

Comparison between Orphans and Non orphans on the dimension of Resilience

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Abstract

“Children are one third of our population and all of our future” (Select Panel for the promotion of Child health, 1981). They are the most valuable natural resource available to the society in the recent times. Maintaining psychological well-being of adolescents is thus, an integral goal for the society. Social approval and support from adults, especially parents plays a crucial role in achieving this as it helps the adolescents in dealing with various adversities of life. Unfortunately, in the recent times, there has been a substantial increase in the number of children who are deprived from the care and love of their parents.

Keeping this view in mind, a cross sectional study was designed to assess the resiliency of adolescents living in orphanages and adolescents living with their families. It was hypothesized that there would be a significant difference between orphans (n=30) and Non orphans (n=30) on resilience and its various dimensions. Resiliency scale for Children and Adolescents (Embury, 2006) was administered on both these groups. Results were analysed using t-ratio and findings revealed that Orphans were less resilient as compared to the Non orphans. Furthermore, they were also found to be lower on dimensions of sense of mastery, sense of relatedness and emotional reactivity than Non orphans.

Key Words: Orphans, Non orphans, Parental support, Resilience.

‘Children are like wet cement, whatever falls on them makes an impression’ said Haim Ginott, a child psychologist. Family and environment play a crucial role in the development of the child. The family is an essential component in the life of a child, as it is one of the primary source of socialization in the society. It is through the family only, that children acquire the social norms and values of the society (Naqshbandi et al., 2012). This value system of the family then affects the cognitive development of the children and influences

their perception about themselves and the world around them. In addition to this, as these children grow up and form healthy relationships with their family members, they learn ways to strengthen their bonds of friendships, manage emotions in a healthy way and overcome various challenges faced by them throughout the lifespan. All these abilities, then lead to greater acceptance of the children in the society.

Regrettably, a large number of children are not lucky enough to get the support of their parents. They are deprived of love, care and affection that the children living with the families get. Orphans, children bereft of one or more parents, tend to fall in this category. These children grow up without the attention and support of their families, have poorer levels of learning and knowledge and suffer from ‘absence of adults in their socialization’ (Meintjes & Giese, 2006).

As per the recent reports, India is currently a home to 20 million orphans and this figure is expected to increase by 2021 (SOS Children's Villages CA, 2011). It has been found that eastern region, which includes Bihar, Orissa, Jharkhand and West Bengal is most affected and has around 5.2 million orphans. These statistics are quite alarming and indicate that population of orphans is rising in India.

Comparison between Orphans and Non-orphans

Keeping all the above statements in mind, one can suggest that the environment in which the orphans live can lead to a significant difference in their development and they may have many social, economic and psychological problems in comparison to the non-orphans. The non-orphans are more privileged as they get to live with their families. (Gilborn, 2006; Boris, 2012; Dabla, 2010; Bhargava, 2005). The long-term effects of orphan hood tend to be negative as these children lack the support and values of the family. Orphans are at an increased risk of suffering from problems like malnutrition, poor physique and mental health as well as stigmatization and exploitation. These children are socially deprived and have higher levels of economic distress. They have higher level of hopelessness and frustration as compared to the non-orphans (Mbozi, Debit, & Munyati, 2006). These children show lack of hope about future and tend to have low levels of self-esteem (Kedija, 2006). These low levels of self-esteem can be emotionally and socially harmful for the individual. Researchers have indicated that behavioural and emotional disorders are highly common among the orphan children and adolescents (Rahman et al., 2012). Certain mental disorders such as Post

traumatic stress disorder and Depression are highly prevalent in the orphans. (Loman et al., 2009) Also, orphan boys are more likely to be at risk of suicide as compared to the non-orphan boys. (Behrendt & Mbaye, 2008). Studies have shown that psychological wellbeing scores are significantly lower among orphans as compared to the non-orphans (Delva et al., 2009). Another study has shown orphans have significantly lower emotional stability and higher level of depression than non-orphans (Bhat, 2014).

Thus, it can be concluded from the above statements that unhealthy parental social life, lack of psychosocial care and social protection can have an influence on the growth and development of orphan children. Most importantly, it also has some serious implications on the resilience of the children.

Resilience

Resilience is an important determinant of the person's psychological well-being especially social and emotional well-being. 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 challenges of life such as a tragedy, loss of a loved one, natural disaster and so on (Forehand et al., 1998) they have the ability to deal effectively with stressful situations and are more capable to bounce back from difficult times (Masten, 2001).

