STHE EFFECT OF SOMATIC INTERNAL FAMILY SYSTEMS THERAPY ON MALES AND FEMALES WITH INTERNALIZING BEHAVIOURS IN PAKISTAN EXPERIENCING FAMILY CONFLICTS: A COMPARATIVE STUDY

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ABSTRACT

The current study aims to determine the efficacy of Somatic Internal Family Systems Therapy (Somatic IFS Therapy) on young adults who are currently experiencing or observing familial conflicts and are experiencing internalizing behavior in a Pakistani population. It was hypothesized that there would be a difference in the internalizing behaviors recorded between males and females. To measure internalizing behaviors, the Depression Anxiety Stress Scale (DASS) was used. This study was quasi-experimental in nature therefore a pre and post-test design was used. The sample consisted of 14 participants between the ages of 20 and 35, experiencing internalizing symptoms and loneliness, while either experiencing or observing an ongoing family conflict. The participants were recruited through purposive sampling. The pretest was administered before the intervention, and then Somatic IFS intervention was applied followed by the post intervention assessment to measure the effectiveness of intervention. Data was analyzed through SPSS V25. In order to attain findings, paired sample t-test and independent samples t-test were applied. The results showed the hypothesis were disproved and there was no significant difference found between male and female participants. This study gave significant insight into the efficacy of somatic internal family systems therapy on young adults in Pakistan with internalizing behaviours experiencing family conflicts.

Keywords: *Somatic internal family systems therapy, young adults, internalizing behaviours, family conflicts, Pakistan, gender comparison.*

1. INTRODUCTION

Family conflicts and disagreements have been seen, heard and talked about for centuries, as any two or more people in the same vicinity, sharing blood relations are bound to have different opinions on what is best for them and the others around them. This difference of opinions can be seen between any two or more people in a family dynamic regardless of what their role might

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be in the said family; between the parents, between a parent and their child and amongst siblings as well. This is something that we as humans do not grow out of, as the differences in opinions make our point of views unique. While these disagreements are an ever-present situation for everyone, the effect that it can have when escalated into a conflict, on a young adult can be very difficult to navigate with all of the other stressors that their environment can present them with.

During young adulthood, a person starts to grow into themselves. They start to make their own decisions, become their own person, choose their own interests and pursue their own paths which can, more often than not, be the source of contention between parent and child. The Pakistani culture is collectivistic in nature where children tend not to be considered adults until they are married. The parent still thinking of their child as someone who needs around the clock care, can be overbearing, but this could also come about from them merely believing that they know better than their child does, as the child is still young (in their eyes) (Beuken, 2019). Due to this, the conflicts that arise between the parent and their child can be the source of depressive and anxious tendencies, stress as well as feelings of loneliness.

However, parent-child conflicts are not the only type of family conflicts that arise in a family environment. The disagreements and arguments can and are also seen between spouses, with extended family members, between siblings and often between a parent and a sibling of the child. In this way, the person does not necessarily have to be a part of the conflict to observe it and to experience an after-effect of the conflict in them (Mechanic & Hansel, 1989). As mentioned above, the culture in Pakistan has deep roots in collectivism i.e. the parents have a tendency to be making the decisions for their child, and independence is sparingly granted. The shift in recent years of the mindset of the younger population has been towards more westernized ideas, where there is a vast majority of people living in an individualistic culture.

With different reasons for conflicts popping up in a person's personal life, the daily stressors that are already a part of a young adult's daily life can seem to be even more exaggerated in nature, and this can increase the level of internalizing behaviors that they might be experiencing.

An online survey conducted in Pakistan revealed that there is a high prevalence of depression and anxiety in the age group of 18-30, where the mean age was 25, (Ullah et al., 2022). Another study conducted on university students brought up the importance of religiosity in Muslim university students in Pakistan, when it comes to the levels of anxiety, stress and depression (Nadeem et al., 2017). A scale developed for social anxiety on the Pakistani higher education population, also displayed that the young adult population

of the country has been having anxious episodes on account of their social fears (Ejaz et al., 2020).

