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Exploring Psychological Health of Orphan Adolescents: A Comparative Analysis

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Abstract

Good psychological health tends the person to cope effectively and to respond successfully in various challenging circumstances of life. A number of psychological factors such as productive dealing (Mikulincer & Shaver, 2012), being resilient (Werner & Smith, 1992; Werner, 1995), strong self-concept (Markus, 1977; Kihlstrom & Cantor, 1983; Harter, 1999) of the individuals are vital to maintain their psychological well-being. To establish these determinants, an individual needs to have social approval and support, especially from parents which is vital during the adolescence period of self-development and helps in handling the difficult times throughout this phase (Harter, 1999; Garber & Flynn, 2001). Researchers (Carballo et al., 2000; Van Wel et al., 2010) believe that people lacking parental support and care face immense problems in their day-to-day life and need to work hard to cope with stressful situations in different domains of life. Their struggle to deal with their daily hassles strengthens their self-competencies such as self-efficacy, self-esteem etc. (Werner & Smith, 1982, 1992; Abolghasemi & Varaniyab, 2010). Following this view, the present study was designed to assess stress-resiliency, coping strategies and self-concept of orphan and intact families' adolescents. It was hypothesized that orphans would be higher on stress-resilience, productive coping strategies and self-concept as compared to the adolescents from intact families. Both groups {orphan adolescents (n = 30) and intact families' adolescents (n=30)} were administered Stress Resiliency Profile (Thomas & Tymon, Jr., 1992), Adolescents' Coping Scale (Frydenberg & Lewis, 1993) and Self-Concept Questionnaire (Mittal, 1995). The t-ratio was calculated and obtained results indicated that orphan adolescents and intact families' adolescents differ significantly on stress resiliency

profile i.e. deficiency focusing ($t = 3.18$; $p < 0.01$) and necessitating ($t = 4.23$; $p < 0.01$); and coping strategies i.e. solving the problem ($t = 2.52$; $p < 0.01$) and reference to others ($t = 3.55$; $p < 0.01$). The main findings supported that orphans were higher on stress resilience, productive coping and self-concept than their counterparts.

Keywords: Psychological Health, Stress-resilience, Coping Strategies, Self-concept.

Psychological health can be considered as the combination of positive emotions and functioning with optimal effectiveness in the individual and social life (Deci & Ryan, 2008; Huppert, 2009). Various protective factors such familial support, parental care, social exposure and education play a vital role in development of psychological capacities such as self-worth, social competence etc. (Mead, 1934; Gecas & Seff, 1990). Good psychological health creates an effective and successful passage for persons from their childhood to adulthood (Parker & Benson, 2004; Resnick et al., 2004; Hair et al., 2005). It provides a secure pursuit of mental well-being that enables the individuals to lead a fulfilling life by forming and maintaining relationships, studying, working or pursuing leisure interests and making day-to-day healthy decisions about various demands of life (Van Wel, Linssen & Abma, 2000). On the contrary, impaired psychological health disrupts their functioning at individual, household and societal levels and also affects the emotional, physical and social processes of their lives (Kakar, 1979; Saraswathi & Rai, 1997).

Researchers (Amato & Keith, 1991; Falci, 2006) believed that adolescents living in the intact families with their parents are found to have a better scholastic achievement, conduct, psychological adjustment, self-esteem and social competence which lower their psychological distress. Whereas adversities such as lack of parental and familial support due to death or separation from parents initiate a major change in the lives of children (Minde, 1988) and can also interrupt their healthy psychological functioning (Peterson and Zill, 1986; Emery, 1988; Amato & Booth, 1996). In the same context, various studies found that often, orphan adolescents are seen to be as more vulnerable to various psychological, emotional and behavioural problems, e.g. social isolation, adjustment problems, delinquency, aggression, personality disorders, depression, stress etc. (Goodyer et. al, 1985; Larson & Ham, 1993; Liu et. al, 2000a). Though they feel to seek support from their caregivers to cope effectively with these stressful and conflicting situations, but lack of parental support compel them to handle their problems independently and regulate their psycho-emotional responses such as sadness, loneliness, excitement etc. on their own which makes them self-regulated, self-contained and introspective (Lazarus & Folkman, 1984). This self-compassion among orphans lead to the development of a variety of psychological strengths such as self-esteem, pro-social behaviour and positive emotions (Michael et al., 2009; Kristin & Pittman, 2010; Michele & Silvia, 2011; Yasin & Iqbal, 2013; Audrey et al., 2014). The healthy execution of self-competencies determine the psychological well-being of the person including higher level of self-efficacy, self-esteem, optimism, resilience, effective coping with stressors and positive appraisal to

deal with conflicting situations and concerns etc. (Seligman, 1998; Seligman & Csikszentmihalyi, 2000; Bandura, 2001; Zakowski et al., 2001).