Many people may not be aware about their resilience capacity till the time they are confronted with a traumatic or stressful situation. However, when people who are resilient face an adverse situation, then they do not let the adversity define them. Instead they find ways to adapt to the difficult situation and transcend the pain by perceiving the crisis period as being temporary in their life. The individuals who are resilient consider the problems and challenges of their life as opportunities for growth rather than considering it as a stressful situation.

Characteristics of Resilient People: Research has shown that resilience develops in an individual when he is able to interact with his or her environment and the processes that either promote well-being or protect him from the harmful consequences of the risk factors. According to Masten (2001), resilience is characterised best by the term 'ordinary magic' which means that resilience during adverse situation is quite common and does not arise due to superhuman effort or abilities. She mainly focused on identifying the characteristics of the

resilient personality and found that the following concepts have been related to more effective ways of coping with the stressful events of life:

Hardiness. Resilient people have a personality characterised by 3 C's- Commitment, Control and Challenge. These personality characteristics make the people resistant and they are able to deal with the stressful situations affectively.

Self-concept. Resilient people also tend to have a belief in themselves and their abilities. This helps them to find effective solutions to deal with the adversities of life.

Self enhancement. Individuals who are resilient have a preference for positive views rather than negative views. This promotes optimism and positive outlook amongst people which helps them in dealing with the challenging situations.

Toughness. It is the mental state of the people that helps them to deal with the difficult situations of their life. These individuals consider the stressful situations as opportunities for growth. This promotes resilience amongst them.

Protective factors influencing Resilience

Protective factors are “influences that modify, ameliorate, or alter a person’s response to some environmental hazards that predisposes to a maladaptive outcome” (Rutter, 1985). Masten (2001), divided the protective factors that help to develop resilience among children in 3 general categories which are the following:

Protective factors present within the child. This involves factors like ability to make realistic plans and follow them to deal with a problem, positive self-image, confidence in ones strengths and abilities (self-efficacy), healthy sense of humour, problem solving skills, ability to regulate & control ones emotions.

Protective factors present within the family. This includes factors such as close relations with parents, warm parenting, and minimal conflict between parents, organised home environment and adequate financial resources. As stated above, relationships play a crucial role in the development of resilience in an individual, especially the influence that parents have on their child. Good relationships and supportive environment help children in learning the ways of personal resources that contributes to the development of healthy psychological resilience. Protective mechanisms that promote resilience in children are secure attachments, presence of positive role models and access to social support. On the other hand, lack of these protective

and supportive factors weakens the inherent potential of the children to deal with the stressful circumstances of life. The presence of family and parental care helps the child in learning productive coping skills (using problem solving ability, working hard, optimistic thinking, physical recreation and relaxation) but due to absence of these protective factors children learn negative or non-productive skills (self-distraction, denial, self-blame, avoidance of problematic situations and substance abuse).

Protective factors present within the community. It involves factors such as good schooling, safe neighbour and easy availability of social services. She also stated that resilience has a negative correlation with personality traits like neuroticism and negative emotionality whereas it has positive correlations with traits of openness and positive emotionality.

According to Masten (2001), if a child has presence of fewer resources then he is likely to suffer greater negative consequences during stressful situations as compared to a child who has the presence of most or all of the above mentioned protective factors.

Masten's concept of presence of the protective factors can be used in case of the orphans as well. The children who live in orphanages have to deal with many problems related to their care and support on their own as they do not have the presence of social support. This leads to difficulties in both internalized (depression, anxiety and poor self-esteem) and externalized emotions (dysfunctional and maladaptive behaviour) and reduces their resilience level. Tefera & Mulatie, in 2014 conducted a study to identify protective factors and resilience of orphans in Ethiopia. It was found that orphans who had family related risk factors were less resilient. Betancourt et al. (2011) also found in a study that the family is an important protective factor of resilience among children especially, when it has factors like living together in harmony, corporation, mutual respect and strong communication. On the other hand, absence of parental support leads to a decrease in resilience of the individuals (Wood, Chase & Aggleton, 2006). Katyal, 2015 also conducted a study and found a significant difference in resilience of orphan and non-orphan children. The orphan children displayed higher resilience as compared to the non-orphan children. On the other hand, another comparative study found that there is no significant difference in the resilience of orphans and non-orphans (Govender, Reardon, Quinlan & George, 2014). Thus, the fact that mixed results had been obtained in the previous studies accentuated attention to the concept of

resilience. Additionally, no specific research has been conducted on this concept in the region of Delhi/NCR. Therefore, it was decided to conduct the present study on these topics.