The practice of somatic therapeutic techniques for clients with anxiety, depression and other internalizing behaviors is not one that is new (Payne et al., 2015) however, compiling the practices of both somatic therapy and internal family systems therapy is something fairly new in the world of psychotherapy and has been brought forward by Susan McConnell in her book Somatic Internal Family Systems Therapy: Awareness, Breath, Resonance, Movement and Touch in Practice.

Schwartz (1994) founded Internal Family Systems Therapy (IFS), an integrative method of individual psychotherapy, in the 1980s. It blends systems thinking with the idea that the mind is composed of relatively distinct sub-personalities, each with its own particular viewpoint and characteristics. IFS make use of family systems theory to comprehend how these sub-personality groups are structured. The integration of IFS with Hakomi practices is what will mostly be used in this thesis.

The Hakomi Method is an experiential psychotherapy approach that uses the client's immediate felt experience as a gateway to deeper, unconscious material. As a result, changes are integrated into the client's present experience. Hakomi integrates the concepts of mindfulness and nonviolence taken from Eastern philosophy with Western psychology, systems theory, and body-centered practices. Hakomi is grounded in five principles: mindfulness, nonviolence, organicity, unity and body-mind holism (Weiss et al., 2015).

These five principles are set forth in Kurtz's book, Body Centered Psychotherapy, while some other Hakomi leaders add two more principles, truth and mutability. According to the Hakomi Method, humans are self-organizing systems that are psychologically structured around basic memories, beliefs, and pictures. These core elements manifest as habits and attitudes that people unconsciously use to structure their behavior. Hakomi is a technique for assisting people in finding and identifying these patterns. Through working with core material and altering essential beliefs, the objective is to modify their way of being in the world.

Hakomi is based on awareness of physical sensations, feelings, and memories. Hakomi is distinctive in that it performs the majority of treatment sessions in mindfulness despite the fact that many therapists today advocate mindfulness meditation as a supplement to psychotherapy instead of basing a treatment plan solely on meditation.

By combining both Hakomi and IFS practices, McConnell has found a way to integrate mindfulness into a psychodynamic approach, while also

keeping the mindfulness practices trauma-sensitive and taking care of the somatic symptomatology.

The studies that have been conducted on young adults with internalizing symptoms in the past ten years have been few and far in between, choosing to focus on the adolescent population more when it comes to internalizing behaviors, and clinically diagnoses more when it comes to the young adult population.

2. PURPOSE AND SCOPE

Young adulthood is commonly called a storm and stress period, and this contradicts the sayings regarding the beginning of adulthood being for most young-adults and their families, a smooth and peaceful transition. Although the notion of ''storm and stress'' appears to be exaggerated, the results of the studies of parent – child conflict do indeed indicate that the relationships between parents and their adult children deteriorate during and after adolescence in comparison with parent-child relationships This worsening of the parent-child relationship is indicated by an increase in conflict, diminished parental satisfaction with parenting and increased parental stress, and a decrease in the parental support experienced by adolescents and young adults (Furman & Buhrmester, 1992; Laursen, 1993; Silverberg & Steinberg, 1987; Smetana, 1989; Gohm et al., 1998).

The multiple situations, experiences and issues that a young adult faces including yet not limited to family conflicts can lead to the disintegration of the Self energy, and the disconnecting of the link between the body and the mind that keeps a person intact and helps their thought processes stay healthy. When this happens, the internalizing symptoms that might have been present at a lower more controllable rate exacerbate. The therapeutic approach that is being applied focuses on mind-body integration and on helping a young adult's different parts to work in tandem to become whole, allowing them to resolve conflicts with their family. As the family is a social unit, this might also have the added effect of bettering the young adult's social support system, and their emotional intelligence might also increase.

