



**IDENTITY & EMOTIONAL BEHAVIORAL PROBLEMS IN INSTITUTIONALIZED ORPHANS AND MAINSTREAM ADOLESCENTS**

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## ABSTRACT OBJECTIVE

To explore the difference between orphan and mainstream adolescents on identity and emotional behavioral problems.

## STUDY DESIGN

Cross-sectional study

## PLACE AND DURATION OFSTUDY

The study was conducted in 4 orphanages (2 National NGOs and 2 international NGOs) and 4 government schools(2 boys and2 girls) of Lahore city in theduration of sixmonths

## SUBJECTS AND METHODS

200 participants (100 Orphans and 100 Mainstream adolescents) withtheage range of 13-18 year (M 14.42, SD 1.47) were selected through purposive sampling technique. The research protocol comprised Identity Scale for Adolescents ISA, (Iqbal &Saleem, 2015) and School Children's Problem Scale SCPS along with a demographicPerforma.

## RESULTS

Results showed that Orphan Adolescents scored significantly higher on Negative and Arrogant Identity than the Mainstream Adolescents. On the other hand, Mainstream Adolescents scored significantly higher on Positive Identity. Hierarchical Regression Analysis revealed that gender, age, participants group and Negative Identity were found to be positive predictors of emotional behavioral problems. Results are discussed in terms of culturalinfluence on orphan hood andimplicationsfor clinical andcounseling services.

## CONCLUSION

The study concluded that adolescents living in orphanages have negative self identity and more emotional/behavioral problems.

## KEYWORDS

Parents' death, Foster care, Orphanages, Adolescent identity.

## INTRODUCTION

Adolescence is a transition from childhood to adulthood and individual is going through biological, social, emotional and cognitive maturation'. In this critical time of growth anddevelopment, an adolescent learns to understand, express and regulate emotions and maintain individuality while developing intenseinterpersonal relationships'.Oneof the important developmental tasks of adolescents is to develop identity and self as the individual tends to explore the social world,identifies with thevalue system and develop aunique sense of individuality with the help of identity formation'.Erikson defined identity as an individual's perception of self which is an interaction between personal value system, social environment,involvement with the past and futureorientation'. Some adolescentsaddress their identity related issue successfully, while other remains confused and ambivalent and rely on external factors to explain themselves. Among Erikson's psychosocial stages, Identity vs. Role Confusion got much attention by the researchers. Each stage fall in between two continuums and this crisis may end up between identity and role confusion. Erikson further postulated that formation of identity is based on childhood experiences that ultimately prepare an individual to face challenges of emerging adulthood. Based on the phenomenal work of Erikson on identity", Berzonsky contributed significantly in the understanding about the construct of identity in terms of introducing identity status and identity-processing styles'.

Several studies indicate that successful resolution of identity cns,s in adolescence years leads to greater sense of autonomy, better adjustment, healthy interpersonal relationships, effective coping with stressful life events, high self-esteem and high psychological well-being'•. On the other hand, individualswith diffused or avoidant identity tend to experience more anxiety, poor quality of interpersonal relationships, poor academic outcomes and poor decision making". Several studies have shown that many psychosocial and cultural factors play a critical role in the development of identity". However, among various other factors, attachment and parenting styles plays a significant rolein the determination of one'sunique identity styles,as literature revealed that diffuseand avoidant identity stylesarepositively associated with indulgent and authoritative parenting"·". Moreover, other studies revealed that parental support and warmth is positively associated with the integrated meaning of selfand autonomy".

