conceptual framework. The ontological assumptions refer to the understanding of "how things are," "real" existence and "real" action. The epistemological assumptions relate to the assumed reality of "how things really are" and "how things actually work." The methodological assumptions relate to the development of the conceptual framework and the evaluation of what it can tell us about the "real" world (Guba& Lincoln, 1994).

The current study's conceptual framework was based on previous studies, conceptual analyzes and theories in the literature. Literature helps research to identify the problem, to support the problem, to synthesize the knowledge base and to create a study need (Knobloch, 2004).

Conceptual framework of this study included Death of father, YSR as dependent variables, and the socio-demographic data (Age, Sex, Number of Sibling, Socio-Economic Status, Religiosity level), age of the child when the father passed away (Birth to 2 years, 3 to 6 years, 7 to 11 years), mother's work, time passed since the

father's, and age of child when the father passed away, as independent variables. Each concept will be discussed in more details below.

Figure (2.1): Framework of the current study including dependent and independent variables.



2.5.2 Dependent Variable

2.5.2.1 Youth self-report (YSR)

To facilitate longitudinal research and comparisons between child and adolescents problems, Achenbach (1990) constructed the Young Self-Report, a self-report questionnaire for ages 11-18, measuring a broad range of psychopathology. The YSR and the Child Behavior Checklist (CBCL; Achenbach, 1991b), the parent questionnaire on which the YSR was based, are widely used instruments for reliably and validly assessing a broad range of child and adolescent psychopathology (Achenbach, 1991a, 1991b, 1991d).

The Child Behavior Checklist (CBCL; Achenbach, 1966, 1991b; Achenbach and Edelbrock, 1981, 1983) is a parent questionnaire for 4- to 18-year-olds. The first part consists of 20 competence items. The second part contains 120 items on behavioral or emotional problems during the past 6 months. The response format for the problem section is: 0=not true, 1 = somewhat or sometimes true, and 2=very true or often true. A Total Problem score is derived by summing the responses of each problem item. The CBCL is a reliable and valid instrument (Achenbach, 1991b; Verhulst et al., 1985a,b). Achenbach (1991a, 1991b) constructed syndrome scales for the CBCL, that were replicated by De Groot et al. (1994) for the Dutch population. The Youth Self-Report (YSR; Achenbach, 1991d) was modeled on the Child Behavior Checklist. The YSR has the same format as the CBCL, except that YSR items are worded in the first person. The first part of the YSR consists of 17 competence items. The second part contains 103 problem items, covering emotional and behavioral problems during the previous six months, and 16 socially desirable items. The scoring format of the YSR is similar to that of the CBCL. A Total Problem score is derived by summing the scores for each problem item. Syndrome scales for the YSR were constructed by Achenbach (1991).

Achenbach (1991) constructed eight "cross-informant syndromes" that were similar for both sexes: 'Withdrawn', 'Somatic Complaints', 'Anxious/Depressed' (together constituting the 'Internalizing' scale), 'Delinquent Behavior', 'Aggressive Behavior' (together constituting the 'Externalizing' scale), 'Social Problems', 'Thought Problems' and 'Attention Problems' (Holmbeck, 2008).

- **Thought problems**

The “Thought problems” subscale has items covering obsessions/compulsions, hallucinations, delusions and odd behaviors and thoughts. YSR items (e.g. “I do not obey my parents”, “I do not eat as well as I should”, “I bite my nails”) and the YSR tics item are included in an “Other problems” subscale (which is not a subscale in the strict sense although it had adequate internal consistency in a previous study; The social desirability scale contains items like: “I am quite honest”, “I like to help others when they need” and “I try to be fair towards others”).

- **Social problems**

The social skills section of the YSR contains seven items covering different facets of social skills: involvement in 1. Sports, 2. Hobbies, 3. Clubs, 4. Tasks/Work, 5. Peer relationships and the 6. Qualities of relationships with family and peers, and finally, 7. School capacities.

- **Withdrawn**

The withdrawn section of the YSR contains 8 items: 5. Enjoy little, 42. Rather be alone, 65. Won't talk, 69. Secretive, 75. Shy, 102. Lack of energy, 103. Sad, 111. Withdrawn.

- **Anxious/ depression**

The Anxious/ depression of the YSR contains 13 items: 14. cries, 29. fears, 30. fears school, 31. Fear do bad, 32. Perfect, 33. Unloved, 35. worthless, 45. Nervous, 50. Fearful, 52. Guilty, 71. Self-consistent, 91. Think suicide, 112. Worries.

- **Somatic Complaints**

The somatic complaints of the YSR contains 4 with 7 subscales: 47. Nightmares, 51. Dizzy, 54. Tired, 56.a. Aches, 56.b. headaches, 56.c. Nausea, 56.d. eye problems, 56.e. Skin problems, 56.f. Stomach problems, 56.g. Vomits.

- **Attention Problems**

The attention problems of the YSR contains 9 items: 1. Acts young, 4. Fails to finish, 8. Concentrate, 10. sitstill, 13. Confused, 17. Daydreams, 41. Impulsive, 61. Poor school achievement, Inattentive.

- **Delinquent Behavior**

The delinquent behavior of the YSR contains 15 items: 2. Alcohol, 26. Lack of guilt, 28. Break rules, 39. Bad friends, 43. Lies- cheats, 63. Prefer older friends, 67. Run away from home, 72. Sets fires, 81. Steals home, 82. Steals other, 90. Swears, 96. Think of sex, 99. Tobacco, 101. Run away from school, 105. Uses drugs.

- **Aggressive Behavior**

The aggressive behavior of the YSR contains 16 items: 3. Argues, 16. Mean, 19. Dem attention, 20. destroy own things, 21. Destroy other's things, 22. Destroy home, 37. Fights, 57. Attacks, 68. Screams, 86. Stubborn, 87. Mood change, 89. Suspicious, 94. Teases, 95. Temper, 97. Threaten, 104. Loud.

2.5.3 Independent Variables

2.5.3.1 Father's Death

According to Oxford dictionary, father's death is the action or fact of dying or being killed; the end of the father's life. In this study father's death included death as a result of road Traffic accident, chronic disease, sudden death, murdered, or martyr during childhood at adolescents 11-18 years old in Jerusalem area.

2.5.3.2 Socio-demographic variables:

In the current study, independent variables included socio-demographic data (Age, Sex, Number of Sibling, Socio-Economic Status, Religiosity level).

The variables were presented in section (1) of the questionnaires and they were:

1. Sex: referred by the American Psychological Association (2011) to a person's biological status and is typically categorized as male, female. This variable was assessed in section (1) - question (1) "What is your sex?"
 - a. Male
 - b. Female

2. Age: is defined as the completed age in years of the enumerated person, which is the difference between the date of birth and the date of YSR. The exact age is the time elapsed between the day of birth and a given day, including parts of a year (*Palestinian Central Bureau of Statistics. 2004*). In the current study, the adolescents were classified into these two age groups in section (1) - question number (2) "Your current age _____" assessed it.
 - c. 11 – 14 years
 - d. 15- 18 years

3. Place of residence: it refers to the name of the residence in which the person spends most of his time during the year (*Palestinian Central Bureau of Statistics. 2012*). In the current study, section (1) - question number (3) "Place of resident _____" assessed it. All of them were from Jerusalem Area.

4. Number of Siblings: sibling is defined by Oxford Dictionaries as each of two or more children or offspring having one or both parents in common; a brother or sister. In the current study the number of siblings were assessed in section (1) - question (5) "Number of Sibling _____"
 - e. 4 and less
 - f. 5-7 siblings
 - g. More than 8

5. Socio-Economic Status: Is defined by Oxford Dictionary as an individual's or group's position within a hierarchical social structure. Socioeconomic status depends on a combination of variables, including occupation, education, income, wealth, and place of residence. Sociologists often use socioeconomic

status as a means of predicting behavior. Socio-economic status was assessed in section (1) - question (6): “Socio-Economic Status_____”

- a. Low
- b. Medium
- c. High

6. Religiosity level: According to the Oxford Dictionary, it is defined as Strong religious feeling or belief. Religiosity level was assessed in Section (1) - question (9): “Religiosity level_____” assessed it as the following:

- a. Low
- b. Medium
- c. High

7. Mother's work: According to the Oxford Dictionary, working women refers to women who are mothers and who work outside the home for income in addition to the work they perform at home in raising their. Mother's work was assessed in Section (1) - question (7): “Mother's work_____” assessed it as the following:

- a. Works inside home
- b. Works outside home

2.5.3.3 Cause of death

Cause of death defined as the underlying cause of death refers to the disease or injury that initiated the train of morbid events leading directly to death or the circumstances of the accident or violence that produced the injury. (Handbook of Vital Statistics Systems and Methods, 1991)

Cause of death was assessed in Section (1) - question (7): “Cause of death _____” assessed it as the following:

- a. Road Traffic accident
- b. Chronic disease
- c. Sudden death
- d. Murdered
- e. Martyr

2.5.3.4 Age of children when the father passed away

Age of children when the father passed away is the age of the child at his childhood when he experienced his father's death. Age of children when the father passed away is was assessed in Section (1) - question (4): “Age of children when the father passed away _____” assessed it as the following:

- a. Less than 2 years
- b. 2 – 5 years
- c. More than 5 years

2.6. Summary

1. Age, sex, socio- economic status, culture, religion, and cause of death effects the bereavement in children and adolescents, and there are behavioral, emotional, and physical impacts of father's death.
2. In the theories and models of grief and bereavement; concepts of grief, mourning and bereavement were emphasized and the way the bereaved process and copes with it, as it may be affected by different aspects of life, such as, one's personality, sex, socio-economic, culture, religiosity level, cause of death, age development, and the type of relationship with the deceased person.

Theories and models moved from traditional grief models to establish a more flexible approach to grief and bereavement interpretation and management, as it describes how a bereaved process the grief and copes with the experience of loss in everyday life and other changes in the lifestyle resulting from this loss.

Many theories have similar stages of grief and bereavement, as it is important to have a good knowledge and understanding of the processes and stages involved in bereavement to support individuals who are bereaved.

3. Previous studies is important for every researcher to frame the historical and scientifically background to adopt future studies, also it is important because it backs up the researcher and supports his search. Studies related to death, grief and bereavement were few, and rarely found studies in particular about the death of the father, by that there is a gap of knowledge and understanding of the effects of father's death among adolescents from 11 to 18 years old.
4. he conceptual framework, which was developed, based on literature review. It consisted of two major concepts: the dependent variables and the independent variables, the dependent variables in this study were father's death, and the YSR, and the independent variables of this study were cause of death, socio-demographic, mother's work, age of child when the father passed away.

Chapter III

Methodology

Chapter III

Methodology of the Study

3.1 Introduction

This chapter discussed the design of this study, the setting, the study population and the sample with its inclusion and exclusion criteria. Also, the instruments used in the data collection process, statistical analysis, instrument validity and reliability, and the ethical considerations of this study were discussed.

3.2 Study Design

A descriptive study is carried out to determine the characteristics of the variables of interest in a situation and to describe them. The aim of a descriptive study is therefore to give the researcher from different perspectives a profile or describe the relevant aspect of the phenomena of interest (Sekran 2000). Descriptive research attempts to collect information from groups of subjects in order to systematically, factually and accurately describe specific interesting characteristics or conditions that exist today (Hensley, 2006).

There are different types and scientific methods of researches that vary in their purpose, approach and process. In this study, the quantitative cross sectional descriptive research was utilized.

The quantitative research is an approach by which numerical data are collected and analyzed to describe phenomena. This approach is referred to as the traditional or positivist approach. It is commonly used to investigate the relationships between two or more variables and to investigate the relationships between cause and effect of interesting phenomena. In addition, a quantitative approach involves clearly stated questions, rationally conceived hypotheses, fully developed research procedures, the control of foreign factors that could interfere with the data collected, the use of relatively large samples of participants to provide meaningful data and the use of data analysis techniques based on statistical procedure (Hensly & Boumgranter, 2006).

The main advantages of quantitative measurement according to Barker et al. (2002) are as follow:

- The use of numbers enables greater measurement precision. There is a well-developed theory of reliability and validity for the evaluation of measurement errors, which enables researchers to know how much confidence their measurements can place.
- Statistical methods for analysis of data are well-established. The data can easily be summarized, making it easier to communicate the results.
- Comparison facilitates quantitative measurements. They have enabled researchers to obtain the reactions of many people to specific stimuli and to compare individual responses.