Objective of the study

To compare Orphan and Non-orphan children with respect to their resilience levels.

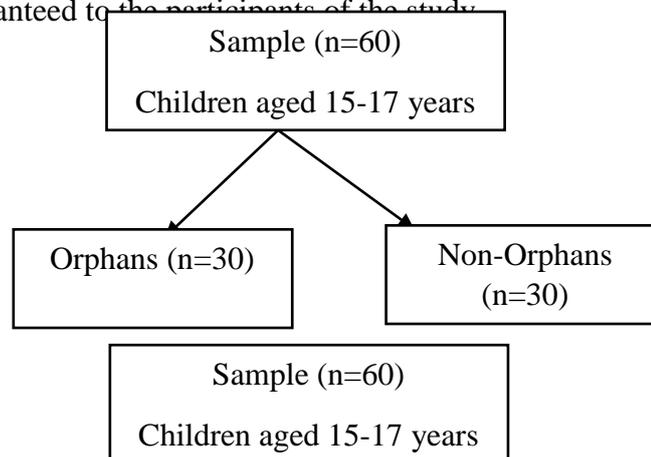
Hypothesis of the study

There is a significant difference in Resilience and its various dimensions in Orphans and Non-orphans.

Method

The present investigation was a comparative study between orphans and non-orphans on the dimension of resilience. Keeping the purpose of the study in mind, a sample consisting of 60 children, ranging in the age group of 15-17 were selected. This sample was further divided into two groups, Orphan children and Non-orphan children.

Sample: Research sample for the present study consisted of 60 participants. These participants were divided into two groups of 30 participants each. The first group consisted of Orphans who were taken from an orphanage in Delhi/NCR while the second group comprised the Non orphans taken from a school in Delhi/NCR. All the participants belonged to the age group of 15-17 years. This age group i.e. adolescence was selected as it was felt that it is this period wherein parental support is most important. A mixed sample was selected for this investigation as the past studies showed no significant gender differences on this dimension. Electronic consent was taken from the school and the orphanage and a verbal consent was taken from the participants. They were informed that the participation is completely voluntary and they can withdraw from the study at any time. Confidentiality and anonymity of names were also guaranteed to the participants of the study.



Non probability Purposive sampling technique was used for the present study. In this technique, a common strategy is to pick cases that are judged to be typical of the population in which the researcher is interested.

Tools used: Resiliency scale for children and adolescents was used in the present study. This test was developed by Embury (2006). It is self-report measure that consists of 64 items which are placed along 3 scales: Sense of Mastery (MAS), Sense of Relatedness (REL) and Emotional Reactivity (REA).

The Sense of mastery scale assess the person's perception about the level of control that he/she has over the events of his life. This scale further has 3 dimensions which are the following:

- Optimism: Assesses the person's positive views about the world in general and life in specific.
- Self-Efficacy: Focuses on the individual's beliefs about his/ her competences and abilities.
- Adaptability: Measures the ability of the person to develop alternative solutions to a problem.

The next scale is Sense of Relatedness which is based on the principle that humans are social beings and have a desire to form relationships and bonds with others. This scale has 4 dimensions which are:

- Sense of Trust: This is based on the principles of Erik Erikson who defined basic trust as the degree to which a person can rely on others. Trust develops when the person perceives others as being reliable and accepting.
- Support: This dimension measures the person's perception about people on whom he or she can depend during a stressful or challenging situation.
- Comfort: This scale assesses the degree to which an individual is able to be with others without having any kind of anxiety or discomfort.
- Tolerance: Measures the degree to which a person can safely express a different or diverse viewpoint within a relationship.

The third scale is Emotional Reactivity which assesses a person's degree of vulnerability before the occurrence of an adversity. This scale has 3 dimensions which are:

- Sensitivity: Assesses how easy it is for a person to get upset during a stressful situation.
- Reactivity: Measures the time period within which a person is able to return to a normal functioning after facing a challenging situation.
- Impairment: Focuses on the degree to which an individual is able to maintain an equilibrium during a difficult situation.

All the items of the scale have 5 alternatives and the respondent is free to choose any one of them. The scoring of the questionnaire was done using the instructions given in the manual. The higher the score on the test, the higher is the sense of mastery, sense of belongingness and emotional reactivity, resilience or resource index within the individual.

