

**EFFECT OF KIDNET, KARMA YOGIC TEACHING AND NOSTALGIC
STREET GAMES ON THE STATE OF SOPHROSYNE AND POST
TRAUMATIC STRESS DISORDER AMONG ORPHAN CHILDREN**

A

Thesis

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By

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PUNJAB
2019**

DECLARATION

I declare that the thesis entitled “Effect of KIDNET, Karma Yogic Teaching and Nostalgic Street Games on the State of Sophrosyne and Post Traumatic Stress Disorder Among Orphan Children” has been prepared by me under the guidance of Dr. Neelam K Sharma, Professor and Head of the Department of Physical Education, Lovely Professional University. No part of this thesis has formed the basis for the award of any degree or fellowship previously.

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ABSTRACT

Children are the most precious gift of God. "Kids are innocent and mischievous although always bring a smile to one's face" (Abbott 1900). Infants are a beam of sunlight with virtue and vice. Pandit Nehru addressed "children as buds in a garden and accordingly must be loved and carefully nurtured on all ground. They are the future of the nation as well as a citizen of the tomorrow". As per Worldwide Children Statistics (2018), the statistics published by UNICEF 153 million children worldwide are orphans; sixty-one million are in Asia, fifty-two million are in Africa, ten million are in Latin America and the Caribbean, and seven million are in Eastern Europe and Central Asia. The UNICEF further reported that 263 million children are youth and they do not go to school. The Worldwide Children Statistics 2018 reported that 61 million children of primary school age do not attend the school, and out of them 53 percent are girls. Nixon (2013) says that a child is called an orphan in case his/her parents are no more, or they have permanently abandoned the child. Orphans are divided into three main categories- maternal, paternal and double orphan. Maternal orphans are the one who have lost owned mother whereas paternal and double orphans are those orphans who do not have a father as well as both the parents respectively. Worldwide, one among every five children and adolescents experience a mental disorder, and among them, two out of five who need emotional well-being administrations do not receive them. It is estimated that by 2020 childhood mental disorder will rise to over 50% and possibly become one of the five most general reasons for mortality, morbidity, and disability among children. The knowledge of the occurrence of psychiatric morbidity among children living in orphanages is essential in estimating the burden of the problem in the susceptible group. In a research study, undertaken by Irudayasamy (2006), noticed that orphan children face many psychological problems. Gupta and Gupta (2014) in their research study conducted on kids residing in orphan hood and additional traditional setting besides homes revealed that because of early severance, abandon, and exploitation, orphan kids repeatedly show signs of PTSD.

Review of literature reveals that the Orphan children suffer greatly from many psychological disorders. Keeping in mind the above said factors, investigator has made an attempt to ascertain the effect of multidimensional approaches i.e. KIDNET, Karma yogic teaching and

Nostalgic street games on the State of Sophrosyne and Post Traumatic Stress Disorder among Orphan Children. Therefore, the present problem is stated as “the effect of KIDNET, Karma yogic teaching and Nostalgic street games on the State of Sophrosyne and Post Traumatic Stress Disorder among Orphan Children”.

Objective

- 1 To analyze the effect of the selected training programme, i.e. KIDNET, Karma yogic teaching and Nostalgic street games for improving the state of Sophrosyne (Self-knowledge, self restraint behavior and psychological well being) among orphan girls and boys.
- 2 To examine the effect of the selected training programme, i.e. KIDNET, Karma yogic teaching and Nostalgic street games for improving the posttraumatic stress disorder among orphan girls and boys.

Hypotheses:

- 1 **H₍₁₎** :- There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self knowledge) among orphan girls.
- 2 **H₍₂₎** :- There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self knowledge) among orphan boys.
- 3 **H₍₃₎** :- There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self restrain behavior) among orphan girls.
- 4 **H₍₄₎** :- There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self restrain behavior) among orphan boys.
- 5 **H₍₅₎**:- There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (Psychological well being) among orphan girls.
- 6 **H₍₆₎**:- There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (Psychological well being) among orphan boys.

7 **H₍₇₎** :- There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the post traumatic stress disorder among orphan girls.

8 **H₍₈₎** :- There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the post traumatic stress disorder among orphan boys.

The present study was experimental in nature and Pre test Post test randomized group design has been used to measure various objectives of the study. The main objective of the study was the management of state of sophrosyne (Self restrain behavior, Self knowledge and psychological well being) and post traumatic stress disorder among orphan children by the methods of KNET, KYT and NSG. The orphan children of Bal Ashram and Nari Niketan were selected as sample for the study. To make sure that students are suffering from the disorder of post traumatic stress disorder and sophrosyne (Self restrain behavior, Self knowledge and psychological well being). CPSS-5-SR questionnaire has been used to assess the post traumatic stress disorder among orphan children and Self restrain behavior scale, Self knowledge scale and Psychological well being scale have been used to evaluate the state of sophrosyne among orphan girls and boys.

The present study was conducted on forty children (twenty girls and twenty boys) between the age group of 12-18 years from Bal Ashram (Boys) and Nari Niketan (Girls) of district Udhampur, Jammu and Kashmir. In total 50 girls were living in the Nari Niketan out of which 6 girls are falling below and 1 girl above the age group of 12-18 years, so the post traumatic stress disorder test was applied on the sample of 43 subjects. It was observed that 26 orphan children were suffering from post traumatic stress disorder, so they were selected as the sample of present investigation. In case of boys, as there were 70 boys in Bal Ashram out of which 13 subjects were below the age group of 12-18 years so the test applied only on the 57 subjects and it has been observed that 33 orphan children were suffering from post traumatic stress disorder; so they were selected as the sample of present investigation. For maintaining the uniformity in mean score 48 subjects, out of which 24 were boys and 24 were girls, were finalized out of 59 samples using the purposive sample- homogeneous technique on the basis of prevalence of post traumatic stress disorder. After the selection of subjects, the subjects were randomly divided equally into 4 different groups 6 boys and 6

girls in every group namely KNET group (KNET), KYT group (KYT), NSG group (NSG) and CG (CG). The final research was conducted on only forty children, 10 in each group.

After the collection of data, the data was statistically analyzed to achieve the objective of the study. Since the study is experimental in nature and is based upon pre test post test randomized group design so the technique that is used to measure the significant difference among four groups namely KIDNET, karma yogic teaching, nostalgic street games and control group, ANCOVA was used. Mean of Pre test was adjusted with the mean of post test, “F” ratio of adjusted post mean was found significant. After that Levens test was used and post hoc test was also applied to determine which of the paired mean differed significantly at 0.05 level of confidence and calculated on all variables. For statistical analysis, SPSS 22 software has been used.

Based upon the findings of the research, the following conclusion has been drawn:-

1. The training program KIDNET, Karma yogic teaching, Nostalgic street games and control have shown significant difference in improving the self knowledge among orphan girls. Further, the result of the study shows that KIDNET and Karma yogic teaching are equally effective, while training program Nostalgic street games proved more effective, and control group least effective in improving the self knowledge among orphan girls. Thus, the null hypothesis was failed to be get accepted that there exists no significant difference between the selected training programs in improving the self knowledge among orphan girls.
2. The training program KIDNET, Karma yogic teaching, Nostalgic street games and control have shown significant difference in improving the self knowledge among orphan boys. Further, the result of the study shows that Nostalgic street games proved more effective, and control group least effective in improving the self knowledge among orphan boys. Thus, the null hypothesis was failed to be get accepted that there exists no significant difference between the selected training programs in improving the self knowledge among orphan boys.
3. The training program KIDNET, Karma yogic teaching, Nostalgic street games and control have shown significant difference in improving the self restraint behavior among orphan girls. Further, the result of the study shows that KIDNET and Karma yogic teaching are equally effective, while training program Nostalgic street games are proved more effective and control group least effective in improving the self restraint behavior among

orphan girls. Thus, the null hypothesis failed to get accepted that there exists no significant difference between the selected training programs in improving the self restraint behavior among orphan girls.

4. The training program KIDNET, Karma yogic teaching, Nostalgic street games and control have shown significant difference in improving the self restraint behavior among orphan boys. Nostalgic street games proved more effective, and control group least effective in improving the self restraint behavior among orphan boys. Thus, the null hypothesis failed to get accepted that there exists no significant difference between the selected training programs in improving the self restraint behavior among orphan boys.

5. The training program KIDNET, Karma yogic teaching, Nostalgic street games and control have shown significant difference in improving the psychological well being among orphan girls. Further, the result of the study shows that Nostalgic street games and Karma yogic teaching are equally effective, while training program KIDNET proved more effective, and control group least effective in improving the psychological well being among orphan girls. Thus, the null hypothesis failed to get accepted that there exists no significant difference between the selected training programs in improving the psychological well being among orphan girls

6. The training program KIDNET, Karma yogic teaching, Nostalgic street games and control have shown significant difference in improving the psychological well being among orphan boys. Further, the result of the study shows that KIDNET and Karma yogic teaching are equally effective, while training program Nostalgic street games proved more effective, and control group least effective in improving the psychological well being among orphan boys. Thus, the null hypothesis failed to get accepted that there exists no significant difference between the selected training programs in improving the psychological well being among orphan boys

7. The training program KIDNET, Karma yogic teaching, Nostalgic street games and control have shown significant difference in decreasing the PTSD among orphan girls. Further, the result of the study shows that KIDNET and Karma yogic teaching are equally effective, while training program Nostalgic street games proved more effective, and control group least effective in decreasing the PTSD among orphan girls. Thus, the null hypothesis

failed to get accepted that there exists no significant difference between the selected training programs in decreasing the PTSD among orphan girls

8. The training program KIDNET, Karma yogic teaching, Nostalgic street games and control have shown significant difference in decreasing the PTSD among orphan boys. Further the result of the study shows that KIDNET and Karma yogic teaching are equally effect, while training program Nostalgic street games are proved more effective and control group least effective in decreasing the PTSD among orphan boys. Thus, the null hypothesis failed to get accepted that there exists no significant difference between the selected training programs in decreasing the PTSD among orphan boys.

The findings of the present study can help the government in framing the new policies for the orphan children in improving the state of sphrosyne (Self knowledge, Self restraint behavior and psychological well being) and decreasing the symptoms of post traumatic stress disorder among orphan children. The present study also helps the care giver in giving new direction to the orphan children. The findings of this study may also help the government to build a physiologically and psychologically sound future of the nation.

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CHAPTER-I

INTRODUCTION

Children are the most precious gift of God. “Kids are innocent and mischievous although always bring a smile to one's face” (Abbott 1900). They are a beam of sunlight with the virtue and vice. Pandit Nehru addressed "children as buds in a garden and accordingly must be loved and carefully nurtured on all grounds. They are the future of the nation as well as citizens of the tomorrow". Children like soft plants and are to be nourished and supported until they become capable of facing hardships of life. It is the full duty and responsibility of nation's older population to teach the children attributes make them a robust youth, equip them to face all kinds of challenges in life and become a good citizen of the nation. The proper care of children health, education and adequate upbringing at all stages of childhood are to be taken into consideration. Good habits like hard work, dedication and persistence are to be taught to children can become capable of achieving any goal in life. Fascination is significant for individual of the nation to stand on their legs, so that an absolute good fortune and advancement of the country are ensured.

Almost all the regions and communities of the world perceive remarkable rapid numerical changes. The complete noticeable difference is since 1950. Four billion inhabitants have been added to the world population. Growth rates accelerated to historically unprecedented levels in the next half of twentieth century. As per the United Nations (2017) records that the present population of the world is 7.6 billion and in a recent assert United Nations reports captivation is predicted to grasp 11.2 billion by the end of 2100. Every year in world's population 83 billion human beings are adding continuously and the trends are likely to continue in increasing the size of population. The two most populous countries are China and India with the population of 1.4 billion and 1.3 billion people. Captivation is believed certain in the next seven years, *i.e.*, around 2024, India is likely to surpass China concerning the community.

As per India population (2018), its community is estimated at 1.35 billion. Captivation is expected a particular in the next 40 years. There will be a 100% rise in the people of the

world, i.e. from 3 billion to 6 billion. As per the most recent UN data, during the increase mentioned above, India is witnessing an extraordinary quick escalation locus it raised its inhabitants bars to 1.04 billion. (Chakraborti, 2010).

As per Worldwide Children Statistics (2018), the statistics published by UNICEF, 153 million children worldwide are orphans. Sixty-one million are in Asia, fifty two million are in Africa, America ten million and seven million are in Eastern Europe along with Central Asia. The UNICEF further reported that 263 million children and youth do not go to school. The Worldwide Children Statistics 2018 has estimated that 61 million children of primary school age do not attend school and out of them 53 percent are girls. The International Children's Charity reported that a guaranteed 4% of the child population (20 million) is orphaned. Their parents have deserted the majority of these children. The charity further estimated that only 0.3 percent of the orphans mentioned above are the ones whose parents are no more.

According to Nixon (2013) a child is called an orphan in case his/her parents are no more, or if the one has been permanently abandoned by them. Orphans are divided into three main categories-maternal, paternal and double orphan. Maternal orphans are the children who have lost their owned mothers whereas parental and double orphans are the orphans who do not have a father, and both the parents respectively.

1.1 Orphan children

The orphan children require care, protection, and guidance because there is no one to guide and advice them. Some of the organizations like UNICEF described orphan as a kid with one lost parent often termed a "half" or "single" orphan. The term, orphan encompasses numerous types of children without parents, ranging from children with both the parents dead to children having living parents, but then parents live separate from the children.

An organization that provides facilities for the short-or long-term care of children other than in a family setting is called "Orphanage." The children who dwell in these

orphanages are the most helpless groups in a society; most of them are forced to live with recurring neglect, fear, and abuse. These organizations provide poor care and put little kids at augmented menace of severe illness in their early period of development. Early on age when small children live in orphanages for a long time, there is a probability that indigent children grow into psychologically impaired and economically barren adults that probably fail at interpersonal relationships and also have other grave problems looking after children. Therefore children in poor care may have an excessively high occurrence of mental health disorders. Research done in the last 50 years gives authentic proof a specific type of institutional care provided in western countries had a damaging effect on young children social, mental, behavioral, emotional development. Worldwide one among every five children and adolescents experience a mental disorder, and among them, two out of five, who need emotional well-being, are not received by the administration. It is estimated that by 2020 childhood mental disorder may rise to over 50% and possibly become one of the five most general reasons for mortality, morbidity, and disability among children. The knowledge of the occurrence of psychiatric morbidity among children living in orphanages is essential in estimating the burden of the problem in the susceptible group.

Kaur et al. (2018) in their research work selected 294 orphan children living in institutional homes of Vishakhapatnam. A semi structured questionnaire was used to evaluate the emotional as well as behavioral troubles among the orphan children. The result of the study shows that orphan children living in institutional home are more prone to emotional and behavioral problems.

Fawzy and Fouad (2010) conducted a research study to identify the developmental and emotional disorders among 294 children between the age group of 6-12 All topics were administered psychiatric assessment for depression. The findings of the study exposed that the occurrence pace of depression was 21%, low self-esteem was 23%, anxiety was 45%, and developmental disorder was 61%. The findings of the study concluded that

certain by there are excessive rates of developmental and emotional disarray among orphanage kids and socio-demographic features are heavily interrelated.

Elebiary et al. (2010) in their research made an effort to assess Children's mental and behavioral issues Tanta and El-Mansoura Cities they were confined to a particular institution. Eighty-four boys and thirty girls were selected as subjects for the study. The study revealed that most of the participants were defensive in nature; They didn't make friends with other kids, they used to tell lies from time to time, feel sad, cry, cry, scream, steal, bit or pinch others, and throw stuff at others.

Precise audits undertaken by Johnson et al. (2006) throw light that the adolescent children kept in organization are at danger of getting harmed. A precise audit endowed with decisive confirmation to show disclosure to organization concern in the dearth of prime care place adolescent kids at menace of deprived affection pattern and deprived behavioral, cognitive, and social improvement, when young kids living in the institution are compared to the kids receiving family attention. The present review provides a detailed and precise description of the effect of organizational childcare on growth and development of kids. Though, there are possibilities for children to mounting mental health disorders alike PTSD. PTSD, as the American Psychiatric Association has described an assemblage of indication a certain shot from disclosure to bullying or terrifying experience foremost and again-experience of those dreadful reminiscences, bringing down the flexibility to adjust aligned with forthcoming annoyance and generating clinical mutilation in momentous area of implementation. The relationship flanked by childhood abuse and neglect are at greater exposure for mounting PTSD under the noteworthy analysis in recent years. It's well established that specific PTSD develops due to possible deficiencies of the Hypothalamic-Pituitary-Adreno-cortical. Gunnar and Vazquez, (2006) expected a certain HPA plays a part in usual strain reaction a certain might get disrupt through early years of disregard as well as mistreatment. The principle point of the study is to present the writing showing the connection among

institutionalization and the possibility of mounting PTSD and symptoms related to the young children in orphanhood.

In a research study undertaken by Irudayasamy (2006) also noticed that orphan children face many issues of psychology. At an era when orphan kids need a great deal of assistance and helping their parents and siblings to cope with physical and emotional development makes them more vulnerable to psychological problems issues. The attachment with the siblings or the attachment impact is needed for child. Absence of this link because of orphanages also adds up to their psychological problems. It is believed that a specific excessive loss in childhood is a precipitant for symptoms of disabling psychiatric disorder, like Post Traumatic Stress Disorder.

Gupta and Gupta (2014) in their research study founded that a large number of investigations conducted on kids residing in orphan hood and additional traditional setting besides homes revealed that because of early severance, abandon, and exploitation, orphan kids repeatedly show signs of PTSD. It is already identified that inevitable premature institutionalization affects their intellectual development and influences mold of affection with consequent decrease in psyche-resilience and lack of ability to adjust with distress. Children living in traditional and foster care settings are at increased risk of developing PTSD was compared to children along with their parents. The published literature about children kept in institutions has been searched from 1980 to 2013 year. The record was not assorted from ERIC, Pub Med, Science Direct, and the online library of the University of Edinburgh. All the sources showed a considerable association between institutionalization, exploitation and abandon. Besides, a good quantity of studies shows a positive association between the variables of PTSD children. Findings of practically all the studies showed that the children who stayed in institutions were more likely to developmental disorder in compared to the children residing at home with their parents stayed at home. However, it was noticed that the majority literature did not touch upon the straight connection of PTSD and institutionalization.

In the light of the above arguments it is clearly evident that the children staying in orphanages suffer from various psychosocial problems in some aspects. Facts and findings of the result explain that individual orphan children are unable to mix up with the society. The researcher also viewed that these children living in the orphanages experience a variety of problems. This problem might be a physic disorder like posttraumatic stress disorder, or there could be emotional and behavioral problems. It is a known fact that a certain sense and behavioral problem interferes with inner peace and internal satisfaction. It is also a known fact that a guaranteed internal satisfaction and complete freedom in inner self is an inner component in an individual life which helps him/her live freely and happily. Dhiman S. (2014) believes that specific care, peace, liberty, and internal satisfaction an individual search in the external world from the external things in the form of an object or other individuals.

According to the Bhagwat Gita the only place where an individual can get private care, peace and liberty are within the individual, and this internal space gives complete freedom and complete happiness to the individual. Internal satisfaction, peace and liberty are essential component of an individual life. Internal satisfaction is achieved only if an individual is having a good state of sophrosyne.

1.2 Sophrosyne

The word sophrosyne is a Greek concept It is made of two words i.e. Sophia and Syne. According to Peter Snow, the idea of Syne is bringing together, and Sophia refers to wisdom of an individual. The state of sophrosyne can only be reached if an individual is psychologically balanced, has self-knowledge and control over emotions, i.e. self restrain. Helen North (1996) is of the view that according to Greek literature the word sophrosyne means personal restrain and self-knowledge. According to the Greek philosopher Socrates, the word sophrosyne is associated with two virtues, and these are temperance and self-control. This means that everything is done in moderation and the individuals practice self-restraint. They have complete knowledge about the system are expected to have more self-development. Bessinger (1997) viewed that an individual

according to classical Greece concept sophrosyne points to the soundness of mind and excellence of character. The soundness of thought might lead to the idea of happiness in individual life, and it is derived from the words self-awareness and temperance in desire. According to Rademaker (2005), sophrosyne means restrain in one's behavior having virtues and control over desire by describing being robust than oneself. Thus sophrosyne becomes an ethical belief practice that can lead to a wholesome and healthier life.

1.2.1 Self Knowledge

In philosophy subject, the word self-knowledge means having the knowledge about one's feelings, beliefs, ideas and other states of mind. Self-knowledge also means understanding or knowledge of one's feelings, character, and capabilities. Markus (1983) opinioned that absolute self-knowledge is a crucial component of personality. The self knowledge study has been only just focused on characteristics, role and behavior of the individuals. It is believed that specific individual's also know the goals and motives, the preferences, principles, regulations and strategy for keeping control over the behavior. The lively aspect of self-knowledge is essential since it reveals the future behavior. The substance as well as the organization of self-knowledge is noteworthy because self-knowledge signifies those sphere of live out that are considered mainly as self-relevant. The most reliable connection between personality and behavior is observed. In other words, self-knowledge cognitively points to the preferred as well as undesired state of the personality.

Self-knowledge of children is primarily based upon their individual qualities, character, abilities, values, and personality traits. Children make their self-schemas about appearance, skill, roles, etc. NSG provide a platform to enhance their skills, bulge their self-image and capabilities/qualities, and improve the characteristics, highlight the skilled efficiency and role of self. While performing games, an individual goes through the process of realization of own capabilities which boost him or her positively. The findings of the study are in line with US department of health and human services (2008) which had revealed that the population participating in physical activities are more active and

have a good fitness level than the inactive population. Charlier et al. (2016) reviewed literature in order to examine the effect of games on the chronic condition, self knowledge and management among the youth after reviewing the literature. The researcher revealed that games and sports help in improving the self-knowledge and better management among the youth involved in the games rather than the youth not involved in the games and sports. Control over the mind and stability over the emotions is strongly associated with the games and the sports. Games and sports help the individual to have a positive outlook toward the problem, control over the mind, and stability over the emotions.

A good number of current research efforts interpreted explorations of self-knowledge. Debiec and LeDoux (2003) viewed certain habitual account of the individual in literature, philosophy, religion and humanities have showed their impact on the theories of self. The distinction, the scientific method, uses experimental and observational data and points to an objective analyses. Nature and the scientific approach to a person are different from the plan in the humanities, and therefore, express a different view of the self, and sparks novel question about the self.

Janning (2016) observes that absolute self-knowledge is a moral question. Self-knowledge also means getting to know the connection between two concepts of "self-deception" and "self-knowledge." Self-knowledge is a moral phenomenon, a mixture of not knowing and knowing, always in a moral sense. To lay stress on the point of view, the researcher associates the idea of self-deception with remorse. Descartes (1984) revealed that absolute remain sensation, emotions and appetites are clearly understood provided proper care in assessments concerning to include more being stick strictly a part of own perception and not more than of have an inner awareness. At least about sensations, this is an arduous rule to follow. According to Wright (1989), a general opposition to constant limited infallibility asserts is the idea, generally that is accredited to a certain that one might not be wrong and one might not be right either it might be an authentic exercise of concepts involved. Horgan & Kriegel , (2007) used customized

omniscience thesis, limited to feelings, to dispute for a competent infallibility theory. The essential thought behind the approach to unique infallibility is happening of an extraordinary occurrence includes the subject's sensitivity to the subject.

Descartes (1895) opines that self-knowledge is not mutual relations but the conviction between particular illustrations of faith. The concept of Descartes' demonstrates, as long as being are suspiciously present of thoughts and nothing even supreme soul or powerful evil can make control over ideas and seek to mislead the lead to false evidence are thinking, therefore, individual existence. According to Goldman (2006), the most frequent usage is recommended from the requisites factual means: on the convention, introspection is personal observation when successful, provides knowledge regarding a mental state.