- Quantitative methods suit hypothesis-deductive approaches well. Hypothesized relationships between variables can be specified using a mathematical model and statistical inference methods can be used to determine how well the data matches the forecasts.
- The theory of sampling can be used to estimate how well the results generalize beyond the sample in the study to the wider population from which the sample was taken (Barker et al., 2002).

3.3 Setting of the study

The study was conducted at schools, institutions, orphanages, and other places such as community centers which are targeting adolescents from 11-18 years old in Jerusalem. Such as Dar Al-Awlad School, Dar ElTefl School Dar Al-Tifel Al-Arabi Organization, Beit Al Zahra for Female Orphans, the Industrial Islamic Orphanage School, Dar El Hekma School, and Arab Orphan Committee – Ataroat in Jerusalem. Other places were reached out in Jerusalem, but there were no adolescents suitable to the study's target population, and inclusion criteria.

Dar El-Tifel School Dar Al-Tifel Al-Arabi Organization:

Dar Al-Tifel Al-Arabi School was founded by the late Ms in 1948. Hind Al-Husseini herself. From then on, Ms. Hind offered her own home as a shelter and a school for the children of the Deir Yassin Massacre Palestinian martyrs. The school began with 55 children of varying ages and academia, with sever social cases, and seriously bad financial conditions. It expanded, developed and became independent over time and its various sections were merged into a large building to become one of the most outstanding and famous schools in the city of Jerusalem recently.

The school comprises the nursery and the Kindergarten in addition to the elementary and secondary stages. In addition to the classrooms the school has many annexes that are necessary in enhancing the educational process. It has a social service section that provides psychological care and support for its students. Moreover, it arouses their awareness about educational and mental health topics through scheduled lectures.

Beit Al Zahra for Female Orphans:

A local NGO in AlEizriya (Bethany), taking care of orphaned girls. It has one social worker, one community worker and 1 educational counselor. Its goals are; taking care of orphaned girls and help them in the social, health and education fields, open institutions for orphans,

help orphaned students to complete their university education and to follow-up their progress in life after graduation, cooperation in the social awareness about orphans, the handling of the orphans, and their families, cooperation with the school administration of the orphanage in order to stand by the orphan.

Dar El Awlad School:

The Children's House Association was established in Jerusalem in 1948 following the first Nakba of the Palestinian people and the massacre of Deir Yassin, a charity based on serving the Palestinian community and caring for orphans who lost their parents. Free education, and sponsored a number of orphaned students in Jerusalem schools

Dar El Hekma School:

Dar al-Hekma School is a private school in Jerusalem, was established in Jerusalem in 2008, where the march began with the first grade students, and then the school developed gradually, and now the school contains classes up to the tenth grade.

Arab Orphan Committee – Ataroat

The Arab Orphan Committee was founded in Haifa in 1940 to provide vocational and academic education for needy students. A charity that provides loans and scholarships to needy students and provides vocational education through in its school at the industrial zone. Seeks to empower young people in need in Jordan and Palestine to obtain decent living conditions for themselves and their families by providing education in accordance with international standards, as well as providing loans and university grants to contribute to the development of societies.

3.4 Study Population

The target population of this study included adolescents from 11-18 years old whom experienced their father's death in childhood, in Jerusalem area.

In Palestine there are 4000 children who experienced the death of their father, around 1800 from them are males and around 2200 females.

In Jerusalem 950 children experienced the death of their father, 400 of them males, and 450 females. 10 children experienced the death of both parents.

3.5 Study Sampling method and size

The study included males and females adolescents from 11-18 years old whom experienced their father's death in childhood, in Jerusalem area, by using a convenience sampling method.

The sample was calculated by the formula below:

$$\text{Sample size} = \frac{\frac{z^2 \times p(1-p)}{e^2}}{1 + \left(\frac{z^2 \times p(1-p)}{e^2 N} \right)}$$

N = population size

e = Margin of error (percentage in decimal form)

z = z-score

The sample size was 142, while the population size was 950, Margin of error 10%, confidence level 99% and z- score 2.58. Only 120 adolescents completed the questionnaires.

3.6 Inclusion criteria:

1. Participants who lived in Jerusalem area.
2. Participants included different schools, institutional, orphanages, and other place in Jerusalem targeting adolescents.

3. Male adolescent from Jerusalem, who experienced the death of his father in childhood at the ages between 11-18 years old.
4. Female adolescent from Jerusalem, who experienced the death of her father in childhood at the ages between 11-18 years old.
5. Participants' ages were between 11 – 18 years old.

3.7 Exclusion criteria:

1. Children and adults who experienced the death of their father.
2. Adolescents who experienced death of mother in their childhood.
3. Adolescence who experienced death of sibling or grandparent in their childhood.
4. Adolescents who experienced death of father in their adolescence (present time).
5. Adolescence who experienced the death of their father in other places of Palestine.

3.8 Research Variables

- **Independent variables** are those which are likely to cause, influence or influence results. This study's independent variables were father's death, cause of death, socio-demographic, and age of child when the father passed away.
- **Dependent variables** are those dependent on independent variables, the results or outcomes of the influence of independent variables are. The study's dependent variables were the of YSR and subscales.

3.9 Study Instruments

YSR- Youth Self report for adolescents (Achenbach et al, 1983, Achenbach, 1991)

YSR which is a 113-item; self-report 11-18 years based on standardization protocol used for the original Achenbach System of Empirically Based Assessment (ASEBA). The YSR is completed by the adolescent himself or herself. The 2001 revision yielded the YSR in its current form of 113 problem items in a six-month time period.

The Arabic versions of the YSR for adolescents were verified by an independent back translation and validated in Palestinian culture (Salah and Thabet & Vostanis, 2007). The YSR for adolescents is a questionnaire filled out by youth themselves. It consists of 113 items (range: 0 – not true, 1– somewhat/sometimes true, 2–very true or often true. The YSR shares eight cross-informant syndrome scales derived by principal components analysis: (1) withdrawn, (2) somatic complaints, (3) anxious/ depressed, (4) social problems, (5) thought problems, (6) attention problems, (7) delinquent behavior, and (8) aggressive behavior. These subscales are not directly equivalent to any clinical diagnosis but have proven useful for screening children and adolescents with behavioral problems across multiple cultures (Crijnen et al., 1997; Crijnen et al., 1999; Weine et al., 1995). A higher score means more emotional/behavioral problems. Cut-off points were identified according to the method described by Achenbach (1991a, b). Briefly, norms were based on the 95th and 98th percentile (T score = 67 and T score = 70) for syndromes scales, and on the 82nd and 90th percentile (T score = 60 and T score = 63) for broadband and Total Problems scales. Normalized T scores to raw scores were also assigned according to the method described in Achenbach's manual (1991a, b). The split half reliability of the scale

was high ($r = 0.89$). For the YSR form, the internal consistency of the subscales, calculated by the Chronbach's alpha, was also high ($\alpha = 0.88$). The split half reliability of the scale was ($r = 0.75$) (Salah and Thabet A A, & Vostanis, 2007).

Table (3.1): Instrument used in the study

No.	Instrument	Number of questions in each
1.	Part (1): Socio-demographic and other questions related to the dependent variables, self-report sheet.	<ul style="list-style-type: none"> ▪ 7 questions for socio- demographic data that included: age, sex, socio-economic status, religiosity level, place of residency, number of siblings, and mothers' work. ▪ 1 question about the age of child when the father passed away ▪ 1 question about cause of death
2.	Part (2): YSR (Youth Self Report - ASEBA)	<ul style="list-style-type: none"> ▪ 113questions

3.10 Reliability & Validity of the instrument

3.10.1 Reliability

Reliability of a measure indicates the extent to which the measure is without bias (error free) and hence offers consistent measurement across time and across the various items in the instrument. (Serkan, 2000) In other words, it's a degree to which a measure is consistent and unchanged over a short period of time (Baumgranter & Hensly, 2006).

To estimate the reliability of a measure we have two way:

- Test-retest reliability: the reliability coefficient obtained with a repetition of the same measure on a second occasion (Serkan, 2000).
- Internal consistency of measures: it is an indicative of the homogeneity of the items in the measure that tap the construct. This can be seen by examining whether the items and the subset of items in the measuring instruments are highly correlated. The most popular test of to measure this is Cronbach's coefficient Alpha, where the higher the coefficient the better the measuring instrument (Sekran, 2000).

Cronbach's Alpha was developed by Lee Cronbach in 1951 to provide a measure of the internal consistency of a test or scale; it is expressed as a number between 0 and 1. Internal consistency describes the extent to which all the items in a test measure the same concept or construct and hence it is connected to the inter-relatedness of the items within the test (Tavakol & Dennick, 2011).

In the current study; the YSR has very high test-retest reliability in scores obtained for each item relative to scores obtained for each other item (Achenbach & Rescorla, n.d.). In addition, the alpha scores reflect considerable internal consistency, ranging from .78 to .97 (Achenbach & Rescorla, n.d.). Reliability was very high for most scales, with most test-retest Pearson correlations being in the .80s and .90s (Achenbach & Rescorla, n.d.). In evaluating a child's scores relative to the ASEBA norm, the child's initial ASEBA rating should be used. This was done in obtaining the national normative data (Achenbach & Rescorla, n.d.). The Manual for reading the ASEBA also recommends that when individual children are reassessed, it is advised to wait at least one month between assessments. This eliminates possible test-retest effects and also allows time for behavioral changes to occur (Achenbach & Rescorla, n.d.).

The inter-interviewer and test-retest reliabilities of the item scores were supported by intra-class correlations of .93 to 1.00 for the mean item scores obtained by different interviewers and for reports by parents on two occasions 7 days apart (Achenbach & Rescorla, n.d.).

It is important to note that reliability is a necessary but not sufficient condition of the test of goodness of a measure. For example, one could very reliably measure a concept establishing high stability and consistency, but it may not be the concept that one set out to measure (Serkan, 2000).

3.10.2 Validity

Validity refers to the extent to which a questionnaire / or test measures what it purports to measure (Muller, 2012).

❖ Validity has four different types presented below:

- Content validity: it assesses whether the measure adequately covers the different aspects of the construct that are specified in its definition (Barker et al., 2002).
- Criterion validity: a correlation coefficient between scores on a test and scores on a criterion measure or standard, it involves determining the correlation between scores (Baumgranter & Hensly, 2006).
- Face validity: is similar to content validity and assesses whether the measure looks right on the face of it, that is, that it self-evidently measures what it claims to measure (Barker et al., 2002).
- Construct validity: this tests the link between a measure and the underlying theory. If a test has construct validity, you would expect to see a reasonable correlation with tests measuring related areas (Shields, 2004).

The fundamental purpose of the ASEBA school-age instrument is to identify children who may need professional help for behavioral, emotional, or social problems and/or who need help in strengthening competencies and adaptive functioning (Achenbach & Rescorla, n.d.).

- Content Validity:

The content validity of YSR, items is strongly supported by nearly four decades of research, consultation, feedback, and refinement, as well as by the current evidence for the ability of all the items to discriminate significantly between demographically similar referred and non referred children (Achenbach & Rescorla, n.d.).

- Criterion-Related Validity of Scale Scores:

The criterion-related validity is supported by multiple regressions, odds, ratios, and discriminate analyses, all of which showed significant ($p < .01$) discrimination between referred and non referred children (Achenbach & Rescorla, n.d.).

- Construct Validity:

The construct validity of the scales has been supported in many ways, such as evidence for significant associations with scales of other instruments and with DSM criteria (Achenbach Rescorla, n.d.).

3.11 Data collection Process

After getting the approval from the Faculty of Public Health and the Faculty of Graduate Studies in Al-Quds University, the process of distributing the YSR was started and the researcher distributed and collected the YSR from all the adolescents.

The researcher started administering the YSR to schools, Institutional, Orphanages, and other places like community centers which are targeting adolescents from 11-18 years old in Jerusalem, 120 who accepted to fill out the questionnaire. The data collection process took almost 18 weeks during the middle of March 2018 and the end of July, 2018. The 120 adolescents were very helpful and cooperative.

3.12 Statistical Analysis

The data was analyzed using the SPSS -Statistical Package for Social Science software program version 18.0 used for statistical analysis. The data were checked for entry errors (data clearance). Descriptive statistical techniques frequency distribution of socio-demographic, cause of death, socioeconomic status, time passed since father death, and religiosity level. Frequency of adolescence behavior problems rated by adolescents themselves were conducted using cut-off points of YSR for adolescents. Association between child behavior problems and sex, age, mother's work were tested using t-test in which sex and age, mother's work were the dependent variables and mean of total YSR for adolescents, externalizing and internalizing problems as independent variables.