The reliability coefficients of the test were calculated using the cronbach alpha correlation and it was found to be 0.94 for the dimension of Emotional Reactivity, 0.95 for Mastery of Relatedness, 0.82 for Adaptability, 0.91 for Support, 0.87 for Tolerance, 0.88 for Comfort and .90 for Trust. For emotional Reactivity subscale, the Alpha coefficients were .86 (Sensitivity), 0.87 (Recovery) and 0.92 (Impairment). Reliability of the instrument was also calculated using the test retest method and it was found to be 0.86 for Sense of mastery, 0.86 for sense of Relatedness and 0.88 for Emotional Reactivity. RMSEA values were calculated for the test and it was found that values of less than or equal to .05 indicated a close model fit, and values up to 0.08 represented adequate model fit with reasonable errors of approximation in the population. This result was consistent across all ages and gender groups.

Procedure

Keeping the purpose of present study in mind, 60 adolescents (30 Orphans and 30 adolescents living with their families) were selected from an Orphanage and a school in Delhi/NCR. Prior consent was taken from the concerned authorities of the Orphanage and principal of the school. A verbal consent was also taken from the participants and they were assured that confidentiality would be maintained with respect to their responses.

Initiating the process of data collection, a general information form was given to the participants to obtain their basic demographic details. Then, all the participants were handed the questionnaire. Before administering each questionnaire, instructions of all the test were read out and all doubts of the participants were cleared. Finally, after the completion of the questionnaire, data was fed into the computer and analysed using SPSS.

Results

Table 1.1 shows the Mean, S.D and t for different dimensions of Resilience in Orphan and Non-orphan children.

	Orphan		Non orphan		t-ratio
	Mean	SD	Mean	SD	
Resilience	39.97	5.80	48.53	9.81	4.12**
Sense of mastery	44.70	9.75	55.53	10.66	4.11**
Optimism	15.53	2.93	18.97	5.33	3.09**
Self-Efficacy	22.37	6.19	27.30	5.52	3.26**
Adaptability	6.80	2.80	9.27	2.36	3.69**
Sense of relatedness	55.07	8.81	67.07	11.69	4.49**
Trust	15.87	3.26	18.50	4.30	2.68**
Support	15.20	3.61	18.73	3.54	3.82**
Comfort	8.50	2.49	10.77	3.28	3.02**
Tolerance	15.50	3.79	19.07	3.53	3.77**
Emotional Reactivity	33.63	11.86	29.27	11.65	1.44
Sensitivity	11.00	4.27	9.60	4.10	1.30
Recovery	3.67	3.20	4.90	3.46	1.43
Impairment	18.97	6.79	14.83	6.79	2.36**

The table shows that on the dimension of Resilience or resource index orphan children have scored a mean score and standard deviation of 39.97 and 5.80. Similarly, the Non orphans scored 48.53 and 9.81 for the same. The t was calculated to be 4.12, which is significant at 0.01 level. The hypothesis of the present study which stated that there is a significant difference between Orphans and Non orphans on the resilience dimension was accepted.

Next, on the dimension of Sense of Mastery, orphan children have obtained a mean score and standard deviation of 44.70 and 9.75. The Non orphans scored 55.53 and 10.66 for the same. The t was found to be 4.11, highly significant at 0.01 level.

For the dimension of Optimism, orphan children have obtained a mean score and standard deviation of 15.53 and 2.93 respectively. On the other hand, non- orphan children obtained a mean value and standard deviation of 18.97 and 5.33 respectively. The t is 3.09, significant at 0.01 level of significance.

On the dimension of Self-efficacy, the Orphans scored a mean and standard deviation of 22.37 and 6.19 respectively. The Non orphan children scored 27.30 and 5.52 for the same. The t was found to be 3.26, significant at 0.01 level.

The Orphans, also obtained a mean and standard deviation of 6.80 and 2.80 for the dimension of adaptability. The Non orphans scored 9.27 and 2.36 for the same. The t was calculated to be 3.69, significant at 0.01 level.

For the dimension of Sense of relatedness, the mean value and standard deviation obtained by Orphans is 55.07 and 8.81. On the other hand, the Non orphans obtained a mean score and standard deviation of 67.07 and 11.69 respectively. The t was estimated to be 4.49, significant at 0.01 level.

Similarly, Orphans have scored a mean value and standard deviation of 15.87 and 3.26 on the dimension of Trust. The Non orphans scored 18.50 and 4.30 respectively. The t was found to be 2.68, which is significant on 0.01 level of significance.

On the dimension of Support, the children of orphanage obtained a mean and standard deviation of 15.20 and 3.61. On the other hand, children who live with their families scored 18.73 and 3.54 for the same. The t was calculated to be 3.82, significant at 0.01 level.