Young Adulthood has been widely and famously described as a time of 'storm and struggle', and Erikson (1968) has also talked about the conflicts that this age group goes through, namely the struggle to find the right balance between intimacy and isolation. This already can have an adverse effect on the individual if the conflict is not solved in an appropriate manner. This conflict in and of itself can lead to distress in many different ways including but not limited to depressive and anxious tendencies, low self-esteem, co-dependency or hyper-independence and having family conflict added on top of that, only

serves to exacerbate the symptoms, possibly even to the point of disintegrating the link between mind and body. Significant increases in adolescent internalizing symptoms have been documented across numerous data sources (Mojtabai, Olfson & Han, 2016), however when it comes to young adults, internalizing behaviors are not focused on as much with researchers preferring to choose disorders from the DSM instead. For example, emergency department visits due to suicide attempts and ideation among adolescents increased almost twofold from 2007 to 2015. The therapeutic approach being applied in this study, Somatic Internal Family Systems Therapy is one that is quite new, and as such has not been used on the Pakistani population yet. There are very few research samples of this particular therapeutic viewpoint, and they have been conducted in mostly Eurocentric countries and so this study will focus on seeing if the effectiveness of this study is the same on a South Asian population as well.

2.1 Research Objectives

1. To determine whether there is a difference in the levels of internalizing behaviour of males and females.
2. To determine the effect of somatic internal family systems therapy on males and females with internalizing behaviors.

2.2 Research Hypothesis

1. There will be a difference in the internalizing behaviors recorded between males and females, both in pre-testing and post-testing.

3. RESEARCH METHODOLOGY

The study was a controlled clinical trial in a quasi-experimental research design. Subjects were assessed and upon meeting the inclusion criteria, the intervention was started for them. The clinical assessment, consisting of an interview and a protocol of self-report measures, was given individually at the beginning and the end of the intervention. The Depression Anxiety Stress Scales (DASS) was used to ascertain the level of anxiety and/or depression in the participants which was used as the tool for quantifying the internalizing behaviors. Informed Consent was taken and the participants were debriefed at the end of the intervention.

3.1 Participants

The unit of analysis for this research was young adults who were at the time of the intervention experiencing a family conflict. They were recruited by distributing informational analysis, and 7 males and 7 females between the ages of 20 and 35 were selected to be a part of the study.

3.2 Inclusion Criteria

The inclusion criteria for the study was single males and single females between the ages of 20-35 who were, at the time of the intervention, not in any romantic relationship, and who had faced depressive or anxious symptoms and felt lonely in the past month, and who were, at the time of the intervention, experiencing or observing a conflict in their family either immediate or extended. The participants had to be able to understand eighth grade level English. The participants also scored between 50-99 on the DASS, placing them in moderate range to qualify for the intervention.

3.3 Exclusion Criteria

The exclusion criterion for the study was the individuals with intellectual disabilities, the people who were not facing or observing a family conflict, and the people who were unable to come in for in-person sessions. Also excluded were the people who were having any kind of romantic relationship with a partner, fiancé or a spouse (pre-marital, engaged, and married).

3.4 Measures

The following measures were used:

3.4.1 Consent Form

The purpose of the consent form was to explain the participants about the nature and aim of the research so consent could be obtained from the participants. The consent form was in English, and it mentioned the purpose of the research and the voluntary participation. It also stated the right of the participants to leave therapy as per their will and about the confidentiality of the details provided by them.

3.4.2 Demographics Form

The demographics form was used to acquire information of the participants where they were asked to provide relevant information pertaining to several distinct domains such as their age, gender, birth order, and relationship status, educational level, type of family structure, number of siblings, type of family conflict, type of internalizing symptoms felt.

3.4.3 The Depression, Anxiety and Stress Scale (DASS)

The DASS is a set of three self-report scales designed to measure the negative emotional states of depression, anxiety and stress. The DASS was constructed not merely as another set of scales to measure conventionally

defined emotional states, but to further the process of defining, understanding, and measuring the ubiquitous and clinically significant emotional states usually described as depression, anxiety and stress. The DASS should thus meet the requirements of both researchers and scientist-professional clinicians.

Each of the three DASS scales contains 14 items, divided into subscales of 2-5 items with similar content. The Depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, and lack of interest/involvement, anhedonia, and inertia. The Anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The Stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient. Subjects are asked to use 4-point severity/frequency scales to rate the extent to which they have experienced each state over the past week. Scores for Depression, Anxiety and Stress are calculated by summing the scores for the relevant items.

The scores are categorized in the following manner with 0-78 being the Normal range, 78-87 as the Mild range, 87-95 as the Moderate range, 95-98 as the severe range and 98+ as the Extremely Severe range (Crawford & Henry, 2010).