Differences between other variables such as cause of death, time passed since father death, socio-demographic, socioeconomic status, religiosity level and child behavior problems were tested by parametric test (One Way ANOVA) in which as cause of death, socio-demographic, socioeconomic status, age of child when the father passed away, religiosity level were entered as dependent variable and mean of YSR, externalizing, and internalizing subscales as independent variables.

3.13 Ethical Considerations

Before starting the study, the proposal was submitted to the research ethics committee and their approval was obtained. (See annex (b))

Verbal consent was obtained verbally as all the participants were provided with the information sheet about the study including the aim of this study; objectives, procedures, and they were informed that they had the right to refuse to participate in the study.

Nevertheless, the researcher guaranteed the confidentiality and privacy of participants by assuring that the information will not be available for anyone who is not directly involved in the study other than the main researcher and supervisors. The name of the participants wasn't required.

3.14 Summary

- A cross-sectional design was utilized in this study because it is cheap, quick and ethically safe.
- The data collection tool used in this study was self-reported questionnaires including 2 different parts: (1) Socio-demographic and other questions related to the dependent variables, self-report sheet. , (2) YSR (Youth Self Report – ASEBA).
- The data was analyzed through SPSS statistical package testing. This was done according to international and local standards of research taking into consideration the ethical and scientific rules and obligations.
- Reliability and validity of the study were highly tested.
- The total population of the study was 950 adolescents experienced the death of their father, 400 of them males, 450 females, 10 children experienced the death of both parents, the sample size was 142 of the total population, (120) female and male adolescents completed the YSR, between the ages of 11 and 18years, who experienced the death of the father in childhood, in Jerusalem.
- Confidentially and different ethical measures were taken into considerations.

The next chapter will discuss the results of the current study.

Chapter IV

Results

Chapter IV:

Results

4.1 Introduction

As mentioned in the previous chapter, a cross sectional study was utilized and a sample of (120) adolescents whom father passed away in their childhood from Jerusalem area were targeted . Data were collected by using socio demographic questionnaire and the YSR. This chapter presented the findings of the current study as the following:

1. Section one: Description of the socio-demographic characteristics.
2. Section two: The results of YSR – Effect of father's death and its relationship with other variables.

4.2 Section one: The socio-demographic characteristics of the participants

The baseline data analysis showed that 120 respondents returned the questionnaires, and 37.5% (n=45) of them were males, and 62.5% (n=75) were females (see figure 4.1).

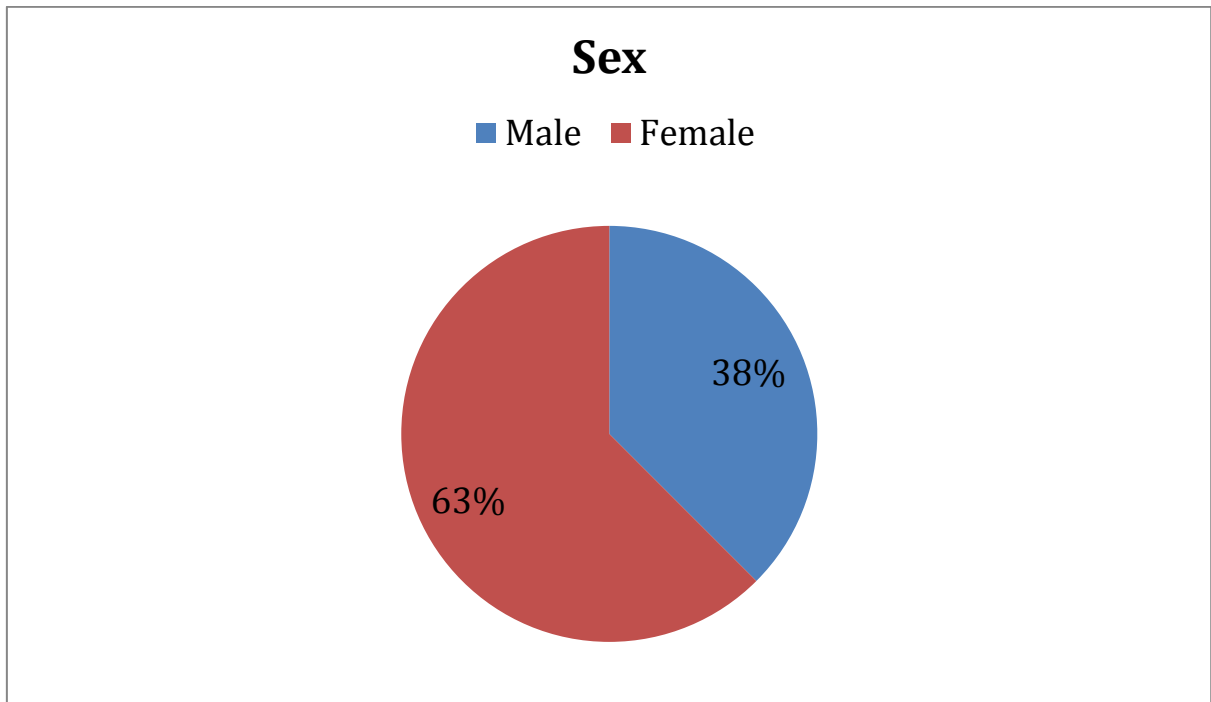


Figure (4.1): The distribution of the participants by their gender

Also, the ages of participants were recorded into two groups (11-14 years-old and 15-18 years-old); the group 11-14 were (n=39), and the group 15-18 were (n=81).

1.7% (n=2) of the participants were 11 years old, 12.5% (n=15) were 12 years old, 18.5% (n=22) were 13 years old, 16.7% (n=20) were 14 years old, 17.5% (n=21) were 15 years old, 15% (n=18) were 16 years old, 15% (n=18) were 17 years old, and 3.3% (n=4) were 18 years old (see figure 4.2).

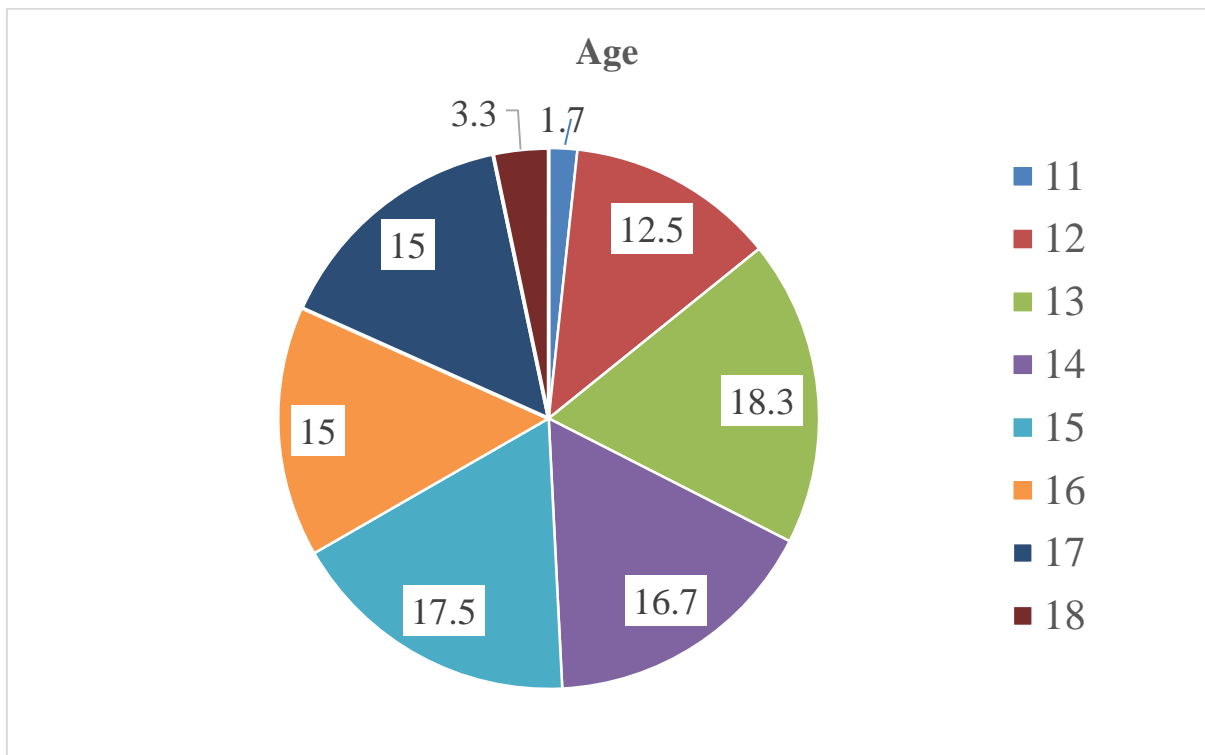


Figure (4.2): The distribution of the participants by their age

Furthermore, 7.5% (n=9) of the participants had more than 8 siblings, 40.8% (n=49) had 5-7 siblings, and 51.7% (n=62) had 4 siblings and less. See figure (4.3)

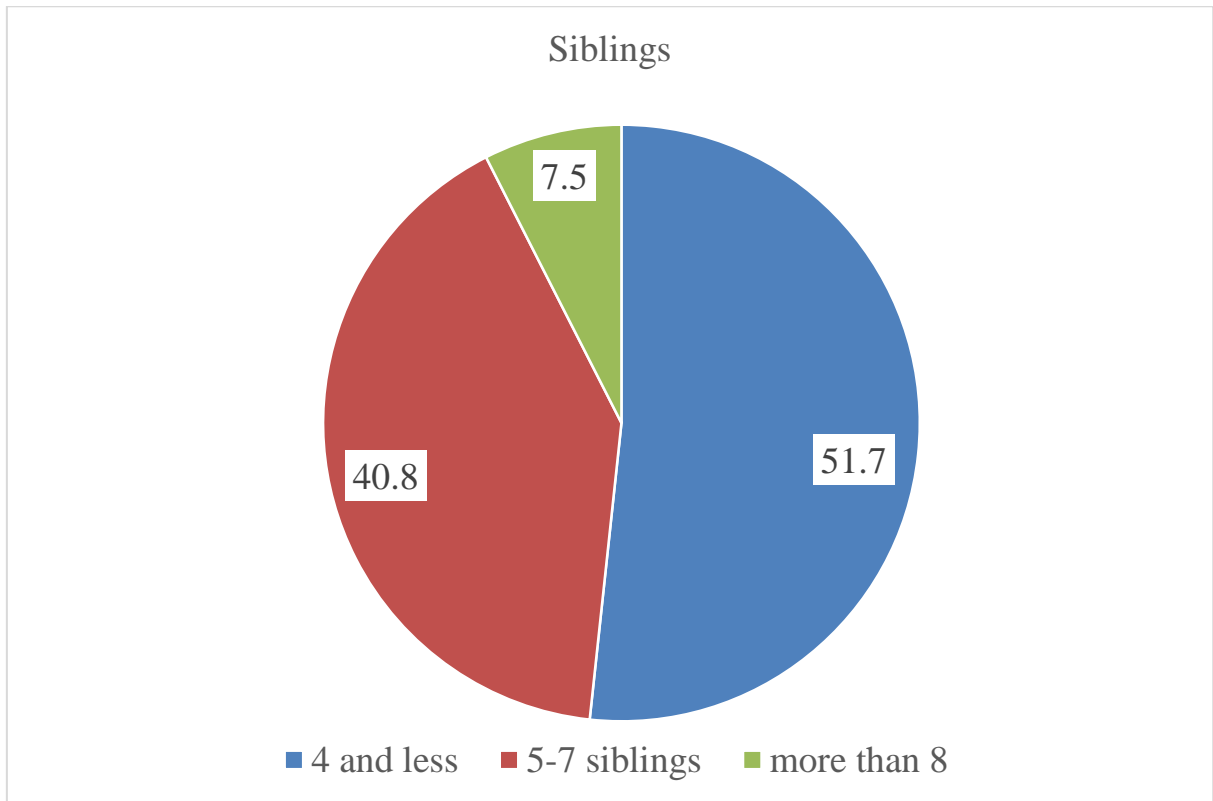


Figure (4.3): The distribution of the participants by number of siblings

As shown in figure (4.4), socio-economic status were 29.2% (n=35) low, medium 55% (n=66), and high 15.8% (n=19)