Next, on the dimension of Comfort, the mean and standard deviation obtained by Orphans was 8.50 and 2.49 respectively. The Non orphans scored 10.77 and 3.28 for the same. The t was further estimated to be 3.02, significant at 0.01 level of significance.

On the dimension of Tolerance, the Orphans scored a mean and standard deviation of 15.50 and 3.79 respectively. The Non orphan children scored 19.07 and 3.53 for the same. The t was found to be 3.77, significant at 0.01 level.

For the dimension of Emotional Reactivity, Orphan children scored a mean value and standard deviation of 33.69 and 11.86 respectively. Similarly their non-orphan counterparts, obtained mean score and standard deviation as 29.27 and 11.65. The t was 1.44, with no statistical significance.

On the dimension of Sensitivity, children living in orphanages got a mean value and standard deviation of 11.00 and 4.27. On the other hand, the mean and standard deviation of Non orphans was 9.60 and 4.10. The t was calculated to 1.30, with no statistical significance.

On the dimension of Recovery too, the orphans obtained an average score and standard deviation of 3.67 and 3.20. For the Non orphans, the mean value and standard deviation was 4.90 and 3.46. The t was further estimated to be 1.43, with no statistical significance.

On the dimension of Impairment, the orphans scored a mean and standard deviation of 18.97 and 6.79. The Non orphans scored 14.83 and 6.79 for the same. The t was found to be 2.36, significant at 0.01 level.

Discussion

The objective of this study was to differentiate the resilience ability of Orphan and Non-Orphan children. Resilience is defined as the ability of an individual to function competently in the adverse or stressful situations (Werner, 1995). Individuals who are resilient have a realistic and positive sense of self. They consider themselves as survivors (Wolin & Wolin, 1993) and feel that they have control over their environment. They have confidence in their abilities (Werner, 1993) and make good use of the resources and opportunities that are available to them. They tend to be hopeful about the future and consider the hardships of life as “learning experiences” (Werner & Smith, 2001).

Analysis of table 1.1 indicates that the Orphans (39.97) have a lower mean score on resilience or resource index dimension as compared to the Non-orphans (48.53). This score translates to a significant t (4.12) at 0.01 significance level. There can be multiple reasons due to which the resilience of orphans is lower but one of the main cause of this is the absence of parents, as parental support is one of the major protective factor that helps to promote resilience in the children. Absence of the support and protection of the parents creates loneliness in the adolescents who live in orphanages. They feel that they don't have anyone on whom they can rely during the time of their social and emotional problems. This creates stress among these children and they are unable to deal with the adversities of life. They consider that their hardships of life are permanent in nature and they cannot do anything to change their situation. This affects their capacity to deal with the problems and difficulties of life and they tend to indulge in the non-productive ways of coping such as taking alcohol or drugs etc. (Aral et al., 2005). On the other hand, secure attachment with the parents helps the children and adolescents to navigate and deal with the problems and difficulties of life. This was explained by Betancourt et al. (2011) who stated that family is an important protective factor of resilience among children especially, when it has factors like living together in harmony, corporation, mutual respect and strong communication. Thus, due to this the children living with their families were considered to have higher resilience as compared to the Orphans.

Other protective factors like positive self-image, high self-efficacy, problem solving skills, presence of safe neighbourhood and access to quality educational health services are also absent in the children living in orphanages. All these factors, lead to lowered resilience levels among them.

The Orphan and Non orphan children were then compared on the 3 major dimensions of resilience: Sense of mastery, Sense of Relatedness and Emotional Reactivity. Significant differences were found in the two groups in all these 3 dimensions.

The dimension of Sense of Mastery refers to the perceived personal control of an individual i.e. the person's perception about the sense of control that he /she has over his/her life events. According to most experts, sense of mastery is a core characteristic of resilience in children which provides an opportunity to the individual to interact and enjoy cause and effect relationship in the environment. Figures of Table 1.1 suggest that the orphans (44.70) obtained a mean score which is lower as compared to the mean score of the Non-orphans (55.53). This lead to a significant difference in t (4.11) between the two groups at 0.01 significance level. In order to understand the result of this dimension in greater detail, the Orphan and Non Orphan children were compared on its 3 sub dimensions as well.