1.2.2 Self-Restrain

Schroeder and Luiselli (1992) viewed an individual the term self-restrain comprises of two words self and restraint. The word "self" represents one's personality, and the word restrain means to draw back tightly, confine or check. In standard language, the term self-restrain means to control one's ability or to control one's own emotions and impulses at the time of strong desire. In a clinical sense, the term is more restricted to the self-control of unacceptable or undesirable social behaviors. According to Koole (2009), self-restrain is the capacity to control feelings considers adjusting one's musings and emotions as per individual inclinations and social circumstances and according to Gross and Munoz, (1995) and Salovey et al., (2000) self-restrain is associated with the physical and health of the individual. There are several factors that are associated with the self-restrained behavior which are listed as distress, aggression and inner instinct. Several studies showed that self-restrain is a significant preventative factor for an attack. Another important factor linked to achievement is self-control, i.e. the ability to control emotion, attention, and conduct in the presence of attraction. A subsequent significant factor responsible for accomplishment is strength. Self-control and concentration are strongly

related to each other. This implies individuals with elevated self-control rates are capable of handling temptations.

Tangney et al. (2004) have expressed absolute self-control portrayed as the capacity to track general objectives in spite of momentary enticements, diversions or aversive states. Self-control involves the capacity to change the thoughts of one's deliberately also, conduct reaction propensities, subsequently interceding imprudent conduct in various spaces. Baumeister et al. (2007) opinion that idea of self-controlled means restrict each other and put something aside for both assistance at whatever point needing to settle on a choice. People with higher restrain accomplish better evaluations, are progressively effective in controlling the conduct and show commonly more grounded wellbeing advancing reaction and prosperity. In contrast, individuals with higher impulsivity are linked with aggression and alcohol consumption.

Longitudinal research conducted by Duckworth and Carlson, (2013) ; Duckworth et al. (2013) ; Mischel, (2014) created the importance of self-control on bigger samples that persisted over longer periods of time with a wider spectrum of life results.

Studies conducted by Daly et al., (2014) explained that individual with elevated Self-control in regulating and regulating their feelings is more triumphant. Tangney et al., (2004) reviewed This self-control is associated with increased emotional stability, and what's more, social reaction propensities, thus mediating indiscreet conduct in various areas to assess various negative emotions that an individual experiences in daily life. In comparison, the present research provides a temporary evaluation of own feeling instruction aptitude resulting from a feeling directive task, which controls tribulations such as reaction bias connected with self-assessed emotion.

Duckworth & Kern (2011) conducted a study, and the study results showed that the assignments estimating official working and deferral of fulfillment are just feebly connected to self-announced poise. The connection between feeling guideline achievement and the poise attain was essentially higher score in the present examination.

The examination may demonstrate a particular feeling guideline capacity is all the more firmly identified with characteristic discretion (as estimated by current poll measures) than official working and deferral of delight.

1.2.3 Psychological Well Being

The psychological well-being of an individual it includes positive connections with others, individual dominance, independence, a sense of direction and meaning throughout daily life, and self-improvement and progress. Mental prosperity is achieved through a state of equilibrium affected by both rewarding and difficult events experiences.

1.3 Post Traumatic Stress Disorder

Traumatic events are to a great extent stressful. The stress produced by A variety of psycho-emotional and physio-pathological results precipitate traumatic occurrences. The reaction is diagnosed in its hardest form as a significant psychiatric disorder to the experience of traumatic occurrences. The persons who are generally suffering PTSD experience through flashbacks and nightmares. Sufferers are not able to sleep well. The behavior of the individual experiencing trauma becomes extensively isolated or alienated and is usually exacerbated by related illnesses such as depression, substance abuse and memory and cognition related issues. The disease soon leads to damage to the ability to function in social or family life, generally leading to marital and divorce problems, family discord, job instability, and parenting difficulties. The disease may be sufficiently vicious and last for quite some moment to damage the daily life of the person and may force the patient to suicidal tendencies in serious instances. PTSD is different from obvious biological modifications, and in addition to the above-mentioned psychological symptoms, PTSD may also conduce a host of other physical and mental health problems.

Myers (1921) was The first to describe the notion of PSTD; its damaging impacts were fatigue, dispensation, palpitation, sighing, tremor, sweating, left pericardium pain, and severe cases that may lead to syncope. It has been observed that a certain disease is more

strongly associated with the abandonment of emotion and fear than with the 'effort' of some healthy topics.

1.4 KIDNET (KNET)

Narrative Exposure Therapy was the therapy suggested for the sufferer who suffered distressing experiences such as emotional abuse, domestic violence, and organized violence. In comparison to the long-time exposure used in the DBT-PTSD trials, NET does not focus only the traumatic experience but it follows an approach in which an individual has to narrate his whole life from the birth to till date while making emphasis on the traumatic experience. The main motive of narrative exposure therapy is to make suffer habitual about his reaction

Schauer et al. (2011) listed following as the focal components of NET A functioning sequential renovation of the self-portraying memory, PE to the terrible memory with complete action of the enthusiastic dread scheme through point-by-point depiction and creative mind of the horrific incident, critical connection and physiological, unmistakable, mental compromise, and Energetic reactions to the individual's moment, space and life, mental reassessment of behavior and examples, reinterpretation of the material of significance by reprocessing terrible and terrible mishaps with consummation and conclusion, returning to favorable instructional encounters and recovering nobility by fulfilling the necessity of affirmation by affirming.

1.5 Karma Yogic Teaching (KYT)

Yoga is considered as a systematic process for personality enhancement and helps in the complete development of physical, mental, intellectual, emotional and spiritual aspects. The final goal of yoga is to achieve emancipation. Yoga is a living understanding of the knowledge of the Vedas. Lord Shiva is traditionally regarded as the founder of yoga. As per the experience from the religious text, the findings of the study revealed that Lord Shiva firstly explained secret celestial science of life, revealed to open-minded sages of meditation and to Parvati, the consort of Shiva for the upliftment of humanity.

The writings about yoga are found in the ancient Vedas and the Upanishads. Yoga is first mentioned in 2500 BC in the vast collection of the scriptures called the Vedas. The study of Upanishads provides the primary basis of yoga teaching and the philosophy known as Vedanta. The innermost idea of Vedanta is "Consciousness" or Absolute Reality" called Brahma that underlies the entire world. The term yoga is also explained in detail in the history of the Aryans. During this age, rishis were educated through yoga and laid down Veda mantras. Two massive epics, the Ramayana was written by Valmiki, and the Mahabharata written by Vedvyasa appeared around 6th century BC. The three essential facets of yoga described here are "Yoga of devotion", "Yoga of action" and "Yoga of knowledge".

Yoga is the world's oldest private improvement scheme, covering body, mind, and spirit. The insightful understanding of the vital nature of the man by the ancient yogi and all the things a specific individual needs is to live in concord with himself and the environment. A particular part of man's life was exhausted in understanding the problems and issues relating to the universe, man and spirit; in search of definitive knowledge. In the light of this yoga, is considered as a tool adopted by many sages for achieving freedom.

The problem of life arises when an individual does not have control over the mind. Self-restrain behaviour helps individual to live an ethical life and practice of self-restrain behaviour makes individual to take control over the senses, anger, forgiveness, modesty, liberation and patience. A lack of control over the mind makes life filled with lots of stress, anxiety, and tension. Now a day's tension, stress, anxiety have become a part of modern life style, and are considered as the contributors of psychological disorder. Practice of yoga helps in improving both the physical and mental aspects of personality. Yoga helps an individual live a peaceful life. In study Reichenbach (1990) states precisely that the ultimate objective of life is freedom from the unhappiness and affliction that go along with the cycle of rebirths. The accumulation of pain takes place when an individual is wore out with his own accumulated Karma, and finished the factors that are associated with by egoism, ignorance, aversion to pain, pleasure attachment and love of

life. Extinction of these occurs by eliminating ignorance, freeing oneself from wishes, cravings, and passions, and eliminating selfishness and self-concern. Karma is not the final term in the light of this; it is just a prelude, the term that characterizes deliberate continuation apart from or before final liberation.

1.6 Nostalgic Street Games (NSG)

The meaning of the word “Nostalgic” is the sadness and pleasure. It is the recollection of something from the past and wishing the things to move in a particular way so that the individual might experience it again. In simple words, Street games are described as playtime activities for children in the most suitable venue. Participation in games and sports helps to improve psychological and social factors. At the time of participation in games and sports a child meets other people which develop social interaction among individuals. Social interaction plays a crucial role in enhancing and framing personality elements, both social and psychological. Games and sports therefore play a very significant role in personality development. The results presented are consistent with the findings of Eime (2013) which revealed that physical activities prove beneficial in improving the psychological and social factors among children. Oja (2010) also concluded that physical activities must be performed to live a healthy life. US (2008) explained regular involvement help in improving the health and reducing the symptoms of depression, anxiety among individuals. Findlay and Coplan (2008) Concluded that physical activity involvement helps in improving the social relationship and psychological factors among school children. A study was conducted by Erim and Gultekin (2014) to find out the old street games which are modified with quickly developing technology, and to make sure the maintenance of these games after bringing them back to the program. These street games are expected to enhance the social interactions between the children.

1.7 Significance

In the present era, psychological disorders have become the prime centre of attention. Plasc et al. (2011) explained that children of various age groups think and act differently because of their different emotional functioning and due to these varying experiences they suffer from traumatic experience in different manner during childhood. Many literatures have been reviewed by the researcher to examine the effect of war, terrorism, parental conflict and death of the parents on the mental health of children. The result revealed that these children used to suffer from the PTSD, sleep problems and many other problems related to their emotional and behavioural responses. Hermenau et al. (2015) also explained that orphan children used to suffer from various psychological disorders as compared to non-orphan children. Therefore, the present study was focused on the prevention of psychological disorder, and it is planted on different experimental group namely KIDNET (KNET), Karma yogic teaching (KYT), and Nostalgic street games (NSG) for improving the state of sophrosyne (Self Knowledge, Self-Restrain Behaviour and Psychological well being) and Post Traumatic Stress Disorder (PTSD) among orphan children. In the present study a scale has been developed to measure the Self Knowledge, Self-Restrain Behaviour among orphan children, which will provide a path to other researchers in data collection on the same variable in different areas. The present study proves helpful in improving the living condition of the orphan children. It provides a new direction to the directors of the orphan children to teach karma yogic teaching and Nostalgic street games (NSG) to orphan children. It helps the orphan children to fight against stressful conditions in their life. The present study opens new horizons for the overall development of orphan children across the globe, and compels the government to formulate new appropriate policies for these children. The present study also highlights the effect of KNET on the state of sophrosyne (Self Knowledge, Self-Restrain and Psychological well being) and post traumatic stress disorder among orphan children. The present study contributes to analyse the impact of KYT on the state of sophrosyne (Self Knowledge, Self-Restrain and Psychological well being) and post traumatic stress disorder among orphan children. The present study further contributes to

analyse the impact of NSG on the state of sophrosyne (Self Knowledge, Self-restrain and Psychological well being) and post traumatic stress disorder among orphan children.

1.8 Statement of the problem

The statistics published by UNICEF in 2018 affirm that 153 million children worldwide are orphans. Out of them sixty-one million are in Asia, fifty-two million are in Africa and ten million are in Latin America (Worldwide Children Statistics 2018). In India, 55 million children are orphan. This is about 47% of the total world orphan children population (Tabish 2016). Review of literature reveals that the Orphan children suffered greatly from many psychological disorders. Keeping in mind the above said factors, the investigator had made an attempt to ascertain the effect of multidimensional approaches i.e. KIDNET, Karma yogic teaching and Nostalgic street games on the State of Sophrosyne and Post Traumatic Stress Disorder among Orphan Children. Therefore, the present problem is stated as “the effect of KIDNET, Karma yogic teaching and Nostalgic street games on the State of Sophrosyne and Post Traumatic Stress Disorder among Orphan Children”.

1.9 Objectives of the study

- 1 To analyze the effect of the selected training programme, *i.e.*, KIDNET, Karma yogic teaching and Nostalgic street games for improving the state of Sophrosyne (Self-knowledge, self-restrain behavior and psychological well being) among orphan girls and boys.
- 2 To examine the effect of the selected training programme, *i.e.*, KIDNET, Karma yogic teaching and Nostalgic street games for improving the posttraumatic stress disorder among orphan girls and boys.

1.10 Hypotheses

- 1 $H_{(1)}$:- There exists significant difference of selected training programme *i.e.*, KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self-knowledge) among orphan girls.

- 2 **H₍₂₎** :- There exists significant difference of selected training programme *i.e.*, KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self-knowledge) among orphan boys.
- 3 **H₍₃₎** :- There exists significant difference of selected training programme *i.e.*, KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self-restrain behavior) among orphan girls.
- 4 **H₍₄₎** :- There exists significant difference of selected training programme *i.e.*, KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self-restrain behavior) among orphan boys.
- 5 **H₍₅₎**:- There exists significant difference of selected training programme *i.e.*, KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (Psychological well being) among orphan girls.
- 6 **H₍₆₎**:- There exists significant difference of selected training programme *i.e.*, KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (Psychological well being) among orphan boys.
- 7 **H₍₇₎** :- There exists significant difference of selected training programme *i.e.*, KIDNET, Karma yogic teaching and Nostalgic street games in decreasing the post traumatic stress disorder among orphan girls.
- 8 **H₍₈₎** :- There exists significant difference of selected training programme *i.e.*, KIDNET, Karma yogic teaching and Nostalgic street games in decreasing the post traumatic stress disorder among orphan boys.

1.11 Limitations

1. The subjects of the present study are deprived from their biological families. They belong to different nature; restricted life style is imposed by the authorities. Set pattern of dietary habits, emotional and health care services were not under the control of investigator. Thus, it may be considered as the limitation of the study.
2. The investigator was not allowed to take the children outside the premise of orphanage. Therefore, the available space of Nari niketan and Bal ashram were

utilized to administer the nostalgic street games in the orphanage. It was approximately 696 square feet.

3. The multidisciplinary approach has been applied on the subjects of the present investigation to rehabilitate them from the state of sophrosyne and PTSD. The researcher was not apprised with the techniques of KIDNET and Karma yogic teaching; hence the help of experts was taken to implement the treatment program.
4. Socialization and mass participation are requisite for the implementation of nostalgic street games and karma yogic teaching. Thus all the training programmes were given to both the boys and girls at one venue *i.e.*, Nari Niketan.
5. As per the policy of Department of Social Welfare, it prohibited to take photographs of the inmates of the orphanage or to publish them.
6. As the orphan children are not well versed in English, so the investigator narrated the questionnaire in their native languages when ever demand by them.

1.12 Delimitations

- 1 The study was delimited to the Bal Ashram and Nari Niketan of Udhampur district of the state of Jammu and Kashmir, India.
- 2 The study was delimited to orphan children who were suffering from the Post traumatic stress disorder.
- 3 A total of 40 subjects between the age group of 12-18 years were selected as a sample for the present study.
- 4 The study was delimited to three experimental and one control group.
- 5 The three training programs comprise of KIDNET, Karma yogic teaching and Nostalgic street games. These training programs were selected and imparted as per the need and nature of the subjects.
- 6 Selected dependent variables *i.e.*, sophrosyne (self-knowledge, self-restrain behavior and psychological well being) and post traumatic stress disorder were taken as a part of the present study; all were finalized on the basis of review of literature.

- 7 With the help of literature and that of the psychologist, the duration of the KIDNET training session was set up to 90 minutes, and for Karma yogic teaching and nostalgic street games it was set upto 1 hour per day.

1.12 Operational terms

- 1 Sophrosyne: It is a healthy state of mind which helps an individual to live a well balanced life existing the characteristics of self-knowledge, self-restrain and psychological well being.
- 2 Self-knowledge: Knowledge of own mental state, understanding of one's thoughts, feelings and emotions is called self knowledge.
- 3 Self-restraint: Self-restrain means a person's ability to control his emotions, ideas, and impulses at the time of strong desire.
- 4 Psychological well being: Psychological well being is a state of mind which deals with the satisfaction, mental health and sociability in one's life. It comprises of excellence of character and soundness of mind.
- 5 Posttraumatic stress disorder: (PTSD) is a mental health disorder that occurs in individuals who have experienced or witnessed traumatic event like death of their loved ones, natural disaster, and war or distress environment in their family.
- 6 Orphan children: The children who don't have parents, or are abandoned by their parents. There are two types of orphans single and double. Single orphan means that the child has lost his/her one parent, either mother or father. The double orphan is that child who has lost his/ her both parents.
- 7 KIDNET (KNET): Narrative exposure therapy is a testimony treatment of shorter duration and is based upon the life of survivors who have faced multiple traumas in their life like the death of their loved ones, sexual exploitation, domestic violence, natural disaster, accident and war. This treatment is based upon the narration of the life history of the survivor from the time of birth to the present time.
- 8 Karma yoga teaching (KYT): A part of yoga that deals with spiritual healing by teaching an individual about the selfless services towards others.

- 9 Nostalgic street games (NSG): The word nostalgic means antecedent memories, and street games are explained as the delightful activities that engage the children outside their schools and homes, in the street. So, the nostalgic street games are the antecedent games that children used to play in the street and while playing these games children had fun, would get involved in the physical activities and learn many skills like cooperation, qualities of leadership, social rules and regulations prescribed by the society.

CHAPTER II

REVIEWS OF RELATED LITERATURE

All the investigations related to literature are further categorised into the following types:

2.1. Studies related to orphan children

2.2. Studies related to KNET

2.3. Studies Literature related to KYT

2.4. Studies related to NSG

2.1 Studies related to orphan children

Gichane et al. (2018) conducted research study on 17 orphan youth who are HIV-infected AIDS and age ranged between 13-24 years, living with HIV in sub-Saharan Africa. Data was obtained through interviews and mental health problems screened through Patient Health Questionnaire-9, PTSD Reaction Index; Paternal orphans were given support from their biological mothers, and maternal children were receiving help from their grandmothers concerning medication and attending a clinic. Those who were double orphans did not report adherence support. According to the researchers, the caregiver plays a very important role in treatment of orphans who are HIV-infected.

Rücker et al. (2017) examined a study to assess psychological disorder among unaccompanied refugee minors in Germany. A group of 52 respondents was tested through the questionnaire named stress questionnaire and Refugee Health Screening-15. Practically, it has been observed that every second singlehanded minor was suffering from very high occurrence of trauma, anxiety, and depression and maximum stress. In age-specific analyses the utmost stress levels were found among the youngest unaccompanied minors. Therefore, specifically adapted settings for care should be provided for unaccompanied refugee minors.

Salari et al. (2017) reported significant rise in Europe's percentage of migrants. The inadequate accessible confirmation indicate that the psychological health of migrants are very important, and those migrants minors who have no one to help them constitute particularly a susceptible group. Children's Revised Impact of Event Scale; CRIES-8 was used to assess the PTSD symptoms in subjects whose age ranged between 8-18 years. The needed data were gathered from 208 samples from healthcare center of asylum-seekers in Uppsala, Sweden. The researchers provide assistant to the children who find difficulties in filling the questionnaire. The result of the study showed that children suffered from the PTSD and early programs are to be designed in order to take care of psychological health issue of migrants.

Slone and Mann (2016) reported that a great many youngsters have been uprooted, stranded, damaged and murdered in war. In the present study researcher reported that many researchers have acknowledged the collision of political suffering on the mental of children although no one paid attention to little children up to 6years of age. For the conduction of research, the researcher reviewed 35 literatures and covered 4365 children to examine the consequence of contact to conflict, war and terrorism on children. The result of the study revealed that PTSD, sleep problems, psychosomatic sign, behavioral issues, and emotional problems were diagnosed among youngsters.

Sharer et al. (2016) reviewed that youngsters inflected with HIV and AIDS have extensively higher rates of emotional well-being issues than the unaffected orphan youngsters. The motivation behind the exploration was to discover family and social help is identified with uneasiness, sadness, and (PTS). Utilizing the natural model as a casing, information was gathered in cross-sectional investigation in year 2011 on 1380 youngsters suffering from AIDS. Social help given to them was investigated for its significance by inspecting the source (for example guardian, kin) and the sort (for example enthusiastic, instrumental, quality). These factors were considered for completing numerous relapse examinations to find out the most conservative relapse models to demonstrate the connections between tensions, social help and discouragement,

and PTS manifestations among the kids. Passionate assistance given was the most intermittent kind of social help related to emotional wellness in model relapse, with larger amounts of value having the most grounded relationship to optimistic psychological wellness results. Instrumental and quality assistance from kids were identified with positive emotional wellness. The passionate assistance given by the kids' shows larger amounts of enthusiastic help was identified with lower dimensions of all emotional wellness manifestations.

Collishaw et al. (2016) observed that children whose parents are suffering from AIDS experience psychological health tribulations. The study primary principle was to find out the predictors flexible version at child, family and community levels among children who were AIDS-orphaned. The secondary purpose of the study was also Testing whether predictors have had a specific impact on kids orphaned by AIDS compared to kids who are not orphaned or otherwise. Study topics were: 290 AIDS-orphaned, 163 non-orphaned and 202 non-orphaned. The subjects were evaluated on two occasions with an interval of 4 years. The findings of the results showed that the physical health of the child, Better quality of care, food safety, better peer-to-peer relationships and reduced exposure to community violence, intimidation or baseline stigma anticipated continuous resilience revealed that AIDS-orphaned kids have proof of mental health issues.

Hermenau et al. (2015) explained that Orphans living in sub-Saharan Africa were at greater risk for mental health problems. Experience of HIV/AIDS-related stigmatization is closely associated with orphans' psychological sufferings. The subjects for the study were eighty nine Tanzanian youngsters who had lost any one parent. They were contrasted with eighty nine comparable children who were not the orphans. The average age of the subjects was 11 years. The questionnaire was used to assess psychological fitness of the kids. Findings of the study illustrated that when the groups were compared it was seen that the orphans had more aggressive behavior, posttraumatic stress symptoms, and depressive symptoms.

Ng et al. (2015) observed that thousands of orphaned survivors were exposed to extraordinarily severe forms of violence during the 1994 Rwandan Genocide against Tutsis. This research discusses orphans' poverty, education, social support and mental health 14 years after the genocide and analyzes how violence encountered during genocide and post-genocide stressors led to post-traumatic stress disorder and distress symptoms. The sixty one subjects of the study were interviewed in 2002 and a follow up evaluation was done in the year 2008. Nearly all the subjects involved in the study exhibited stumpy communal support, elevated level of scarcity, and elevated tariff of posttraumatic stress disorder. Suffering was estimated by the short of social hold. The results of the investigation suggested that strengthening and expanding social hold network might recover psychological health.

The study undertaken by Donnell et al. (2014) was conducted in order to ascertain the For group-based trauma-focused mental behavior therapy for orphaned kids, feasibility and clinical results. 64 Children with at least mild traumatic stress symptoms and their caregivers participated as topics in the research. Before therapy, after therapy and also 3 and 12 months after therapy expiry, all assessments were performed. Study results showed enhanced results for all recorded results after the treatment, and also for 3 and 12 months after the expiry of treatment.

Familiar et al. (2014) illustrated the revelation to trauma experiences among orphan. 343 subjects were differentiated by using latent class analysis. The research findings showed that an average amount of trauma-related symptoms, i.e. 21.6 ; 0-38 intersex and age were comparable and the investigation reveal that PTSD is a continuously distributed hidden trait.

Jacob et al. (2014) evaluated Posttraumatic stress disorder train-the-trainer allocation model. Narrative exposure therapy was randomly allocated to 38 orphaned victims of the 1994 Rwandan genocide with PTSD diagnosis. Clinician-administered PTSD Scale gathered the information. The research results indicated that orphaned kids receiving the NET suffered considerably and significantly less from symptoms of PTSD. The study

concluded that a NET treatment is found effective in improving the PTSD among resource-poor post conflict societies.

The purpose of the investigation conducted by Atwoli et al. (2014) was to ascertain The incidence of possibly traumatic occurrences (PTEs) and post-traumatic stress disorder among orphaned and separated kids is the brunt of the home care setting. The scientists chosen a total of 1565 orphaned and separated adolescents aged 10-18 years and evaluated for PTSD and PTE, including sexual abuse, physical abuse and bullying. 746 lived in extended family homes in the chosen sample, 746 lived on the road in Charitable CCI and 73. Scores for PTSD and Posttraumatic Stress Symptom (PTSS) were acquired from topics using the check list of PTSD. Research study results showed that bullying in all national care settings was the most common PTE factor, and bullying was associated with greater PTSS scores and PTSD odds than either sexual or physical abuse. The investigator further proposed that mental health services and support are urgently needed by road youth as a neglected population.