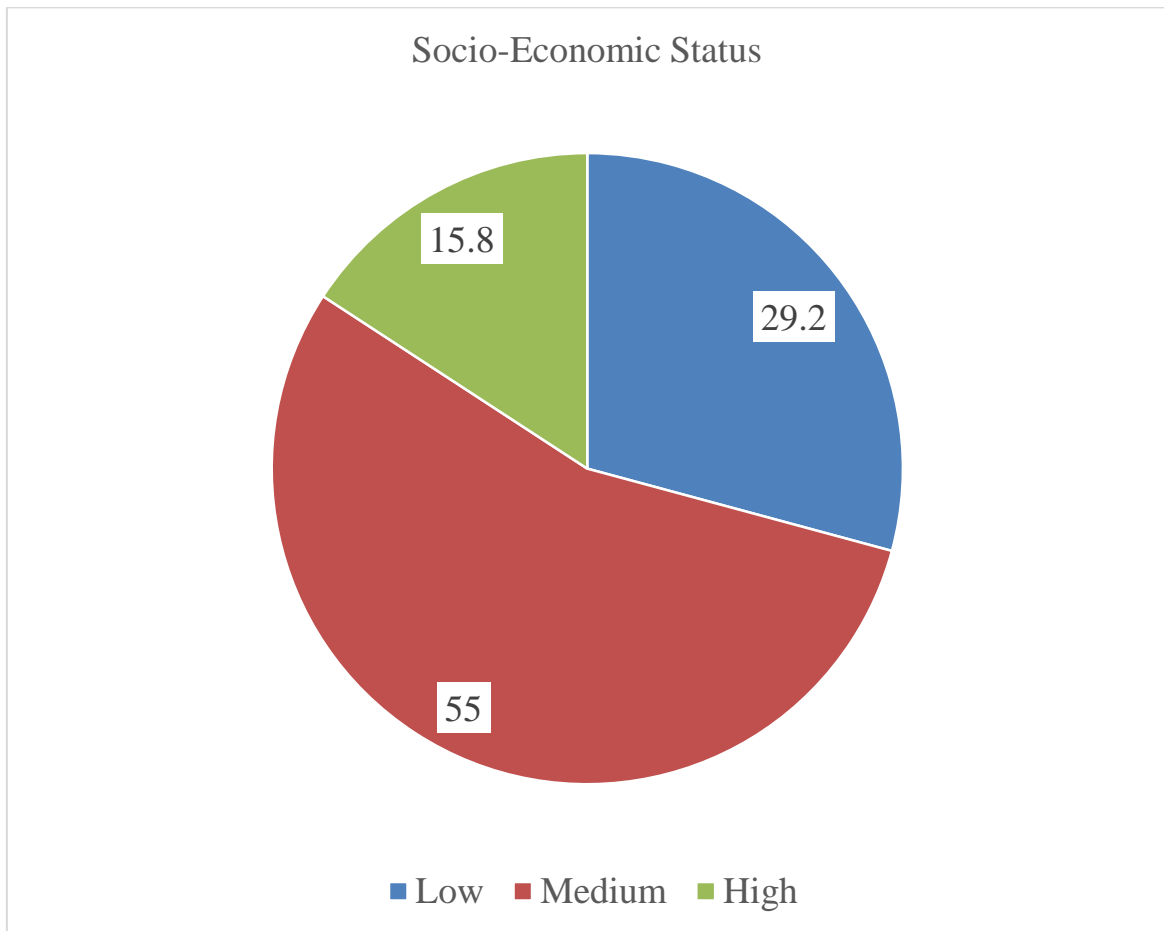


Figure (4.4): The distribution of the participants by the socio-economic status

For the age of child when the father passed away, 16.7% (n=20) of participants were less than 2 years, 35% (n=42) were 2-5 years, and 48.3% (n=58) were more than 5 years (see figure 4.5).

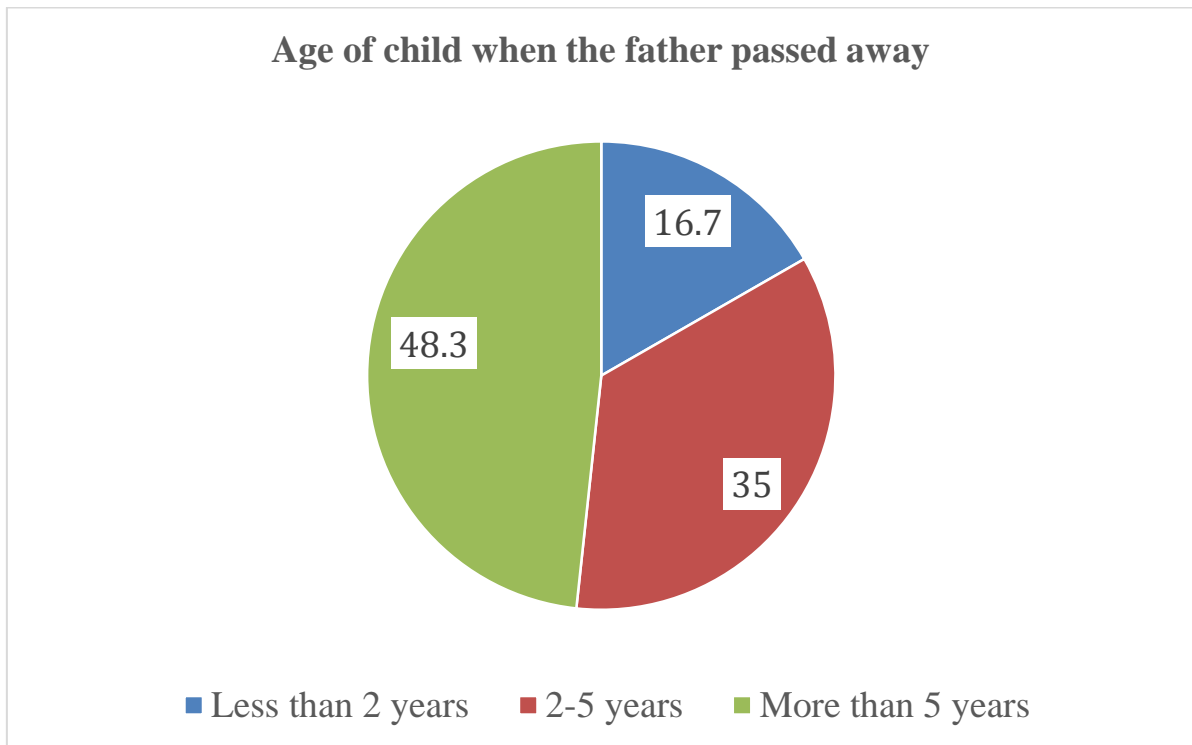


Figure (4.5): The distribution of the participants by the age of the child when the father passed away

Also, the participant had different causes of their father's death. The causes of death for 10.0% (n=12) were road traffic accident, 29.2% (n=35) were sudden death, 48.3% (n=58) were chronic death, 4.2% (n=5) were murdered, and 8.3% (n=10) were martyrs. (See figure 4.6).

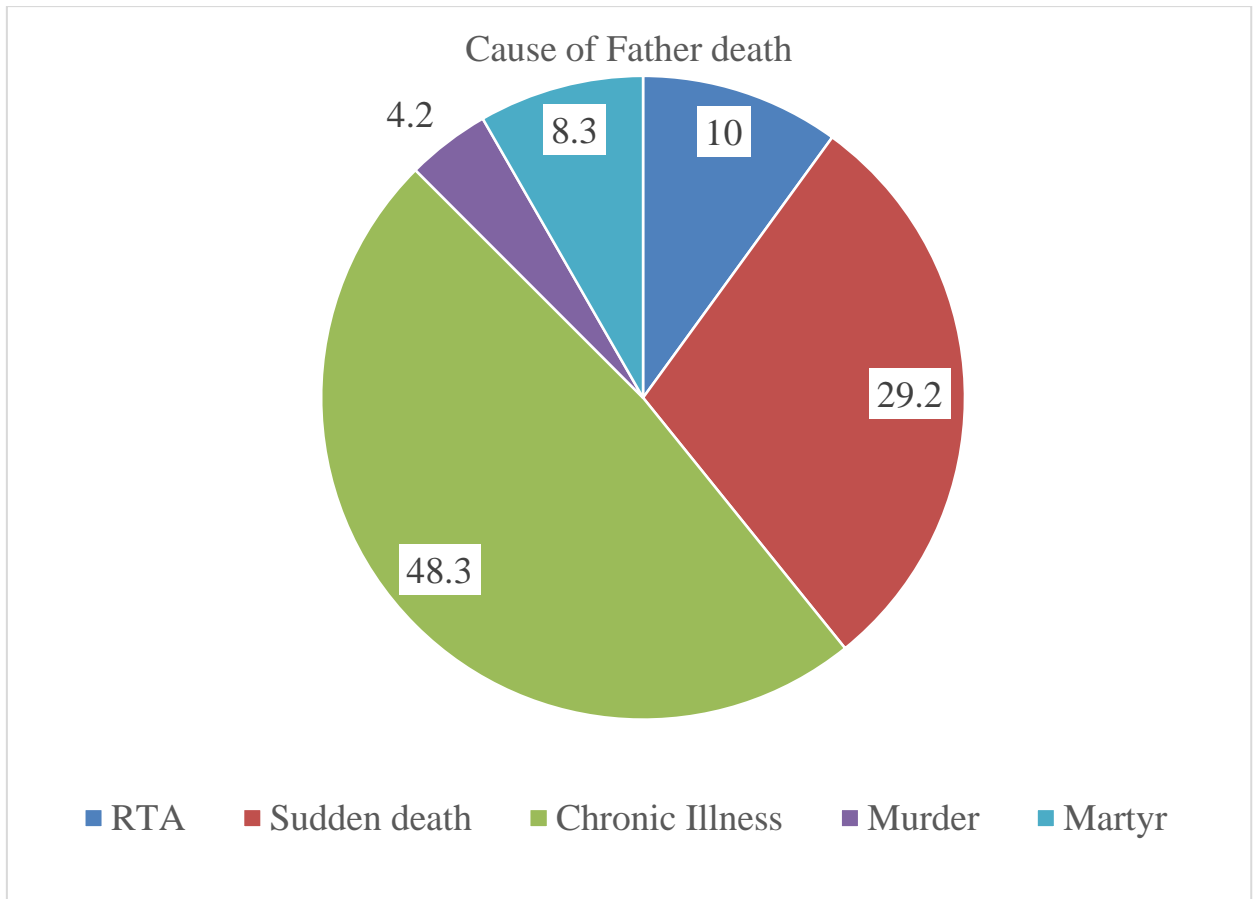


Figure (4.6): The distribution of the participants by the cause of father's death

4.3 Section two: The results of YSR – Effect of father's death and its relationship with other variables

This section addressed the results of YSR – Effect of father's death and its relationship with other variables. In order to find difference in YSR for adolescents according to socio-demographic variables such as sex, age of children, cause of father death, time of father death, number of siblings, and socioeconomic status, independent t test for findings differences in mean of two groups and One Way ANOVA for more than three groups. Post hoc test was used using Tukey test.

Means and Standard deviations of YSR for adolescents (N=120)

As shown in the table (4.1), the YSR for adolescents mean total score was high 51.48 (SD=21.78), withdrawn was 4.65 (SD=2.75), Somatic complaints 3.63 (SD=4.11), anxious/depressed was 9.13(SD=4.29), social problems was 4.19 (SD=2.62), thought problems was 2.83 (SD=2.16), attention problems 5.87 (SD=3.09), delinquent behavior was 3.98 (SD=3.86), aggressive behavior was 10.82 (SD=5.90). While, internalizing mean was 16.43(SD=8.79) and externalizing mean was 13.48 (SD=8.52). The highest was internalizing and the lowest was thought problems.

Table (4.1): Means and Standard deviations of YSR for adolescents (N=120)

	N	Minimum	Maximum	Mean	SD
Total YSR	120	0	111	51.48	21.78
Somatic complaints	120	0	16	3.63	4.11
Anxious/depressed	120	0	20	7.84	4.11
Social problems	120	0	14	4.19	2.62
Thought problems	120	0	8	2.83	2.16
Attention problems	120	0	15	5.87	3.09
Delinquent behavior	120	0	17	3.85	3.63
Aggressive behavior	120	0	25	9.63	5.47
Internalizing	120	0	43	16.43	8.79
Externalizing	120	0	42	13.48	8.52

4.3.1 Sex differences in YSR for adolescents

Independent t test showed in table (4.2) that Boys significantly had more delinquent behavior than girls (mean = 6.00 vs. girls =2.77) ($t(118) = 4.83, p = 0.001$), aggressive

behavior (mean for boys =12.40 vs. girls =9.87) ($t(118) = 2.32, p = 0.02$), externalizing behavior more in boys than girls (mean for boys =18.40 vs. girls =12.64), ($t(118) = 3.50, p = 0.001$), and total score was more in boys than girls (mean for boys =56.38 vs. girls =48.55), ($t(118) = 1.92, p = 0.05$).