Resilience is considered as one of the indicators of psychological well-being of the individuals (Diener, Oishi & Lucas, 2003). It has been defined as the ability of an individual to function competently in the adverse or stressful situations (Werner, 1995). Resilient individuals are socially and emotionally competent in facing the life's challenges (Forehand et al., 1998); they have ability to deal effectively with the stressful and challenging situations and are more capable to bounce back from difficult times (Masten, 2001). Researchers (Masten, 2000; Killian, 2007; UNICEF, 2012; Tefera & Mulatie, 2014) believed that individuals are naturally bestowed with the ability to cope with adversities of their lives as certain protective mechanisms including secure attachments, availability of good role models and access to social support. These factors lay the foundation for resilience. It has been (Rutter, 1985; Masten & Coatsworth, 1998; Luthar et al., 2000; Werner, 2000) provided that a nurturing and healthy social environment acts as a protective factor in order to help the individuals to overcome adversity by creatively interacting and utilizing the resources and to proceed on a positive life course. In the same way, Ungar (2008) mentioned that some cultural resources such as families, schools and societies help the individuals to become more resilient. On the other hand, lack of all these supportive and protective factors may tend to weaken inherent potential of the individuals to deal with unfavourable circumstances but may increase the level of autonomous dealing with adversities (Rutter, 1999; Coombe, 2003; Fredrickson & Losada, 2005; Nyamukapa, 2006). It has been observed that orphans are more likely to experience negative situations due to parental loss and family separation; it enables them to be independent in dealing with their stressors which significantly develop their healthy personal characteristics (Bonanno et al., 2002; Bonanno, 2004; Shannon et al., 2007). Further, this helps the orphans to become more emotionally stable and stronger to cope with their concerns and to perform their day-to-day activities on their own as compared to non-orphans. They use effective and healthy coping strategies reflecting their cognitive skills and confidence for solving various problems (Compas et al., 1991) and avoid risky behaviours such as violence, substance use etc. (SAMHSA, 2007). Being efficacious in coping with the problems also significantly predict the resiliency of the orphans (Masten & Coatsworth, 1998).

Another aspect of psychological health is healthy coping with the negative circumstances effectively by following more general processes of self-regulation of emotion, cognition,

behaviour, physiology and environment (Skinner, 1995; Eisenberg, Fabes & Guthrie, 1997; Scherer, 1999; Siemer et al., 2007). Using coping strategies can be considered as the mode to get along in the existing world by maintaining, controlling and balancing the stress (Wilson & Kneisl, 1996). According to Frydenberg & Lewis (1993b, 1996a, 2012), individuals use both types of coping skills, i.e. (1) productive coping skills (includes referring to problem solving, working hard, positive thinking and physical recreation) which reduces the stress of some challenging circumstances; and (2) non-productive coping skills (includes self-distraction, denial, substance use, self-blame and avoidance) which exhibit cognitive deficits, illness, increased level of depression and anxiety, lower self-esteem and bad health effects. Presence of family support and parental care are the most significant factors in learning productive coping skills to overcome stressors but absence of these protective factors leads the persons to learn negative or non-productive skills such as drug or alcohol use, ignoring or storing hurt feelings or excessive working (Hanson & Rapp, 1992; Yee & Schultz, 2000). Orphaned children usually live in the more stressful and adverse environment struggling with their psychological problems and overcoming these concerns on their own. This gives rise to grow their personal coping skills (Luthar & Zigler, 1991; Mishra et al., 2008). Empirical evidences are in favour of the view that orphans focus on their positive emotions during stressful experiences which may fortify their resistance to stress (Tugade & Fredrickson, 2004; Ong et al., 2006). Thus, effective dealing with the stressful and negative situations through one's own efforts inculcates efficient coping strategies that play a vital role in the lives of orphans and enables them to become psychologically more resilient and resourceful person in the society.