Sharp et al. (2014) opined that the orphaned kids in Africa due to HIV / AIDS are suffering from intellectual health problems. The researcher state that at present there is no suitable tool exists to screen for emotional disorders in Sub-Saharan Africa's pre-adolescent kids. A Questionnaire named Strengths and Difficulties was constructed and validated on the population of 466 orphans between 7 and 11 years. The study results endorsed the increased danger of mental health issues for orphan kids. He also proposed that in the developing world there is a critical need for further psychometric research.

The purpose of the collaborative research study conducted by Braband et al. (2014) the use of the memory book was evaluated mediation for stranded children's. An emotional methodology was utilized to assess the Memory Book mediation with stranded kids at two kids' homes in South Africa. The discoveries of the investigation bolster the capacity of kids to work through misfortune and distress and the Memory Book intercession helps kids to record their lives and demonstrates the likelihood to control future mediation via parental figure and medical caretakers.

The primary objective of the research study conducted by Talbot et al. (2013) The multidisciplinary program to integrate HIV prevention with the current mental health services package was to be evaluated. The scientists chosen 120 orphans from 15 to 25 years of age and the children were assessed with HIV risk-taking behaviors, sexually-transmitted infections and mental health problems. Multidisciplinary program was applied on the orphans and the findings of the study showed decline in the traumatic and mental health problems among orphan children.

Okello et al. (2013) in their research study worked on school going youth and analyzed data employing appropriate procedures. Interviews were done with the participants for evaluating The Youth Self Report defines different risk behaviors and the sexual risk behavior survey. In addition they were also screened for post-traumatic stress, anxiety and depression. 551 subjects were selected as a sample. According to the application of Multivariate analyzes, symptoms of depression remained linked to various risk behaviors including stress, anxiety and post-traumatic stress. The research found that teenagers with depression have a greater risk of various risk behaviors. Further researcher suggested that immediate interventions are to be provided for improving the depression among adolescence.

Murray et al. (2013) in a study selected fifty-eight kids and adolescents between 5 and 18 years of age who finished the project Trauma Focused-Cognitive Behavioral Therapy treatment, with pre-and post-assessments to address trauma and stress-related symptoms in orphans and vulnerable children. The results of the study suggest that Trauma Focused-Cognitive Behavioral Therapy is a practical treatment for improving In orphans and vulnerable kids, trauma and stress-related symptoms. The result of the study further suggested it is practicable to put together and evaluate mental health assessments based on evidence and impose NGOs on programmatic facilities run by low- and middle-resource nations.

The research study conducted by Kuo et al. (2013) analyzed posttraumatic stress side effects and distinguished hazard factors among grown-ups dealing with AIDS-stranded

and other-stranded youngsters in a HIV-influenced South African people group. For the conduct of research a sample of 1599 adults caring was selected from Umlazi Township. With respect to 116 participants, those who were taking care of children suffering from the AIDS-orphaned and the children who are-orphaned, were notably more expected to convene criterion for posttraumatic stress symptoms as compared to the caregivers of non-orphaned children. Further, it was suggested that special services are required to take care of posttraumatic stress symptoms among caregivers of orphaned children.

The aim of the study conducted by Schaal et al. (2012) was to confirm and extend the findings to the survivors of Rwandan genocide by using the most recent criteria defining prolonged grief disorder responsible for depression, anxiety, and post-traumatic stress disorder related to bereavement. The researchers conducted interviews with 400 orphaned children and the Depression symptoms were noted along with PGD cognitive, emotional, and behavioral symptoms. The research results stated that the PGD concept involves symptoms abstractly connected with depression.

Cluver et al. (2012) conducted a longitudinal research study with help stranded youngsters with control gatherings of other-vagrants and non-vagrants. 1021 youngsters were tasked with utilizing socio-statistic surveys and well-approved institutionalized scales for evaluating wretchedness, uneasiness, and post-awful pressure. The information was dissected utilizing blended plan investigation of change. The discoveries of the investigation demonstrated that AIDS-orphaned kids indicated higher tension, dejection and post-awful pressure issue scores in both 2005 and 2009 when contrasted with other-vagrants and non-vagrants. The investigation inferred that negative psychological well-being results among AIDS-stranded youngsters turned out to be most noticeably awful over a 4-year time frame. The scientists proposed that psychosocial bolster projects are to be focused and continued on young children.

Cluver et al. (2010) in their research study tried to examine whether bullying is a risk factor in urban sick children's psychological distress. Interview tool was employed with

one thousand and fifty children with AIDS-affected, orphans, child-headed households, and street children. A standardized scale was used with children who were affected by bullying regarding mental issues, and potential hazard and defensive variables at individual, companion, family, and network levels. The findings revealed that 34% of harassed kids indicated more elevated amounts of tension, wretchedness, self-destructive ideation, and post-awful worry, just as higher quantities of clinical-level issue.

Sakai et al. (2010) in investigation applied Thought Field Therapy that involves oneself tapping of explicit needle therapy focuses while reviewing a horrible accident or prompt, was used with 50 orphaned adolescents who were affected with symptoms of PTSD. PTSD checklist has been applied on the subjects to measure the effect of therapy on orphan adolescents. The findings of the investigation showed that the PTSD cutoffs decreased from 100% to 6%. The findings of the investigation were supported by casual meetings with the young people and the guardians, which demonstrated emotional decrease of PTSD appearance, like, flashbacks, bedwetting, nightmares, isolation, difficulty concentrating, depression, jumpiness, and aggression.

Benjet (2010) documented that there is an association between psychiatric and childhood adversity. The review aims to synthesize the policy papers on the children's prevalence, features and mental health impacts in low-income nations. The result of the recent findings showed that many youths in low-income countries, they are subjected to war-related violence, orphaned by AIDS, working lengthy hours in hazardous circumstances, and female genital mutilation among women in Africa. These children have more illness and depression of posttraumatic stress than young individuals without exposure.

Zhang et al. (2009). The current study aimed to study the connection between awful accidents and mental wellbeing natural youngsters bombastic by HIV/AIDS. The information was gathered from 1221 vagrant kids and the discoveries of the investigation demonstrated that desires, trust, saw control and confidence, and related emphatically to despondency and forlornness.

Cluver et al. (2009) this study examined associations between AIDS-orphanage status, indicators of poverty, and psychological issues In townships around, South Africa, among children and adolescents. 1025 youngsters have finished cross-sectional studies that were institutionalized and defenseless to culture. Youngsters stranded by AIDS had progressively mental issues; including nervousness, peer issues, post-horrendous pressure, and conduct issues. Improved emotional wellness was related with Specific markers of destitution, including sanitation, access to awards for social welfare, family jobs and college access. Poverty indices mediated mental issues connections between AIDS and orphanage. Food safety has demonstrated the most consistent association with decreased psychological problems.

Cluver and Orkin (2009) research shows that children who are orphaned from AIDS are more likely to experience psychological problems. In the study, 1025 teenagers finished standardized depression, anxiety and post-traumatic stress measurements. Fifty-two potential mediators, including AIDS orphanage status, have been evaluated. To identify relationships among important risk variables — food insecurity, stigma, and intimidation, logistic regression and hierarchical log-linear modeling were used. Poverty and shame have been discovered to communicate actively, and the potential for confusion has increased from 19% to 83% with both presents. Similarly, AIDS-orphanage-related harassment and both donations increased the probability of illness from 12% to 76%. Cumulative risk impacts are addressed by approaches to alleviating psychological distress among kids affected by AIDS.

Zhao et al. (2009) in their study collected information from AIDS orphan (N=755) living in China's country zone with high HIV contamination rates and utilized it to examine the connection between the manifestations of a youngster's injury and knowing an HIV-tainted friend or one who kicked the bucket of HIV. The Traumatic Symptoms Checklist surveyed the side effects of Trauma. Countless orphan youngsters remaining in family-based consideration detailed injury had higher indications in kids. The results highlighted

the significance of psychosocial assistance and the need for orphaned kids to stay in family-based care.

The aim of the paper written by Power and Goossens (2009) is to portray the processes underlying psychotic symptoms in an adolescent at the age of 15 years. A teenage female lost her mother in early childhood, and she suffered worm infestation, neglect, and trauma before a family adopted her in a developed country. She developed severe problems that included depressive and dissociative symptoms, anxiety, with subsequent behavioral issues and learning difficulties. In recent years, the availability of the stepmother and psychological therapies resolved many psychotic, trauma and disrupted attachment problems.

The views expressed by Cluver et al. (2009) reveal that in South Africa, urban kids are subjected to numerous community trauma and young kids with AIDS are at danger of PTS. The scientist attempted to ascertain in this research study that social support helps to reduce the connection between trauma exposure and post-traumatic stress. There were four hundred and twenty-five kids orphaned by AIDS used as a sample for measuring psychopathology. The findings of the study showed that the children who received social support showed considerably lower symptoms of PTSD as compared to the children who received little social support. From this conclusion it can be inferred that careers, friends and school staff social support may lead to lowering of harmful effects of exposure to trauma, and also helps in improving psychological outcomes for orphaned children who have AIDS.

Research study conducted in China by Lix et al. (2009) employed a longitudinal study on orphaned children who have HIV/AIDS and on the children living with parents suffering from HIV. Trauma Symptoms Checklist has been employed to check the psychometric properties of the children. The subjects of the study included double orphaned (N = 296), single orphaned (N = 459) and children living with HIV infected parents N = (466). The results of the study showed that children who suffered from higher traumatic events scored significantly higher on all Trauma Symptoms Checklist as compared to the other

children who experienced less such events. The researchers suggested that the children who are suffering from the PTSD also show the symptoms of mental health problems.

2.2 Studies related to KIDNET

Robjant et al. (2017) have expressed that Trafficking in human beings involving the mandatory motion of individuals within or outside nations. Victims experience sexual exploitation and experience repeated, numerous trauma and elevated levels of mental health issues including PTSD. Researchers reported NET results for the treatment of ten females who were trafficked for sexual exploitation and were found to be suffering from posttraumatic stress disorder. The regular administration of therapy to all ten women showed a reduction in posttraumatic stress disorder symptoms.

The research study conducted by Steuwe et al. (2016) laid stress on the possibility and probable effectiveness of a NET on the patients who have co-morbid PSD and BPD. The researchers' selected eleven patients and they were administered by NET for ten weeks. The status of the patients was again assessed after a 12-month follow-up. The study's findings showed that NET is realistic and safe for treating highly loaded patients suffering from PTSD.

Anselm and Thomas (2015) Researchers recognized a subset of male youth (N=32) who scored well in appetite aggression in the burundian residential center for former street children. A randomized controlled trial was performed by evaluating matched pairs to either obtain FORNET or as usual therapy. 4 months after completing the treatment 16 youths who had received NET were reported to have devoted significantly lesser offenses and present with fewer physical health problems as compared to their matched control participants.

Elbert et al. (2015) find that the perception result not just from the properties of a boost but additionally from memory hints of past sincerely energizing encounters that adjustment all the while. In this manner recollections build up their characteristic elements, driven by the first encounters themselves as well as by the brains there fore, in

this manner, in the long run, redesigning discernment, feeling, and conduct to the degree that clinical side effects may happen. In addition to the fact that stressors cause a lot of reactions, however, they additionally change the guarded frameworks of the body, from verbose dangers to social avoidance to the nonstop mileage related with living in antagonistic circumstances. The encounters must be recollected and arranged en route lines of life to correct a disarranged memory portrayal. Subsequently, a customer, with the assistance of the specialist, builds a sequential story with attention to the most distressing encounters in Narrative Exposure Therapy (NET). The collection of memoirs is recorded in composed structure by the advisor and redressed during snapshots of high enthusiastic fervor and loaded up with subtleties. This system intends to change into a lucid account by and large divided reports of horrible mishaps. The advisor requests tangible data (visual, sound-related, material, olfactory and gustatory) for horrible pressure encounters in detail; discernment, and physiological responses, tests for a few perceptions and records this Meticulous data. The patient is urged to restore those feelings without losing his portrayal of the association with the "present time and place": the specialist interfaces the encounters to wordy actualities, i.e., time and spot, use changeless suggestions to identify how recollections produce emotions and physiological reactions. Presentation to the horrible experience won't be ended until there is a huge abatement in the related excitement introduced and detailed by the customer. The story is in this way pushed forward in a strong manner, yet rather straightforwardly directing style by the advisor, To counteract evasion and to recover some terrible experience information in complete. The patient receives the composed report of her / his tale toward the end of the therapy. This archive can be used for privacy and human rights whenever stated by the client promotion.

The objective of the study conducted by Verena et al. (2011) Assessment of the efficacy of a community-based intervention targeting post-traumatic stress disorder symptoms in persons. The researchers selected 85 former child soldiers who suffered from posttraumatic stress disorder and aged 12 to 25 years. Participants were assigned randomly PTSD Scale, Neuropsychiatric Interview were used for evaluating the

symptoms of posttraumatic stress disorder, trauma-related feelings of guilt, depression and suicide risk. Procedures were conducted in 8 sessions. The study's findings showed that posttraumatic stress disorder symptom improved more significantly in the NET group.

Hermenau et al. (2011) explained that experience of violence in orphanage is strongly associated with the mental health. For the conduction of research, the researcher selected 38 orphan children who suffered from the symptoms of PTSD and depressive symptoms. Psychotherapeutic treatment (KNET) had been provided to the subjects and the result of the study concluded that the KNET proved effective in improving the PTSD and depressive symptoms among orphan children. Moreover, it was also concluded that violence in orphanage also plays crucial role in promoting the aggressiveness among orphan children.

Katy and Mina (2010) opined that persons who encountered many traumatic occurrences as a consequence of war, conflict and organized violence over lengthy periods of time, result in posttraumatic stress disorder in terms of a neurobiological and psychological sequel. According to the authors, Narrative exposure treatment is a short-term treatment for people with PTSD, originally created for use in low-income nations. The therapy includes an emotional introduction to traumatic event memories and the restructuring of these memories into a rational chronological narrative. Results from adult therapy studies demonstrated the dominance of narrative exposure therapy in decreasing symptoms of PTSD relative to other therapeutic methods. Up-and-coming evidence indicates that narrative exposure therapy is an effective therapy for PTSD in people who have been disturbed by conflict and organized violence, even in environments that stay erratic and unsafe.

Claudia et al. (2009) a research survey was performed on 31 Tsunami-affected kids and a PTSD were screened among kids. The researchers tested the effectiveness of two practical short-term interventions i.e. Narrative Exposure Therapy (KNET) and meditation-relaxation. The short term intervention for six sessions was applied by trained

local advisors. From the consequences of the examination, it was noticed that PTSD among children in the KNET group had recovery rates of 81% and those in the MED-RELAX group had that of 71%. The study concluded that the administration NET and meditation relaxation techniques proved effective in reducing the posttraumatic stress disorder.

The purpose of the investigation conducted by Schaal et al. (2009) was to ascertain the efficiency of treatment procedures for 26 orphans who suffered from posttraumatic stress disorder and were selected as a sample. Hamilton Rating Scale, PTSD Scale, and Neuropsychiatric Interview were used for screening the symptoms of PTSD and depression. Subjects were randomly divided into the two main groups and findings of the study revealed that the NET participants showed better improvement than IPT participants. The study concluded that NET treatment encompasses of efficient management for shocked survivor who had lost their dear ones, and they are anguished from symptoms of depression and PTSD.

Neuner et al. (2008) have expressed that numerous youngsters in war-influenced and evacuee populaces have encountered numerous horrendous encounters, and high rates of mental issue, particularly PTSD symptoms. The article explains that KNET is an effective short-term treatment for PTSD based traumatic memory. The implementation of early therapy research, along with randomized controlled studies, showed excellent therapy outcomes in refugee groups and war-affected nations for children with PTSD and living wages.

2.3 Studies related to Karma yogic teaching

According to Grier (2017) yoga, along with other one of the most common saintly fields in contemporary culture is religious practices such as meditation. Yoga's achievement extends beyond sport, religion, health, and popular culture limitations. The emphasis is on the fact that the impact of yoga is not limited to its physical consequences, but also includes the achievement of spiritual understanding consisting of Eastern philosophy,

self-help therapeutic narratives, and holistic concepts. It is a known fact that regular practice of yoga contributed to both physical as well as spiritual aspects.

Dhiman S. (2014) explained that all human beings want peace, happiness, security, and independence. Generally, human beings look outside these targets such as in people, situations and objects. On the other hand, people quickly find out that no permanent peace and security can be found in external things because they are unreliable. The Gita clearly explains that everlasting and complete happiness and accomplishment can be found within ourselves. The Gita further describes that it is the self-ignorance that covers our inherent richness of being, and only self-knowledge can lift the covering and take us to the eternal spring of peace, security, and happiness that is within all of us.

As per the views of Manchanda and Madan (2014) yoga is an all encompassing mediation of brain and body that puts weight on improving physical, passionate, mental and otherworldly prosperity. Discoveries from incalculable investigation studies have demonstrated that yoga and reflection handle cardiovascular infection hazard factors, for example, type II diabetes, hypertension, lipid profile, heftiness, psychosocial stress and smoking. A portion of the investigation studies results propose that yoga/contemplation may hold or even upgrade early and propelled coronary atherosclerosis. A most recent examination shows that supernatural reflection can be valuable in the optional aversion of coronary heart disease and can likewise prompt a diminishing of cardiovascular issues. The scientist further opined that current learning of yoga is financially savvy system and doesn't prompt any reactions.

Zubin and Krishnan (2014) recommended that karma-Yoga is the fast-acting method described as an Indian model for honest growth in the Bhagavad Gita. Karma-Yoga is regarded to consist of three dimensions, namely reward indifference, duty-orientation, and calmness. Based on respondents' study results (N=459) from two big Indian organisations, they showed that Karma-Yoga proportions are associated with moral motivation, moral character, and ethical sensitivity.

In an article written by Gupta (2010), The investigator argues that health care- The search for behavior is an active technique resulting from the stages of self-assessment of symptoms, self-treatment, career guidance and intervention. Suggestion by experts. The article tries to find out the effect of culture at each of these stages in the circumstance of Asian Indian culture. By giving an This paper gives an illustration of Asian Indian culture to the clinicians that they should find out at the first visit what the symptoms mean to the patient and what the symptoms imply possibilities the patient should adopt to deal with them, and at succeeding visits they should try to find out how their advice was screened through the faith of the culture of the patient and what and what was not pursued. In the event of disability and death, clinicians should determine the religious convictions such as karma that assist the patient adjustment.

2.4 Studies related to Nostalgic street games

Gonca and Muge (2014) explained that games that children play in the gardens and on the streets are termed as outdoor games. These games are termed as group games and enjoyed with at least two participants. Many of these games were played centuries ago. The researcher conducted a study on forgotten old street games and the findings of the study indicate that games enhance the social interactions between children.

Tao et al. (2014) explained that nostalgia is an experience filled with emotions, the emotion that helps an individual to link the relationship between their present with their past. Three hundred ninety-six subjects were selected as sample for the study, the subjects are further categorized into two groups nostalgic and CG. The findings of the study explained that nostalgic group shows a more significant effect in positive well being and an affirmative way to live a satisfactory life.

The aim of this project conducted by Taneja et al. (2002) was to create a pre-arranged play intercession program. N=30 staying in the orphanage between the ages of six months and two years their engine, mental and social quotients were evaluated using the Indian adaptation of Vineland's social maturity scale and Bailey's child development scale. A prearranged ' Play Regime ' was then implemented into the orphanage's periodic program.

The study concluded that short daily sessions of the game could considerably enhance the progress of children in such institutions. It is important to remember that the growth of children does not depend only on what they eat.

Research Gap

There have been a number of studies published in recent years but most of these have dealt with the war affected countries, refugee communities and on former children. But there is not a single study which can examine the following variables-

1. Effect of KIDNET on the state of sophrosyne (Self restrain, Self knowledge and psychological well being) and post traumatic stress disorder among orphan children.
2. Effect of karma yogic teaching on the state of sophrosyne (Self restrain, Self knowledge and psychological well being) and post traumatic stress disorder among orphan children.
3. Effect of nostalgic street game on the state of sophrosyne (Self restrain, Self knowledge and psychological well being) and post traumatic stress disorder among orphan children.
4. The research work has been done on the war affected and refugee communities.
5. No work has been published in India.
6. In this study the Subjects *i.e.*, orphan children will be treated with three types of treatment.
7. Karma Yogic teaching, as per earlier studies, has not been used in experimental studies.
8. Nostalgic Street Games has not been used earlier for improving the state of sophrosyne (Self restrain, Self knowledge and psychological well being) and Post traumatic stress disorder.

CHAPTER III

RESEARCH METHODOLOGY

The chapter three deals with the research design, method of sampling and procedure followed in the selection of subjects, methods of data collection, sample description, research instrument and the statistical analysis technique that has been used for analyzing the data.

3.1 Research Design

The design of the research is measured as a master plan for the administration of the task related with the research that displays the outline of the strategy component of several investigations (Malhotra & dash, 2014). The present study was experimental in nature and Pre test Post test randomized group design was used to measure the various objective of the study. The main objective of the study was the management of state of sophrosyne (Self-restrain behavior, Self knowledge and psychological well being) and PTSD among orphan children by the methods of KNET, KYT and NSG. The orphan children of Bal Ashram and Nari Niketan were selected as sample for the study. It was made sure that the students are afflicted from the disorder of PTSD and sophrosyne (Self-restrain behavior, Self knowledge and psychological well being). CPSS-5-SR questionnaire is used to assess the PTSD among orphan children. Self-restrain behavior scale, Self knowledge scale and Psychological well being scale have been used to evaluate the state of sophrosyne among orphan girls and boys.

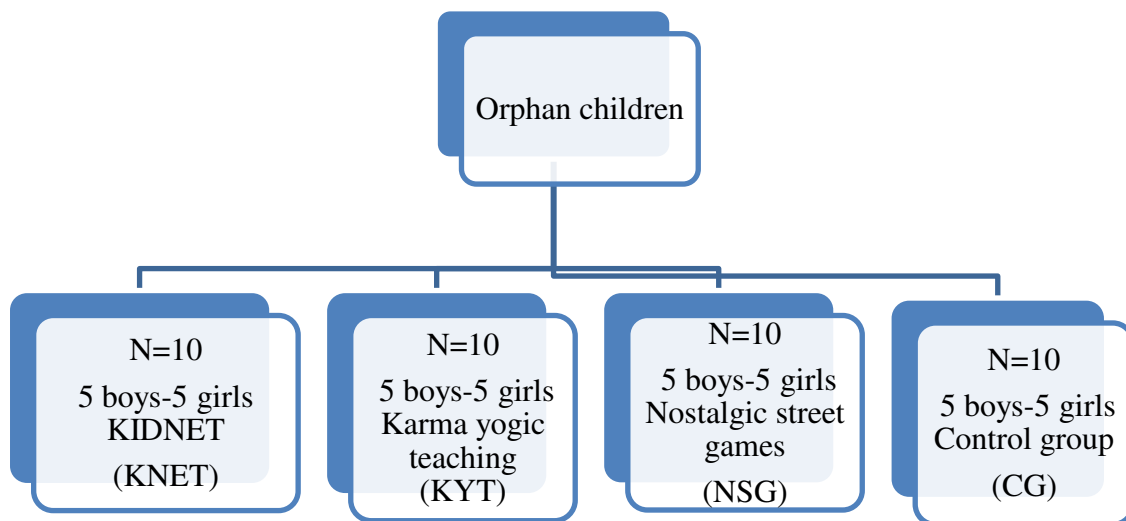
3.2 Sampling

The present study was conducted on forty children (twenty girls and twenty boys) between the age group of 12-18 years from the Bal Ashram (Boys) and Nari Niketan (Girls) of Udhampur district of Jammu and Kashmir. Total 50 girls were living in the Nari Niketan out of which 6 girls fell below and 1 above the age group of 12-18 years, so the post traumatic stress disorder test were applied on the sample of 43 subjects. It has been observed that 26 orphan children were suffering from post traumatic stress disorder;

they were selected as the sample of present investigation. The same was done in case of boys there were 70 boys in Bal ashram out of whom 13 subjects were below the age group of 12-18 years, so the test was applied only on 57 subjects, and it was observed that 33 orphan children were suffering from the severe condition of post traumatic stress disorder; they were selected as the sample of present investigation. For maintaining the uniformity in mean score, 48 subjects out of whom 24 were boys and 24 were girls, were finalized out of 59 samples using the purposive sample- homogeneous technique on the basis of prevalence of post traumatic stress disorder. After the selection of subjects, the subjects were randomly divided equally into 4 different groups of 6 boys and 6 girls in every group namely KNET group (KNET), KYT group (KYT), NSG group (NSG) and CG (CG). The final research was conducted on only forty children 10 in each group as shown in (figure 3.1).