Adolescence years not only bringopportunities,learning of new skills,physical maturation but also many academic, social, personal and familial expectations and demands. During the time of rapid growth and development, individual faces many pressuresincluding need for independence,peer pressure, familial expectations, intense social interactions and a need of maintaining unique individual identity". All these challenges made adolescents more vulnerable

*PAGE 36 APRIL -JUNE 2019* I *VOLUME 16 NUMBER 2*





to mental health concerns that may interfere in their normal psychosocial and academic functioning'•. Research evidence has shownthat a large number of adolescents are suffering from serious emotional and behavioral problems including anxiety, depression11·". The mental health problems are said to be in rise and affecting a large number of adolescents, research evidence shows that in developed countries it ranges from 10% to 20% and in developing countries the prevalence is very alarming upto 50% with predominance of girls"·'". The increasing number of sufferers has warranted a need for early and timely identification of mental health problems so that preventative measures can be taken to avoid negative outcomes of emotional and behavioral problems (EBP). Researchershave also focused their attention to identify bio-psycho­ social and familial factors that may lead or prevent youth from EBP.

Parents play a central role in a family functioning and parental warmth, support, acceptance and responsiveness significantly contribute in the emotional, social and moral development of children"·". Positive parenting significantly contributes in school readiness, emotion regulation, social skills, social competence and interpersonal relationshipsof adolescents".Likewise,lossof a parent in earlyyears of achild'slifemaybecomea traumatic experience that continuously influences one'smental healthand functioning'•·".This lossbecomes evenmore significant whenthe child isgrowing,where he needs a secure base, attachment and family bonding to build his futurerelationships,.\_

Almost 150 million children areorphansacross theworld".Deathof a parent posesa majorlifechange in achild'slifeinvolving amove from home, adjustment in relatives' place or in orphanages, separation from siblings and change of school, all these challenges make orphans more vulnerable for serious mental health problems including anxiety, depression, adjustment problems, relationship problems, anger,irritability and health concerns" '-'"·". Researchers have also found that being an orphan is also associated with stigmatization and exclusion from mainstream and being marginalized". The loss of parent also significantly disrupt identity development and hampers the struggle for defining self, attempts of self-reliance and autonomy in terms of one's individuality and others".

In the developing countries, foster care and adaptation has tremendously reduced the need of orphanages but also improved the quality of life of orphans" but in under developing countries orphanages are still very common. There is a mixed bag of findings suggesting the orphanage institutions might become a protective factor against the abusive and unsafe family environment for orphans yet children living in orphanages are at greater risk of different mental health problems including aggression, low self­ esteem and poor social skills". Many studies have shown that absence of consistent care giving to institutionalized orphans is associated with many negative outcomes including higher aggression, anxiety and depression compared with those orphans who live in an extended family system36•

To sum up, few important themes have emerged from above literature, firstly, adolescence period is said to be a period of storm and stressthat not only brings new opportunitiesof leaning of skills, autonomyand independence butalsoassociated with familial, social and personal demands that may result in emotional and behavioral

difficulties. Secondly, identity formation and giving a value and importance to personal selfis also an important developmental crisis of an adolescent, success in identity formation is associated with positive outcomes and failure to do so also become a risk factor for handling the stress of ever changing demands of adolescence years. Thirdly, parents play a very crucial role in the social-emotional and personal growth of an individual and loss of parents may become a risk factor for different psychosocial issues including identity formation, learning of social skills and competence and so on. Therefore, the current research will focus on identifying the predictive relationship among identity and emotional and behavioral problems in mainstream adolescents and institutionalized orphans. We added the control group to identify that identity issues and mental health problems are because of age and stage of adolescence or being an institutionalized orphan.

# SUBJECTS ANO METHODS

### Participants

In this Cross sectional research two samples were selected. Firstly a sample of 100 participants (50 boys and 50 girls) was from 4 orphanages (2 National NGOs and 2 international NGOs). Purposive samplingtechnique was used to selectparticipants.The other group of 100 participants (50 boys and 50 girls) was recruited from 4 government schools (2 boys and 2 girls). The inclusion criteria for control group was living in an intact family system with bothparents were alive. The age range of the participants was between 13-18 years(M 14.42,5D1.47).

### Instruments

The basic information of the participants was obtained through a demographic form including age, gender and the academic class of the participants.