Table (4.2): Independent t test for Sex differences in YSR and subscales

	Sex	N	Mean	SD	T	p
Withdrawn	Male	45	4.71	2.63	0.19	0.85
	Female	75	4.61	2.83		
Somatic complaints	Male	45	2.89	3.92	-1.54	0.13
	Female	75	4.08	4.19		
Anxious/depressed	Male	45	9.93	3.75	1.59	0.11
	Female	75	8.65	4.54		
Social problems	Male	45	4.60	2.10	1.33	0.19
	Female	75	3.95	2.87		
Thought problems	Male	45	2.64	1.87	-0.71	0.48
	Female	75	2.93	2.33		
Attention problems	Male	45	6.27	2.90	1.098	.27
	Female	75	5.63	3.20		
Delinquent behavior	Male	45	6.00	4.30	4.83	.001
	Female	75	2.77	3.00		
Aggressive behavior	Male	45	12.40	6.01	2.32	.02
	Female	75	9.87	5.66		
Internalizing	Male	45	17.01	7.43	.175	.86
	Female	75	17.29	8.82		
Externalizing	Male	45	18.40	9.76	3.516	.00
	Female	75	12.64	7.98		
Total YSR	Male	45	56.38	18.64	1.92	0.56
	Female	75	48.55	23.09		

4.3.2 Age differences in YSR for adolescents

In order to find the difference in the age of children and mean total problems in children, the age was recorded into two groups (11-13 years-old and 15-18 years-old). The results

showed in table (4.3) that orphaned children aged 11-13 years old mean social problems were more than those aged 15-18 years (mean 5.33 vs. 3.64) ($t(120) = 3.50, p = 0.001$).

Table (4.3): Independent t test for Age group differences in YSR and subscales

	Age	N	Mean	SD	T	P
Social problems	11-13 y	39	5.33	2.46	3.50	0.001
	15-18 y	81	3.64	2.52		

4.3.3 Differences in YSR for adolescents according to cause of father's death

In order to find the differences in YSR and fathers' cause of death, the table (4.4) below shows the results of a One Way ANOVA test.

Table (4.4): One Way ANOVA test for differences in cause of father's death in YSR and subscales

		Sum of Squares	df	Mean Square	F	P
Anxious/depressed	Between Groups	117.798	4	29.45	1.63	0.17
	Within Groups	2074.068	115	18.04		
	Total	2191.867	119			
Social problems	Between Groups	64.617	4	16.15	2.48	0.05
	Within Groups	749.974	115	6.52		
	Total	814.592	119			
Thought problems	Between Groups	99.371	4	24.84	6.24	0.01
	Within Groups	457.954	115	3.98		
	Total	557.325	119			
Attention problems	Between Groups	104.231	4	26.06	2.89	0.03
	Within Groups	1035.635	115	9.01		
	Total	1139.867	119			
Delinquent behavior	Between Groups	244.283	4	61.07	4.6	0.001
	Within Groups	1525.683	115	13.27		
	Total	1769.967	119			
Aggressive behavior	Between Groups	561.384	4	140.35	4.52	0.001
	Within Groups	3574.582	115	31.08		
	Total	4135.967	119			
Other problems	Between Groups	122.903	4	30.73	1.91	0.11
	Within Groups	1854.089	115	16.12		
	Total	1976.992	119			
Internalizing	Between Groups	376.066	4	94.02	1.38	0.24
	Within Groups	7812.301	115	67.93		
	Total	8188.36	119			
Externalizing	Between Groups	1470.95	4	367.74	5.05	0.001
	Within Groups	8368.24	115	72.77		
	Total	9839.2	119			
Total YSR	Between Groups	6919.16	4	1729.792	4.014	.004
	Within Groups	49552.7	115	430.894		
	Total	56471.9	119			

Post hoc test showed in tables (4.5 a&b) below that children whom fathers were murdered had more social problems than other groups ($F(4/115) = 16.154$, $p = 0.04$), children whom

fathers were martyrs had more thought problems than other groups ($F(4/115) = 6.24, p = 0.001$). Children whom fathers were murdered had more attention problems than other groups ($F(4/115) = 2.89, p = 0.03$), children whom fathers were murdered had more Delinquent behavior than other groups ($F(4/115) = 4.60, p = 0.001$), children whom father was murdered had more aggressive behavior than other groups ($F(4/115) = 4.52, p = 0.001$), and children whom fathers were martyr had more thought problems than other groups ($F(4/115) = 5.05, p = 0.001$), and children whom fathers were murdered had highest total YSR, then martyr, then road traffic accident, and the lowest were both causes of sudden death and chronic death.

Table (4.5 a.): Means and SD of cause of father's death and YSR and subscales

	No.	Mean	SD
Social problems			
Road Traffic accident	12	5.08	3.32
Sudden death	35	3.23	2.89
Chronic disease	58	4.28	2.08
Murdered	5	5.60	3.21
Martyr	10	5.30	2.54
Thought problems			
Road Traffic accident	12	2.17	1.34
Sudden death	35	2.51	2.17
Chronic disease	58	2.55	2.04
Murdered	5	4.20	1.92
Martyr	10	5.60	1.71
Attention problems			
Road Traffic accident	12	5.92	3.96
Sudden death	35	5.71	2.92
Chronic disease	58	5.33	2.73
Murdered	5	8.40	3.85
Martyr	10	8.20	3.16

(4.5 b.) One Way ANOVA test for differences in cause of father's death in YSR and subscales

	No.	Mean	SD
Delinquent behavior			
Road Traffic accident	12	3.17	3.19
Sudden death	35	3.86	4.18
Chronic disease	58	3.53	3.23
Murdered	5	10.60	6.50
Martyr	10	4.70	2.50
Aggressive behavior			
Road Traffic accident	12	11.00	5.78
Sudden death	35	11.14	6.54
Chronic disease	58	9.36	4.66
Murdered	5	19.20	8.58
Martyr	10	13.70	4.99
Externalizing			
Road Traffic accident	12	14.17	8.34
Sudden death	35	15.00	10.02
Chronic disease	58	12.90	7.17
Murdered	5	29.80	14.94
Martyr	10	18.40	6.38
Total YSR			
Road Traffic accident	12	53.17	26.35
Sudden death	35	48.26	20.74
Chronic disease	58	48.05	18.81
Murdered	5	75.60	30.12
Martyr	10	68.60	19.67

4.3.4 Differences in YSR for adolescents according to age of the child when the father passed away

In order to find the differences in YSR and time passed since father death, in table (4.6) below the results of a One Way ANOVA test done.

Table (4.6 a.): One Way ANOVA test for differences in for adolescent according to age of the child when the father passed away

		Sum of Squares	df	Mean Square	F	P
1. Withdrawn	Between Groups	5.383	2	2.69	.35	.70
	Within Groups	893.917	117	7.64		
	Total	899.300	119			
2. Somatic complaints	Between Groups	20.328	2	10.16	.60	.55
	Within Groups	1993.539	117	17.04		
	Total	2013.867	119			
3. Anxious/depressed	Between Groups	54.777	2	27.39	1.64	.20
	Within Groups	1951.215	117	16.68		
	Total	2005.992	119			
4. Social problems	Between Groups	28.298	2	14.15	2.11	.13
	Within Groups	786.293	117	6.72		
	Total	814.592	119			
5. Thought problems	Between Groups	29.444	2	14.72	3.26	.04
	Within Groups	527.881	117	4.51		
	Total	557.325	119			

Table (4.6 b.): One Way ANOVA test for differences in for adolescent according to age of the child when the father passed away

		Sum of Squares	df	Mean Square	F	P
6. Attention problems	Between Groups	18.409	2	9.20	.96	.39
	Within Groups	1121.457	117	9.59		
	Total	1139.867	119			
7. Delinquent behavior	Between Groups	31.017	2	15.51	1.18	.31
	Within Groups	1534.283	117	13.11		
	Total	1565.300	119			
8. Aggressive behavior	Between Groups	7.759	2	3.88	.13	.88
	Within Groups	3558.107	117	30.41		
	Total	3565.867	119			
Internalizing	Between Groups	63.337	2	31.67	.41	.67
	Within Groups	9121.988	117	77.97		
	Total	9185.325	119			
Externalizing	Between Groups	8.226	2	4.11	.06	.95
	Within Groups	8625.741	117	73.72		
	Total	8633.967	119			
Total YSR	Between Groups	196.213	2	98.11	.20	.82
	Within Groups	56275.754	117	480.99		
	Total	56471.967	119			

Post hoc test showed in the table (4.7) that adolescents whom age when their father passed away was 2-5 years old had more thought problems than other groups ($F(3/115) = 3.26$, $p = 0.04$).

Table (4.7): Means and standard deviation of YSR and Age of child when the father passed away

	Time passed since father death	N	M	SD
Thought problems	Less than 2 years	20	2.45	2.33
	2-5 years	42	3.50	2.36
	more than 5 years	58	2.47	1.86
	Total	120	2.83	2.16

4.3.5 Differences in YSR according socioeconomic status

In order to find the differences in YSR and socio economic status, the tables (4.8 a&B) below shows the results of a One Way ANOVA test.

Table (4.8 a): One Way ANOVA test Differences in YSR for adolescents according socioeconomic status

		Sum of Squares	Df	Mean Square	F	P
1. Withdrawn	Between Groups	102.277	2	51.139	.001	.001
	Within Groups	797.023	117	6.812		
	Total	899.300	119			
2. Somatic complaints	Between Groups	37.002	2	18.501	.34	.34
	Within Groups	1976.864	117	16.896		
	Total	2013.867	119			
3. Anxious/depressed	Between Groups	126.031	2	63.016	.02	.02
	Within Groups	1879.960	117	16.068		
	Total	2005.992	119			
4. Social problems	Between Groups	3.957	2	1.979	.75	.75
	Within Groups	810.635	117	6.929		
	Total	814.592	119			
5. Thought problems	Between Groups	36.038	2	18.019	.02	.02
	Within Groups	521.287	117	4.455		
	Total	557.325	119			
6. Attention problems	Between Groups	69.136	2	34.568	.03	.03
	Within Groups	1070.730	117	9.152		
	Total	1139.867	119			

Table (4.8 b): One Way ANOVA test Differences in YSR for adolescents according socioeconomic status

		Sum of Squares	Df	Mean Square	F	P
7. Delinquent behavior	Between Groups	154.158	2	77.079	6.39	.00
	Within Groups	1411.142	117	12.061		
	Total	1565.300	119			
8. Aggressive behavior	Between Groups	310.698	2	155.349	5.58	.00
	Within Groups	3255.169	117	27.822		
	Total	3565.867	119			
Internalizing	Between Groups	747.316	2	373.658	5.18	.01
	Within Groups	8438.009	117	72.120		
	Total	9185.325	119			
Externalizing	Between Groups	882.801	2	441.400	6.66	.001
	Within Groups	7751.166	117	66.249		
	Total	8633.967	119			
Total YSR	Between Groups	5408.850	2	2704.425	6.20	.001
	Within Groups	51063.116	117	436.437		
	Total	56471.967	119			

Post hoc test showed in the table (4.9) below that adolescents with low socioeconomic status had more withdrawn problems, anxious/depressed problems, thought problems, attention problems, delinquent problems, aggressive problems, internalizing problems and externalizing problems than others ($F(3/115) = 7.51, p = 0.001$), ($F(3/115) = 3.92, p = 0.02$), ($F(3/115) = 4.04, p = 0.02$) ($F(3/115) = 3.78, p = 0.03$) ($F(3/115) = 6.39, p = 0.001$), ($F(3/115) = 5.58, p = 0.001$), ($F(3/115) = 5.18, p = 0.001$), ($F(3/115) = 6.66, p = 0.001$) respectively, and adolescents with low socioeconomic status had more total YSR problems than other groups ($F(3/115) = 7.04, p = 0.001$).

Table (4.9): Means and standard deviation of YSR and socioeconomic status

		N	Mean	Std. Deviation
1. Withdrawn	Low	35	5.14	2.8
	Medium	66	5	2.55
	High	19	2.53	2.46
3. Anxious/depressed	Low	35	8.8	4.09
	Medium	66	7.97	4.01
	High	19	5.63	3.83
5. Thought problems	Low	35	2.4	1.77
	Medium	66	3.3	2.3
	High	19	1.95	1.99
6. Attention problems	Low	35	5.94	2.33
	Medium	66	6.32	2.96
	High	19	4.16	4.19
7. Delinquent behavior	Low	35	5.57	4.32
	Medium	66	3.3	3.01
	High	19	2.58	3.24
8. Aggressive behavior	Low	35	11.8	5.85
	Medium	66	9.26	4.35
	High	19	6.95	6.92
Internalizing	Low	35	18.06	8.35
	Medium	66	17.2	8.53
	High	19	10.74	8.64
Externalizing	Low	35	17.37	9.68
	Medium	66	12.56	6.63
	High	19	9.53	9.75
Total YSR	Low	35	57	18.11
	Medium	66	52.85	19.79
	High	19	36.58	28.33

4.3.6 Differences in YSR according to Religiosity level

In order to find the differences in YSR and Religiosity level, the table (4.10) below shows the results of a One Way ANOVA test.