Figure: 3.1

Sampling design



The groups were further named as KNET for KNET Group-I, KYT for KYT Group-II, NSG for NSG Group -III and C for CG- IV.

3.3 Data Collection

Prior to the administration of the pre-test on the selected PTSD and sophrosyne (Self-restrain behavior, Self knowledge and psychological well being), the investigator called for a meeting of all selected subjects and the relevant authority to explain in detail the purpose of the study, the test procedure and the training program. The participants were notified of the nature of the research and their approval to collaborate until the end of the experiment period was achieved. The subjects were free to withdraw their consent in case they felt any discomfort, but there were no dropouts. Prior permission was bought from the district social welfare office of Udhampur district of Jammu and Kashmir. Dr. Jaspreet Kaur imparted KNET and BK Surinder Baloria imparted KYT to the subjects. A pre-test was conducted on all the four groups (i.e. 12 subjects in each group). After the pre-test, three experiment groups were introduced with a training program of 16 weeks, whereas CG was not subjected to any kind of training. After the experiment was completed, a post-test was conducted among all the four groups on the selected variables.

Table 3.1 : Experiment duration

S.No.	No. of Groups	Experiment Duration
1	4	16 weeks

3.4 Research instrument

The instrument administrated in the study was finalized after a thorough review of literature. The instruments were selected while keeping in view the need for achievement of various objectives of the study. The area of interest in research instrument section was the criterion variables of the study. To measure dependent variables, four scales measuring post traumatic stress disorder, Self-restrain behavior, Self knowledge and psychological well being were selected for the study. For each selected variable, standardized scales were used for the accomplishing the objectives of the study. To

measure all the variables, standardized scales were available except Self-restrain behavior scale and Self knowledge Scale. Thus Self-restrain behavior scale and Self knowledge Scale were developed and standardized by the investigator. CPSS-5-SR scale was developed by foreign author named Edna and Asnaani (2013) but the reliability of the scale was again measured on the Indian orphan children population. As the instruments are already standardized but again the reliability of the instruments was measured to ensure that the instruments are suitable for the sample. The instruments description is reflected in (Table 3.2).

Procedure of reliability and validity

Table 3.2

S.No.	Research tool	Author	Year of Publication	Reliability	Validity	Reliability on Orphan Children Population
1	Child PTSD Symptoms Scale CPSS-5	Edna & Asnaani	2013	.92	.72	.90
2	Sophrosyne (Self-restrain behavior scale)	Mahak & Sharma	2018	.76	.67	.76

3	Sophrosyne (Self knowledge Scale)	Mahak & Sharma	2018	.80	.74	.80
4	Psychologi cal well being Scale	Sisodhia & Choudhary	2012	.87	.94	.91

3.4.1 Self Knowledge Scale

Construction of self knowledge scale :- On the basis of literature review firstly 50 items were drafted on the 5 point likert scale. These items were then discussed and the scale was been sent to more than 15 experts in the field of physical education; psychology and counselors. After the discussion and as per the suggestion of the experts 38 items were finalized. The first draft of the questionnaire was applied on 100 orphan children after that item analysis was done. In the item analysis method total 28 items got finalized. The final form of the scale was administered on the 400 orphan children between the age group of 12-21 years from the various Bal Ashram and Nari nikan (Udhampur, Jammu, Jib, Nawanshahr) of Jammu and Kashmir state.

This scale was used to check the individuals having knowledge about their own sensation, thoughts and beliefs. The scale consisted of 28 items and items were rated upon the 5 point likert scale with scoring from 5,4,3,2,1. The five point likert scale ranges from “Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree. The positive items is 5,4,3,2,1 and the scoring process of negative items is 1,2,3,4,5. The total score of all the items was considered as the self knowledge of the children. The reliability of the scale is .80 which was measured through Cronbach’s alpha and the content validity of the scale was determined from expert.

3.4.2 Self-restrain Behavior Scale

Construction of Self-restrain Behavior Scale:- On the basis of literature review firstly 50 items were drafted on the 5 point likert scale. These items were then discussed and the scale has been sent to more than 30 experts in the field of physical education, psychology and counselors. After the discussion and as per the suggestion of the experts, 34 items were finalized. The first draft of the questionnaire was applied on the 100 orphan children; after that item analysis was done. In the item analysis method total 28 items got finalized. The final form of the scale was administered on the 400 orphan children between the age group of 12-21 years from the various Bal Ashram and Nari nikanan (Udhampur, Jammu, Jib, Nawanshahr) of Jammu and Kashmir state.

This scale was used to check the control of individual towards their impulses emotions and desire. The scale consisted of 28 items and items were rated upon the 5 point likert scale with scoring from 5,4,3,2,1. The five point likert scale ranges from “Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree. The positive items is 5,4,3,2,1 and the scoring process of negative items is 1,2,3,4,5. The total score of all the items was considered as the self-restrain behavior of the children. The reliability of the scale is .76 which is measured through Cronbach’s alpha and the content validity of the scale is determined from expert.

3.4.3 Psychological Well Being Scale

This scale was used to measure the quality of life and the mental health status of an individual. The scale consisted of 50 items and items were rated upon the 5 point likert scale with scoring from 5,4,3,2,1. The total score of all the items was considered as the total score of the children. The reliability of the scale is .92 which is measured through Cronbach’s alpha and the convergent validity was .90. Reliability of the scale was again measured on the orphan children of Jammu and Kashmir State with the help of Cronbach’s alpha method and it was .91.

3.4.4 Child PTSD Symptoms Scale (CPSS -5 SR)

The CPSS-5-SR scale was used to measure the symptoms of post traumatic stress disorder symptoms. The scale consisted of 20 items and items were rated upon the 5 point likert scale with scoring from 0,1,2,3,4. Permission in mail from the Dr. Asnaani had been taken for the administration of CPSS-5-SR scale. The total score of all the items was considered as the level of post traumatic stress disorder. The reliability of the scale was .92 which is measured through Cronbach's alpha and the convergent validity is .90. Reliability of the scale was again measured on the orphan children of J&K state with the help of Cronbach's alpha method and it was .90.

3.5 Statistical Analysis

After the collection of data, the data was statistically analyzed to achieve the objective of the study. Since the study is experimental in nature and is based upon pre test post test randomized group design so the technique that was used to measure the significance difference among four groups namely KNET, KYT, NSG and CG ANCOVA, was used. The mean of the Pre test was adjusted to the mean of the post test, significant was found to be the "F" ratio of the adjusted post mean. After that, the Levens test was used and the post-hoc test was also used. SPSS 22 software has been used for statistical analysis.

Table 3.3: Statistical Analysis associated with Research Objectives and Hypotheses

S.No.	Objective	Hypothesis	Research Technique
1	To analyze the effect of the selected training programme, i.e. KIDNET, Karma yogic teaching and Nostalgic street games for improving the state of Sophrosyne (Self-knowledge,	H₍₁₎ :- There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street	<ul style="list-style-type: none"> • Descriptive statistic (Mean & S.D.) • ANCOVA • Post-hoc test

	self-restrain behavior and psychological well being) among orphan girls and boys.	games in improving the state of sophrosyne (self knowledge) among orphan girls.	
2		H₍₁₎ :- There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self knowledge) among orphan boys.	<ul style="list-style-type: none"> • Descriptive statistic (Mean & S.D.) • ANCOVA • Post-hoc test
3		H₍₃₎ :- There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self-restrain behavior) among orphan girls	<ul style="list-style-type: none"> • Descriptive statistic (Mean & S.D.) • ANCOVA • Post-hoc test
4		H₍₄₎ :- There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching	<ul style="list-style-type: none"> • Descriptive statistic (Mean & S.D.) • ANCOVA • Post-hoc test

		and Nostalgic street games in improving the state of sophrosyne (self-restrain behavior) among orphan boys	
5		H₍₅₎ :- There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (Psychological well being) among orphan girls.	<ul style="list-style-type: none"> • Descriptive statistic (Mean & S.D.) • ANCOVA • Post-hoc test
6		H₍₆₎ :- There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (Psychological well being) among orphan boys.	<p>Descriptive statistic (Mean & S.D.)</p> <p>ANCOVA</p> <p>Post-hoc test</p>
7	To examine the effect of the selected training programme, i.e.	H₍₇₎ :- There exists a significant difference in	<ul style="list-style-type: none"> • Descriptive statistic (Mean

	KIDNET, Karma yogic teaching and Nostalgic street games for decreasing the posttraumatic stress disorder among orphan girls and boys.	the selected training programme KNET, KYT, NSG and CG in decreasing the post traumatic stress disorder among orphan girls.	& S.D.) <ul style="list-style-type: none"> • ANCOVA • Post-hoc test
8		H₍₈₎ :- There exists a significant difference in the selected training programme KNET, KYT, NSG and CG in decreasing the post traumatic stress disorder among orphan boys.	<ul style="list-style-type: none"> • Descriptive statistic (Mean & S.D.) • ANCOVA • Post-hoc test

Table 3.4: 16 week training schedule of KNET Group

Session	Experiment	Duration	Diagnosis and psycho education	Discussion
Session 1	KNET	90 min.	Diagnosis and psycho education	Discussion
Session 2	KNET	90 min.	The life line	Discussion and use of rope, stone and flowers
Session 3	KNET	90 min.	Narration	Discussion
Session 4	KNET	90 min.	Narrative Exposure to traumatic event, Starting narration in slow motion	Discussion
Session 5	KNET	90 min.	Narrate through strong sensation, Feedback	Discussion
Session 6	KNET	90 min.	Habitualization, Emotions Improvement	Discussion
Session 7	KNET	90 min.	Following Session	Discussion
Session 8	KNET	90 min.	End up Session	Discussion

Table 3.5: 16 week training schedule of KYT (KYT) Group

Week	Experiment	Duration	Timing	Monday	Wednesday	Friday
Week 1	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson
		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work
Week 2	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson
		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work
Week 3	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson
		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work
Week 4	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson
		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work
Week 5	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson
		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work

Week 6	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson
		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work
Week 7	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson
		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work
Week 8	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson
		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work
Week 9	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson
		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work
Week 10	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson
		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work
Week 11	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson

		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work
Week 12	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson
		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work
Week 13	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson
		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work
Week 14	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson
		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work
Week 15	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson
		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work
Week 16	KYT	15	4-5 P.M.	Discussion	Discussion	Discussion
		30		Lesson	Lesson	Lesson
		15		Discussion, Home Work	Discussion, Home Work	Discussion, Home Work

Table 3.6: 16 week training schedule of NSG Group

Week	Experiment	Duration	Timing	Monday	Wednesday	Friday
Week 1	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.
		40		Dodge ball and crow crane	Chain-chain and One bone and two dog	Leg cricket and Lame wolf
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises
Week 2	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.
		40		Dodge ball and crow crane	Chain-chain & One bone and two dog	Leg cricket and Lame wolf
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises
Week 3	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.

		40		Dodge ball and crow crane	Chain - chain and One bone and two dog	Leg cricket and Lame wolf
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises
Week 4	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.
		40		Dodge ball and crow crane	Chain - chain and One bone and two dog	Leg cricket and Lame wolf
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises
Week 5	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.
		40		Stapu and hide and seek	Spoon ball and In the river on the road	Standing kho-kho & fire in the mountain
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises

Week 6	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.
		40		Stapu and hide and seek	Spoon ball and In the river on the road	Standing kho- kho and fire in the mountain
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises
Week 7	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.
		40		Stapu and hide and seek	Spoon ball and In the river on the road	Standing kho- kho and fire in the mountain
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises
Week 8	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.

		40		Stapu and hide and seek	Spoon ball and In the river on the road	Standing kho- kho and fire in the mountain
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises
Week 9	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.
		40		Logori and Jump rope	Poshampa and Duck race	Monkey in the middle and Sack race
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises
Week 10	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.
		40		Logori and Jump rope	Poshampa and Duck race	Monkey in the middle and Sack race
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises

Week 11	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.
		40		Logori and Jump rope	Poshampa and Duck race	Monkey in the middle and Sack race
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises
Week 12	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.
		40		Logori and Jump rope	Poshampa and Duck race	Monkey in the middle and Sack race
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises
Week 13	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.
		40		Paper stepping	Ice and water And	Ko kalashi and

				stone and cat and mice	Run throw and catch relay	kangaroo race
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises
Week 14	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.
		40		Paper stepping stone and cat and mice	Ice and water And Run throw and catch relay	Ko kalashi and kangaroo race
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises
Week 15	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.
		40		Paper stepping stone and cat and mice	Ice and water And Run throw and catch relay	Ko kalashi and kangaroo race
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises

Week 16	Nostalgic street game	10	4 -5 pm	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.	Warm up stretching, jogging, hand free exercises.
		40		Paper stepping stone and cat and mice	Ice and water And Run throw and catch relay	Ko kalashi and kangaroo race
		10		Relaxation Exercises	Relaxation Exercises	Relaxation Exercises

3.6 Description of the KNET Training Programme

3.6.1 Session-1 - Diagnosis and psycho education

The therapist starts the first session in the following way:

- Introduces himself
- Explains the purpose of his present mission.
- The patient has the right to know who the therapist is and what his motivation is.

The initial phase in the first session is the way the therapist presents himself and his work. It is a crucial stage in building the trust between the therapist and the patient.

3.6.2 Session-2 - The life line

Life line is the beginning of the second session. The lifeline becomes the symbol of NET because it represents the life story. Here that expert lays out the life path of life along with the rope. They place flower for the major events and good times of the life. Stones are placed as a symbol for fearful, and in particular, for traumatic events.

3.6.3 Session-3 – Narration

The third session starts with person's narration with their family background to get a picture how the patient grew up, what was the connection with their relatives significant persons played a role in their life. In this session the patient is encouraged to emotional processing.

3.6.4 Session-4 - Narrative Exposure to traumatic event, Starting narration in slow motion

At this stage, the process of narration is slowed down. The therapist shifts to the slow motion in time. The patient tendency will probably be to speed up even more, and to jump to events further in future. For this reason, it requires some persistence to keep the patient on a slower track. On the part of the patient, it takes some courage to slow down to recall the event. At this point, even the therapist may experience nervousness with the traumatized survivors and may want to avoid difficulties content and the increased sign of the suffering of the patient. Learning to recognize this impulsive will be helpful for the therapist as it becomes the indicator that treatment is going well and the patient is on right track.

3.6.5 Session-5 - Narrate through strong sensation, Feedback

Hot memory, that is, sensation, feelings and thoughts all the experience of the patient will again get exposed and instead of talking about fear it is important to stay with the sensory elements. The important step in this session is to identify the sensation. The therapist will the person to categorized and integrate them into narrative. The therapist ensures the patient that whatever appears is perfectly all right and there is no need to analyze or judge it.

3.6.6 Session-6 - Habitualization, Emotions Improvement

The continuous process of activating and narrating hot memory will lead to habitualization. The length of the time the patient is exposed to the recall of a hot memory must be long enough to allow the trauma to lose its emotional intensity.

3.6.7 Session-7 - Following Session

A session should never be stopped before some habituation has taken place. Consequently the length of time the patient is exposed to recall the hot memory must be long enough to allow the trauma to lose its emotional intensity. The arousal peak, on that highest level of emotional intensity around telling the event must have reached a notable reduction in fear, and the excitement must have been present before a session ends.

3.6.8 Session -8 - End up Session

Before actually ending, the therapist will make an assessment to determine Whether the arousal rate of the patient has decreased ; to make sure the patient is calm again with peaceful, positive and relaxed feelings.

3.7. Description of the KYT Training Programme

3.7.1 Discussion

Introduction about the topic, discussion on general question related with the topic.

3.7.2 Lesson

Teaching of karma yoga to the students and ask the students to do meditation in the end of the teaching lesson.

3.7.3 Discussion

In discussion part there is a question answer session. The students clear their doubts.

3.7.4 Homework

The last session is of home work. In this session, students are asked to do at least five good things and asked to discuss about those things in detail in the next session.

3.8 Description of the NSG Training Programme

3.8.1 Dodge ball

Technique

Divide the group in two teams of equal numbers. The team 1 stand outside the circle faces toward inside the circle. The players of team 2 are inside the circle. Give team a soft ball. At the signal, team 1 attempts to hit the players of team 2; the players of team 2 avoid being hit. The throwers may recover the ball inside of the circle, but may throw only from outside of the circle. The players who hit the ball are eliminated and withdraw from inside the circle. The elimination continues until all have withdrawn. Record the time it takes to force the team 2 out. Then have the two teams exchange their places and repeat as before. Record the time to eliminate a team. The team eliminating its opponent in the shortest time wins.

3.8.2 Crow Crane

Technique

The students are divided into two groups. One group is called the crows, the other the cranes. The groups line up at each end of the playing area facing each other. On a signal, they will advance toward one another. The instructor either calls crow or crane. If “crow” is called, the crow chase the cranes back to their goal and all persons caught join the crows. If the cranes are called, they become the chasers.

3.8.3 Chain- Chain

Technique

A pair of players is chosen. They join hands and chase the other, each player joining until all are “chained”. The last player in the last who is not chained will get declared as the winner.

3.8.4 One bone two dog

Technique

The group members are lined up in two equal teams, facing each other and numbered. There is a circle formed between the two lines and both the teams are placed over the equal distance from the centre. In the circle, a ball or handkerchief is placed. When a number is called by the leader, two players having same run forward from their respective lines and have to come near the circle and have to snatch the ball or handkerchief without being hit by the opponent. The player with ball or handkerchief must get back to his home line without being touched in order to win a mark. The team who is having maximum point will be declared as winner.

3.8.5 Leg cricket

Technique

The players will be divided in two equal teams. One team will do the balling, and the other team will hit the ball but with the foot.

3.8.6 Lamé Wolf

Technique

The play is made up of two teams, first defending the team that wins the toss. The opposing team sends a player whilst jumping on one foot to tag as many defenders as he can. Wins the team that tags the most advocates.

3.8.7 Stapu

Technique

A common playground Game where players throw a small object into numbered rectangle pattern fields marked on the ground and then hop or jump through fields on one or two legs to get back the item.

3.8.8 Hide and Seek

Technique

The best place for a game of hide and seek is outside where there is plenty of space to run around. The first thing to do is choose a place for “home”. It could be a tree or a garden. One player is IT. He stands facing “home” and closes his eyes when he calls “on your marks, get set, go!” All the players run and hide. While they are hiding IT counts loudly to fifty or a hundred. When he has finished, he calls “coming, ready or not”. All the players must stop where they are. IT then starts looking for others as soon as possible. As he sees one of the players he runs back to home, touches it and calls out “thappa”. The player that first gets “thappa” will give first turn in the second round, but the game continues until all players get thappa.

3.8.9 Spoon Ball

Technique

The team forms the lines and one spoon per player and one table tennis ball or marble per team is needed. The leader, holding the spoon handle in his mouth, places the ball in the bowl of the spoon, turns round and passes the ball next in line and so on. If the ball is dropped, it must be picked up by hand but the spoon still is held in the mouth.

3.8.10 In the river on the road

Technique

All the children stand in a line. When the leader says “in the river” or just “road” they jump forward over the string. When he says “on the road” or “road” they move back over the string. If he says “in the river” when they are actually in the river and if anyone moves, he is eliminated. Similarly, if anyone moves when they are on the road and “On the Road” is given, they drop out too. With the older children particularly, an added note of suspense can be given just using the words “River” and “Road” and prolonging the

first letter , i.e. rolling the “R” and saying “R- r-r-r-r-r-r-river” or “R- r-r-r-r-r-r-road” so that they do not know which word is coming until the very last moment.

3.8.11 Standing Kho- Kho

Technique

It's made up of two teams. In the center of the court, in a row, the first team sits / kneels with neighboring members facing opposite directions. Wins the team that requires the shortest time to tag / tap all field rivals.

3.8.12 Fire in the mountain

Technique

One child is the “guard”, other children stand in the circle at a distance from each other. The guard stands in between the circle and sings a line “ fire in the mountain”. The other players in the circle sing the other line “ run- run-run”. The guard sings the lines until he wants them. As he says stop, all the players will have to get in statue position. A player who is found doing any kind of movement, will be out and the game continues until one player remains. The player that remains till the end is declared as the winner.

3.8.13 Lagori

Technique

Two teams are playing this match. It comprises of 10 parts of marble stacked above each other. One team is targeting this stack and once they hit it, their next goal is to maintain it back while the other team is blocking the opposing side from organizing it back.

3.8.14 Rope pull

Technique

A stout 20 meter long rope is required for this game. Stretch out the rope on a level piece of ground. Mark the ground over which the centre of the rope rests. Divide the team in

two equal numbers and place them holding opposite ends of the rope with one hand; both the team face the centre. At signal, each team pulls on the rope, attempting to pull their opponents across the centre line. The pulls continue until one end of the rope has been pulled completely across the centre line. The team pulling across the centre line wins.

3.8.15 Poshampa

Technique

Two individuals are standing over their heads with their hands locked and singing a song. The other children pass under that bridge and the one caught (when the fingers come down at the end of the song like a cage) is out.

3.8.16 Duck race

Technique

A team race. The members of the group walk forward in the knee bend full position behind each other, each with his hand on the shoulders of the person in front. The players move forward by hopping together off both feet. The leader helps the rhythm by calling out “left-right-left” to keep them all in steps during the race. If anyone loses the grip on the shoulder, he is considered to have broken the line and is disqualified.

3.8.17 Monkey in the middle

Technique

One player is in the middle and the remainders are out it's a circle. Then a player outside the circle has to throw the ball to another person outside the circle with a goal to prevent the ball from reaching the person inside the circle. This continues until the person catches the ball or otherwise gains possession due to a failed catch, deflection, etc. An intended recipient who does not catch the ball will replace the person in the middle, unless they fail before the ball touches any part of their body. The ball can't be torn off any player's hands.

3.8.18 Sack race

Technique

A team race. The members of the group have to walk while wearing sack in their legs and have to move forward. They have to cover the required distance and the team that covers the distance in minimum duration will be considered as the winner.

3.8.19 Paper stepping stone

Technique

Each competitor is provided with two half pages of news paper, and is required to travel over a given distance by being on one piece, he puts the other down in front of him, steps on to it, picks up the piece he has just left and places that in front of him, steps on to it and in this manner has to complete the distance. The individual who covers it in the shortest period of time is declared as winner.

3.8.20 Cat and mice

Technique

There's a big circle of children. One kid is the cat and the four mice are the other. It is impossible for the cat and mice to leave the circle. The cat is chasing the mice inside the circle on the signal. The mice join the circle as they are captured. The last caught mouse will be the cat for the next round.

3.8.21 Ice and water

Technique

A player is selected. The aim of the selected player is to touch the other players, giving them ice. As soon as ice is given the person stays there until teammates come to give him/her water. The game ends when all the players have been caught and there is no one left to give water.

3.8.22 Run throw and catch relay

Technique

The students are divided in two equal lines. In the front of the group a line is drawn and a parallel is drawn about 10 yards away. The leader of the line runs with the ball and from the other side of the line throws the ball. And from the other side of line catches the ball without stepping over the starting line. The procedure goes as on until the leader comes back to his position. The team that takes the minimum time in completing the race is declared as winner.

3.8.23 Ko kalashi

Technique

The players sit in a circle and a player is selected to move around the circle while keeping handkerchief in his hand. The other players who are sitting in circle have to sing a rime “ko kalashi pakke jhume raat aayi ae jo aggae peeche deekhe uski shamat aayi ae”. The player who is moving around the circle has to drop the handkerchief behind a sitting player. The player at whose back the handkerchief is placed has to catch a keeper of the handkerchief. If he catches the player before he sit back at his place then only he will be relieved otherwise he has to continue his turn.

3.8.24 Kangaroo race

Technique

A team race. The members of the group have to jump like a kangaroo and have to move forward and have to cover the distance. The team that covers the distance with in minimum duration will be considered as the winner.

3.9 CG

The fourth group of the study was the CG. The CG was not disclosed with any kind of training session.