***Identity Scale for Adolescents (/SA)"*** is a 54 item self-report measure used to assess identity type in adolescents. ISA measures three distinct identity types positive self-identity (measures positive perception about oneself),negative self-identity (measures negative apperception about oneself), and arrogant self-identity (measures pseudo and exaggerated view about oneself). ISA is a 4 point-likert scale withresponse options O (never), 1 (rarely), 2 (sometimes), and 3 (often). ISA is found to have acceptable psychometric properties.

***School Children's Problem Scale (SCPS)'"***

measures emotional and behavioral problems in adolescents. SCPS has six subscales; anxiousness, academic problems, aggression, social withdrawal, feeling of rejection and psychosomatic problems. SCPSis a self-report 4-pointlikerttyperating scale O(never), 1(rarely),

2 (sometimes), and 3 (often). Higher the score means higher emotional and behavioral problemsand atotal problem scorecanbe obtained by summing up all the subscales. SCPS has high reliability and validity.

### Procedure

The current research was approved from Institutional Review Board (IRB) for any ethical considerations. Authorities of Orphanages and mainstreams schools were sent brief aims and objectives of the research. All authorities were assured about the confidentiality and

I L *APRIL-JUNE 2019* I *VOLUME 16 NUMBER 2 PAGE37*





anonymity of research data.Purposive sampling technique was used to recruit 200 participants with the help of institutional representative. All participants were assured about confidentiality and were given the right to withdraw. After informed consent, participants were tested in a small group of averaging 10 participants. The average time to complete the research protocol was 25 minutes. Verbal and written instructions were also given to the participants. A debriefing session was also carried out for any queries,questions and feedback.

### RESULTS

There were 100 participants in each group and equally divided among bothgenders.Mean age of the sample was14.42 years witha standarddeviation of **1**.47.Majority of the adolescents were studying in 9th grade(seetable 1 for details).

#### Table I

Percentages of the Demographic Characteristics of the Participants, Group, Years of Age, Gender and Class (N= 200)

|  |  |  |  |
| --- | --- | --- | --- |
| **Variables** | **Orphans o/e** | **Mainstream Adolescents 0/4** | **Total o/o** |
| **Gender** | | | |
| Boys | 50 | 50 | JOO |
| Girls | 50 | 50 | 100 |
| **Cla,.s** | | | |
| 7'' | 21 | 5 | 13 |
| 8. | ?\_'j | 8 | 15 |
| 9• | 29 | 80 | 54 |
| IOU | 27 | 7 | 17 |

Table 2 indicated meandifference between institutionalizedorphans andmainstream adolescents.On Identity Scale, significant difference observed on three types of identity. Orphan adolescents scored higher on Negative and Arrogant Self-Identity and mainstream adolescents scored higher on Positive Self-Identity. Table 2 also showed that Orphan adolescents tend to score higher on Academic Problems, Aggression, Rejection and Total SCPS score than mainstream adolescents. No difference found on Anxiousness, Withdrawal and Somatic Problems.

In order to findout thepredictors of mental health problems among orphans and mainstream adolescents Hierarchal regression analysis was performed. In Step I, demographic characteristics of the participants wereenteredincluding gender,age andacademic class. In Step II, three factors of Identity Scale were entered and in Step Ill, six subscales of social intelligence scaleswereentered.

**Table3**

Predictors of Emotional and Behavioral Problems in orphans and Mainstream Adolescents (N= 200)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Predicters** | ***B*** | ***SEB*** | **B** | I | ***p*** |
| **Step** I **(R=.11, iiR' .09)** | | | | | |
| Age in years | 3.47 | 1.56 | .20 | 2.21 | * 0j'\* |
| Gender | 16.37 | 3.62 | .33 | 4.51 | .001••• |
| Participant's Group | -4.06 | 3.06 | -.28 | 3.91 | .001••• |
| **Step H (R;.23, iiR';,20)** | | | | | |
| Negative Identity | .83 | .21 | .28 | 3.87 | .001• .. |