3.5 Procedure

The research was conducted under the supervision of a registered Clinical Psychologist. The researcher received approval from the Research Ethics board of the Institute of Professional Psychology, Bahria University Karachi Campus. After the approval, permission was sought from the respective authors of the scales being used in the study. The participants were recruited by distributing informational flyers, online. The interested participants then contacted the researcher. In the initial period, consent was taken from the participants. The participants then went through screening, which was done by the use of the demographic form, the DASS and the UCLA Loneliness Scale.

The session plan that was used for the intervention has been formed following the top down approach which focuses on the integration of the mind and body from different parts into a holistic self and has been provided by Susan McConnell in her book Somatic Internal Family Systems Therapy.

3.6 Detailed Description of the Intervention

3.6.1 Session 1- Introduction to Somatic IFS Therapy

Aims and Objectives

The initial session aimed to introduce the therapy and the treatment along with establishing a baseline for the internalizing behaviors as well as loneliness in a quantitative manner. The session mostly focused on psycho education as well as introducing the therapeutic interventions to the participant. Rapport building was also a focus of this session along with history taking. The session was also used to bring focus to the client's different parts, and those were used in helping to understand the client's history better as well. These parts that were identified were primarily protector parts or exiles as opposed to managers.

The scales that were used for the pre-testing were the DASS and the UCLA Loneliness Scale, along with a demographic form which was filled prior to the session with a brief demographic section that focused on the type of familial conflict that the participant was undergoing.

3.6.2 Session 2- Somatic Awareness

Aims and Objectives

The main aim of the second session was to bring the client's attention to their body and also bring about an awareness of their different parts and how they speak to one another, as a continuation from the previous session. The intervention used was called Opening to Somatic Awareness. The purpose of this intervention was to establish a baseline in order to keep track of changes and gauge the level of capacity to tune into the body and notice sensations and to practice and develop that capacity. The objective of this intervention was for the participants to be able to describe their sensations in spoken language.

3.6.3 Session 3- Breath and Conscious Breathing

Aims and Objective

The third session focused on breathing consciously in an attempt to integrate the inner and outer worlds. Following the guideline set by Susan McConnell, the participant was made aware of their breath, the implications of their breathing patterns and how breathing consciously can have an effect on their previously identified parts. This is also something that assists the therapeutic relationship and helps the client find a way inside of them to access

and unburden parts that are very heavy. The intervention used is called Bringing Consciousness to Breathing. The purpose of this was to make the client aware of their habitual breathing patterns and allow them to use this to access their parts.

3.6.4 Session 4 – Radical Resonance

Aims and Objectives

The objective of this session was aimed at finding out what frequencies the client's parts are on. McConnell defines radical resonance as a deeply rooted resonant relationship between the parts of a person and their Self. This is explained by saying that the client's parts are at the moment in search of a secure figure that they can attach themselves to, and that the purpose of this section is to make the person's own self their secure attachment figure for their wounded parts (p.130-131).

The intervention used for this session was called Moving from the Heart into Relationship. The purpose of this intervention is to bring qualities of the Embodied Self energy into a relationship; more simply put, it is to move into a relationship from the heart. It helps the client to become fully aware of where they are both inside their body and outside in the environment. It starts off by focusing solely and completely on oneself and then moves outwards to include another person into their realm of consciousness, and to feel as connected to them as to anyone else. The other person in question will be the researcher herself, so as to eliminate any extraneous factors that might affect the process.

3.6.5 Session 5- Mindful Movement

Aim and Objective

Mindful movement in Somatic IFS talks about complete awareness in every part of the client's body. The way they might sag their shoulders, touch their lips, shrug, turn their heads, etc. are all connected to how their parts might be feeling and as such, changing the movement can change the tension that any certain part might be feeling (p.188). This draws on from the practices of Hakomi, as was introduced by Ron Kurtz that have been previously discussed. The intervention used in this session is named 'the Mindfulness of Habitual Movements'. The objective of this was to bring curiosity to habitual movements and to mindfully repeat them as well as to offer our parts the opportunity to be seen and have their burdens released as they move through the body.