CHAPTER- IV

ANALYSIS OF DATA AND RESULTS OF THE STUDY

This chapter is further categorized into two parts. First part deals with the findings and results part that is comprises of descriptive statistics (Mean and S.D.), levene's test, ANCOVA and Post hoc test. The second part of the chapter deals with the discussion of the findings

4.1 Findings and results interpretation to Sophrosyne (Self Knowledge) of Orphan Girls

Table- 4.1.1 Descriptive Statistics (Mean, SD) Of Three Experimental And CG On The Variable Sophrosyne (Self Knowledge) Of Orphan Girls

Treatment Groups	N	Pre- Test mean	SD	Post-Test mean	SD
KNET	05	79.60	5.12	90.40	5.02
KYT	05	78.00	9.69	89.60	5.85
NSG	05	81.20	3.11	95.00	2.91
CG	05	79.80	4.43	78.40	2.70

Table- 4.1.1 represent the pre and post test Descriptive statistics (Mean, SD) values of Three experimental (KNET, KYT, Nostalgic Street Game) and CG on the variable self knowledge of orphan girls.

Pre-test Mean: KNET- 79.60, KYT- 78.00, NSG- 81.20, CG- 79.80. **Pre-test SD:** KNET- 5.12, KYT- 9.69, NSG- 3.11, CG- 4.43. **Post-test Mean:** KNET- 90.40, KYT- 89.60, NSG- 95.00, CG- 78.40. **Post-test SD:** KNET- 5.02, KYT- 5.85, NSG- 2.91, CG- 2.70

Figure: 4.1.1

Graphical Presentation Of Descriptive Statistics (Mean ,SD) Of Three Experimental And CG On The Variable Sophrosyne (Self Knowledge) Of Orphan Girls

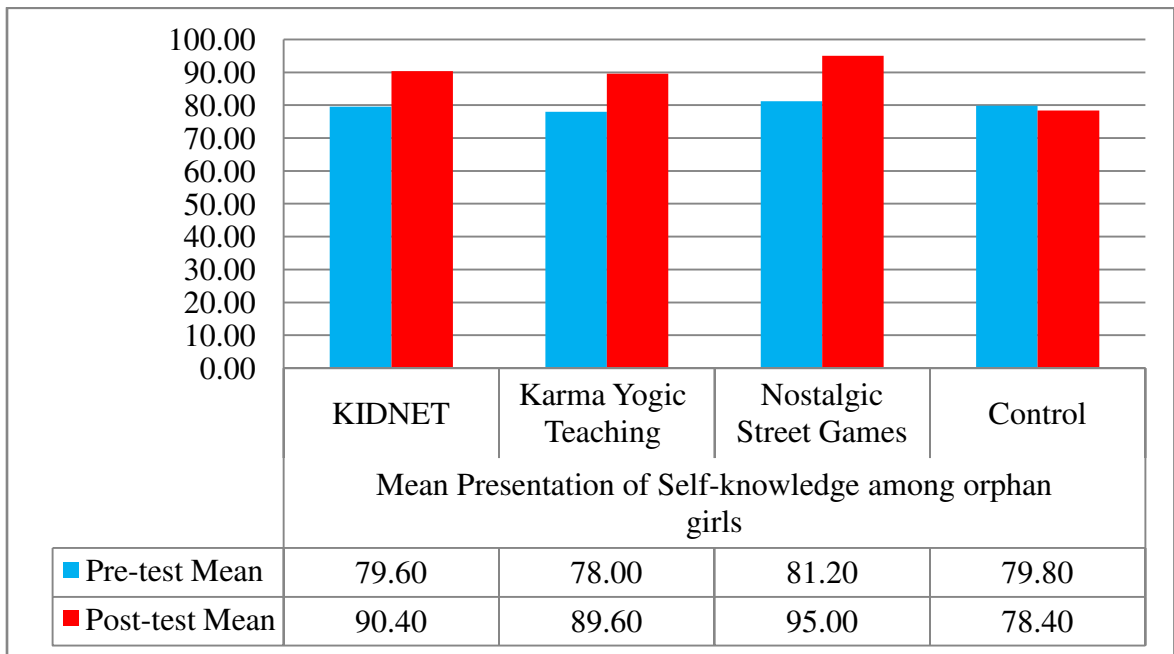


Table- 4.1.2

Levene’s Test for the assess the equality among variable

Levene's Test of Equality of Error Variances			
Dependent Variable: Post test			
F	df1	df2	Sig.
1.751	3	16	.197

Table 4.1.2 shows that F-value of .197 (Levene’s Statistics) is found insignificant at 0.05 level. Comparison of Adjusted Post Test Means Among three Experimental (KNET, KYT, NSG) groups and CG in self knowledge by using ANCOVA

Table- 4.1.3

**Analysis Of Covariance Of Three Experimental And CG On The Variable
Sophrosyne (Self Knowledge) Of Orphan Girls**

Dependent Variable: Post test					
	Type III Sum of Squares	Df	Mean Square	F	Sig.
Pre test	208.334	1	208.334	33.506	.000
Groups	714.162	3	238.054	38.286	.000

***p*-value <.05 shows significant difference**

Table 4.1.3 shows the *p*-value at .000 which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and Control) during post testing of self- knowledge among orphan girls. Thus, the $H_{(0)}$ “ There exist no significant difference among the adjusted post-test means of self- knowledge among four different treatment groups was failed to be get accepted”. Therefore, the research hypothesis $H_{(1)}$ state that “There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self knowledge) among orphan girls.” accepted. Since, *p*-value is significant, thus post hoc comparison was made for the adjusted mean of four different treatment groups during post testing of self- knowledge among orphan girls. The results are given in Table 4.1.4.

Table- 4.1.4

**Comparison Of Paired Means Related To Three Experimental And Control Group
On The Variable Sophrosyne (Self Knowledge) Of Orphan Girls**

(I) Groups	(J) Groups	Mean Difference (I-J)	Sig.
KNET	KYT	-.144	.929
	NSG	-3.656*	.036
	CG	12.118*	.000
KYT	NSG	-3.512*	.046
	CG	12.262*	.000
NSG	CG	15.774*	.000

*** indicates significant difference**

Comparisons of Groups with Significant/ Insignificant Difference:

Table 4.1.4 shows the *p*-value for mean difference between different treatment programmes viz; KNET and NSG .036, KNET and control .000, KYT and NSG .046, KYT and control .000, NSG and CG .000. Further, all of the mentioned *p*- values are less than 0.05 level. Hence, are considered to be significant at 5% level. However, the *p*-

value for mean difference between KNET and KYT is .929 which is above the threshold limit of 0.5 level of significance. Hence, they are considered to be insignificant.

Thus based upon the above result following conclusion were drawn:

- There was a significant difference between the adjusted mean score of different treatment programmes viz; KNET and NSG, KNET and control, KYT and NSG, KYT and control and NSG and CG. However, there was no significant difference between the adjusted mean score of KNET and KYT programmes.

Table- 4.1.5
Adjusted Mean Values Of Three Experimental And Control Group on
The Variable Sophrosyne (Self Knowledge) of Orphan Girls

Dependent Variable: Post-test				
Groups	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
KNET	90.429 ^a	1.115	88.053	92.806
KYT	90.573 ^a	1.128	88.170	92.977
NSG	94.086 ^a	1.126	91.685	96.486
CG	78.312 ^a	1.115	75.934	80.689

Table 4.1.5 shows the adjusted mean value of different treatment groups viz; KNET 90.42, KYT (KYT) 90.57, NSG (NSG) 94.08, and control 78.31. There was a significant

difference off all the three experimental groups with the CG (i.e. $p < 0.05$). Thus, all the three treatment programmes were found to be equally effective in improving self knowledge. However, there was no significant difference between KNET and KYT treatment groups (i.e. $p > 0.05$). The adjusted post- test mean value of NSG was found to be highest, thus this treatment programme was most effective in improving self knowledge. Furthermore, the adjusted post-test mean value of CG was found to be minimum. Thus, this group was the least effective treatment group in improving the self knowledge among orphan girls.

4.2 Findings and results interpretation to Sophrosyne (Self Knowledge) of Orphan Boys

Descriptive Statistics (Mean, SD) Of Three Experimental and Control Group on The Variable Sophrosyne (Self Knowledge) of Orphan Boys.

Treatment Groups	N	Pre- Test mean	SD	Post-Test mean	SD
KNET	05	74.40	4.03	90.60	3.64
KYT	05	79.20	1.92	89.80	5.21
NSG	05	76.80	3.11	98.20	3.03
CG	05	74.40	3.36	73.80	5.67

Table- 4.2.1 shows the descriptive statistics of self knowledge of orphan boys. The mean, standard deviation provides the descriptive statistics of pre-test & post-test among the four groups are given in the above table.

Pre-test Mean: KNET- 74.40, KYT- 79.20, NSG- 76.80, CG- 74.40. **Pre-test SD:** KNET- 4.03, KYT- 1.92, NSG- 3.11, CG- 3.36. **Post-test Mean:** KNET- 90.60, KYT- 89.80, NSG- 98.20, CG- 73.80. **Post-test SD:** KNET- 3.64, KYT- 5.21, NSG- 3.03, CG- 5.67.

Figure: 4.2.1

Graphical Presentation Descriptive Statistics (Mean, SD) Of Three Experimental And CG On The Variable Sophrosyne (Self Knowledge) Of Orphan Boys.

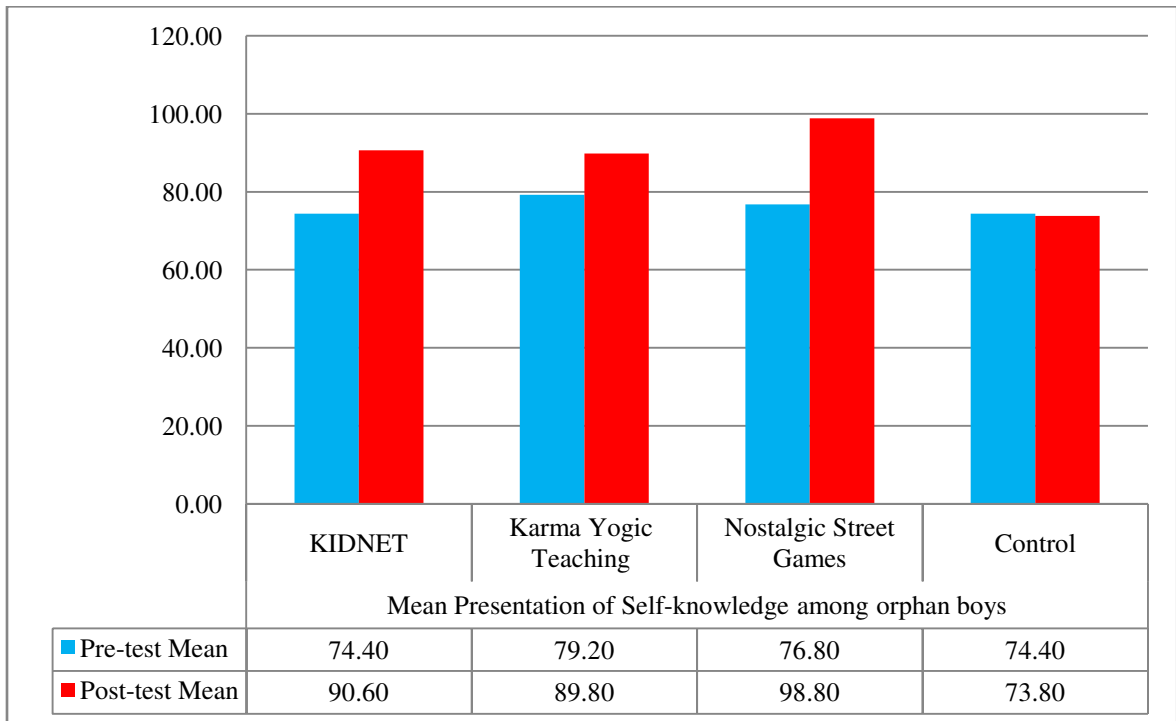


Table- 4.2.2

Levene's Test for the assess the equality among variable

Levene's Test of Equality of Error Variances			
Dependent Variable: Post test			
F	df1	df2	Sig.
1.235	3	16	.330

Table 4.2.2 shows that F-value of .330 (Levene's Statistics) is found insignificant at 0.05 level. This proves that data fulfils the assumption of Homogeneity of Variance.

Table- 4.2.3
Analysis Of Covariance Of Three Experimental And CG On The Variable
Sophrosyne (Self Knowledge) Of Orphan Boys.

Dependent Variable: Post test					
	Type III Sum of Squares	Df	Mean Square	F	Sig.
Pre test	161.212	1	161.212	14.533	.002
Groups	1306.167	3	435.389	39.251	.000

***p*-value <.05 shows significant difference**

Table 4.2.3 shows the *p*-value at .000 which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and CG) during post testing of self- knowledge among orphan boys. Thus, the $H_{(0)}$ “ There exist no significant difference among the adjusted post-test means of self- knowledge among four different treatment groups was failed to be get accepted”. Therefore, the research hypothesis $H_{(2)}$ state that “There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self knowledge) among orphan boys” accepted. Since, *p*-value is significant, thus post hoc comparison was made for the adjusted mean of four different treatment groups during post testing of self- knowledge among orphan boys. The results are given in Table 4.2.4

Table- 4.2.4

**Comparison Of Paired Means Related To Three Experimental And Control Group
On The Variable Sophrosyne (Self Knowledge) Of Orphan Boys.**

(I) Groups	(J) Groups	Mean Difference (I-J)	Sig.
KNET	KYT	5.559	.038
	NSG	-5.220*	.031
	CG	16.800*	.000
KYT	NSG	-10.780*	.000
	CG	11.241*	.000
NSG	CG	22.020*	.000

*** indicates significant difference**

Comparisons of Groups with Significant/ Insignificant Difference:

Table 4.2.4 shows the *p*-value for mean difference between different treatment programmes viz; KNET and KYT .038, KNET and NSG .031, KNET and control .000, KYT and NSG .000, KYT and control .000, NSG and CG .000. Further, all of the mentioned *p*- values are less than 0.05 level. Hence, are considered to be significant at 5% level.

Thus based upon the above result following conclusion were drawn:

- There was a significant difference between the adjusted mean score of different treatment programmes viz; KNET and KYT, KNET and NSG, KNET and control, KYT and NSG, KYT and control and NSG and CG.

Table- 4.2.5
Adjusted Mean Values Of Three Experimental and Control Group
on The Variable Sophrosyne (Self Knowledge) of Orphan Boys.

Dependent Variable: Post-test				
Groups	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
KNET	92.385 ^a	1.561	89.057	95.712
KYT	86.826 ^a	1.681	83.242	90.410
NSG	97.605 ^a	1.498	94.413	100.797
CG	75.585 ^a	1.561	72.257	78.912

Table 4.2.5 shows the adjusted mean value of different treatment groups viz; KNET 92.38, KYT (KYT) 86.82, NSG (NSG) 97.60 and control 75.58. There was a significant difference off all the three experimental groups with the CG (i.e. $p < 0.05$). Thus, all the three treatment programmes were found to be equally effective in improving self knowledge. The adjusted post- test mean value of NSG was found to be highest, thus this treatment programme was most effective in improving self knowledge. Furthermore, the

adjusted post-test mean value of CG was found to be minimum. Thus, this group was the least effective treatment group in improving the self knowledge among orphan boys.

4.3 Findings and results interpretation to Sophrosyne (Self-restrain Behaviour) of Orphan Girls

Table- 4.3.1
Descriptive Statistics (Mean, SD) of Three Experimental and Control Group
on The Variable Sophrosyne (Self-restrain Behaviour) of Orphan Girls

Treatment Groups	N	Pre- Test mean	SD	Post-Test mean	SD
KNET	05	52.80	8.31	64.60	7.16
KYT	05	55.60	7.30	68.60	5.59
NSG	05	52.60	6.84	73.00	7.17
CG	05	61.20	5.93	63.80	4.91

Table- 4.3.1 shows the descriptive statistics of self-restrain behaviour of orphan girls. The mean, standard deviation provides the descriptive statistics of pre-test & post-test among the four groups are given in the above table.

Pre-test Mean: KNET- 52.80, KYT- 55.60, NSG- 52.60, CG- 61.20. **Pre-test SD:** KNET- 8.31, KYT- 7.30, NSG- 6.84, CG- 5.93. **Post-test Mean:** KNET- 64.60, KYT- 68.60, NSG- 73.00, CG- 63.80. **Post-test SD:** KNET- 7.16, KYT- 5.59, NSG- 7.17, CG- 4.91.

Figure: 4.3.1

Graphical Presentation Descriptive Statistics (Mean, SD) of Three Experimental and CG on The Variable Sophrosyne (Self-restrain Behaviour) of Orphan Girls.

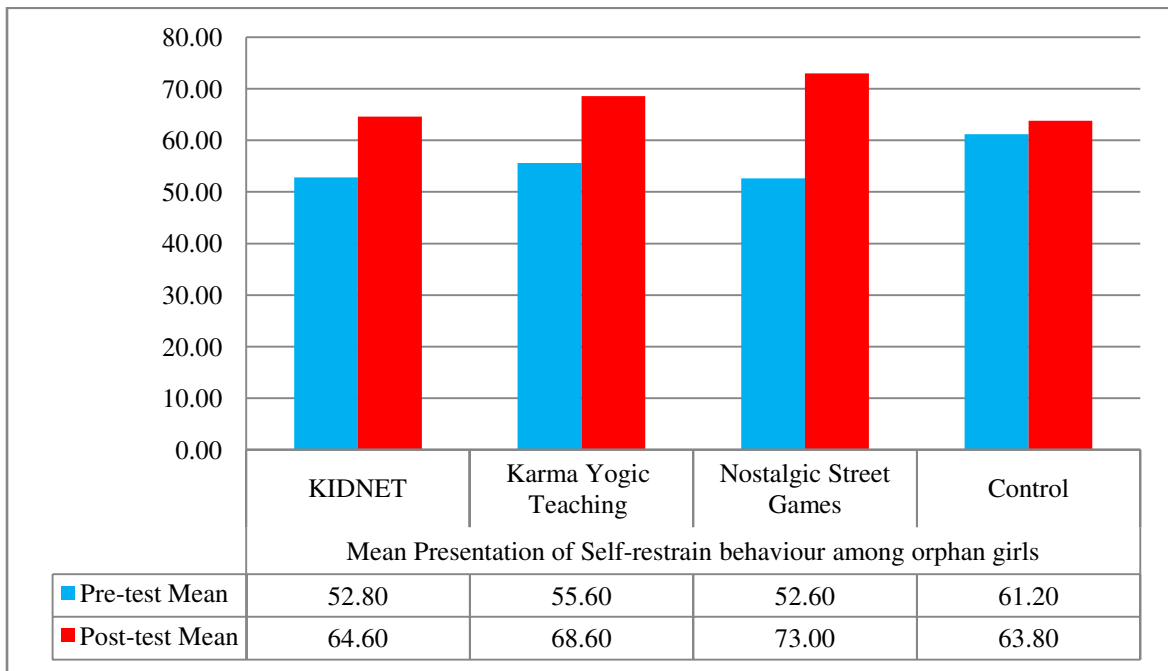


Table- 4.3.2

Levene's Test for the assess the equality among variable

Levene's Test of Equality of Error Variances			
Dependent Variable: Post test			
F	df1	df2	Sig.
1.965	3	16	.160

Table4.3.2 shows that F-value of .160 (Levene's Statistics) is found significant at 0.05 level Comparison of Adjusted Post Test Means Among three Experimental (KNET, KYT, NSG) groups and CG in self-restrain behaviour by using ANCOVA

Table- 4.3.3
Analysis of Covariance of Three Experimental and Control Group on
The Variable Sophrosyne (Self-restrain Behaviour) of Orphan Girls

Dependent Variable: Post test					
	Type III Sum of Squares	Df	Mean Square	F	Sig.
Pre test	311.767	1	311.767	14.459	.002
Groups	457.521	3	152.507	7.117	.003

p-value <.05 shows significant difference

Table 4.3.3 shows the *p*-value at .003 which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and Control) during post testing of self-restrain behaviour among orphan girls. Thus, the $H_{(0)}$ “There exist no significant difference among the adjusted post-test means of self- restrain behaviour among four different treatment groups was failed to be get accepted”. Therefore, the research hypothesis $H_{(3)}$ state that “There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self-restrain behavior) among orphan girls.” accepted. Since, *p*-value is significant, thus post hoc comparison was made for the adjusted mean of four different treatment groups during post testing of self- restrain behaviour among orphan girls. The results are given in Table 4.3.4

Table- 4.3.4
Comparison of Paired Means related to Experimental Groups
and Control Group of Orphan Girls

(I) Groups	(J) Groups	Mean Difference (I-J)	Sig.
KNET	KYT	-2.271	.455
	NSG	-8.523*	.011
	CG	5.986	.083
KYT	NSG	-6.252	.052
	CG	8.257*	.017
NSG	CG	14.509*	.000

*** indicates significant difference**

Comparisons of Groups with Significant/ Insignificant Difference:

Table 4.3.4 shows the *p*-value for mean difference between different treatment programmes viz; KNET and NSG .011, KYT and control .017, NSG and CG.000. Further, all of the mentioned *p*- values are less than 0.05 level. Hence, are considered to be significant at 5% level. However, the *p*- value for mean difference between KNET and

KYT is .455, KNET and control is.083 and KYT and NSG .052 which is above the threshold limit of 0.5 level of significance. Hence, they are considered to be insignificant.

Thus based upon the above result following conclusion were drawn:

- There was a significant difference between the adjusted mean score of different treatment programmes viz; KNET and NSG, KYT and control and NSG and CG. However, there was no significant difference between the adjusted mean score of KNET and KYT programmes, KNET and control and between karma and NSG.

Table- 4.3.5

Adjusted mean values of three groups (KNET, KYT, NSG) and CG of Orphan Girls

Dependent Variable: Post-test				
Groups	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
KNET	66.298 ^a	2.118	61.784	70.811
KYT	68.569 ^a	2.070	64.157	72.982
NSG	74.821 ^a	2.125	70.293	79.350
CG	60.312 ^a	2.263	55.488	65.136

Table 4.3.5 shows the adjusted mean value of different treatment groups among viz; KNET 66.29, KYT (KYT) 68.56, NSG (NSG) 74.82 and control 60.31. There was a

significant difference off all the experimental groups KNET, KYT (KYT) and NSG (NSG) with the CG(i.e. $p < 0.05$). Thus, all the treatment programmes were found to be equally effective in improving self restrain. The adjusted post- test mean value of NSG was found to be highest, thus this treatment programme was most effective in improving self restrain. Furthermore, the adjusted post-test mean value of CGwas found to be minimum. Thus, this group was the least effective treatment group in improving the self-restrain among orphan girls.

4.4 Findings and results interpretation to Sophrosyne (Self-restrain behavior) of Orphan Boys

Table- 4.4.1
Descriptive Statistics (Mean, SD) of Three Experimental and CG On
The Variable Sophrosyne (Self-restrain Behaviour) of Orphan Boys

Treatment Groups	N	Pre- Test mean	SD	Post-Test mean	SD
KNET	05	62.40	4.8	84.40	3.20
KYT	05	55.80	10.15	73.60	2.88
NSG	05	64.00	3.08	88.40	3.04
CG	05	62.20	3.19	64.40	2.88

Table 4.4.1 presents the mean and standard deviation of all the four treatment groups (KNET, KYT, NSG and Control) during pre and post testing of Self-restrain among orphan childrens.

Pre-test Mean: KNET 62.40, KYT 55.80, NSG 64.00 and Control 62.20. **Post-test Mean:** KNET 84.40, KYT 73.60, NSG 88.40 and Control 64.40.

Pre-test SD: KNET 4.8, KYT 10.15, NSG 3.08 and Control 3.19. **Post-test SD:** KNET 3.20, KYT 2.88, NSG 3.04 and Control 2.88.