Table (4.10): One Way ANOVA test Differences religiosity level and YSR for adolescents

		Sum of Squares	Df	Mean Square	F	P
1. Withdrawn	Between Groups	4.542	2	2.271	.30	.74
	Within Groups	894.758	117	7.648		
	Total	899.300	119			
2. Somatic complaints	Between Groups	20.873	2	10.437	.61	.54
	Within Groups	1992.993	117	17.034		
	Total	2013.867	119			
3. Anxious/depressed	Between Groups	114.253	2	57.127	3.53	.03
	Within Groups	1891.739	117	16.169		
	Total	2005.992	119			
4. Social problems	Between Groups	66.471	2	33.235	5.20	.01
	Within Groups	748.121	117	6.394		
	Total	814.592	119			
5. Thought problems	Between Groups	5.871	2	2.935	.62	.54
	Within Groups	551.454	117	4.713		
	Total	557.325	119			
6. Attention problems	Between Groups	13.592	2	6.796	.71	.50
	Within Groups	1126.275	117	9.626		
	Total	1139.867	119			
7. Delinquent behavior	Between Groups	348.633	2	174.317	16.76	.001
	Within Groups	1216.667	117	10.399		
	Total	1565.300	119			
8. Aggressive behavior	Between Groups	658.530	2	329.265	13.25	.001
	Within Groups	2907.337	117	24.849		
	Total	3565.867	119			
Internalizing	Between Groups	156.332	2	78.166	1.01	.37
	Within Groups	9028.993	117	77.171		
	Total	9185.325	119			
Externalizing	Between Groups	1964.826	2	982.413	17.23	.001
	Within Groups	6669.141	117	57.001		
	Total	8633.967	119			
Total YSR	Between Groups	5385.927	2	2692.964	6.17	.001
	Within Groups	51086.039	117	436.633		
	Total	56471.967	119			

Post hoc test showed in table (4.11) that adolescent with low religiosity level had more anxious/depressed than other groups ($F(3/115) = 3.53, p = 0.03$), adolescents with low religiosity level had more social problems, attention problems, delinquent problems, aggressive problems, externalizing problems, than other groups ($F(3/115) = 5.2, p = 0.01$), ($F(3/115) = 3.78, p = 0.03$), ($F(3/115) = 16.76, p = 0.001$), ($F(3/115) = 13.25, p = 0.001$), ($F(3/115) = 17.23, p = 0.001$) respectively, and adolescents with low religiosity level had more total YSR problems than other groups ($F(3/115) = 6.17, p = 0.001$)

Table (4.11): Means and standard deviation of YSR and religiosity level

	Religiosity level	N	Mean	Std. Deviation
Anxious/depressed	Low	18	10.11	3.12
	Middle	51	7.67	4.12
	High	51	7.22	4.19
Social problems	Low	18	5.94	2.55
	Middle	51	4.00	2.36
	High	51	3.76	2.68
Delinquent behavior	Low	18	7.67	4.73
	Middle	51	3.80	3.13
	High	51	2.55	2.63
Aggressive behavior	Low	18	14.94	5.16
	Middle	51	9.47	4.76
	High	51	7.92	5.15
Internalizing	Low	18	19.11	7.50
	Middle	51	15.76	8.31
	High	51	16.14	9.61
Externalizing	Low	18	22.61	9.41
	Middle	51	13.27	7.37
	High	51	10.47	7.00
Total YSR	Low	18	67.33	17.78
	Middle	51	49.49	20.12
	High	51	47.88	22.57

4.3.7 Differences in YSR according to Mothers' work

Independent t test showed in table (4.12) below that adolescent whom mothers worked inside the home had significantly more aggressive behavior, delinquent behavior, aggressive behavior, externalizing behavior, than those mother working outside the home ($t = 2.2, p = 0.03$). (mean inside home = 4.42 vs. outside home = 4.96) ($t(118) = 2.2, p = 0.03$), (mean for inside home = 10.19 vs. outside home = 8.77) ($t(118) = 1.4, p = 0.16$), (mean for inside home = 14.62 vs. outside home = 11.72), ($t(118) = 1.83, p = 0.07$) respectively, and the total YSR score was more inside home than outside home (mean inside home = 52.56 vs. outside home = 49.71) ($t(118) = 0.67, p = 0.05$).

Table (4.12): Independent t test for mothers work and YSR

		Mean	SD	T	P
Total YSR	Inside home	52.56	22.29	0.67	0.5
	Outside home	49.81	21.1		
1. Withdrawn	Inside home	4.59	2.78	-0.3	0.76
	Outside home	4.74	2.73		
2. Somatic complaints	Inside home	3.3	3.71	-1.1	0.27
	Outside home	4.15	4.67		
3. Anxious/depressed	Inside home	8.07	4.17	0.75	0.45
	Outside home	7.49	4.02		
4. Social problems	Inside home	4.23	2.64	0.21	0.83
	Outside home	4.13	2.6		
5. Thought problems	Inside home	2.78	2.1	-0.28	0.78
	Outside home	2.89	2.28		
6. Attention problems	Inside home	6.03	3.01	0.71	0.48
	Outside home	5.62	3.23		
7. Delinquent behavior	Inside home	4.42	3.84	2.2	0.03
	Outside home	2.96	3.11		
8. Aggressive behavior	Inside home	10.19	5.76	1.4	0.16
	Outside home	8.77	4.93		
Internalizing	Inside home	16.25	8.51	-0.28	0.78
	Outside home	16.7	9.28		
Externalizing	Inside home	14.62	9.03	1.83	0.07
	Outside home	11.72	7.41		

4.3.8 Pearson Correlation coefficient test of YSR

In order to find the correlation between YSR subscales, Pearson correlation test was conducted.

The results showed in table (4.13) that withdrawn was correlated positively with somatic complaints ($r=0.34$, $p < 0.001$), anxious/ depressed ($r=0.55$, $p < 0.001$), social problems ($r=0.52$, $p < 0.001$), thought problems ($r=0.20$, $p < 0.001$), attention problems ($r=0.49$, $p < 0.001$), delinquent behavior ($r=0.19$, $p < 0.001$), and aggressive behavior ($r=0.25$, $p < 0.001$).

Table (4.13): Pearson Correlation coefficient test of YSR

	1	2	3	4	5	6	7	8
1. Withdrawn	1.00							
2. Somatic complaints	.34**	1.00						
3. Anxious/depressed	.55**	.28**	1.00					
4. Social problems	.52**	.15	.57**	1.00				
5. Thought problems	.20*	.11	.18	.27**	1.00			
6. Attention problems	.49**	.27**	.56**	.56**	.50**	1.00		
7. Delinquent behavior	.19*	-.05	.35**	.40**	.16	.45**	1.00	
8. Aggressive behavior	.25**	.10	.48**	.51**	.37**	.63**	.73**	1.00
9. Other problems	.47**	.39**	.55**	.43**	.40**	.63**	.32**	.48**

4.4 Summary:

- The current study showed in general that externalizing problems was the highest scoring of YSR for adolescents. And the thought problems was the lowest scoring.
- The study found statistically significant relationship between YSR and other variables; sex, age, socioeconomic situation, religiosity level, cause of death, and the age of the child when the father passed away.

Chapter V
Discussions & Recommendations

Chapter V

Discussion & Recommendations

5.1 Introduction

This chapter discussed the main findings of the current study " The Effects of Father's Death in Childhood at Adolescence from 11 to 18 Years Old in Jerusalem Area", and the interpretation of its findings with respect to the literature review studies previously conducted. The characteristics of the participants and their answers to the questionnaire items are discussed. In addition, many statistical analyses highlight the relationship between dependent and independent variables: ANOVA test, t-test, Chi square and Pearson's test were used. The results of these statistical tests are discussed below:

5.2 The discussion

The current study assessed the effects of father's death in childhood at adolescence from 11 to 18 Years Old in Jerusalem Area. The findings indicated that total YSR problems were highest in Internalizing problems (withdrawn, somatic, and anxious/ depressed), then externalizing problems (Aggressive behaviors, delinquent behaviors), and the lowest was in thought problems. These findings are consistent with previous studies; as longitudinal and cross-sectional studies have shown that internalizing behavioral problems typically begin at 12 years of age and increase into middle adolescence (Costello et al. 2003; Zahn-Waxler et al., 2008). A similar trajectory has been reported for externalizing behavioral problems, except for a typically earlier onset than the depressive disorders (Costello et al., 2003; Zahn-Waxler et al., & 2008). As well as, children in father's homes absent are more likely to have emotional and psychosocial adjustment problems and have a variety of internal and externalizing behaviors (Allen & Dally, 2007).

Internalizing problems such as depression and anxiety are not usually as irritating as outsourcing problems; The presence of externalizing problems can be linked to the continued discomfort of others in the environment of the individual due to the disturbing behavior of the subject (Narustyle et al., 2017). Externalizing problems are always observed, while internalizing problems are not paid attention, Ignoring that the persistence of internal problems shows that the person constantly suffers from his problems (Narustyle et al., 2017), and this too risky because internalizing problems do not disappear over time more than externalizing problems in adolescence. However, Interventions should focus not only on internalization, but also on possible co-morbidity with externalization problems.

The results of this study also showed that, internalizing problems were more in females, and the externalizing problems were more in males, while the sample had 37.5% males, and 62.5% females. This is because women are more likely to internalize their emotions, which can lead to withdrawal, loneliness and depression, while men externalize them, become aggressive and impulsive, and internalize problems in women corresponds to the fact that women seek professional help more often than men or indicate a need for help (Ferdinand and Verhulst, 1994), also females are theorized to be comparably free of externalizing problems during early to middle childhood because of biological, cognitive, and social buffers present during this period (Keenan & Shaw, 2003). According to some research, adolescent females are two times as likely as males to become anxious and

depressed, and also exhibit more co-occurrence between depression and anxiety than females (Rescorla et al., 2007). This also can be explained related to father's absence as a study by Wright & Wright (1994) stressed that the absence of fathers from children's lives is one of the most important causes related to children's well being such as increasing rates of juvenile crime, depression and eating disorders, teen suicide, and substance abuse. They explained this to the role of the two parents in providing proper supervision, while single parenthood increases the probability of delinquency and victimization simply by the fact that there is one person less to supervise adolescent behavior (Wright & Wright, 1994).

The findings are in line with previous studies, where internalizing distress was more prevalent among women, and both depression and anxiety problems generally emerge in female adolescence (Hicks et al., 2013). On average, females who grow up in father absent homes are more likely to become overly dependent and have internal problems like anxiety and depression. (Mott et al., 1997).

In addition, the results of the study implemented by Leadbeater et al. (1999) consistent with this study, where they observed differences in interpersonal and self-critical vulnerabilities, reactivity to stressful life events, quality of relationships and self-conceptions inform a multivariate theoretical model of the moderating effects of sex on the internalization and externalization of adolescence problems, and they found increasing in internalizing symptoms in girls and externalizing symptoms in males (Leadbeater et al., 1999).

Furthermore, the findings of externalizing problems are more in males in this study, consistent with previous studies, who found that there is a higher prevalence of risk factors for outsourcing disorders in males, such as school behavior problems, education and institutional interest, peer involvement and peer enjoyment, aggressive behaviors, and delinquent behaviors (Moffitt et al., 2001). Moffitt et al. (2001) identified several replicable risk factors for antisocial adolescent behavior that also showed reliable gender differences, including neuro-cognitive deficits, early under-controlled temperament, hyperactivity, deviant peer relationships and adult personality characteristics associated with increased negative affectivity and weak behavioral constraint.

Females develop internalizing problems in part due to socialization factors where girls are presumably taught to inhibit externalizing problems, they have more risk factors,

such as childhood anxiety, gender role stereotypes, and stronger interpersonal orientations, often predisposing them to internalizing, mainly depression, while males tend to engage in more physical aggression than females, as they express their sadness, or depression by acting out against others (Rescorla et al., 2007).