3.6.6 Session 6- Attuned Touch

Aim and Objective

The focus of this session was on exploring the power of ethical touch, and how it can help in healing a burdened part of a client. The amount of time using touch in a typical Somatic IFS session is less than the other practices, because it is normally an intimate thing and even a small touch can evoke a strong response. The Somatic IFS interventions that focus on Attuned Touch have been designed in a way where they are able to establish appropriate clear and safe boundaries and allow the client to read and respond to the message from the touch.

The intervention used is called Imaginary Touch. The objective of this intervention was to provide a part of the client with a Self-led experience of receiving imaginary touch. This session focused on the exploration of the power of ethical touch.

3.6.7 Session 7- Unburdening the Embodied Internal System.

Aim and Objective

Being the penultimate session according to McConnell, this focused on the integration that McConnell has based this therapy around. The victimized parts of the self that have been focused on and been allowed to slowly heal are now going to be worked on to integrate completely to form the Self. The Embodied Self refers to the person's own Self energy being used to its full potential and as such not being a hindrance in any way. The intervention used is called Quickly Establishing Embodied Self Energy. The goal of this intervention was to experience the qualities of Self energy in the body, and also to find and release the blocks to Embodied Self energy in the person's body.

3.6.8 Session 8- Termination

Aims and Objective

In the final session, the post-intervention testing took place which helped to see if there was a change in the way the person was feeling the internalizing symptoms, and if there are any trends or patterns that can be found. The baselines that had been formed from the first session onwards were all checked in comparison to the final test results. The session also focused on the researcher going through termination protocol, and getting feedback from

the clients about how exactly they felt and what exactly they thought while the sessions were going on.

4. RESULTS

Figure: 1 Type of Conflict

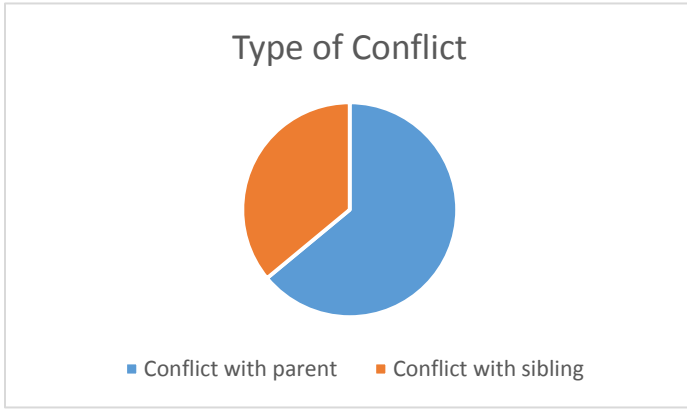

Table 1 (a) Independent samples t-test shows the comparison of scores for males and females for the pretest for internalizing behaviors

Male		***Female***					
M	*SD*	*M*	*SD*	*t*	*df*	*P*	*Cohen's d*
80	21.59	68	14.56	1.219	13	0.246	0.65

Table 1 (b) Independent samples t-test shows the comparison of scores for males and females for the posttest for internalizing behaviors

Male		***Female***					
M	*SD*	*M*	*SD*	*t*	*df*	*P*	*Cohen's d*
51.43	16.37	39.71	15.80	1.362	13	0.198	0.73

The findings of tables 1 (a) and (b), both do not support the hypothesis, as the p-values indicate that the difference in pre and post-test

scores on the DASS for both males and females is statistically insignificant as p= >0.05. As the p-value is at 0.198, it indicates that there is nearly a 20% probability being due to chance.

5. DISCUSSION

The objective of this study was to determine the efficacy of Somatic Internal Family Systems Therapy on young adults in internalizing Karachi, with behaviors and loneliness, who are also experiencing family conflicts. Somatic Internal Family Systems Therapy (SIFS) was developed by Susan McConnell in 2020 after years of working as an IFS therapist and also mastering different forms of somatic work including, but not restricted to Hakomi, Polyvagal theory, Body-Mind Centering and more. Somatic IFS has been described as an 'amicable, creative relationship' between IFS and body psychotherapy (Duclos, 2019). The purpose of this intervention is to help the participant reach a state of Embodied Self (McConnell, 2020), which in and of itself helps to heal the person's inner conflicts, which can be related to diagnostic and clinical presenting complaints, but also for a more integrative and holistic approach to help anyone who wants to be in a healthy and healing relationship with themselves and others (p.18).