*Note. 011/y significanl res11/is are presented in Step 1, Steps If and Step fl!,*

*Note: Step I. F (5, 199) =4.93, \*\*\*p<0.001. Step fl. F (8,199) =6.23.*

*\*\*\*p<0.001*

#### Table2

Mean differences on Identity, and Emotional and Behavioral Problems in

Orphans and Mainstream Adolescents

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Su.bscales** | **Groups** | **/If** | ***SD*** | ***t*** | ***LL*** | ***UL*** | **Cohen's d** |
| Positive  identity | Orphan | 44.04 | 9.39 | 4.2s••• | 8.48 | 3.13 | .60 |
| Mainstream | 49.85 | 9.76 |  |
| Negative Identity | Orphan | 21.41 | 8.28 | *3.n•••* | 2.02 | 657 | .53 |
| Mainstream | 17.11 | 8.05 |
| Arrogant Identity | Orphan | 14.31 | 4.28 | 2.52\*\* | 39 | 3.20 | .36 |
| Mainstream | 12.51 | 5.71 |  |
| Anxiousness | Orphan | 14.29 | 5.94 | 0.17 | 5.27 | 4.43 | .08  -- |
| Mainstream | 14.71 | 3.90 |
| Academic | Orphan | 8.54 | 4.42 | 2.22\* | 0.15 | 2.54 | .32 |
| Mainstream | 7.19 | 4.14 |  |
| Aggression | Orphan | 9.98 | 4.34 | 3.1s••• | *0.50* | 3.05 | .61 |
| Mainstream | 7.20 | 4.78 |  |
| Wi.thdrnwal | Orphan | 9.26 | 3.88 | 1.69 | 0.16 | 222 | .24 |
| Mainstrca111 | 8.23 | 4.67 |
| Rejectiou | Orphan | 4.22 | 2.96 | 3.14\*.. | 0.47 | 2.08 | .45 |
| Mainstream | 2.94 | 2.78 |
| Somatic | Orphan | 4.81 | 2.64 | 1.70 | 0.10 | 1.44 | .24 |
| Mainstream | 4.14 | 2.91 |
| SCPS total | Orphan | SO.JO | 16.55 | 3.64••· | l.12 | 12.50 | .40 |
| Mainstream | 44.40 | 11.35 |

*d/=198.* \**p<0.05, \*\*p<0.01; \*\*\*p<0.001*

Hierarchical Regression Analysis revealed that in Step 1, gender, age and participants type found to be significant positive predictors of EBP.In StepII Negative Identityispositivepredictorof EBP. Tosumup the resultsof hierarchal regression analysis, beinga girl,belonging to an older age group of adolescents, and being an institutionalized orphan, having negative identity are said to be a risk factor for developing emotionalandbehavioral problems.

**Table 4**

One WayAnalysis of Variance Across Gender and Group on Identity and Emotional Behavioral Problems

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Mainstream**  **Boys** | **Ma.instream Girls** | **Orphan**  **Boys** | **Orphan**  **Girls** |  |
| **Factors** | ***M(SD)*** | ***M(SD)*** | ***M(SDJ*** | ***M(SDJ*** | ***F*** |
| Positive Identity | 50.16(10.14) | 49.54(9,47) | 43.30(I 0.82) | 44.74(7.76) | 5.56•\*\* |
| Negative Identity | 16.24(9.29) | 17.98(6 56) | 19.30(8.22) | 23.52(8.21) | 6.29\*\*\* |
| Arrogant Identity | 13.50(97.13) | 11.52(3.62) | 14.80(3.49) | 13.82(4.95) | 7.44\*\*\* |
| SCPS  Total | 38.00(21.19) | 42.80(36.45) | 44.04(15.79) | 56.16(15.13) | 3.75"'\* |