The results of the study can also be interpreted in the context of Palestine and differences in socialization between males and females as males have more freedom than females (Giacaman, Shannon, Saab, Arya & Boyce, 2007). Giacaman, Shannon, Saab, Arya & Boyce (2007) studied the impact of collective exposure to political violence on adolescents and found that females have higher prevalence of depressive-like symptoms compared with males. Their study related these differences to socialization process and gender discrimination in Palestine.

In Palestine, adolescents make up about 23 percent of the total population, whereas females make up about half of this segment, adolescent females are vulnerable to internalization due to increased exposure to violence, limited choices and early marriage. Poor access to comprehensive education and health services limit their opportunities and abilities to advance in society (Shawla, 2017). As still the Palestinian public and government perceive adolescents as recipients rather than social actors or partners in decision-making (Shawla, 2017)

This study recoded the age of the sample into two groups (11-13 years-old and 15-18 years-old). Significantly, the results showed that adolescents aged 11-13 years old had significantly more social problems than those aged 15-18 years. As the second group are more open to social changes, searching for their identity influenced by peer group, cultural background, media, school, seeking more independence from their family (Borghuis, 2017), seeking more responsibility and looking for new experiences to develop a stronger individual set of values and morals, and they are more open to communication in different ways like the internet, cell phones and social media. This study results are consistent with previous studies, Solomon and Green, (1984) showed major area of concern regarding psychological functioning following bereavement relates to negative shifts in self-concepts and self-esteem, where they have observed that children often assess themselves more negatively after a parent's death than before, showed major area of concern regarding psychological functioning following bereavement relates to negative shifts in self-concepts and self-esteem, where they have observed that children often assess themselves more

negatively after a parent's death than before. It is possible that this image of being fearfully small and helpless is the most disruptive and disorganizing view of oneself that can emerge after parental death. (Solomon & Green, 1984).

In Palestine, occupation and traditional patriarchy intersect to create a uniquely complex situation, often termed as a 'double oppression' for women (Shawla, 2017). As in the rest of society, women are oppressed by the violent apparatus and loss of freedoms by the occupation, which simultaneously perpetuates patriarchal conservatism in society; the impact is that it is especially difficult to advance gender equality. Together, this has led to a more conservative Palestinian society today than 20 years ago, creating additional barriers to women and their economic empowerment (Shawla, 2017).

Adolescents in single mother families are considerably more delinquent than their counterparts residing with two biological, married parents, although these differences are reduced once different family processes such as supervision, monitoring, involvement and closeness are taken into account (Demuth & Brown, 2004). A study comparing poverty and violent predictors found that the proportion of their single mother's households (divorced, widowed, unmarried) rather than their poverty level could predict the rate of violent crime in a community is often more prone to aggressive behavior, violence and drug use (Douglas, 1988). This is consistent with the results in this study, where adolescent whose mother works inside the home had significantly more externalizing behavior than those whose mother works outside the home, which may affect directly the socioeconomic status.

Adolescents with low socioeconomic status in this study, had more total YSR problems than other groups of medium and high socioeconomic status; withdrawn problems, thought problems, anxious/depressed, attention problems, internalizing problems, externalizing problems and aggressive problems were all associated with low socioeconomic status than other socioeconomic status of medium and high. These results are consistent with previous studies that showed that poverty has many negative effects on children's development, putting them at a higher risk of poor nutrition and health problems, low school grades, school dropouts, emotional and behavioral problems such as depression, low self-esteem, behavioral disorders and conflicts with peers (Lamb & Michael, 1996). Low socioeconomic conditions were associated with higher levels of depression in early childhood. Loss of income in terms of state benefits has been reported to be a problem for mothers who have long-term deaths of their husbands. In such cases, mothers do not often work or

work part-time and rely on social security benefits as a key source of family income. These payments stop the death of the father and the financial impact is often devastating. Furthermore, many mothers have left their jobs due to unacceptable work pressure following their loss (Martikainen & Valkonen, 1998). In fact, some studies show the moderating effect of higher incomes on the symptoms of grief (Stroebe et al., 2007).

A study by Coyne and Beckman (2012), which aimed to better determine what types of struggles a student faces following the loss of parent by death in their research; Loss of a parent by death: determining student impact emphasized that a child's developmental level contributes to their reaction to parental death (Coyne and Beckman, 2012). In this study the results showed that adolescents whom age when their father passed away were 2-5 years old had more thought problems than the ages of (less than 2), and (more than 5 years), death for children in the age of 2-5 is understood as temporary and reversible, there is no concept of a personal death, death is something that only happens to other people, dead persons or animals are broken and can be fixed, or asleep and can be awakened, or gone and will be back. This finding consented with Johnson (1997) pointed to the fact that the age of the child plays a significant role in the effects of the bereavement, that's because the child understanding of death and grief differ according to the age of the child, the child from 2-5 years old consider that the death is temporary, as thought problems containing items on bizarre behaviors, hallucinations and delusions, and obsessive-compulsive symptoms. For that in adolescence the child develop a holistic understanding of the death, grief, and bereavement and by that he needs more social, spiritual, and psychological support to cope and adjust with it (Johnson, 1997). In addition, a study on parental death: grieving loss of life while maintaining a relationship between Maisie Lasher Ketron (2008), examined how an adult whose parent died during childhood understands their ongoing relationship with that parent and whether rituals or practices are integral to the observation of that ongoing relationship, emphasized that the experience of the child at the time of death was most strongly influenced by the age, developmental stage and family dynamics of the participants. The results suggest that the specialist can help and support children and families who have suffered losses. (Ketron, 2008).

The results related to religiosity level in this study showed that adolescent with low religiosity level had more total YSR problems, more internalizing problems (anxious / depression), social problems, attention problems, and more externalizing problems than middle and high religiosity levels. These findings are consistent with previous studies, as

most studies have reported positive effects on deprivation of spiritual or religious beliefs. Welsh et al. studied the relationship between spiritual beliefs and the results of sorrow. (2001) recruited from a palliative care center in London in a sample of 135 relatives and friends of dying patients. The study reported strong but not statistically significantly positive effects of religious and spiritual beliefs on coping with deprivation (Welsh et al., 2001).

With regard to internalization problems, depression, a study by Thearle et al. (1995) investigating 260 families after the loss of a child reported that deprived parents in church regularly had less anxiety and depression. Another study by Austin et al. (1995) on 57 people after a significant death found that religiosity had no effect on depression when measured by validated scales, while two studies by Bohannon et al. (1991), found that regular church attendance or spiritual experience had a positive effect.

Nevertheless, no interaction was found between spiritual experience and church attendance in predicting grief adjustment. Brown et al. (2004) assessed religiosity in 103 widowed spouses and found that widowed persons experienced an increase in religious beliefs and church participation in comparison with controls, which was the highest six months later. The subgroup with increased importance of religious beliefs had lower grief overall compared to the rest of the widowed participants.

Muslims believe that life and death are in accordance with Allah's will—the timing of death is thus predetermined with a fixed term for every human being. Islam encourages Muslims to be aware of the temporary nature of this life and to concentrate on spiritual growth, instead of material, which equips one with the means to deal with distress periods that are integral to the human condition (Sheikh, 2008).

Religious beliefs relating to death and suffering serve as resources for Muslims to understand and react to their loss. Instead of dying from a broken heart, Muslims may find blessings in difficulty and less likely to suffer the adverse effects pathological reactions typically associated with physical health and psychological well-being to bereavement. pathological reactions to bereavement (Sheikh A, 2008). Which may explain well the results related to religiosity level in this study, which showed that adolescent with low religiosity level had more total YSR problems than middle and high religiosity level, they

had more internalizing problems (anxious / depression), social problems, and externalizing problems, than middle and high religiosity levels.

In this study sudden death didn't show any significant YSR problems, while murder did. However, in a study of the effects of sudden versus chronic disease death on the deprivation result of Catherine M. Sanders (1983), data analysis did not result in statistically significant differences between the death mode groups, but indicated some important trends. The short- term chronic disease group has adapted most favorably to deprivation. While the sudden death and long-term chronic disease death groups sustained higher intensities of deprivation in eighteen months, qualitative and quantitative differences between the reactions of these two groups appeared. The sudden death group indicated an internal emotional response described as an anger-in or an intropunitive response that caused prolonged physical stress to be sustained. The long-term chronic disease group expressed an "anger-out" response that did not cause them to sustain the prolonged physiological component while creating a picture of dejection, frustration and loneliness (Sanders, 1983).

In this study, adolescents whom father was murdered had more total YSR than other causes of death such as road traffic accident, sudden death, chronic death, and martyr. The adolescents whom father was murdered had more social problems, more attention problems, more externalizing (Delinquent behaviors and aggressive behaviors) than other groups, and children whom father was martyr had more thought problems than other groups. The grief and sorrow process is very different when a death is the result of murder, it is regarded as a violent death. When death results from natural death due to illness or aging, there is more often than not a more natural grievance process involving opportunities to be with the dying person before his or her death in order to deal with unresolved problems, say good bye, as they move towards the end of their lives. This often involves the presence of family members, friends and members of the community who can participate. In the murder of a father, families left not only with the sorrow of the loss, but with the profound impotence that they could not protect, rescue or comfort the one they love, they were trapped in their trauma of their loss as their lives become defined by the violent death of their loved one, as the murder is repeated time and time again in the family's minds and often appears in the news headlines (Aldirch & Kallivayalil, 2015). Rynerson (2001), describes “when the violent dying is deemed a criminal act (terrorism, homicide or criminal negligence) the media, medical examiner, police and judicial system

begin a mandatory, public announcement and inquiry of the dying to find and punish whoever was responsible. The public retelling of the violent dying story is very different than the public respect for the family's privacy in retelling a natural death. Once declared criminal, the public and media demand a spotlighted reenactment of the dying that in, some cases, becomes voyeuristic. Public repetition of the dying reenactment may heighten the distress of friends and family members" (Rynerson, 2001).

Berg et al. (2014), conducted a study to examine "Parental Death During Childhood and Subsequent School Performance", The study investigated the association between parental death before 15 years of age and school performance between 15 and 16 years of age, taking into consideration potentially contributing factors such as family socio-economic status (SEP) and parental abuse, mental health issues and crime. The results showed that parental death was associated with lower rates of paternal and maternal death. The adjustment to SEP and psychosocial parental factors weakened the associations, but the results remained statistically significant. The higher crude death impact due to external causes compared to natural deaths, was not seen after SEP and family psychosocial adjustment (Berg et al., 2014).

The total YSR showed that children whom father was martyr had more thought problems than other groups; taking in consideration first, that the study done in Jerusalem and this may affect this result and if it is done in West bank or Gaza, it may shows different results, and the second is the significance of martyrs in Palestinian society.

In Palestine, program developers and researchers have almost didn't give attention to the concept of complicated grief for children and adolescents. While there is a growing awareness of the types of war experiences and subsequent losses for Palestinian adolescents, these have yet to be integrated into a complicated grievance (Barron et al., 2015). There are two studies to date, with only one being published that have sought to explore complicated grief in children and adolescents (Barron et al., 2003). In a group of 11- 14 year- olds in Nablus, the impact of the Teaching Recovery Techniques(TRT) program on PTSD was evaluated. The study included a complicated grievance evaluation. Nevertheless, the analysis was based on the total scores due to the lack of a clinically significant cut- off. As a result, the extent of complicated grief in the population of children could not be calculated, but the authors concluded that complicated grief is a serious problem in adolescence that requires further investigation. Thabet (2009) Examined 374

child trauma and grievance responses in Gaza using a scale of grievance screening. A half of the sample showed signs of complicated grief in the study. No difference in gender was found.

Martyrdom " Istishhad" is a Palestinian term used in the political dictionary to describe the case of self- sacrifice for the sake of others in their struggle with the occupier. Despite the religious significance taken from the Islamic religion for this term, the factions of the Palestinian society have worked to nationalize this term to include both religious and non-religious Muslims and Christians (Banat, 2010).

For Palestinian, martyrdom has a social value which give the martyr and his family appreciation and respect. For the sake of the group, self- scarification is a term expressed by the Palestinians through the " Istishhady" which has religious and popular significance for the person who makes a decisive decision to sacrifice himself to inflict losses in the ranks of the Israeli occupation (Banat, 2010).