The hypothesis was aiming to determine whether there is a difference in the internalizing behaviors reported by the male and female participants. The pretest for males and females on the DASS (Table 5.6(a) showed a mean score of 80 and 68 respectively, with a p-value of 0.246 and a Cohen's d value of 0.6, indicating that while the data is statistically insignificant, there is a large effect size. The results for the posttest scores of the males and females on the DASS had a mean score of 51.43 and 39.71 respectively and a p-value of 0.198, and a Cohen's d value of 0.72, once again indicating that while the data does not hold statistical significance, the effect size remains large. The hypothesis is therefore, disproved.

Considering the sample for this study was chosen through purposive sampling, there was a lack of diversity in the participants' socio-economic, educational and cultural background, which could have been the reason for the lack of significant findings for the third hypothesis. The male and female participants selected for the study, while from different familial backgrounds, were roughly at the same intellectual level, thus restricting a more inclusive understanding of how the internalizing behaviors might be recorded differently in males and females. A study conducted in the Netherlands in 2008, showed that there was a difference found when the two genders were compared on a larger scale, and that there was an aspect of relationship status that factored in also (Plaisier et al, 2008).

A requirement to meet the inclusion criteria for this study was for the participants to not be involved in a romantic relationship of any kind. This might have been a contributing factor to how the internalizing behaviors were presented, as both genders were put on an even platform, where apart from their friends, they did not have a significant other to share their worries and concerns with. Erikson has labelled the conflict that occurs during this psychosocial stage as one between intimacy and isolation. When the individual finds that they are unable to get any platonic intimacy with their family members and are already in a place where they are not receiving romantic intimacy, this might have them move towards the isolative part of resolution instead. The SIFS intervention was conducted to check if this feeling of isolation, which manifests itself as feelings of isolation and internalizing behaviours, could be lessened, by focusing on healing parts of the person in a journey to heal the whole.

The participants for this study were all from a university educated background, where they were either completing their undergraduate studies, or had completed them already, and their main commonality was the internalizing behaviors, feeling of loneliness and the fact that at the time of the intervention they were experiencing or witnessing a conflict in their immediate family. Comprising of 7 males and females from diverse family backgrounds, all of the participants were Pakistani young adults that reside in Karachi, and they were encouraged to be as vocal about how they felt as well as how much any of the interventions was working for them and in what way, and what they felt was making it more difficult for them to relate to.

The demographic variables also showcased that all of the participants were experiencing family conflicts within their immediate family, and more so with their parents than their siblings. All of the participants were single, i.e. not in a relationship during the time of the intervention, and there were a few who had recently broken up with their romantic partners. Two of the participants had previously availed the services of a therapist before, and so were more aware of how sessions took place, and were a little less hesitant to open up, establishing rapport faster, while this was the first experience with any therapeutic intervention for the rest of the twelve participants.

6. CONCLUSION

This research was conducted to determine the efficacy of Somatic Internal Family Systems Therapy in a Pakistani young adult population with the goal of determining that there would be a difference in the internalizing behaviors recorded between males and females. The study has managed to disprove this hypothesis, while highlighting that internalizing behaviors can be

reduced by the utilization of Somatic Internal Family Systems Therapy interventions.

6.1 Limitations and Recommendations

The current study has potential limitations, such as the fact that the intervention rooms were not as spacious as might be suited to a Somatic IFS intervention. The exercises used during the sessions, sometimes, required the participants to have large amounts of moving space, so they can be as comfortable as possible. For future researches, it is recommended to have more space in the intervention room.

Another factor that could have limited the study is the fact that the participants were only given one session per week, and each session had a different theme to it, so there was no extra time given to a certain theme, even if the client might have wanted it. This was something that could not be fully explored in an 8-session plan, and furthermore would be recommended that multiple exercises or interventions be used for each theme.

Further recommendations for future researches could be applying to this study on a different population, such as with adolescents and middle-aged adults as well as with young adults who are either married or have romantic relationships. This could help explain if this effect is only seen in young adults, or if the effect of lowering the internalizing behaviors can be seen in other age groups also. The demographic variable changing from only people that are not in any romantic relationship to people in a romantic relationship can help provide more insight into how social support could come into play. A comparative study could also be done on people in relationships with those not in a relationship.