Figure: 4.4.1

Graphical Presentation Descriptive Statistics (Mean, SD) of Three Experimental and Control Group on The Variable Sophrosyne (Self-restrain Behaviour) of Orphan Boys

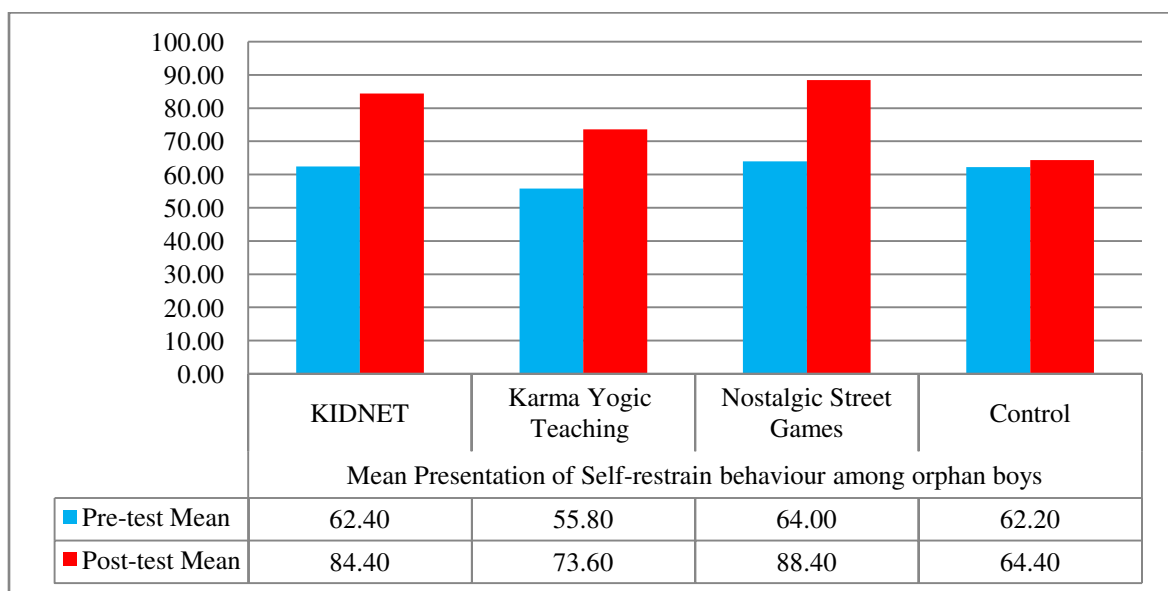


Table- 4.4.2

Levene's Test for the assess the equality among variable

Levene's Test of Equality of Error Variances			
Dependent Variable: Post test			
F	df1	df2	Sig.
.207	3	16	.890

Table 4.4.2 shows that F-value of .890 (Levene's Statistics) is found insignificant at 0.05 level. This proves that data fulfils the assumption of Homogeneity of Variance.

Table- 4.4.3
Analysis Of Covariance Of Three Experimental And Control Group On The
Variable Sophrosyne (Self-restrain Behaviour) Of Orphan Boys

Dependent Variable: Post test					
	Type III Sum of Squares	Df	Mean Square	F	Sig.
Pre test	4.039	1	4.039	.430	.522
Groups	1725.377	3	575.126	61.287	.000

***p*-value <.05 shows significant difference**

Table 4.4.3 shows the *p*-value at .000 which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and Control) during post testing of Self- restrain among orphan boys. Thus, the $H_{(0)}$ “ There exist no significant difference among the adjusted post-test means of Self- restrain among four different treatment groups was failed to be get accepted”. Therefore, the research hypothesis $H_{(4)}$ state that “There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self-restrain behavior) among orphan boys” accepted. Since, *p*-value is significant, thus post hoc comparison was made for the adjusted mean of four different treatment groups during post testing of Self- restrain among orphan boys. The results are given in Table 4.4.4

Table- 4.4.4
Comparison Of Paired Means Related To Three Experimental And Control Group
On The Variable Self-restrain Behaviour Of Orphan Boys

(I) Groups	(J) Groups	Mean Difference (I-J)	Sig.
KNET	KYT	11.348*	.000
	NSG	-4.13	.051
	CG	20.017*	.000
KYT	NSG	-15.481*	.000
	CG	8.668*	.001
NSG	CG	24.150*	.000

*** indicates significant difference**

Comparisons of Groups with Significant/ Insignificant Difference:

Table 4.4.4 shows the *p*-value for mean difference between different treatment programmes viz; KNET and KYT .000, KNET and control .000, KYT and NSG .000, KYT and control .001, NSG and CG.000. Further, all of the mentioned *p*- values are less than 0.05 level. Hence, are considered to be significant at 5% level. However, the *p*-value for mean difference between KNET and NSG is .051 which is above the threshold limit of 0.05 level of significance. Hence, they are considered to be insignificant.

Thus based upon the above result following conclusion were drawn:

- There was a significant difference between the adjusted mean score of different treatment programmes viz; KNET and KYT, KNET and control, KYT and NSG, KYT and control and NSG and CG. However, there was no significant difference between the adjusted mean score of KNET and NSG programmes.

Table- 4.4.5
Adjusted Mean Values Of Three Experimental And Control Group On The
Variable Sophrosyne (Self-restrain Behaviour) Of Orphan Boys

Dependent Variable: Post-test				
Groups	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
KNET	84.508 ^a	1.380	81.567	87.449
KYT	73.160 ^a	1.526	69.908	76.411
NSG	88.641 ^a	1.418	85.618	91.664
CG	64.491 ^a	1.377	61.556	67.427

Table 4.4.5 shows the adjusted mean value of different treatment groups among viz; KNET 84.50, KYT (KYT) 73.16, NSG (NSG) 88.64 and control 64.49. There was a significant difference off all the experimental groups KNET, KYT (KYT) and NSG (NSG) with the CG(i.e. $p < 0.05$). Thus, all the treatment programmes were found to be equally effective in improving self restrain. The adjusted post- test mean value of NSG

was found to be highest, thus this treatment programme was most effective in improving self restrain. Furthermore, the adjusted post-test mean value of CG was found to be minimum. Thus, this group was the least effective treatment group in improving the self-restrain among orphan boys.

4.5 Findings and results interpretation to Sophrosyne (Psychological Well Being) of Orphan Girls

Table- 4.5.1
Descriptive Statistics (Mean, SD) of Three Experimental and Control Group
on The Variable Sophrosyne (Psychological Well Being) of Orphan Girls

Treatment Groups	N	Pre- Test mean	SD	Post-Test mean	SD
KNET	05	137.00	6.32	161.80	3.56
KYT	05	139.40	2.30	156.80	3.76
NSG	05	137.40	7.05	159.60	5.12
CG	05	139.40	5.68	139.20	4.96

Table- 4.5.1 shows the descriptive statistics of Psychological Well Being of orphan girls. The mean, standard deviation provides the descriptive statistics of pre-test & post-test among the four groups are given in the above table.

Pre-test Mean: KNET- 137.00, KYT- 139.40, NSG- 137.40, CG- 139.40. **Pre-test SD:** KNET- 6.32, KYT- 2.30, NSG- 7.05, CG- 5.68. **Post-test Mean:** KNET- 161.80, KYT- 156.80, NSG- 159.60, CG- 139.20. **Post-test SD:** KNET- 3.56, KYT- 3.76, NSG- 5.12, CG- 4.96.

Figure: 4.5.1

Graphical Presentation Descriptive Statistics (Mean, SD) Of Three Experimental And CG On The Variable Sophrosyne (Psychological Well Being) Of Orphan Girls

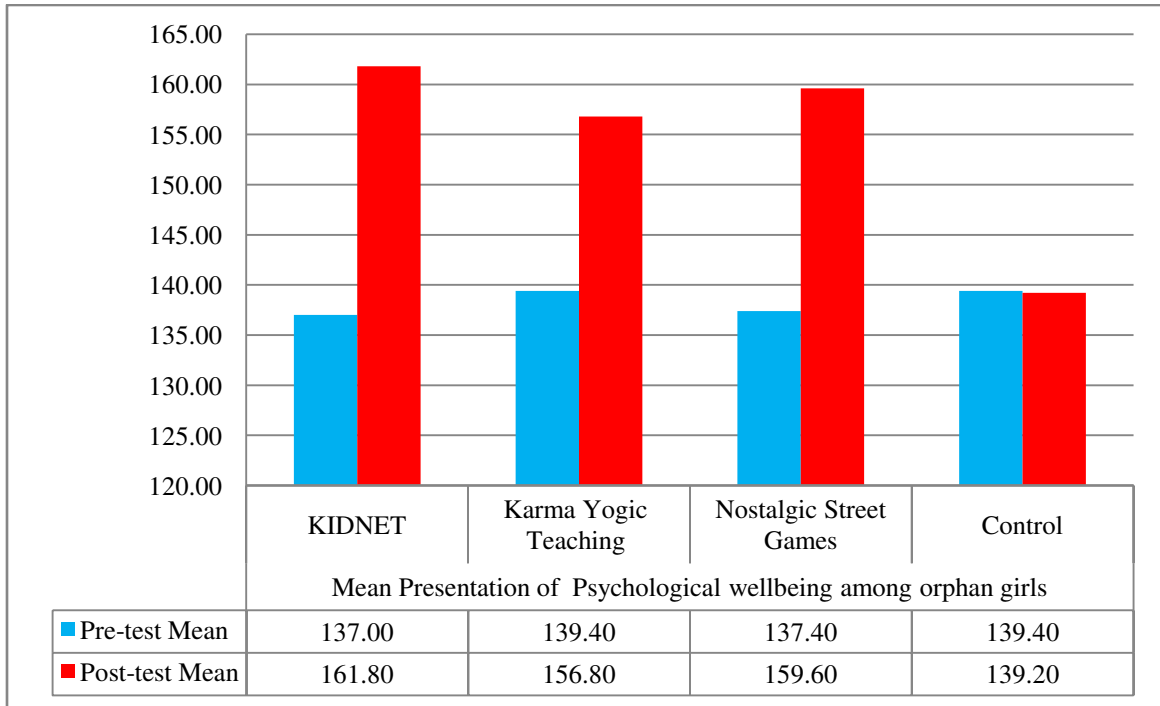


Table- 4.5.2

Levene’s Test for the assess the equality among variable

Levene's Test of Equality of Error Variances			
Dependent Variable: Post test			
F	df1	df2	Sig.
.370	3	16	.775

Table 4.5.2 shows that F-value of .370 (Levene’s Statistics) is found insignificant at 0.05 level. This proves that data fulfils the assumption of Homogeneity of Variance.

Table- 4.5.3
Analysis of Covariance of Three Experimental and Control Group on
The Variable Sophrosyne (Psychological Well Being) of Orphan Girls

Dependent Variable: Post test					
	Type III Sum of Squares	Df	Mean Square	F	Sig.
Pre test	171.699	1	171.699	18.676	.001
Groups	1720.311	3	573.437	62.375	.000

***p*-value < .05 shows significant difference**

Table 4.5.3 shows the *p*-value at .000 which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and Control) during post testing of Psychological Well Being among orphan girls. Thus, the $H_{(0)}$ “ There exist no significant difference among the adjusted post-test means of Psychological Well Being among orphan girls among four different treatment groups was failed to be get accepted”. Therefore, the research hypothesis $H_{(5)}$ state that “There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (Psychological well being) among orphan girls” accepted. Since, *p*-value is significant, thus post hoc comparison was made for the adjusted mean of four different treatment groups during post testing of Psychological Well Being among orphan girls. The results are given in **Table 4.5.4**

Table- 4.5.4
Comparison of Paired Means Related To Three Experimental and
Control Group on The Variable Sophrosyne (Psychological Well Being)
of Orphan Girls Orphan Girls

(I) Groups	(J) Groups	Mean Difference (I-J)	Sig.
KNET	KYT	6.393*	.005
	NSG	2.432	.224
	CG	23.993*	.000
KYT	NSG	-3.961	.059
	CG	17.600*	.000
NSG	CG	21.561*	.000

*** indicates significant difference**

Comparisons of Groups with Significant/ Insignificant Difference:

Table 4.5.4 shows the *p*-value for mean difference between different treatment programmes viz; KNET and KYT .005, KNET and control .000, KYT and control .000, NSG and CG.000. Further, all of the mentioned *p*- values are less than 0.05 level. Hence, are considered to be significant at 5% level. However, the *p*- value for mean difference between KNET and NSG is .224 and KYT and NSG .059 which is above the threshold limit of 0.5 level of significance. Hence, they are considered to be insignificant.

Thus based upon the above result following conclusion were drawn:

There was a significant difference between the adjusted mean score of different treatment programmes viz; KNET and KYT, KNET and control, KYT and control and NSG and CG. However, there was no significant difference between the adjusted mean score of KNET and NSG and KYT and NSG programmes.

Table- 4.5.5
Adjusted Mean Values of Three Experimental and Control Group
on The Variable Sophrosyne (Psychological Well Being) of Orphan Girls

Dependent Variable: Post-test				
Groups	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
KNET	162.555 ^a	1.367	159.641	165.469
KYT	156.161 ^a	1.364	153.254	159.069
NSG	160.122 ^a	1.361	157.221	163.024
CG	138.561 ^a	1.364	135.654	141.469

Table 4.5.5 shows the adjusted mean value of different treatment groups among viz; KNET 162.555, KYT (KYT) 156.161, NSG (NSG) 160.122 and control 138.561. There was a significant difference off all the experimental groups KNET, KYT (KYT) and NSG (NSG) with the CG(i.e. $p < 0.05$). Thus, all the treatment programmes were found to be

equally effective in improving self restrain. The adjusted post- test mean value of NSG was found to be highest, thus this treatment programme was most effective in improving psychological well being. Furthermore, the adjusted post-test mean value of CG was found to be minimum. Thus, this group was the least effective treatment group in improving the psychological well being among orphan girls.

4.6 Findings and results interpretation to Sophrosyne (Psychological Well Being) of Orphan Boys

Table- 4.6.1
Descriptive Statistics (Mean, SD) of Three Experimental and Control Group
on The Variable Sophrosyne (Psychological Well Being) of Orphan Boys

Treatment Groups	N	Pre- Test mean	SD	Post-Test mean	SD
KNET	05	139.40	2.07	158.60	4.33
KYT	05	140.00	4.84	158.80	3.96
NSG	05	140.00	6.00	160.80	4.43
CG	05	137.60	3.04	138.80	2.58

Table 4.6.1 presents the mean and standard deviation of all the four treatment groups (KNET, KYT, NSG and Control) during pre and post testing of psychological well being among orphan boys.

Pre-test Mean: KNET 139.40, KYT 140.00, NSG 140.00 and Control 137.60. **Post-test Mean:** KNET 158.60, KYT 158.80, NSG 160.80 and Control 138.80.

Pre-test SD: KNET 2.07, KYT 4.84, NSG 6.00 and Control 3.04. **Post-test SD:** KNET 4.33, KYT 3.96, NSG 4.43 and Control 2.58.

Figure: 4.6.1

Graphical Presentation Descriptive Statistics (Mean, SD) of Three Experimental and Control Group on The Variable Sophrosyne (Psychological Well Being) of Orphan Boys

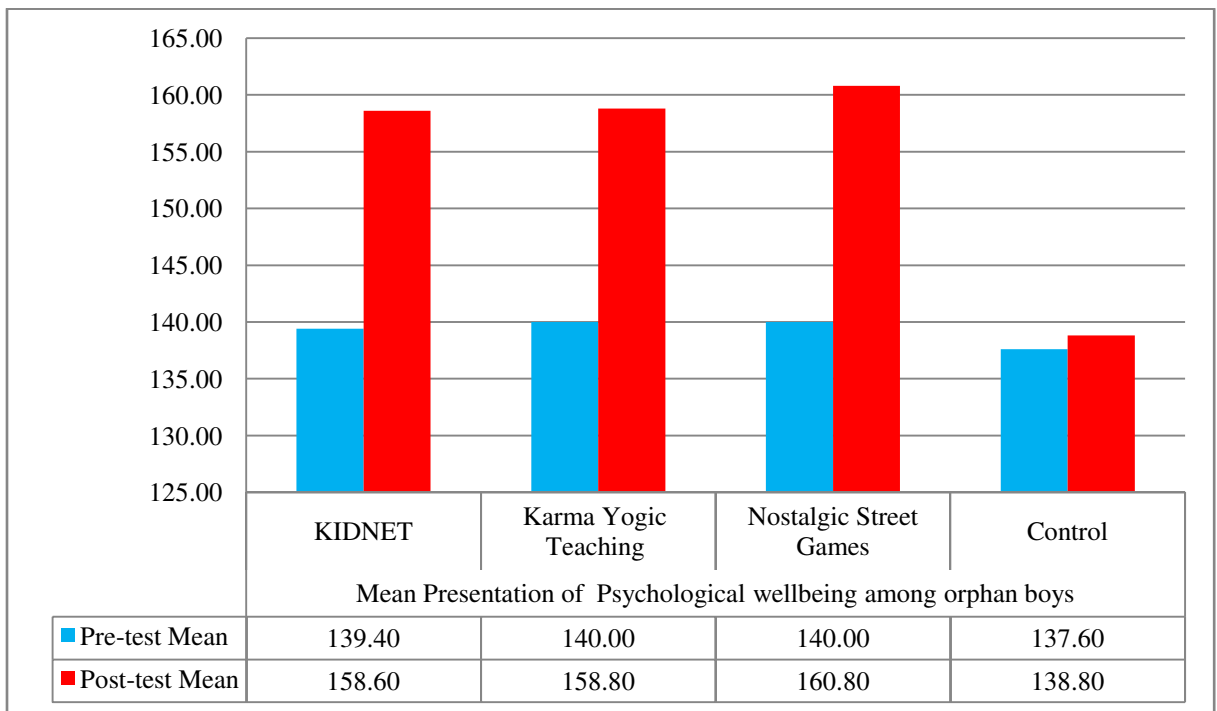


Table- 4.6.2

Levene’s Test for the assess the equality among variable

Levene's Test of Equality of Error Variances			
Dependent Variable: Post test			
F	df1	df2	Sig.
1.075	3	16	.387

Table 4.6.2 shows that F-value of .387 (Levene’s Statistics) is found insignificant at 0.05 level. This proves that data fulfils the assumption of Homogeneity of Variance.

Table- 4.6.3

Analysis Of Covariance Of Three Experimental And Control Group On The Variable Sophrosyne (Psychological Well Being) Of Orphan Boys

Dependent Variable: Post test					
	Type III Sum of Squares	Df	Mean Square	F	Sig.
Pre test	54.641	1	54.641	4.338	.055
Groups	1374.499	3	458.166	36.370	.000

p-value < .05 shows significant difference

Table 4.6.3 shows the *p*-value at .000 which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and Control) during post testing of Psychological Well Being among orphan boys. Thus, the $H_{(0)}$ “ There exist no significant difference among the adjusted post-test means of Psychological Well Being among four different treatment groups was failed to be get accepted”. Therefore, the research hypothesis $H_{(6)}$ state that “There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (Psychological well being) among orphan boys” accepted. Since, *p*-value is significant, thus post hoc comparison was made for the adjusted mean of four different treatment groups during post testing of Psychological Well Being among orphan boys. The results are given in Table 4.6.4

Table- 4.6.4

**Comparison Of Paired Means Related To Three Experimental And Control Group
On The Variable Sophrosyne (Psychological Well Being) Of Orphan Boys**

(I) Groups	(J) Groups	Mean Difference (I-J)	Sig.
KNET	KYT	.059	.979
	NSG	-1.941	.402
	CG	19.022*	.000
KYT	NSG	-2.000	.387
	CG	18.963*	.000
NSG	CG	20.963*	.000

*** indicates significant difference**

Comparisons of Groups with Significant/ Insignificant Difference:

Table 4.6.4 shows the *p*-value for mean difference between different treatment programmes viz., KNET and control .000, KYT and NSG .000, KYT and control .000, NSG and CG.000. Further, all of the mentioned *p*- values are less than 0.05 level. Hence, are considered to be significant at 5% level. However, the *p*- value for mean difference between KNET and KYT is .979, KNET and NSG .402, KYT and NSG.387 which is

above the threshold limit of 0.5 level of significance. Hence, they are considered to be insignificant.

Thus based upon the above result following conclusion were drawn:

- There was a significant difference between the adjusted mean score of different treatment programmes viz, KNET and control, KYT and control and NSG and CG. However, there was no significant difference between the adjusted mean score of KNET and KYT, KNET and NSG and KYT and NSG programmes.

Table- 4.6.5
Adjusted Mean Values Of Three Experimental And Control Group On The Variable Sophrosyne (Psychological Well Being) Of Orphan Boys

Dependent Variable: Post-test				
Groups	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
KNET	158.535 ^a	1.588	155.151	161.919
KYT	158.476 ^a	1.595	155.076	161.875
NSG	160.476 ^a	1.595	157.076	163.875
CG	139.513 ^a	1.624	136.052	142.974

Table 4.6.5 shows the adjusted mean value of different treatment groups among viz; KNET 158.535, KYT (KYT) 158.476, NSG (NSG) 160.476 and control 139.513. There was a significant difference off all the experimental groups KNET, KYT (KYT) and NSG

(NSG) with the CG (i.e. $p < 0.05$). Thus, all the treatment programmes were found to be equally effective in improving psychological well being. The adjusted post-test mean value of NSG was found to be highest, thus this treatment programme was most effective in improving psychological well being. Furthermore, the adjusted post-test mean value of CG was found to be minimum. Thus, this group was the least effective treatment group in improving the psychological well being among orphan boys.

4.7 Findings and results interpretation to Post Traumatic Stress Disorder of Orphan girls

Table- 4.7.1
Descriptive Statistics (Mean, SD) of Three Experimental and Control Group
on The Variable Post Traumatic Stress Disorder of Orphan Girls

Treatment Groups	N	Pre- Test mean	SD	Post-Test mean	SD
KNET	05	57.00	2.91	26.00	3.08
KYT	05	58.20	3.96	28.60	6.02
NSG	05	58.80	6.87	22.00	1.58
CG	05	57.20	5.21	54.80	4.32

Table 4.7.1 presents the mean and standard deviation of all the four treatment groups (KNET, KYT, NSG and Control) during pre and post testing of post traumatic stress disorder among orphan children.

Pre-test Mean: KNET 57.00, KYT 58.20, NSG 58.80 and Control 57.20. **Post-test Mean:** KNET 26.00, KYT 28.60, NSG 22.00 and Control 54.80.

Pre-test SD: KNET 2.91, KYT 3.96, NSG 6.87 and Control 5.21. **Post-test SD:** KNET 3.08, KYT 6.02, NSG 1.58 and Control 4.32.

Figure: 4.7.1

Graphical Presentation Descriptive Statistics (Mean, SD) Of Three Experimental And Control Group On The Variable Post Traumatic Stress Disorder Of Orphan Girls

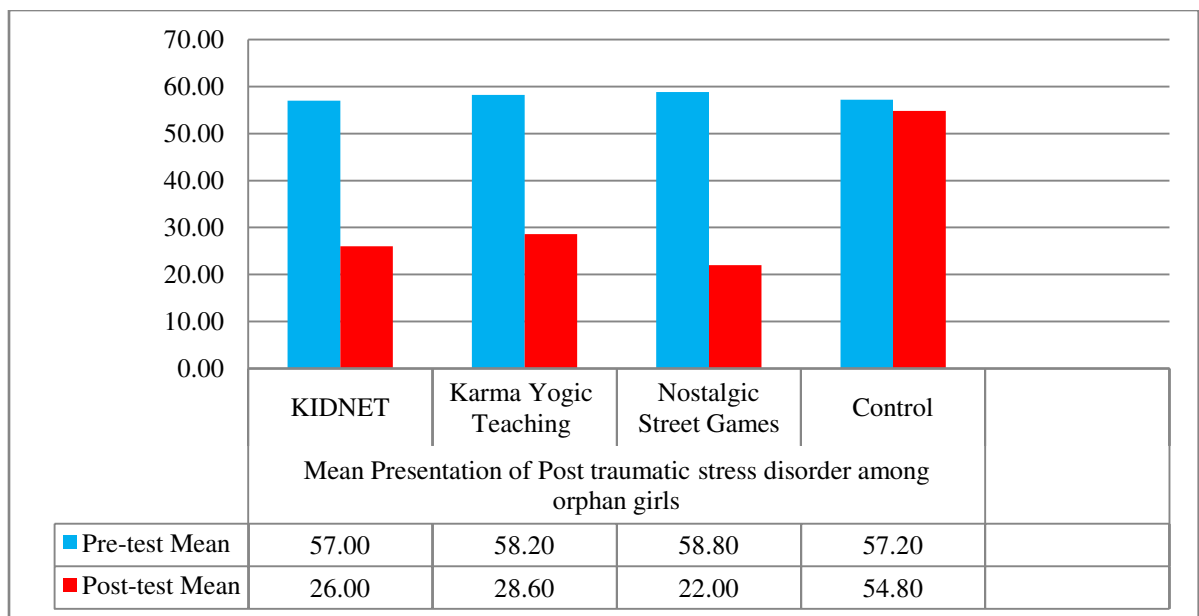


Table- 4.7.2

Levene's Test To Assess The Equality Among Variables

Levene's Test of Equality of Error Variances			
Dependent Variable: Post test			
F	df1	df2	Sig.
2.957	3	16	.064

Table 4.7.2 shows that F-value of (Levene's Statistics) is found insignificant at 0.05 level.