The first sub dimension is Optimism which is defined as a positive approach about the world or life in general and about the self in specific. On this dimension, the orphans obtained a mean value of 15.53 whereas the Non orphans obtained a mean value of 18.97. Thus, it can be seen clearly that Orphans are lower in Optimism as compared to the children who live with their families. This led to a significant difference between Orphans and Non Orphans on this dimension ($t=3.09$) at 0.01 level of significance. This happens because the loss of the loved ones, leads to occurrence of depressive thoughts and feelings among the Orphan children. These children tend to get preoccupied with negative and pessimistic thoughts and have feelings of sadness, anger and guilt. They may also indulge in "Self- stigma" and blame themselves for the hardships of their life like the death of their parents and illness or the misfortune of the family (Smart, 2003). This leads to further development of negative thoughts in the children and they start perceiving the other objects and behaviors as negatively. On the other hand, children who live with their families tend to have a higher level of optimism and positive thoughts. This happens as these children consider their parents and other social adults as role models and when they show optimistic attitude, the child also learns it through modeling. Another reason for enhanced optimism among Non-orphan

children is that the presence of family and development of close relationships with the parents leads to development of trust among these children which then promotes optimism in them.

The next dimension on which the two groups were compared was Self-Efficacy which can be defined as a personal judgement of "how well one can execute courses of action required to deal with prospective situations" (Bandura, 1982). Those who possess a higher degree of "perceived Self-efficacy" are more likely to interpret success as an indication of their capabilities (Bandura, Pastorelli, Barbaranelli, & Caprara, 1999). Whereas, those who have a low level of self-efficacy are likely to cease their efforts early, which prevents them from dealing successfully with the challenges of life.

The data of Table 1.1 shows that the mean score of Orphans (22.37) was lower as compared to the Non-orphans (27.30). Also, when t (3.26) was further calculated; it was observed that there was a significant difference between Orphan and Non-orphan children at 0.01 significance level. The reason behind this is that, children who live in orphanages do not get the opportunities to involve themselves in various extracurricular activities like art, music, drama and sports activities. This reduces their chance to identify their weaknesses and strengths and achieve recognition for their efforts. On the other hand, children who live with their families are provided frequent stimulation by their parents and other social adults like teachers. Most parents constantly encourage and praise the children for their good work and enroll the children in various hobby classes. Teachers also encourage the students by providing feedback to them about their performance. This helps in developing various skills and abilities among the children. This has been stated by Brooks & Goldstein (2001), as well who believed that each child possess at least one 'island of competence' which can be developed so as to act as a source of pride or achievement for the child.

The class environment also has an influence on the self-efficacy ability of the orphans. The orphans do not have access to quality schooling and the people who are employed to teach these are not given any special training to deal with sensitive children like them. This makes these teachers less competent and they are unable to provide adequate simulation to the orphans. This was observed even in the orphanage from where the present data was collected. The environment in which these children had their classes was very loosely structured: the class happened at one end of the ground with a lot of noise and other distractions. It did not have a proper blackboard as well to teach the children. Also, teachers of the orphanage shared that due to lack of a proper classroom they are not able to use

innovative techniques that can make the topics more interesting. All these factors can certainly lead to lower levels of self-efficacy among the orphans.

The Orphan and Non orphan children were compared on the dimension of adaptability as well and it was found that the mean score of orphan children (6.80) was lower than the Non-orphan children (9.27). This led to a significant difference between them ($t=3.69$) at the 0.01 significance level. Adaptability refers to the ability of the individual to think about different options while solving a problem (Embury, 2006). It involves having flexibility in one's problem solving abilities and skills as the person thinks about alternative solutions to solve a particular problem. Unfortunately, Orphans do not tend to have high levels of adaptability as the child's ability to adapt to the stresses of life is significantly related to social competence and positive connections that the child has with family, peers and pro-social adults and the orphans do not have adequate access to these factors (Masten & Coatsworth, 1998). They are deprived from the guidance of their parents and the outside world which prevents them from learning from their mistakes. Thus, they are unable to develop the adequate problem solving and coping skills required to deal with the demanding situation. On the other hand, children who live with their families and parents have access to all these sources which helps them to develop their problem solving and adaptability skills.

Sense of Relatedness is the next dimension on which the two groups were compared. This dimension is based on the assumption that humans are social beings and have a desire to form attachments with family and friends (Baumeister & Leary, 1995). Mainly, there are 4 components that contribute to a sense of relatedness: Sense of Trust, Perceived access to Support, Comfort with others and Tolerance. Figures of table 1.1, suggest that the mean value of Orphan children (55.07) was less as compared to the mean value of Non-orphan children (67.07) on this dimension. Also, when t (4.49) was calculated for this dimension, it was found that there is a significant difference between the two groups at 0.01 significance level. These results indicate that the Orphan children have lower levels of sociability as compared to the Non orphan children.