Furthermore, to be resilient and overcoming the hurdles of life strengthen the self-related concepts such as optimism, self-esteem and self-efficacy among the individuals and make them able to take positive and independent and successful actions in their lives (Werner, 1993; Werner & Smith, 2001). Studies (Werner & Smith, 1992; Wilson & Kneisl, 1996) have shown that resilient behaviour and coping strategies offer an immense repertoire of defences to maintain, control and balance the adversities of life which show the physical, social, cognitive and emotional competencies of the individual. These competencies termed as a positive self-concept of the person that put in the individual's mental and physical healthy functioning (Ten Dam & Volman, 2007). Researchers (Sroufe et al., 2005; Engels et al., 2005) stated that secure attachment with parents, healthy peer relationships and a protective social environment help the person to navigate the problems with confidence; it

develops various self-competencies of the individual such as social-emotional skills, cognitive and occupational abilities etc. Thus, it has been observed that there is a significant contribution of resilient behaviour and strong self-competencies in psychological well-being of individuals that further lead them to cope effectively with various situational contexts of life. Keeping in view the role of familial factors in the healthy functioning of individuals, the present research is designed to explore the comparison between the psychological health of orphan adolescents and the adolescents from intact families.

OBJECTIVES

The main objective of present study was to assess the psychological health (Stress-resilience, Coping Strategies and Self-concept) of orphan and intact families' adolescents.

HYPOTHESES

On the basis of review of literature following hypotheses were formulated:

1. Orphan adolescents would be more resilient as compared to adolescents from intact families.
2. Orphan adolescents would be higher on productive coping strategies and lower on non-productive coping strategies as compared to adolescents from intact families.
3. Orphan adolescents would be higher on self-concept as compared to adolescents from intact families.

SAMPLE

Sample for the present research work was comprised of 60 adolescents (30 orphans and 30 from intact families) studying in 8^{th}, 9^{th} and 10^{th} standards. All of the orphans were living in the orphanages since their childhood i.e. for 7 to 8 years and adolescents from intact families were living with their both parents and siblings.

MEASURES USED

Following measures were administered:

1. **Stress-Resiliency Profile (*Kenneth W. Thomas and Walter G. Tymon, Jr, 1992*):** Stress resiliency profile is a self-administering questionnaire designed to assess the degree of stress resilience of the individuals. It is composed of 18 items with a 7-point Likert rating scale (1 - strongly disagree to 7 - strongly agree). The items are divided under three dimensions that influence stress i.e. deficiency focusing, necessitating and low skill recognition. These dimensions involve a tendency to pay greater attention on some aspects of the situation than on others. The scale further

provides the criteria that being lower on 'deficiency focusing' and 'necessitating' as well as higher on 'skill recognition' leads to be most resilient. Chronbach alpha is 0.87, 0.74, and 0.85, for deficiency focusing, necessitating and skill recognition respectively. It has been widely used in Indian settings (Garg & Rastogi, 2009).

2. **Adolescents' Coping Scale *(E. Frydenberg & R. Lewis, 1993)*:** Adolescents' coping scale is a 100 items scale which tells about the various coping strategies used by the adolescents to deal with their concerns. It is a 5-point Likert scale which has two forms i.e. Long Form and Short Form. Long Form contains 80 items and Short Form contains 19 items. For the present study, Short Form was used. The Short Form of ACS has three dimensions: Solving the Problem, Reference to others and Non-productive Coping, which determine the three styles of coping behaviour. Obtained scores (lower to higher) on the scale are divided in 5 categories i.e. 'Not used at all' to 'Used a great deal'. The test-retest reliability of the scale ranges from 0.65 to 0.70.
3. **Self-Concept Questionnaire *(V.K. Mittal, 1995)*:** The self-concept questionnaire (SCQ) is a structured tool to measure an individual's sense of self-competence. It contains 100 items. Every item has three response categories i.e. 'yes', '?', and 'no'. On each item the respondent is required to check the category which is most applicable to him. Each correct response according to scoring key is given a score value of '3' and higher score on the questionnaire shows good self-competence whereas lower score shows poor self-competence. The split-half reliability of the questionnaire is .94 and test-retest reliability is .86. The validity of the questionnaire ranges from .49 to .68.