Table- 4.7.3

Analysis Of Covariance Of Three Experimental And Control Group On The Variable Post Traumatic Stress Disorder Of Orphan Girls

Dependent Variable: Post test					
	Type III Sum of Squares	Df	Mean Square	F	Sig.
Pre test	.146	1	.146	.008	.929
Groups	3301.075	3	1100.358	61.621	.000

p-value < .05 shows significant difference

Table 4.7.3 shows the *p*-value at .000 which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and Control) during post testing of PTSD among orphan girls. Thus, the $H_{(0)}$ “ There exist no significant difference among the adjusted post-test means of Post Traumatic Stress Disorder among orphan girls among four different treatment groups was failed to be get accepted”. Therefore, the research hypothesis $H_{(7)}$ state that “There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in decreasing the post traumatic stress disorder among orphan girls.” accepted. Since, *p*-value is significant, thus post hoc comparison was made for the adjusted mean of four different treatment groups during post testing of PTSD among orphan girls. The results are given in Table 4.7.4

Table- 4.7.4

**Comparison of Paired Means Related To Three Experimental and Control Group
On The Variable Post Traumatic Stress Disorder of Orphan Girls**

(I) Groups	(J) Groups	Mean Difference (I-J)	Sig.
KNET	KYT	-2.577	.352
	NSG	4.035	.156
	CG	-28.796*	.000
KYT	NSG	6.612*	.026
	CG	-26.219*	.000
NSG	CG	-32.831*	.000

*** indicates significant difference**

Comparisons of Groups with Significant/ Insignificant Difference:

Table 4.7.4 shows the *p*-value for mean difference between different treatment programmes viz; KNET and KYT .352, KNET and NSG .156. Further, all of the mentioned *p*- values are above the threshold limit i.e., $p > .05$. Hence, are considered to be insignificant at 5% level. However, the *p*- value for mean difference between KNET and control .000, KYT and NSG .0.26, KYT and control .000 and NSG and CG.000 which is

below the threshold limit of $p < .05$ level. Hence, they are considered to be significant at 0.05 level of significance.

Thus based upon the above result following conclusion were drawn:

- There was insignificant difference between the adjusted mean score of different treatment programmes viz; KNET and KYT, KNET and NSG. However, there was significant difference among adjusted mean score of all the three experimental groups with the CG and KYT and NSG.

Table- 4.7.5
Adjusted Mean Values of Three Experimental and Control Group
on The Variable Post Traumatic Stress Disorder of Orphan Girls

Dependent Variable: Post-test				
Groups	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
KNET	26.015 ^a	1.897	21.971	30.060
KYT	28.592 ^a	1.892	24.560	32.624
NSG	21.981 ^a	1.902	17.927	26.034
CG	54.812 ^a	1.894	50.774	58.849

Table 4.7.5 shows the adjusted mean value of different treatment groups among viz; KNET 26.015, KYT (KYT) 28.592, NSG (NSG) 21.981 and control 54.812. There was a significant difference off all the experimental groups KNET, KYT (KYT) and NSG (NSG) with the CG(i.e. $p < 0.05$). Thus, all the three treatment programmes were found to

be equally effective in reducing PTSD KYT and NSG. However, there was no significant difference between KNET and KYT, KNET and NSG and KYT and NSG treatment groups (i.e. $p > 0.05$). The adjusted post- test mean value of NSG was found to be lowest, thus this treatment programme was most effective in reducing PTSD. Furthermore, the adjusted post-test mean value of CG was found to be maximum. Thus, this group was the least effective treatment group in reducing PTSD among orphan girls.

4.8 Findings and results interpretation to Post Traumatic Stress Disorder of Orphan Boys

Table- 4.8.1

Descriptive Statistics (Mean, SD) of Three Experimental and Control Group on The Variable Post Traumatic Stress Disorder of Orphan Boys

Treatment Groups	N	Pre- Test mean	SD	Post-Test mean	SD
KNET	05	69.80	7.49	32.40	4.8
KYT	05	68.00	6.96	27.40	8.35
NSG	05	64.60	5.41	24.60	3.84
CG	05	66.40	4.72	65.40	3.36

Table 4.8.1 presents the mean and standard deviation of all the four treatment groups (KNET, KYT, NSG and Control) during pre and post testing of post traumatic stress disorder among orphan children.

Pre-test Mean: KNET 69.80, KYT 68.00, NSG 64.60 and Control 66.40. **Post-test Mean:** KNET 32.40, KYT 27.40, NSG 24.60 and Control 65.40.

Pre-test SD: KNET 7.49, KYT 6.96, NSG 5.41 and Control 4.72. **Post-test SD:** KNET 4.8, KYT 8.35, NSG 3.84 and Control 3.36.

Figure: 4.8.1

Graphical Presentation Descriptive Statistics (Mean, SD) of Three Experimental And Control Group on The Variable Post Traumatic Stress Disorder of Orphan Boys

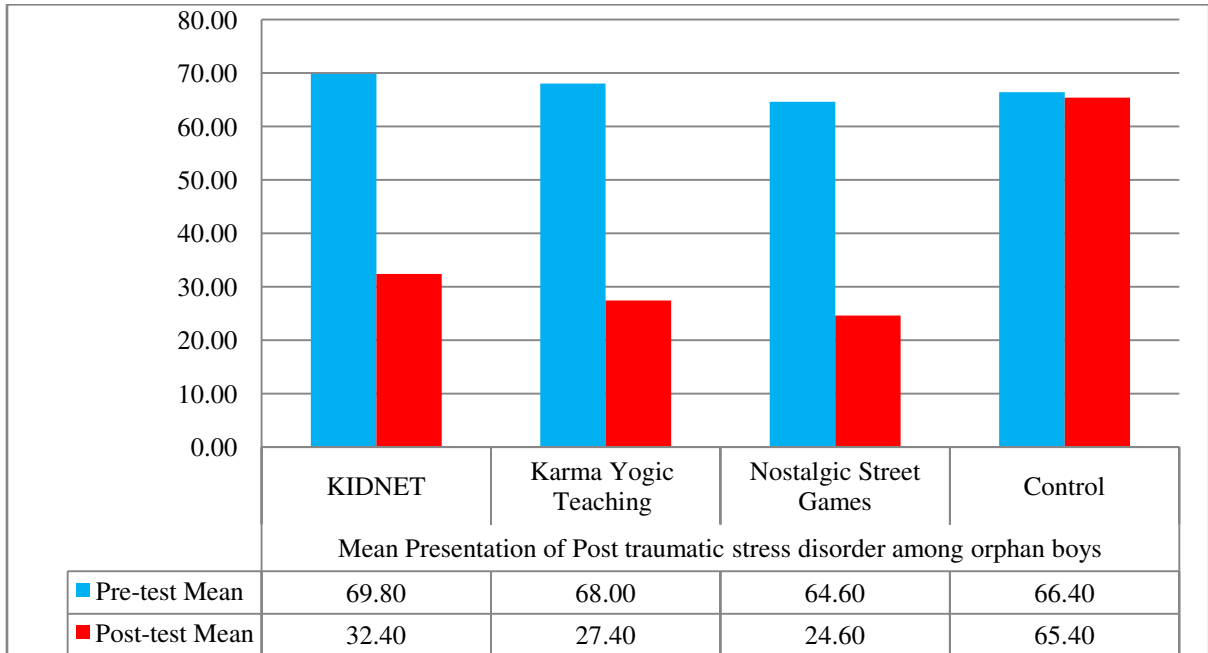


Table- 4.8.2

Levene's Test Of Equality Among Variables

Levene's Test of Equality of Error Variances				
Dependent Variable: Post test				
F	df1	df2	Sig.	
2.424	3	16	.104	

Table 4.8.2 shows that F-value of .104 (Levene's Statistics) is found insignificant at 0.05 level. This proves that data fulfils the assumption of Homogeneity of Variance.

Table- 4.8.3
Analysis of Covariance Among Three Experimental and Control Group
on The Variable Post Traumatic Stress Disorder of Orphan Boys

Dependent Variable: Post test					
	Type III Sum of Squares	Df	Mean Square	F	Sig.
Pre test	16.059	1	16.059	.523	.481
Groups	5347.685	3	1782.562	58.034	.000

p-value <.05 shows significant difference

Table 4.8.3 shows the *p*-value at .000 which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and Control) during post testing of post traumatic stress disorder (PTSD) among orphan children. Thus, the $H_{(0)}$ “ There exist no significant difference among the adjusted post-test means of (PTSD) among four different treatment groups was failed to be get accepted”. Therefore, the research hypothesis $H_{(8)}$ state that “There exists significant difference of selected training programme i.e. KIDNET, Karma yogic teaching and Nostalgic street games in decreasing the post traumatic stress disorder among orphan boys” accepted. Since, *p*-value is significant, thus post hoc comparison was made for the adjusted mean of four different treatment groups during post testing of (PTSD) among orphan boys. The results are given in Table 4.8.4

Table- 4.8.4
Comparison of Paired Means Related To Three Experimental
and CG on The Variable Post Traumatic Stress Disorder of Orphan Boys

(I) Groups	(J) Groups	Mean Difference (I-J)	Sig.
KNET	KYT	5.288	.155
	NSG	8.633*	.034
	CG	-32.455*	.000
KYT	NSG	3.345	.366
	CG	-37.455	.000
NSG	CG	-41.088	.000

*** indicates significant difference**

Comparisons of Groups with Significant/ Insignificant Difference:

Table 4.8.4 shows the *p*-value for mean difference between different treatment programmes viz; KNET and KYT .155, KYT and NSG .366. Further, all of the mentioned *p*- values are above the threshold limit i.e., $p > .05$. Hence, are considered to be insignificant at 5% level. However, the *p*- value for mean difference between KNET and NSG .034, KNET and control .000, KYT and control .000 and NSG and CG.000, which is below the threshold limit of $p < .05$ level. Hence, they are considered to be significant at 0.05 level of significance.

Thus based upon the above result following conclusion were drawn:

- There was insignificant difference between the adjusted mean score of different treatment programmes viz; KNET and KYT, KYT and NSG. However, there was significant difference among adjusted mean score of all the three experimental groups with the CG.

Table- 4.8.5
Adjusted Mean Values Of Three Experimental And Control Group On The
Variable Post Traumatic Stress Disorder Of Orphan Boys

Dependent Variable: Post-test				
Groups	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
KNET	32.817 ^a	2.545	27.393	38.241
KYT	27.528 ^a	2.485	22.232	32.825
NSG	24.183 ^a	2.545	18.759	29.607
CG	65.272 ^a	2.485	59.975	70.568

Table 4.8.5 shows the adjusted mean value of different treatment groups among viz; KNET 32.81, KYT (KYT) 27.52, NSG (NSG) 24.18 and control 65.27. There was a significant difference off all the experimental groups KNET, KYT (KYT) and NSG (NSG) with the CG (i.e. $p < 0.05$). Thus, all the three treatment programmes were found to be equally effective in reducing PTSD. The adjusted post- test mean value of NSG was found to be lowest, thus this treatment programme was most effective in reducing PTSD.

Furthermore, the adjusted post-test mean value of CG was found to be maximum. Thus, this group was the least effective treatment group in reducing PTSD among orphan boys.

4.9 Discussion of the findings

4.9.1 Discussion on the findings of different training program viz. of KNET, KYT and NSG in improving the sophrosyne (self knowledge) among orphan girls and boys.

Analysis of covariance indicates that the experimental groups and CG differed significantly among orphan girls on the sophrosyne variable self knowledge as a result of 16 week training program. Further post hoc test was applied to know the direction of differences in three trainings and one CG. NSG group had significantly better level of performance in comparison to KNET, KYT and CG. The analysis of co variance also demonstrated significant differences between the adjusted post test means among the three experimental groups and CG. These differences were found significant at 0.05 level of significance. The findings of table 4.1.5 show the adjusted mean value of different training programs of orphan girls are KNET 90.42, KYT 90.57, NSG 94.08, and CG 78.31.

Analysis of covariance indicates that the experimental groups and CG also differed significantly among orphan boys on the sophrosyne variable self knowledge as a result of 16 week training program. Further, post hoc test was applied to know the direction of differences the four training group. NSG group had significantly better level of performance in comparison to KNET, KYT and CG. The analysis of co variance also demonstrated significant differences between the adjusted post test means among the three experimental groups and CG. These differenced were found significant at 0.05 level of significance. The findings table 4.2.5 the adjusted mean value of different training program of orphan boys are KNET 92.38, KYT 86.32, NSG 97.6-0, and CG75.58.

Self-knowledge of children is primarily based upon their individual qualities, character, abilities, values, and personality traits. Children make their self-schemas about

appearance, skill, roles, etc. NSG provide a platform to enhance their skills, bulge their self-image and capabilities/qualities, and improve the characteristics, highlight the skilled efficiency and role of self. While performing games, an individual goes through the process of realization of own capabilities which boost him or her positively. The findings of the study are in line with US department of health and human services (2008) which had revealed that the population participating in physical activities are more active and have a good fitness level than the inactive population. Charlier et al. (2016) reviewed literature in order to examine the effect of games on the chronic condition, self knowledge and management among the youth after reviewing the literature. The researcher revealed that games and sports help in improving the self-knowledge and better management among the youth involved in the games rather than the youth not involved in the games and sports. Control over the mind and stability over the emotions is strongly associated with the games and the sports. Games and sports help the individual to have a positive outlook toward the problem, control over the mind, and stability over the emotions. Janning (2016) observes that absolute self-knowledge is a moral question. Self-knowledge also means getting to know the connection between two concepts of "self-deception" and "self-knowledge." Self-knowledge is a moral phenomenon, a mixture of not knowing and knowing, always in a moral sense. To lay stress on the point of view, the researcher associates the idea of self-deception with remorse. Descartes (1984) revealed that absolute remain sensation, emotions and appetites are clearly understood provided proper care in assessments concerning to include more being stick strictly a part of own perception and not more than of have an inner awareness. At least about sensations, this is an arduous rule to follow. According to Wright (1989), a general opposition to constant limited infallibility asserts is the idea, generally that is accredited to a certain that one might not be wrong and one might not be right either it might be an authentic exercise of concepts involved. Horgan & Kriegel , (2007) used customized omniscience thesis, limited to feelings, to dispute for a competent infallibility theory. The essential thought behind the approach to unique infallibility is happening of a extraordinary occurrence includes the subject's sensitivity to the subject.

These provide them a drive to solve the negative beliefs and help them in having complete knowledge about the self. Holler et al. (2019) conducted an experimental study on the physically inactive 31 adults, whom a 15-week physical training was provided. The result of the study indicates that physical activities helped in improving the self-knowledge among adults.

Yoga is the part of Vedic science which deals with the component of self-realization and self-realization is determined by the awareness of body, mind, and inner self. The practice of yoga strengthens the human body, mind and helps the individual in knowing about himself. Dhiman S. (2014) viewed that all human beings want peace, happiness, security, and independence. All human efforts can be fundamentally reduced to these four basic events. Generally, human beings look for these targets among outside sources such as people, situations, and objects. On the other hand, people quickly find out that no permanent peace and security can be found in external things because they are unreliable, and random. The Gita clearly explains that everlasting and complete happiness and accomplishment can be found within ourselves. The Gita further describes that it is the self-ignorance that clouds our inherent richness of being, and only self-knowledge can lift the covering and take us to the eternal spring of following peace, security and happiness that is within all of us. Deshpande et al. (2009) conducted a study on the 226 subjects who were give karma yogic motivational lecture for eight weeks, Comparative study was done in order to check the effect of karma yogic motivational lecture on their personality. The result of the study clarified that motivational lecture on the karma yoga is proved significant in improving their personality.

Traumatic events make the individual live a life dominated by fear, anxiety, depression, and many other psychological and physiological disorders. KNET is a short term treatment for traumatic disorder. KNET is a type of treatment which makes the individual take control over the physiological and psychological response which is particularly related with trauma. Neuner et al. (2008) many children living in the war-affected region and the refugee community have encountered many traumatic experiences and elevated

rates of psychological disorders, particularly symptoms of post-traumatic stress disorder. KNET is an effective short-term PTSD treatment based on a neurocognitive hypothesis of traumatic memory. KNET is an efficient short-term PTSD therapy based on a traumatic memory neurocognitive hypothesis. The implementation of early therapy research, along with randomized controlled studies, demonstrates excellent outcomes for the therapy of PTSD kids and adolescents residing in refugee groups and nations affected by war. Gwozdziwycz and Madrona (2013) used NET to treat the people suffering from trauma and prevent them from psychiatric illness. The result of the studies demonstrates that NET is effective in overcoming the psychiatric illness and traumatic experiences. No difference in pre and post test was observed in CG.

4.9.2 Discussion on the findings of different training program viz. of KNET, KYT and NSG in improving the sophrosyne (self-restrain behavior) among orphan girls and boys.

The result of analysis of covariance indicates that the experimental groups and CG differed significantly among orphan girls on the sophrosyne variable self-restrain behaviour as a result of 16 week training program. Further, post hoc test was applied to know the direction of differences the three training and one CG. NSG group had significantly better level of performance in comparison to KNET, KYT and CG. The analysis of co variance also demonstrated significant differences between the adjusted post test means among the three experimental groups and CG. These differences were found significant at 0.05 level of significance. The findings of table 4.3.5 show the adjusted mean value of different training program of orphan girls are KNET 66.29, KYT 68.56, NSG 74.82, and CG60.31.

Analysis of covariance, indicates that the experimental groups and CG also differed significantly among orphan boys on the sophrosyne variable self-restrain behaviour as a result of 16 week training program. Further, post hoc test was applied to know the direction of differences in the four training groups. NSG group had significantly better level of performance in comparison to KNET, KYT and CG. The analysis of co variance also demonstrated significant differences between the adjusted post test means among the

three experimental groups and CG. These differences were found significant at 0.05 level of significance. The findings of the table 4.4.5 show the adjusted mean value of different training program of orphan boys are KNET 84.50, KYT 73.16, NSG 88.64, and CG 64.49.

Self-restrain is behaviour of human beings which signifies self control and a person is able to control his feelings in direful situations of life. Self-restrain behaviour is deeply concerned factor which is essential in living a virtuous life. Games and sports is a factor which helps individual in developing the character and emotions, and helps in regulating self-restrain behaviour. Sports and games participation/ competition are a way to teach survival or existence of oneself. Winning and losing are outcomes of every competition. In the present study every student participated whole heartedly to show supremacy of his/her own capabilities during the play. It has been observed by the investigator that winning of the game gives good feelings to the children and makes them proud. It shows that there is something which builds their self confidence. Experience of winning motivates the children to achieve the bigger goal such as in Sack Race. It also prepares the children to think more strategically. The feeling of loss gives a negative experience but research shows that loosing game is helpful for the children because it teaches them to cope up with the experience of loosing. Due to this, children learn from their mistakes and strategies to improve in future. The situations of winning and losing the competitions are not over emphasised on the students, and the child learns self control on his feelings. Baumeister et al. (1994,1998) explained that self-restrain behaviour is described as a process in which an individual tries to take control of his emotions and tendencies to accomplish a specific goal. Ghildiyal (2015) opinions that sports and games help not only in improving the physical characteristics of a personality. Games and sports also help in developing the character, intellectual as well as emotional aspects of the personality. Strong et al. (2005) reviewed 850 articles to identify the effect of physical activities on the behaviour and physical factor of young children. The result of the study concluded that 30-40 minutes physical activities for three to five days per week prove significant in improving the behaviour (self-control, control over emotions) and physical health

benefits among the young children. Poon and Fung (2008) conducted a study to examine the relationship between physical activities and self-restrain behaviour on the 102 young population of Hong Kong and the result of the study indicates that physical activities show a positive relation in regulating the self-restrain behaviour among the young population. Netz et al. (2005) conducted a study on the sample size 36 subjects to examine the effect of physical activities on the psychological aspects of being. Aerobic training was provided to the subjects, and the findings of the study conclude that physical activities prove significant in improving self-restrain behaviour as well as physiological functioning. The problem of life arises when an individual does not have control over the mind. Self-restrain behaviour helps individual to live an ethical life and practice of self-restrain behaviour makes individual to take control over the senses, anger, forgiveness, modesty, liberation and patience. A lack of control over the mind makes life filled with lots of stress, anxiety, and tension. Now a day's tension, stress, anxiety have become a part of modern life style, and are considered as the contributors of psychological disorder. Practice of yoga helps in improving both the physical and mental aspects of personality. Yoga helps an individual live a peaceful life. According to the Bhagwat Gita the only place where an individual can get private care, peace and liberty are within the individual, and this internal space gives complete freedom and complete happiness to the individual. Internal satisfaction, peace and liberty are essential component of an individual life. Internal satisfaction is achieved only if an individual is having a good state of sophrosyne. Nagarathana and Nagendra (2004) explain that yoga is the remedy with the help of which an individual can experience self-awareness, motivation and focus. Yoga helps in promoting the life filled with quality. Zubin and Krishnan (2014) recommend karma-Yoga, the fast-acting method described as an Indian model for honest growth in the Bhagavad Gita. Karma-Yoga is regarded to consist of three dimensions, namely reward indifference, duty-orientation, and calmness. Based on research outcomes from participants (N=459) from two big Indian organisations, they showed that Karma-Yoga proportions are associated with moral motive, moral personality, and moral awareness. Self-restrain behaviour is the ability of an individual to say "no to yourself" and cease

oneself from the adverse behaviour. Lack of self-restrain behaviour gives rise to fear, anxiety, anger, depression and many other psychological problems. NET is a therapy for the medication of the trauma related disorder. In NET patient is requested to narrate his/her trauma in detail and also re-experience the emotions that are related with the trauma. Robjant et al. (2017) have expressed that trafficking in human beings is a form of modern slavery involving the mandatory motion of individuals within or outside nations. Victims of this issue experience sexual exploitation and experience repeated, numerous trauma and elevated levels of mental health issues, including post-traumatic stress disorder. The authors have opined that Narrative exposure therapy is the best treatment for posttraumatic stress disorder. The researcher's recorded NET findings for the treatment of ten females trafficked for sexual exploitation, and they were found to be suffering from the posttraumatic stress disorder. The regular administration of therapy to all ten women showed a reduction in posttraumatic stress disorder symptoms. General suffering was also appreciably reduced following this treatment. Within the limitations of the study, the researchers expressed that NET is a realistic treatment for PTSD. The authors of the study further expressed that some more interventions the extra psychological issues experienced by this population may also need to be addressed. The aim of the research study conducted by Schaal et al. (2009) was to evaluate the effectiveness of treatment procedures for depression, mental health problems, and trauma spectrum disorders in a sample of Rwandan genocide orphans. Orphans (N=26) who suffered from posttraumatic stress disorder, served as subjects of the study. They were provided involvement in a controlled trial of therapy. Each program of therapy consisted of four presentations a week. Main ending measures were three months prior to therapy, investigative status and symptoms of PTSD and depression evaluated. At follow-up, NET participants improved significantly concerning both the severity of symptoms of PTSD, depression, and mental health problems.

4.9.3 Discussion on the findings of different training program viz. of KNET, KYT and NSG in improving the sophrosyne (psychological well being) among orphan girls and boys.

The result of analysis of covariance indicates that the experimental groups and CG differed significantly among orphan girls on the sophrosyne variable psychological well-being as a result of 16 week training program. Further, post hoc test was applied to know the direction of differences the three training and one CG. NSG group had significantly better level of performance in comparison to KNET, KYT and CG. The analysis of covariance also demonstrated significant differences between the adjusted post test means among the three experimental groups and CG. These differences were found significant at 0.05 level of significance. The findings of the table 4.5.5 the adjusted mean value of different training program of orphan girls are KNET 162.55, KYT 156.16, NSG 160.12, and CG 138.56.