Bowlby (1979), also stated that attachment bond is a source of joy and security for the children. According to him, the parents serve as primary attachment figures for the children. The children rely on their parents during the times of distress and seek a secure base in them (Bowlby, 1982). Thus, when children are deprived the love of the parents then it can lead to grief and mourning among them and have a negative impact on their social and emotional

development. On the other hand, when children live with their family they feel more related to them as they get constant care and attention from their parents, siblings and other relatives. Thus, these children enjoy the emotional warmth and closeness that they get from their family members (Zeman & Garber, 1996) and this helps them in developing strong and positive relations with others and their need for belongingness gets fulfilled.

During data collection it was observed that Orphans lacked support and connections with their caretakers and teachers as their turnover was very high in the orphanage. These people were employed only on temporary basis and thus the children of the orphanage were unable to form close relations with them.

On the dimension of Trust as well, the orphans obtained a mean score (15.87) which is lower than that of the Non Orphans (18.50). The t score (2.68) also showed that there is significant difference between the two groups at 0.01 significance level on this dimension. The significance of trust has been identified most clearly by Erik Erikson (1963). According to him, trust is the first stage of social emotional development in an individual, upon which rest of the social development is built. He stated that if the children receive consistent, predictable and reliable care from the parents, then they tend to develop a sense of trust which they carry with them to other relationships as well. This helps them to feel secured even when they are threatened. One of the major factor that leads to development of trust among children and adolescents is lacking among the children of orphanage. These children do not have any stable and emotionally rich relationship in their life- they are separated from their parents and the caretakers of the institution also do not provide the adequate care and attention that is needed by these children. Thus, due to both these factors they are not able to form a sense of trust among themselves.

The next dimension on which these two groups were compared was Perceived Access to Support which is defined as the individual's belief that there are others to whom he/she can look up to when dealing with an adversity or stressful situation. Thus, perceived support is that dimension of social support that is most strongly related to psychological wellbeing of children (Barrera, 1986). When children have the support of the adults, they feel that they have a 'secure base' or a 'safe heaven' on whom they can cling on when needed and be comforted during the times of threat (Ainsworth, 1989). However, this support is unavailable to the children of the orphanage and this is the reason that they have obtained a mean score (15.20) which is lower than that of the Non-orphan children (18.73) who have the support of

their family. On the other hand, the children who live with their families are constantly guided by the adults present in their life. They have the support of their siblings, friends and extended family members which helps them in bouncing back quickly from the difficulties or challenges of life. Besides this, another study also found that adolescents who have secure attachment with their parents, especially the mother, show “confidence in protection” i.e. they have the conviction that parents will be available for them when needed (Goldberg, Grusec & Jenkins, 1999). Due to these reasons, when t (3.82) was calculated a significant difference was found between the two groups at 0.01 significance level.

From the findings discussed so far, one can easily infer that support is the most significant factor contributing in the individual’s ability to deal with adverse circumstances. Lack of support experienced by orphans has been found to play a role in almost all the dimensions of resilience mentioned above.

Comfort is the next dimension on which the children of Orphanages and Non-orphan children were compared. Comfort is basically defined as the degree to which an individual can be in the presence of others without having any kind of discomfort or anxiety. Having less comfort might be a problem when it is associated with a lack of trust and perceived lack of access to support as it may prevent an individual from gaining access to the needed support. After observing the figures of table 1.1, it can be inferred that Orphans obtained a mean score (8.50) which is lower than the Non-orphan children (10.77) on this dimension. This also led to a significant difference ($t = 3.02$) between the two groups at 0.01 significance level. Orphans are uncomfortable in the presence of others majorly due to two reasons. The first reason is that due to various factors like lack of parental figure, material resources and educational opportunities these children are not able to identify their abilities and limitations or maximise their potential. They suffer from an inferiority complex and feel that they are less competent in comparison to the other adolescents who have got these opportunities. Second reason is absence of family, these children do not get enough stimulation and are not able to learn the appropriate social or communication skills that would help them to interact with others. This creates anxiety among these children and they feel that the safer option is to avoid others (Ahmad et al., 2005). On the other hand, children who live with their families get a lot of opportunities to develop their social competence and improve their communication skills. For example, the family sits together at the time of dinner and discusses various issues. The opinion of all the family members is taken into consideration.