References

Beuken, F. van de. (2022, May 19). Parent-Child Conflict: Changing Family Relationships in e. Trails Carolina.https://trailscarolina.com/blog /parent-child-conflict-changing-family-relationships-in-adolescence/

Crawford, J. R., & Henry, J. D. (2003). The Depression Anxiety Stress Scales (DASS): Normative data and latent structure in a large non-clinical sample. British Journal of Clinical Psychology, 42(2), 111–131. https://doi.org/10.1348/014466503321903544

Duclos, M. A. (2019). The Elusive Self: Reflections of an Internal Family Therapist. Independently published.

Ejaz, B., Muazzam, A., Anjum, A., Pollock, G., & Nawaz, R. (2020). Measuring the scale and scope of social anxiety among students in Pakistani higher

education institutions: An alternative social anxiety scale. Sustainability, 12(6), 2164.

Erikson, E. H. (1968). Identity: Youth and Crisis (1st ed.). W.W. Norton.

Furman, W., & Buhrmester, D. (1992). Age and Sex Differences in Perceptions of Networks of Personal Relationships. Child Development, 63(1), 103. https://doi.org/10.2307/1130905

Gohm, C. L., Oishi, S., Darlington, J., & Diener, E. (1998). Culture, Parental Conflict, Parental Marital Status, and the Subjective Well-Being of Young Adults. Journal of Marriage and the Family, 60(2), 319. https://doi.org/10.2307/353851

Laursen, B. (1993). The perceived impact of conflict on adolescent relationships. Merrill-Palmer Quarterly, 39(4),535–550. https://www.researchgate.net/profile/Brett_Laursen/publication/232523532_The_Perceived_Impact_of_Conflict_on_Adolescent_Relationships/links/00b7d521b4c1abcc2a000000.pdf

McConnell, S., & PhD, S. R. (2020). Somatic Internal Family Systems Therapy: Awareness, Breath, Resonance, Movement, and Touch in Practice (1st Ed.). North Atlantic Books.

Mojtabai, R., Olfson, M., & Han, B. (2016). National Trends in the Prevalence and Treatment of Depression in Adolescents and Young Adults. Pediatrics, 138(6). https://doi.org/10.1542/peds.2016-1878

Nadeem, M., Ali, A., & Buzdar, M. A. (2017). The association between Muslim religiosity and young adult college students' depression, anxiety, and stress. Journal of religion and health, 56, 1170-1179.

Payne, P., Levine, P. A., & Crane-Godreau, M. A. (2015). Somatic experiencing: using interoception and proprioception as core elements of trauma therapy. Frontiers in Psychology, 6. https://doi.org/10.3389/fpsyg.2015.00093

Plaisier, I., de Bruijn, J., Smit, J., de Graaf, R., ten Have, M., Beekman, A., van Dyck, R., & Penninx, B. (2008). Work and family roles and the association with depressive and anxiety disorders: Differences between men and women. Journal of Affective Disorders, 105(1–3), 63–72. https://doi.org/10.1016/j.jad.2007.04.010

Schwartz, R. C. (1994). The internal family systems model. New York, NY: Guilford.

Silverberg, S. B., & Steinberg, L. (1987). Adolescent autonomy, parent-adolescent conflict, and parental well-being. Journal of Youth and Adolescence, 16(3), 293–312.https://doi.org/10.1007/bf02139096

Smetana, J. G. (1989). Adolescents' and Parents' Reasoning about Actual Family Conflict. Child Development, 60(5), 1052. https://doi.org/10.2307/1130779

Ullah, I., Ali, S., Ashraf, F., Hakim, Y., Ali, I., Ullah, A. R., ... & Pakpour, A. H. (2022). Prevalence of depression and anxiety among general population in Pakistan during COVID-19 lockdown: An online-survey. Current Psychology, 1-8.

Weiss, H., Johanson, G., & Monda, L. (2015). Hakomi Mindfulness-Centered Somatic Psychotherapy: A Comprehensive Guide to Theory and Practice (1st Ed.). W. W. Norton & Company.