Analysis of covariance indicates that the experimental groups and CG also differed significantly among orphan boys on the sophrosyne variable psychological well-being as a result of 16 week training program. Further, post hoc test was applied to know the direction of differences the four training group. NSG group had significantly better level of performance in comparison to KNET, KYT and CG. The analysis of covariance also demonstrated significant differences between the adjusted post test means among the three experimental groups and CG. These differences were found significant at 0.05 level of significance. The findings of the table 4.6.5 show the adjusted mean value of different training program of orphan boys are KNET 158.53, KYT 158.47, NSG 160.47, and CG 139.51.

The lack of adverse ideas and the prevalence or growth of positive ideas is referred to as psychological well-being. It involves many elements such as active lifestyle, emotional equilibrium, positive attitude, satisfaction with life, pro-social behavior, personal optimization, etc. It comprises of the comfort created by the values, objectives and needs of an individual by actualizing their skills in their circumstances of life. Participation in

games and sports helps to improve psychological and social factors. At the time of participation in games and sports a child meets other people which develop social interaction among individuals. Social interaction plays a vital role in improving and framing the both social and psychological aspects of personality. Thus games and sports play a very important role in the development of the personality. The present findings are in line with the findings of Eime (2013) which revealed that physical activities prove beneficial in improving the psychological and social factors among children. Oja (2010) also concluded that physical activities must be performed to live a healthy life. US Department of Health and Human Services (2008) explained regular involvement help in improving the health and reducing the symptoms of depression, anxiety among individuals. Findlay and Coplan (2008) concluded that participation in physical activities helps in improving the social relationship and psychological factors among school children.

KYT is an intrinsic part of yoga which is considered as the yoga of action. Karma yoga teaches the path of thinking and performing one's action without being self centered. Karma yoga is basically based upon three principles of love, peace and wisdom. Every individual now-a-days wants to live a peaceful life. For the sake of peace, happiness and wisdom individual relies on the external objects but no one finds peace and happiness from external objects for longer duration. The only way through which an individual gets peace and happiness is inner awareness. The inner peace is the consequences of calm mind. Principles of karma yoga teach the lesson of love for all beings; that love for all beings transforms the inner anxiety, tension, fear etc into peace of mind and helps individual to live a psychologically well balanced life. Selfish thoughts in human beings deepen the duality between "Mine and Yours". Selfless nature takes us to above and beyond the boundary of ego. Philosophy of "Sakama karma" binds us whereas Nishkam karma frees us. The researcher observed that due to the teaching of Karma yoga, the subjects of the study learnt the ability to adapt, accommodate, adjust in relation to all the circumstances. According to the Bhagwat Gita the only place where an individual can get private care, peace and liberty are within the individual, and this internal space gives

complete freedom and complete happiness to the individual. Internal satisfaction, peace and liberty are essential component of an individual life. Internal satisfaction is achieved only if an individual is having a good state of sophrosyne.

The results of the present study are in line with the research based essence of Schell et al. (1994) which explained that yoga is a source through which an individual solves the problems of his life. In Karama yoga therapy, practices of meditation techniques are also imparted to the subjects of the present study. Griera (2017) argues that yoga, along with other spiritual practices such as reiki or meditation, is one of the most popular saintly disciplines in our modern society. Telles (2001) conducted a study, and found that yoga is proved an important tool in improving the mood and stress in an individual's life. The success of yoga goes beyond the restrictions between sport, religion, health and popular culture. The development of yoga in strict settings is a recent inclination in many countries and gives rise to new questions about its potential to improve happiness and self-development. Yoga is a procedure related to the body that provides the option to the inmates to enter into a "restricted province of meaning" and go beyond their everyday life spent in the prison. On the other hand, the effect of yoga on the lives of those who perform it is not restricted just to its physical effects; it also involves the attainment of spiritual knowledge that is composed of Eastern philosophy, self-help therapeutic narratives, and holistic concepts. It is a known fact that regular practice of yoga contributed to both physical as well as spiritual aspects. Persons experiencing trauma suffer from various psychological disorders. NET is an individualized experience treatment based upon the traumatized memories that individual have experienced. NET proved to be a useful treatment for improving the PTSD. The research study conducted by Steuwe et al. (2016) laid stress on the possibility and probable effectiveness of a protocol based on NET that was included into a standard inpatient program to take care of patients who have co-morbid Borderline Personality Disorder and Posttraumatic Stress Disorder. The researchers selected eleven patients, and the subjects were with administered Narrative Exposure Therapy for ten weeks. The results of the study reported that Narrative Exposure Therapy is realistic and safe for treating highly loaded patients

with BPD and PTSD. Claudia et al. (2009) conducted a research study in the North-Eastern part of Sri Lanka, which had been affected by civil war when the 2004 Tsunami wave hit the region. The Tsunami was responsible for high rates of posttraumatic stress disorder in children. The researchers tested the effectiveness of two practical short-term interventions on 31 children who were diagnosed with preliminary posttraumatic stress disorder, and they were randomly given six sessions of Narrative Exposure Therapy and meditation-relaxation. The study concluded that NET, as well as meditation-relaxation techniques, proved effective in reducing posttraumatic stress disorder.

4.9.4 Discussion on the findings of different training program viz. of KNET, KYT and NSG in decreasing the PTSD among orphan girls and boys.

The result of analysis of covariance indicates that the experimental groups and CG differed significantly among orphan girls on the PTSD as a result of 16 week training program. Further, post hoc test was applied to know the direction of differences the three training and one CG. NSG group had significantly better level of performance in comparison to KNET, KYT and CG. The analysis of co variance also demonstrated significant differences between the adjusted post test means among the three experimental groups and CG. These differences were found significant at 0.05 level of significance. The findings of the table 4.7.5 show the adjusted mean value of different training program of orphan girls are KNET 26.15, KYT 28.45, NSG 20.93, and CG 47.66.

Analysis of covariance indicates that the experimental groups and CG also differed significantly among orphan boys on the PTSD as a result of 16 week training program. Further, post hoc test was applied to know the direction of differences the four training group. NSG group had significantly better level of performance in comparison to KNET, KYT and CG. The analysis of co variance also demonstrated significant differences between the adjusted post test means among the three experimental groups and CG. These differences were found significant at 0.05 level of significance. The findings of the

table 4.8.5 show the adjusted mean value of different training program of orphan girls are KNET 26.01, KYT 28.59, NSG 21.98, and CG 54.81.

PTSD is a kind of disorder which encounters in the children who experience trauma or multiple traumatic event in their life. Symptoms of PTSD include psychological and physiological arousal of emotions like fear, anxiety, sweating, bed wetting etc. NSG helps in improving the base to the individual in the psychological aspects among children. Etnier et al. (2006) conducted a study to examine the relationship between physical activities on cognitive behavior. For the conduct of the aerobic research training pre and post-test were taken before and after the session. The result of the study indicates that physical activities proved significant in improving the cognitive behavior among young children. Taylor et al. (1985) investigated that physical activity has a positive effect on improving the psychological aspects among children. The researcher claimed that physical activities proved significant in improving the self-image, cognitive functioning, and in improving the mental health disorder like schizophrenia. Twisk (2001) explained that most of the chronic illness lies in childhood and measure to prevent long term illness should be started as soon as possible. Not participating in physical activity is identified as an important factor for chronic illness. The researcher further explained that participation in physical activity among children proved beneficial, and physical activities must be started as early as possible. Corbin and Pangrazi (2004) recommended that participation of 60 minutes in physical activities among children is proved beneficial in achieving the health benefits and encouraged physically inactive children to participate in physical activities for the benefits of physical fitness. Tao et al. (2014) explained that nostalgia is an experience filled with emotions; emotions that help an individual to link the relationship between their present with their past. Three hundred ninety-six subjects were selected as sample for the study, and the result of the study indicates that the group participated in the nostalgic have experienced feelings as compared to the CG. Thus a nostalgic group shows a more significant effect in positive well being and way to live a satisfactory life. Teaching of Karma yoga helps in improving the functioning of body mind and spirit. Teaching of karma yoga helps individual to

perform action without thinking about the result and without being self centred. Karma yoga is the yoga of action or work; in particular, the route of devoted job is karma yoga : renouncing the outcomes of our actions as a religious offering rather than hosting the outcomes for ourselves. According to the Bhagwat Gita the only place where an individual can get private care, peace and liberty are within the individual, and this internal space gives complete freedom and complete happiness to the individual. Internal satisfaction, peace and liberty are essential component of an individual life. Internal satisfaction is achieved only if an individual is having a good state of sophrosyne.

Karma yoga is one of the routes leading to the purification of the mind and eventually to spiritual liberation. There is always an expectation behind any performance of an individual. We work hard to be respected and appreciated by our peers, and for promotions. We're working hard at college to get excellent grades, anticipating a fine future for us. We are cleaning our yards and making them beautiful, hoping our neighbours will be appreciative if not envious. All these expectations and anticipations, from a religious point of view, are Trojan horses that bring us misery sooner or later. Karma yoga means performing one's duty without thinking about the result, as karma yoga is one of the routes leading to the purification of the mind and eventually to spiritual liberation. Vanni et al. (1997) explained that yoga not only helps in improving the functioning of the body but also helps in improving the cognitive, psychological factors. Manchanda and Madan (2014) observed that yoga is a holistic mind-body intercession that lays stress on the enhancement of physical, mental, and spiritual well being. Findings of the numerous research studies have revealed that yoga and meditation manage risk factors hypertension, obesity, psychosocial stress, and smoking. The findings of some of the research studies recommend that yoga and meditation improve even early and advanced coronary atherosclerosis. Individual who experience trauma get stacked between the traumatized memories. Traumatized memories are strongly associated with the psychological disorder, NET is treatment provided to the survivors who are suffering from the traumatized memories. In NET participants are appealed to repeatedly recall the traumatized memories until the individual become habitual of the arousing emotion and

that emotions are no longer make any kind of effect on the individual. The purpose of the investigation conducted Elbert et al. (2015) find that the perception result not just from the properties of a boost but additionally from memory hints of past sincerely energizing encounters that adjustment all the while. In this manner recollections build up their characteristic elements, driven by the first encounters themselves as well as by the brains there fore, in this manner, in the long run, redesigning discernment, feeling, and conduct to the degree that clinical side effects may happen. In addition to the fact that stressors cause a lot of reactions, however, they additionally change the guarded frameworks of the body, from verbose dangers to social avoidance to the nonstop mileage related with living in antagonistic circumstances. The encounters must be recollected and arranged en route lines of life to correct a disarranged memory portrayal. Subsequently, a customer, with the assistance of the specialist, builds a sequential story with attention to the most distressing encounters in Narrative Exposure Therapy (NET). The collection of memoirs is recorded in composed structure by the advisor and redressed during snapshots of high enthusiastic fervor and loaded up with subtleties. This system intends to change into a lucid account by and large divided reports of horrible mishaps. The advisor requests tangible data (visual, sound-related, material, olfactory and gustatory) for horrible pressure encounters in detail; discernment, and physiological responses, tests for a few perceptions and records this Meticulous data. The patient is urged to restore those feelings without losing his portrayal of the association with the "present time and place": the specialist interfaces the encounters to wordy actualities, i.e., time and spot, use changeless suggestions to identify how recollections produce emotions and physiological reactions. Presentation to the horrible experience won't be ended until there is a huge abatement in the related excitement introduced and detailed by the customer. The story is in this way pushed forward in a strong manner, yet rather straightforwardly directing style by the advisor, To counteract evasion and to recover some terrible experience information in complete. The patient receives the composed report of her / his tale toward the end of the therapy. This archive can be used for privacy and human rights whenever stated by the client promotion.

CHAPTER- V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

5.1 Objectives

1. To analyze the effect of the selected training programme, i.e. KIDNET, Karma yogic teaching and Nostalgic street games for improving the state of Sophrosyne (Self-knowledge, self-restrain behavior and psychological well being) among orphan girls and boys.
2. To examine the effect of the selected training programme, i.e. KIDNET, Karma yogic teaching and Nostalgic street games for improving the posttraumatic stress disorder among orphan girls and boys.

5.2 Hypothesis

1. **H₍₁₎** :- There exists significant difference of selected training programme i.e., KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self knowledge) among orphan girls.
2. **H₍₂₎** :- There exists significant difference of selected training programme i.e., KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self knowledge) among orphan boys.
3. **H₍₃₎** :- There exists significant difference of selected training programme i.e., KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (Self-restrain behavior) among orphan girls.
4. **H₍₄₎** :- There exists significant difference of selected training programme i.e., KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (self-restrain behavior) among orphan boys.
5. **H₍₅₎**:- There exists significant difference of selected training programme i.e., KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (Psychological well being) among orphan girls.

6. **H₍₆₎**:- There exists significant difference of selected training programme i.e., KIDNET, Karma yogic teaching and Nostalgic street games in improving the state of sophrosyne (Psychological well being) among orphan boys.
7. **H₍₇₎** :- There exists significant difference of selected training programme i.e., KIDNET, Karma yogic teaching and Nostalgic street games in decreasing the post traumatic stress disorder among orphan girls.
8. **H₍₈₎** :- There exists significant difference of selected training programme i.e., KIDNET, Karma yogic teaching and Nostalgic street games in decreasing the post traumatic stress disorder among orphan boys.

5.3 Research Design

The present study was experimental in nature and Pre test Post test randomized group design was used to measure the various objectives of the study. The main objective of the study was the management of state of sophrosyne (Self-restrain behavior, Self knowledge and psychological well being) and post traumatic stress disorder among orphan children by the methods of KNET, KYT and NSG. The orphan children of Bal Ashram and Nari Niketan were selected as sample for the study. To make sure that the students are suffering from the disorder of post traumatic stress disorder and sophrosyne (Self-restrain behavior, Self knowledge and psychological well being), CPSS-5 questionnaire was used to assess the post traumatic stress disorder among orphan children and Self-restrain behavior scale, Self knowledge scale and Psychological well being scale were used to measure the state of sophrosyne among orphan children.

5.4 Sampling

The present study was conducted on forty children (twenty girls and twenty boys) between the age group of 12-18 years from the Bal Ashram (Boys) and Nari Niketan (Girls) of Udhampur district of Jammu and Kashmir. Total 50 girls were living in the Nari Niketan out of which 6 girls fell below and 1 above the age group of 12-18 years, so the post traumatic stress disorder test were applied on the sample of 43 subjects. It has been observed that 26 orphan children were suffering from post traumatic stress disorder;

they were selected as the sample of present investigation. The same was done in case of boys there were 70 boys in Bal ashram out of whom 13 subjects were below the age group of 12-18 years, so the test was applied only on 57 subjects, and it was observed that 33 orphan children were suffering from post traumatic stress disorder; they were selected as the sample of present investigation. For maintaining the uniformity in mean score, 48 subjects out of whom 24 were boys and 24 were girls, were finalized out of 59 samples using the purposive sample- homogeneous technique on the basis of prevalence of post traumatic stress disorder. After the selection of subjects, the subjects were randomly divided equally into 4 different groups of 6 boys and 6 girls in every group namely KNET group (KNET), KYT group (KYT), NSG group (NSG) and CG (CG).

5.5 Data Collection

Prior to the administration of the pre-test on the selected variable, the investigator called for a meeting of all selected subjects and the relevant authority to explain in detail the purpose of the study, the test procedure and the training program. Prior permission was obtained from the district social welfare office of udhampur district (Jammu and Kashmir). Dr. Jaspreet Kaur imparted KNET whereas BK Surinder Baloria imparted KYT to the subjects. A pre-test was conducted on all the four groups (i.e. 10 subjects in each group). After the pre-test, three experiment groups were introduced with a training program of 16 weeks, whereas CG was not subjected to any kind of training. After the experiment was completed, a post-test was conducted among all the four groups on the selected variables.

5.6 Data Collection Statistical Techniques

For the analysis of data, SPSS version 18 was used in order to examine the effect of KNET, KYT and NSG on state of sophrosyne and post traumatic stress disorder, and ANCOVA was used.

5.7 Description of different training program

A brief description of the training program is described under the following heads.

5.7.1 KNET

It is a narrative exposure therapy. In this therapy individual again and again narrates his traumatic incident until that incident cease to make any kind of effect on the physiological and psychological symptoms. A brief description is explained in table 3.5.

5.7.2 KYT

Teaching that helps an individual to live happily, without expectation and makes an individual to gain knowledge about the karma i.e. how karma impact on the life of an individual. KYT is a spiritual path to live life completely with full control over the emotions. A brief description is explained in table 3.6.

5.7.3 NSG

NSG are the games that children used to play in the early 80's and 90's. There are various games like hide and seek, sack race, lemon race etc. A brief description is explained in table 3.7.

5.8 Findings

Table 4.1.3 As per the result drawn from the table 4.1.3 p -value at .000 which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and Control) during post testing of self- knowledge among orphan girls and boys. Thus, post hoc comparison was done in order to find out the most effective group in improving the self knowledge. As per the result drawn from the table 4.1.5, the adjusted mean value of different training program of orphan girls are KNET 90.42, KYT 90.57, NSG 94.08 and CG 78.31. Based upon the adjusted mean values of orphan girls the result indicates that NSG proved more significant and CG proved least significant in improving the self knowledge among orphan girls.

Table 4.2.3 As per the result drawn from the table 4.2.3 p -value at .000 which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and Control) during post testing of self- knowledge among orphan girls and boys. Thus, post hoc comparison was done in order to find out the most effective group in improving the self knowledge. As per the result drawn from the table 4.2.5, the adjusted mean value of different training program of orphan girls are KNET 92.38, KYT 86.32, NSG 97.60 and CG75.58. Based upon the adjusted mean values of orphan girls the result indicates that NSG proved more significant and CG proved least significant in improving the self knowledge among orphan boys.

Table 4.3.3 As per the result drawn from the table 4.3.3 p -value at .003 which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and Control) during post testing of self-restrain behavior among orphan girls. Thus, post hoc comparison was done in order to find out the most effective group in improving the self-restrain behavior. As per the result drawn from the table 4.3.5, the adjusted mean value of different training program of orphan girls are KNET 66.29, KYT 68.56, NSG 74.82 and CG 60.31. Based upon the adjusted mean values of orphan girls the result indicates that NSG proved more significant and CG proved least significant in improving the self-restrain behavior among orphan girls.

Table 4.4.3 As per the result drawn from the table 4.4.3 p -value at .000 which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and Control) during post testing of self-restrain behavior among orphan girls. Thus, post hoc comparison was done in order to find out the most effective group in improving the self-restrain behavior. In case of boys, as per the result drawn from the table 4.4.5, the adjusted mean value of different training program of orphan girls are KNET 84.50, KYT 73.16, NSG 88.64 and CG 64.49. Based upon the adjusted mean values of orphan boys the result indicates that NSG proved more significant and CG proved least significant in improving the self-restrain behaviour among orphan boys.

Table 4.5.3 As per the result drawn from the table 4.5.3 p -value at .000, which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and Control) during post testing of psychological well being among orphan girls and boys. Thus, post hoc comparison was done in order to find out the most effective group in improving the psychological well being. As per the result drawn from the table 4.5.5, the adjusted mean value of different training program of orphan girls are KNET 162.55, KYT 156.16, NSG 160.12 and CG 138.56. Based upon the adjusted mean values of orphan girls the result indicates that NSG proved more significant and CG proved least significant in improving the psychological well being among orphan girls.

Table 4.6.3 As per the result drawn from the table 4.6.3 p -value at .000, which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and Control) during post testing of psychological well being among orphan girls and boys. Thus, post hoc comparison was done in order to find out the most effective group in improving the psychological well being. As per the result drawn from the table 4.6.5, the adjusted mean value of different training program of orphan girls are KNET 158.53, KYT 158.47, NSG 160.47 and CG 139.51. Based upon the adjusted mean values of orphan girls the result indicates that NSG proved more significant and CG proved least significant in improving the psychological well being among orphan boys.

Table 4.7.3 As per the result drawn from the table 4.7.3 p -value at .000 which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and Control) during post testing of PTSD among orphan girls and boys. Thus, post hoc comparison was done in order to find out the most effective group in improving the PTSD. As per the result drawn from the table 4.7.5, the adjusted mean value of different training program of orphan girls are KNET 26.01, KYT 28.59, NSG 21.98 and CG 54.81. Based upon the adjusted mean values of orphan girls the result indicates that NSG proved more significant and CG proved least significant in decreasing the PTSD among orphan girls.

Table 4.8.3 As per the result drawn from the table 4.8.3 *p*-value at .000 which was statistically significant at 0.05 level of significance among different treatment groups (KNET, KYT, NSG and Control) during post testing of PTSD among orphan girls and boys. Thus, post hoc comparison was done in order to find out the most effective group in improving the PTSD. In case of boys, as per the result drawn from the table 4.8.5, the adjusted mean value of different training program of orphan girls are KNET 32.81, KYT 27.52, NSG 25.18 and CG 65.27. Based upon the adjusted mean values of orphan girls the result indicates that NSG proved more significant and CG proved least significant in decreasing the PTSD among orphan boys.

5.9 Conclusion

Based upon the findings of the result following conclusion has been drawn:-

1. The training programs KNET, KYT, NSG and control have shown significant difference in improving the self knowledge among orphan girls. Further, the result of the study shows that KNET and KYT are equally effective, while training program NSG proved more effective and CG least effective in improving the self knowledge among orphan girls.
2. The training programs KNET, KYT, NSG and control have shown significant difference in improving the self knowledge among orphan boys. Further the result of the study shows that NSG proved more effective and CG least effective in improving the self knowledge among orphan boys.
3. The training programs KNET, KYT, NSG and control have shown significant difference in improving the self-restrain behavior among orphan girls. Further the result of the study shows that KNET and KYT are equally effective, while training program NSG proved more effective and CG least effective in improving the self-restrain behavior among orphan girls.
4. The training programs KNET, KYT, NSG and control have shown significant difference in improving the self-restrain behavior among orphan boys. NSG proved more effective and CG least effective in improving the self-restrain behavior among orphan girls.

5. The training program KNET, KYT, NSG and control have shown significant difference in improving the psychological well being among orphan girls. Further, the result of the study shows that NSG and KYT are equally effective, while training program KNET are proved more effective and CG least effective in improving the psychological well being among orphan girls.
6. The training program KNET, KYT, NSG and control have shown significant difference in improving the psychological well being among orphan boys. Further, the result of the study shows that KNET and KYT are equally effect, while training program NSG proved more effective and CG least effective in improving the psychological well being among orphan boys.
7. The training program KNET, KYT, NSG and control have shown significant difference in decreasing the PTSD among orphan girls. Further, the result of the study shows that KNET and KYT are equally effective, while training program NSG proved more effective and CG least effective in decreasing the PTSD among orphan girls.
8. The training program KNET, KYT, NSG and control have shown significant difference in decreasing the PTSD among orphan boys. Further, the result of the study shows that KNET and KYT are equally effective, while training program NSG proved more effective and CG least effective in decreasing the PTSD among orphan boys.

5.10 Suggestion

1. Present study has been confined to the orphan boys and girls between the age group of 12-18 years. Similar type of study can be carried out on other age groups also.
- 2 Selected NSG, KNET and KYT was imparted to the subjects, the scope of the study can be expended by incorporating combination of other exercises.
3. The present study had only three experimental groups. In future combination of all experimental groups can be given.

4. Sophrosyne (Self Knowledge, Self Restraint, and Psychological well being) and PTSD were the part of the present study, more psychological parameters associated with the orphan children can be included in future study.
5. The similar kind of study can also be conducted on normal children.

5.11 Recommendation

1. The result of the present study shows significant effect on the state of sophrosyne (Self Knowledge, Self-restrain behavior and psychological well being) and Post traumatic stress disorder, hence this research can be considered by the government while framing the policies for orphan children.
2. The different training programs KNET, KYT and NSG designed for the orphan children can be implemented on the normal children for improving the state of sophrosyne (Self Knowledge, Self-restrain behavior and psychological well being) and Post traumatic stress disorder.
3. The same program can be imparted in the other states of India and foreign nations.
4. It has come in light through the reviewed literature that since the refugees and war affected children suffer from PTSD and psychological disorder, so these three different training programs i.e. KNET, KYT and NSG can be implemented on these children for their betterment.
5. There are many semi government organizations and NGO'S which are working for the betterment of the orphan children. The present study is also recommended to frame their curriculum to deal with the problem of sophrosyne and PTSD.

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