Through this, children tend to face less hesitance while interacting with others and are more comfortable in the presence of others than children who live in orphanages.

The two groups were then compared on the dimension of Tolerance which is defined as the individual's belief that he or she can safely express differences within a relationship. It involves having a higher level of assertiveness. After analysis of table 1.1, it was observed that Orphans got a scored a mean score (15.50) which is lesser than that of the Non-orphans (19.07). A significant difference was also found between them after the calculation of t (3.77) at 0.01 significance level. It can be explained that children who live in orphanages have poor skills of self-control (Mikhailova, 2004), and are rejected by the members of the society. These children are continuously blocked from expressing and fulfilling their desires and this leads to an increase in their frustration level. Thus, they keep most of the things to themselves and have lower levels of tolerance as compared to the children living with their families.

The third and last dimension of resilience is Emotional Reactivity. Emotional Reactivity may be viewed as pre-existing vulnerability, arousal, or threshold of tolerance to stimulation prior to the occurrence of adverse events or circumstances. The dimension represents 3 sub dimension out of which one construct, sensitivity, is a construct of emotionality. Whereas, the other two constructs, recovery and impairment, represent the outcome of the regulatory process-. In this way the emotional reactivity dimension does not presume to assess emotional regulation directly, instead, it assesses the extent to which the youth experiences himself or herself to maintain a balance when emotionally aroused. To understand the results of this dimension, table 1.1 was analysed and it was found that the mean of the orphan children (33.63) was less in comparison to the Non-orphan children (29.27). However, when t (1.44) was calculated for this dimension, the difference between these two groups was not found to be significant at both t levels. Therefore, the results of its sub dimensions were also taken into consideration.

It was observed that Impairment was the only dimension where difference was found. Impairment is basically the degree to which the individual is able to maintain an emotional equilibrium in a situation of arousal. It focuses on reporting the frequency with which some impairment occurs after being upset. It was found that the mean score of orphans (18.97) was higher on Impairment as compared to the Non orphans (14.83). The difference ($t = 2.36$) was also found to be significant between them at 0.01 significance level. When these children are separated from their parents in the formative years of their life, they feel that they have

become victims of the circumstance for which they do not have any direct control. This creates an intense vacuum among these children and they develop feelings of insecurity helplessness and frustration. Also, higher level of emotional arousal among the children gets developed and they tend to externalize their anger to external objects in the environment like they may try to harm themselves or the others.

No significant difference was obtained between the two groups at both the significance levels on the sub dimensions of Sensitivity and Recovery. The t for Sensitivity was 1.30 whereas the t for recovery was 1.43. Differences could be seen in their mean scores on both the dimensions. On the dimension of sensitivity, which focuses on the threshold for reaction and the intensity of reaction, mean score of the orphans was higher than the mean score of Non orphans. They were more sensitive and more likely to get upset than the Non Orphan children. On the other hand, the mean score of orphan children was lower than the mean score of non-orphan children on the dimension of Recovery. The dimension of recovery basically determines the duration within which an individual will be able to return back to normal functioning after experiencing a strong emotional reaction. It estimates the time an individual takes to recover when one is angry or upset.

Orphans have to deal with many difficulties and challenges when they live in orphanages such as unhygienic living conditions, inadequate amount of food and irresponsible caretakers. Problems like these may upset these children but they realize that they do not have any choice than accepting the present circumstance of their life. To deal effectively with these situations they apply the defense mechanism of denial i.e. they may consider that the problems that they are facing are trivial and unimportant for them. However, excessive use of defense mechanism may sometimes lead to an increase in their impairment levels. Another reason for not obtaining significant difference on this dimension can be the influence of social desirability. Orphans may not have shown their weaker side so as to get greater approval by others.

Thus, from the above results, it becomes lucid that orphan children may hesitate from forming good connections and relations with others. This then leads to a significant reduction in the person's ability to bounce back from the adverse situation as these children have reduced levels of social support which is an important protective factor for promoting resilience in an individual.

Results of the present study can be instrumental in recommending interventions for improving the condition of the children living in orphanages. For instance, greater number of females can be hired as caretakers in the orphanages as they may act as motherly figures for the orphans. This will provide warmth, love and affection to them. Similarly, Counsellors can teach cognitive strategies such as thought stopping and *changing channels*. In the latter technique, the children are asked to consider their thoughts and emotions as channels of the TV. Then they are taught that if their thoughts are on ‘angry channel’ they need to change it to ‘calm channel’.

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