PROCEDURE

To achieve the aim of the present research work, initially 81 adolescents (42 orphans living in orphanages and 40 adolescents living in intact families) were selected from various orphanages and schools of Mohali and Panchkula. Prior consent was taken from the concerning authorities and principals of the orphanages and schools respectively. The orphan adolescents were approached within the orphanages and each group was consisting of 5-8 participants whereas adolescents from intact families were approached in their classrooms at school. A rapport was built with them. All the participants were administered with Stress Resiliency Profile (Thomas & Tymon, Jr., 1992), Adolescents' Coping Scale (Frydenberg & Lewis, 1993) and Self-concept Questionnaire (V.K. Mittal, 1995) in two sessions. In the first

session, Stress Resiliency Profile and Adolescents' Coping Scale were administered to them. Then, after a 15 minutes' break second session was started. In the second session, Self-concept Questionnaire was administered. Before commencing every session, instructions in the manuals regarding the tests were made clear to them. As the data was collected, it was scored according to the scoring guidelines in the respective manuals. During scoring some questionnaires were found unfilled or improperly filled; due to this the data of 12 orphans and 10 non-orphans was discarded. Finally, data for 60 adolescents (30 orphans and 30 non-orphans) was considered and t-ratios were calculated.

RESULTS AND DISCUSSION

In order to explore the psychological health of the orphans in comparison to the intact families' adolescents, t-test was applied. The results of t-test are reported in Table 1.

Table 1: Means, SDs and t-ratios for Orphan and Intact-families' adolescents on Stress-Resilience (Deficiency Focusing, Necessitating and Skill Recognition), Coping-Strategies (Solving the Problem, Reference to others and Non-productive Coping) and Self-concept (n=60)

Variables	Mean & SD (Orphans)	Mean & SD (Intact families' adolescents)	df	t-value
Deficiency Focusing	28.33 (SD = 7.69)	22.53 (SD = 6.38)	58.00	**3.18****
Necessitating	31.17 (SD = 4.62)	25.40 (SD = 5.85)	58.00	**4.23****
Skill Recognition	29.67 (SD = 5.73)	29.50 (SD = 5.89)	58.00	0.11ns
Solving the Problem	69.20 (SD = 12.55)	61.10 (SD = 12.34)	58.00	**2.52****
Reference to Others	61.67 (SD = 15.61)	49.17 (SD = 11.30)	58.00	**3.55****
Non-productive Coping	64.47 (SD = 12.17)	57.90 (SD = 15.50)	58.00	1.83ns
Self-concept	218.40 (SD = 22.25)	228.37 (SD = 16.82)	58.00	-1.96ns

Note: SD in Parentheses *****Significant at 0.01***

Table 1 shows means, SDs and t-values for the dimensions of stress resilience, coping strategies and self-concept. The t-value for the dimensions of stress resilience i.e. deficiency focusing ($t = 3.18$; $p < 0.01$) and necessitating ($t = 4.23$; $p < 0.01$) achieved the level of significance whereas t-value for skill recognition ($t = 0.11$; non-significant) was not found to be significant. Obtained mean values show that orphan adolescents were higher on deficiency focusing ($M = 28.33$), necessitating ($M = 31.17$) and skill recognition ($M = 29.67$) as compared to adolescents from intact families ($M = 22.53$; $M = 25.40$; $M = 29.50$) respectively. It means that adolescents who are not residing with their parents or families are more prone to focus on their deficiencies and negatives so as to overcome their imperfections as well as to recognize the best path to survival, goal attainment or happiness. Further, when they look for necessities, they feel a pressure to solve their problems themselves and this pressure leads them to deal with contingencies effectively. These findings can be discussed within the framework of previous researches (Masten et al., 1990; Wright & Masten, 2006; Brooks, 2006) which indicate that the orphans face challenges or threats in their lives which contributes in the development of their mental set up to adapt positively adaptation in the stressful situations. Other researchers (Chase et al., 2006; Nyamukapa et al., 2010; Adu, 2011; Yendork & Somhlaba, 2015) believed that facing negative circumstances inculcates the skills to conquer the deficiencies. This further makes the orphan individuals more independent and resilient to achieve triumph over their problems than the non-orphans. In the similar context, researchers (Masten & Garmezy, 1985; Noller et al., 2001) reported that individuals, who are intact with their families, experience family harmony, secure and supportive relationships with their parents and other adults which lessen their independency to tackle the stressful situations. Thus, they depend upon their caring factors to overcome their stressors which inhibit them to become more self-reliant and psychologically healthier than the individuals living in orphanages (Lamborn et al., 1991; El Koumi et al., 2012; Grant & Yeatman, 2012).