*between Group d/=3. W'ithin Group d/=196, Total Group df=f99 \*\*p<0.01,*

*\*\*\*p<0.01*

Table 4 presented significant gender and group difference on

*PAGE 38 APRIL -JUNE 2019* I *VOLUME 16 NUMBER 2*





identity and emotion behavioral problems. Post Hoc analysis using LSD further revealed that mainstream boys and girls scored significantly higher on positive identity, whereas, orphan boys and girls scored significantly highon negative identity, arrogant identity and emotional behavioralproblems

#### Figure l

Mean comparison of mainstream and orphan boys and girls on Identity Types and Emotional Behavioral Problems

## DISCUSSION

The findings suggested a significant difference in both groups in identity and emotional and behavioral problems.Morespecifically,in identity styles, mainstream adolescents scored significantly higher on Positive Identity, orphan adolescents scored significantly higher on Negative Identity and Arrogant Identity and mainstream adolescents scored higher on Positive Identity. These results are in line with literature as parents do play a significant role in identity formation12• Orphan adolescents have losttheir parents on one hand and deprived from cohesive family environment, struggle hard to create their unique place in the challenging environment of orphanages but also in society at large. Literature supported the notion that orphans living in institutions show more behavioral problems including aggression, dominance and deviousness and this may be attributed that they have less monitoring and support. Moreover, in order to maintain personal self-integrity, fighting for survival, learning the graces of the world, they might over compensate by showing more verbal expression and behavioral dominance and control. As orphans are not morally trained, socially monitored and emotionally looked after, aggression anddominance becomes the only weapon to overcome the deep seeded sense of rejection, unjust, adornment and isolation. As a result, they might becomemorecontrolling, street wiseand learnthe tricksof the trade. As far asemotional and behavioral problems are concerned, orphan adolescents scored significantly higher than mainstream adolescents on Academic, Aggression, Rejection and overall SCPS score. The results of hierarchical regression also found that gender (being a girl),participants group(being an orphan),negative Identity and Dominance and Control were found to be positively associated withmentalhealthproblems.These findings arein line with previous literature'"'".Being orphan is not only abiological but also a cultural phenomenon, where people generally show piety rather equality and by placing them in orphanages deprives them from a constant warmth, nurturance and support of the mother, siblings and other extend family members that may result in great bitterness, sense of

rejection and aggressiveness. It is important to consider that in orphanages, adolescents have no role model and children living there are of the same age and socio- economic background, they might learn social manipulation and deviation from norms where theironly social normissurvival".

The current research also highlighted that gender significantly contributed in the identity styles and mental health functioning. Overall, girls have more problematic identity and mental health problems than boys and being in orphanages increased the probability of having negative perception of self and low mental health functioning". There might be many different reason of this predominance trend of gender including firstly, since it adolescence isapubertal timeandgirlsare going through hormonal changes and adjusting with physical changes and defining their selves in terms of gender and sex roles. Secondly, in our traditional collectivistic culture, girlsespecially in adolescent years have lesser opportunities for social interactions and freedom of expression as compared with boys; therefore they might not learn adequate skills to handle challenges of growingage.

## LIMITATIONS AND FUTURE SUGGESTIONS

It is evident from the current research that living in an institutionalized care may itself become a risk factor and warrants certain concern for the growth anddevelopment of orphans. Future research should also focus on including another group of orphans that livesin an intact family system sothat differential impact can be identified.

## CONCLUSION

The resultsof the current study highlighted the need of training and supervision of the staff working in orphanages; there is an implied need of trained clinical psychologists to be placed in institutions so that early and timely prevention can be carried out to deal with serious mental health problems both in mainstream and in orphanages.

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*APRIL -JUNE 2019* I *VOLUME 16 NUMBER 2 PAGE 39*



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| **Sr.** | **Author Name** | **Affiliationof** Author | **Contribution** | **Signature** |
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*PAGE 40 APRIL -JUNE 2019* I *VOLUME 16 NUMBER 2*