In a study done by Banat, (2010) explored the Palestinian martyrs "Istishhadiyin" and the martyrdom operations from the point of view of their families and relatives. The study revealed that most of the Palestinian martyrs came from the West Bank, then from Gaza, the city of martyrs is Nablus in this study. The martyrs came from every region: villages, towns and camps. Most of them have been exposed to various forms of Israeli violence, mainly land confiscation, tree rooting, bulldozing, insulting and swearing, detention, domestic raids and no work permit. The study also found that Israelis had taken various measures against the martyr's family following the martyrdom operation, mainly not obtaining work permits, domestic raids, job losses, travel ban, demolition of the house, abuse and insults and detentions. Moreover, most of the Palestinian suicide martyrs ' bodies have not yet been delivered and are still in Israel's hands (Banat, 2010).

There are many factors effects the process of the families dealing with the martyrdom, as for Palestinians, some considered it painful to the Palestinian interests and did not contribute to the national interest. In contrast, others regarded it as the peak of the Palestinian national struggle against the tyrant Israeli occupation in the chests of the Palestinians. The media often intrudes on a family's most private moments, turning a grieving father or mother into an institutional spokesperson, locked them in pain (Jaber, 2016). As well as, the social pressure on a grieving family to express pride is also a factor

which can inhibit pain and delay the grieving process. Usually families receive support and people come to stand by them after the Martyrdom, but soon these mourners get busy in their own life difficulties leaving the family alone. The families inhibited and complicated grief creates cognitive distortions and the infusion of guilt for the families themselves, imposing on them the Israeli definition of the dead as a criminal or a terrorist. Despite, for every family in Palestine, the death of the martyr and the brutalization of the survivors are powerful weapons that undermine all Palestinians psychological security (Jaber, 2016). As this may give particular explanation for the reasons of the results of this study, which showed that adolescents whom father was martyrs have thought problems.

5.3 Conclusion

The current study assessed the effects of father's death in childhood at adolescence from 11 to 18 Years Old in Jerusalem Area. The findings indicated that that total YSR problems were highest in Internalizing problems (withdrawn, somatic, and anxious/ depressed), then externalizing problems (Aggressive behaviors, delinquent behaviors), and the lowest was in thought problems.

The study findings showed that, internalizing problems were more in females, and the externalizing problems were more in males.

Further, the results showed that adolescents aged 11-13 years old had significantly more social problems than those aged 15-18 years.

Furthermore, adolescents with low socioeconomic status in this study, had more total YSR problems than other groups of medium and high socioeconomic status; withdrawn problems, thought problems, anxious/depressed, attention problems, internalizing problems, and externalizing problems aggressive problems were all associated with low socioeconomic than other socioeconomic status of medium and low.

Also, the results showed that adolescent with low religiosity level had more total YSR problems than middle and high religiosity level, they had more internalizing problems (anxious / depression), social problems, attention problems, and more externalizing problems, than middle and high religiosity levels.

Finally, this study found that adolescents whom father was murdered had more total YSR than other causes of death such as road traffic accident, sudden death, chronic death, and martyr. The adolescents whom father was murdered had more social problems, more attention problems, more externalizing (Delinquent behaviors and aggressive behaviors) than other groups, and children whom father was martyr had more thought problems than other groups.

Therefore, this study concluded that the death of the fathers at young age affected children negatively, exacerbated depression, somatic and withdrawal symptoms at adolescent age later. Adolescents who belonged to low socioeconomic status, with low religiosity and their fathers were murdered had more total YSR than others. These findings could help improve the interventions and preventions for adolescents who lost their fathers at young

age. The findings from this study need greater attention from policy makers to target children shortly after father's death in order to help children with grieving process and to prevent future emotional, social and behavioral problems.

5.4 Limitations

In the current study, there have been several limitations. For instance, this study used a cross-sectional design. This made it difficult to accurately assess the impact of each factor and variable. Furthermore, this type of design may limit the generalization of results to a wider population, as it measures both the prevalence of results and the determinants in a population at a time or over a short period of time. However, cross-sectional studies are very useful for descriptive purposes and are relatively fast, cheap and easy to undertake (Grove & Burns, 2005).

The self-administered questionnaire was used to collect data for this study. The reliability of the result can therefore be impacted (Cohen et al, 2007). Further, this study was conducted only in limited target population, adolescents whom experienced the death of their father in the childhood in Jerusalem, and excluded other areas in Palestine, which makes hard to generalize the results.

5.5 Recommendations

Recommendations for the family

- Increase knowledge and awareness about the effects of father's death in childhood on YSR problems among adolescents from 11-18 years old.
- Family member need to start giving attention on the negative impact associated with father's death in childhood among adolescents, and provide these children with support and psychological intervention earlier in the childhood before reaching adolescence. Ask for help and support from professional for adolescents whom their father passed away in the childhood if needed.

Recommendations for the mental health professionals

- Mental health workers and professionals in Palestine should give attention on the negative impact associated with father's death in childhood among adolescents.
- To provide support, counseling, and psychotherapy if needed to adolescents whom experienced father's death in childhood.
- Mental health workers should increase their knowledge and capacity about the YSR self- report problems associated with father's death in childhood among adolescents.
- Mental health workers should increase their knowledge and capacity in the field of bereavement and grieving in childhood to avoid and prevent future emotional, behavioral, and social problems at adolescence.

Recommended Research in the Future:

- There is a need for further quantitative and qualitative studies to assess the effects of father's death in childhood at adolescence focusing on socio-demographic factors and other factors.
- Future studies are required to be conducted to assess the effects of father's death and issues of identity for adolescents.
- Future studies required to be conducted to assess the effects of father's death and the issues of security.
- There is a need for further quantitative and qualitative studies to assess the effects of father's death in childhood at young adults in Jerusalem.
- There is a need for further quantitative and qualitative studies to assess the effects of father's death in childhood at young adults in other areas in Palestine.
- Further studies are required to be conducted to assess the effects of mother's death in childhood at adolescent, in Jerusalem and other areas in Palestine.
- Further studies are required to be conducted to assess the effects of sibling's death in Jerusalem and other areas in Palestine.

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Annex (a)

جامعة القدس
دائرة الصحة العامة
برنامج الصحة النفسية المجتمعية

"أثر وفاة الأب في مرحلة الطفولة على المراهقين من عمر 11 - 18 عام في القدس"

أختي المبحوثة/ أخي المبحوث:

تحية وبعد...

تقوم الباحثة ميرنا جرايسه وهي من طلبة كلية الصحة العامة، برنامج ماجستير الصحة النفسية / علاج نفسي بإجراء دراسة حول "أثر وفاة الأب في مرحلة الطفولة على المراهقين من عمر 11 - 18 عام في القدس" وذلك من أجل استكمال متطلبات التخرج، أرجو منك التعاون بالإجابة على أسئلة الاستبانة. علماً بأن الدراسة هي لأغراض البحث العلمي والأكاديمي فقط، وسيتم المحافظة على سرية الإجابة، لذلك لا داعي لكتابة الإسم أو ما يشير إليك، شاكرة لك حسن تعاونك في إنجاح هذه الدراسة.

أطيب التحيات...

الطالبة: ميرنا جرايسه

إشراف:

د. سلام الخطيب

2018

البيانات العامة:

يرجى وضع الإجابة الصحيحة في المكان المخصص لها:

الجنس: ذكر _____ أنثى _____

العمر الحالي: _____

مكان السكن: _____

العمر وقت وفاة الأب: _____ أقل من سنتين

_____ 2 - 5 سنوات

_____ 5 سنوات فما فوق

عدد الأخوة والأخوات: _____ أقل من 4

_____ من 5 - 7

_____ أكثر من 8

الوضع الاقتصادي الاجتماعي: _____ أقل من المتوسط

_____ متوسط

_____ جيد

عمل الوالدة: _____ داخل المنزل _____ خارج المنزل

سبب الوفاة: _____ حادث سير

_____ وفاة مفاجئة

_____ مرض

_____ قتل

_____ استنشاد

مستوى التدين: _____ أقل من المتوسط

_____ متوسط

_____ جيد

عزيزي عزيزتي : من فضلك فيما يلي مجموعة من البنود التي تصفك. كل بند يصفك الآن أو خلال الستة أشهر الماضية, من فضلك ضع علامة صح في الخانة التي ينطبق تصرفك عليها:

مسلسل	الوصف	لا	بعض الأحيان	نعم
1	أفعل أشياء أصغر من سني			
2	عندي حساسية (صفها) _____			
3	أجادل باستمرار			
4	عندي أزمة شعبية ربوية			
5	أتصرف مثل الجنس الآخر			
6	أحب الحيوانات			
7	أتبجح كثيرا			
8	لا أستطيع التركيز والانتباه طويلا			
9	لا أستطيع التخلص من بعض الافكار والوسوس (صفها).....			
10	لا أستطيع الجلوس في مكان واحد, كثير الحركة, متوتر			
11	التصق بالكبار واعتمادي عليهم كثير			
12	أشكو من الوحدة			
13	أشعر بأني مشوش الذهن وفي حالة من الضبابية			
14	أبكي كثيرا			
15	أنا شريف وحقاني			
16	أؤذي, وأتسلط على الآخرين			
17	عندي أحلام يقظة وأغرق في أفكاري			
18	أعتمد إيداء نفسي أو الانتحار			
19	أصبر علي جذب الإنتباه من الآخرين			
20	أكسر أغراضي			
21	بكسر أغراض العائلة والأطفال الآخرين			
22	عنيد في البيت			

			عنيذ في المدرسة	23
			لا أكل جيداً	24
			لا أنسجم مع الأطفال الآخرين	25
			لا أبالي ولا أشعر بالذنب بعد أن أقوم بتصرفات خاطئة	26
			سهل الغيرة	27
			أساعد الآخرين عندما يحتاجوا للمساعدة	28
			أخاف من مواقف معينة، او حيوانات معينة، او اماكن معينة (صفها)	29
			أخاف الذهاب للمدرسة	30
			أخاف من أن أعمل أشياء سيئة	31
			أشعر بأنه يجب أن أكون كامل في كل شيء	32
			أشكو وأشعر بأن لا أحد يحبني	33
			أشعر بأن الآخرين ينتظروني لينالوا مني	34
			أشعر بالذنبوية والإهمال	35
			أصاب باستمرار، ودائماً ما أتعرض للحوادث	36
			أنا دائم العراك	37
			أشاكس الآخرين	38
			أتسكع مع الأطفال الآخرين الذين يعملون مشاكل	39
			أسمع أصوات لا يسمعها الآخرون (صفها ..)	40
			أنا اندفاعي وأعمل أشياء بدون تفكير	41
			أرغب في أن أكون لوحدي	42
			أكذب وأغش	43
			أقضم أظافر يدي	44

			أنا متوتر وقلق	45
			عندي حركات عصبية أو رعشة (صفها	46
			أعاني من كوابيس ليلية	47
			أنا غير محبوب من الأطفال الآخرين	48
			أفعل أشياء أحسن من الشباب الآخرين	49
			أنا قلق وخائف جدا	50
			أشعر بالدوخة	51
			أشعر بالذنب الشديد	52
			أكل كثيراً	53
			لدي تعب كثير	54
			لدي زيادة في الوزن	55
			عندي مشاكل صحية بدون سبب طبي معروف	56
			أ. أشكو من آلام و أوجاع (غير الصداع)	
			ب. أشكو من صداع	
			ج. أشكو من غثيان و الشعور بالمرض	
			د. أشكو من مشاكل في العيون (صفها	
			هـ. لدي طفح جلدي أو مشاكل جلدية	
			و. تنتابني لآلام في المعدة و تقلصات	
			ز. أشكو من الاستفراغ و الترجيع	
			ح. أخرى (صفها) _____	
			أهاجم الآخرين جسدياً	57
			بأحك أنفي، جسمي أو أجزاء أخرى من جسمي	58

			أنا محبوب ومن السهل مصادقتي	59
			أحب أن أجرب أشياء جديدة	60
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أشكر لكم حسن تعاونكم ☺

Annex (b)

Al-Quds University
Jerusalem
Deanship of Scientific Research



جامعة القدس
القدس
عمادة البحث العلمي

Research Ethics Committee
Committee's Decision Letter

Date: 24/2/2018
Ref No: 35/REC/2018

Dear Ms. Merna Jaraisch, Dr. Salam Al-Khatib,

Thank you for submitting your application for research ethics approval. After reviewing your application entitled "**Assessment of the effects of father's death in childhood at institutional adolescence from 12 to 18 years old, in Jerusalem**" the Research Ethics Committee (REC) confirms that your application is in accordance with the research ethics guidelines at Al-Quds University.

We would appreciate receiving a copy of your final research report/ publication.

Thank you again and wish you a productive research that serves the best interests of your subjects.


Dr. Dina M. Bitar
Research Ethics Committee Chair

Cc. Prof. Imad Abu Kishek - President
Cc. Members of the committee
Cc. file

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