Further, Table 1 shows means, SDs and t-values on the coping strategies of orphan and non-orphan adolescents. The t-value for 'solving the problem' ($t = 2.52$; $p < 0.01$) achieved the level of significance and illustrated that orphan adolescents were found to be higher ($M = 69.20$) than the adolescents of intact families ($M = 61.10$). It means that adolescents who did not have their parents or families were more likely to solve their problems themselves. They search different solutions to deal with their problems independently by being self-motivated

and optimistic. This also shows that orphan adolescents lack familial support in dealing with their concerns. It enables them to learn other more effective strategies and increase the ability to cope significantly with their problems. Thus, these results reveal that lack of parents, families or supportive environment force the orphans to learn and execute successful problem solving strategies on their own. Similarly, t-ratio for 'reference to others' ($t = 3.55$; $p < 0.01$) exhibited that orphan adolescents ($M = 61.67$) were significantly higher than the non-orphan adolescents ($M = 49.17$). This means that in dealing with their concerns, orphans feel like to seek support from their peers, caregivers, professionals or deities which shows their need of personal support from the significant others. Further, this presents that orphan adolescents suffer from isolation in their problem situations, therefore, they look for belongingness. For this, they search out the relationships to share their problems so as they can sort it out by talking with others. The present findings are in line with the past studies (Mohangi et al., 2011; Wanat et al., 2010; Mostafaei et al., 2012) which state that negative experiences in the life lead the individual to learn more efficient coping to overcome their problems and negative emotions. Researchers (Oyemade, 1974; Germann, 1996; Cornwell, 2003; Hope Never Runs Dry, 2011; Yendork & Somhlaba, 2015) supported that coping related to seek support from others help in reducing problematic coping behaviour such as taking drugs or attempting suicide. Support for the present findings can be derived from the transactional model of stress and coping (Lazarus, 1966; Lazarus & Folkman, 1984). This model indicates that stressful life events such as parental loss and orphanage placement can result in various adverse mental health outcomes such as depression, loneliness etc.; but some identified stress-moderating factors such as perceived and effortful control enhance the level of self-efficacy in identifying own potential to cope with these negative emotionalities. This makes them more capable to deal with their problems as compared to the non-orphans (Muris, 2007). Therefore, the orphan individuals found higher on problem solving coping alongwith analyzing various effective coping mechanisms that might include their own efforts as well as others' support. On the other hand, -ratio for non-productive coping ($t = 1.83$; non-significant) did not achieve the level of significance. It may be due to that adolescents who live in orphanages feel lonely during their social-emotional problems; and this phase of 'storm & silence' affects their capacity to deal with the problems which let them to follow the non-productive ways of coping such as taking alcohol or drugs etc. (Alonzo, 1989; Aral et al., 2005).

In the context of self-concept, it was hypothesized that 'orphan adolescents would be higher on self-concept as compared to intact families' adolescents'. But, Table 1 depicts the contradictory results that t-ratio for self-concept (t = -1.96; non-significant) was not found to be significant. This means that orphans and non-orphans did not differ significantly on self-concept. The findings indicate that lack of familial support creates hindrance in the development of the 'self' as well as social-emotional competencies of orphans. Lower self-competence affects their psychological strengths to deal with their daily concerns. On the contrary, adolescents who are living with their parents find their significant other with them in handling with their problems confidently. It enables them to know about their social-emotional competencies. Thus, the orphans were found lower on self-concept as compared to intact families' adolescents. Though the finding does not support the present hypothesis but past researches (Cebe, 2005; Shakhmanova, 2010) supported the present finding that parental support and care are basis for the development of various self-competencies such as self-esteem, self-worth, self-efficacy etc. which enhances the psychological well-being of the adolescents and brings effectiveness in overcoming the adversities.

On the basis of present study, it can be concluded that parental support is essential in the development of physical, cognitive and social-emotional aspects of adolescents which determines their psychological well-being. Orphans lack this support and the life's adversities alone that bring resilience in their behaviour. The resilient behaviour enables them to exaggerate productive coping skills in resolving their concerns. The study implicates that personal counselling programmes can be organized for the orphans as well as the intact families' adolescents which can help them to recognize their self-competencies and potentialities to overcome their problem at their own so as they can become independent and resourceful persons of the society.

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