

# 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 OF STUDY

The study was conducted in 4 orphanages (2 National NGOs and 2 international NGOs) and 4 government schools (2 boys and 2 girls) of Lahore city in the duration of six months

### SUBJECTS AND METHODS

200 participants (100 Orphans and 100 Mainstream adolescents) with the age 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 demographic Performa.

### 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 cultural influence on orphan hood and implications for clinical and counseling services.

### CONCLUSION

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

### KEY WORDS

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<sup>1</sup>. In this critical time of growth and development, an adolescent learns to understand, express and regulate emotions and maintain individuality while developing intense interpersonal relationships<sup>2</sup>. One of the important developmental tasks of adolescents is to develop identity and self as the individual tends to explore the social world, identifies with the value system and develop a unique sense of individuality with the help of identity formation<sup>3</sup>. 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 future orientation<sup>4</sup>. Some adolescents address 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<sup>5</sup>, Berzonsky contributed significantly in the understanding about the construct of identity in terms of introducing identity status and identity-processing styles<sup>6</sup>.

Several studies indicate that successful resolution of identity crisis 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<sup>7-9</sup>. On the other hand, individuals with diffused or avoidant identity tend to experience more anxiety, poor quality of interpersonal relationships, poor academic outcomes and poor decision making<sup>10</sup>. Several studies have shown that many psychosocial and cultural factors play a critical role in the development of identity<sup>11</sup>. However, among various other factors, attachment and parenting styles plays a significant role in the determination of one's unique identity styles, as literature revealed that diffuse and avoidant identity styles are positively associated with indulgent and authoritative parenting<sup>12,13</sup>. Moreover, other studies revealed that parental support and warmth is positively associated with the integrated meaning of self and autonomy<sup>14</sup>.

Adolescence years not only bring opportunities, 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 pressures including need for independence, peer pressure, familial expectations, intense social interactions and a need of maintaining unique individual identity<sup>15</sup>. All these challenges made adolescents more vulnerable



to mental health concerns that may interfere in their normal psychosocial and academic functioning<sup>16</sup>. Research evidence has shown that a large number of adolescents are suffering from serious emotional and behavioral problems including anxiety, depression<sup>17,18</sup>. 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<sup>19,20</sup>. 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). Researchers have also focused their attention to identify bio-psychosocial 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<sup>21,22</sup>. Positive parenting significantly contributes in school readiness, emotion regulation, social skills, social competence and interpersonal relationships of adolescents<sup>23</sup>. Likewise, loss of a parent in early years of a child's life may become a traumatic experience that continuously influences one's mental health and functioning<sup>24,25</sup>. This loss becomes even more significant when the child is growing, where he needs a secure base, attachment and family bonding to build his future relationships<sup>26</sup>.

Almost 150 million children are orphans across the world<sup>27</sup>. Death of a parent poses a major life change in a child's life involving a move 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<sup>28,29,30,31</sup>. Researchers have also found that being an orphan is also associated with stigmatization and exclusion from mainstream and being marginalized<sup>32</sup>. 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<sup>33</sup>.

In the developing countries, foster care and adaptation has tremendously reduced the need of orphanages but also improved the quality of life of orphans<sup>34</sup> 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<sup>35</sup>. 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 system<sup>36</sup>.

To sum up, few important themes have emerged from above literature, firstly, adolescence period is said to be a period of storm and stress that not only brings new opportunities of leaning of skills, autonomy and independence but also associated 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 self is 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 AND 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 sampling technique was used to select participants. 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 both parents were alive. The age range of the participants was between 13-18 years (M 14.42, SD 1.47).

### 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 (ISA)**<sup>37</sup> 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 with response options 0 (never), 1 (rarely), 2 (sometimes), and 3 (often). ISA is found to have acceptable psychometric properties.

### School Children's Problem Scale (SCPS)

**School Children's Problem Scale (SCPS)**<sup>38</sup> measures emotional and behavioral problems in adolescents. SCPS has six subscales; anxiousness, academic problems, aggression, social withdrawal, feeling of rejection and psychosomatic problems. SCPS is a self-report 4-point likert type rating scale 0 (never), 1 (rarely), 2 (sometimes), and 3 (often). Higher the score means higher emotional and behavioral problems and a total problem score can be 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



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 both genders. Mean age of the sample was 14.42 years with a standard deviation of 1.47. Majority of the adolescents were studying in 9th grade (see table 1 for details).

**Table 1**  
Percentages of the Demographic Characteristics of the Participants, Group, Years of Age, Gender and Class (N= 200)

Variables	Orphans %	Mainstream Adolescents %	Total %
<b>Gender</b>			
Boys	50	50	100
Girls	50	50	100
<b>Class</b>			
7 <sup>th</sup>	21	5	13
8 <sup>th</sup>	23	8	15
9 <sup>th</sup>	29	80	54
10 <sup>th</sup>	27	7	17

**Table 2**  
Mean differences on Identity, and Emotional and Behavioral Problems in Orphans and Mainstream Adolescents

Subscales	Groups	M	SD	t	LL	UL	Cohen's d
Positive identity	Orphan	44.04	9.39	4.28***	8.48	3.13	.60
	Mainstream	49.85	9.76				
Negative Identity	Orphan	21.41	8.28	3.72***	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	3.15***	0.50	3.05	.61
	Mainstream	7.20	4.78				
Withdrawal	Orphan	9.26	3.88	1.69	0.16	2.22	.24
	Mainstream	8.23	4.67				
Rejection	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	50.10	16.55	3.64***	1.12	12.50	.40
	Mainstream	44.40	11.35				

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

Table 2 indicated mean difference between institutionalized orphans and mainstream 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 find out the predictors of mental health problems among orphans and mainstream adolescents Hierarchical regression analysis was performed. In Step I, demographic characteristics of the participants were entered including gender, age and academic class. In Step II, three factors of Identity Scale were entered and in Step III, six subscales of social intelligence scales were entered.

**Table 3**  
Predictors of Emotional and Behavioral Problems in orphans and Mainstream Adolescents (N= 200)

Predictors	B	SEB	B	t	p
<b>Step 1 (R=.11, ΔR<sup>2</sup>=.09)</b>					
Age in years	3.47	1.56	.20	2.21	.03*
Gender	16.37	3.62	.33	4.51	.001***
Participant's Group	-4.06	3.06	-.28	3.91	.001***
<b>Step II (R=.23, ΔR<sup>2</sup>=.20)</b>					
Negative Identity	.83	.21	.28	3.87	.001***

Note. only significant results are presented in Step I, Steps II and Step III, Note: Step I, F (5, 199) =4.93, \*\*\*p<0.001, Step II, F (8,199) =6.23, \*\*\*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 Step II Negative Identity is positive predictor of EBP. To sum up the results of hierarchical regression analysis, being a 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 emotional and behavioral problems.

**Table 4**  
One Way Analysis of Variance Across Gender and Group on Identity and Emotional Behavioral Problems

	Mainstream Boys	Mainstream Girls	Orphan Boys	Orphan Girls	F
<b>Factors</b>	<b>M(SD)</b>	<b>M(SD)</b>	<b>M(SD)</b>	<b>M(SD)</b>	
Positive Identity	50.16(10.14)	49.54(9.47)	43.30(10.82)	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(9.13)	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**

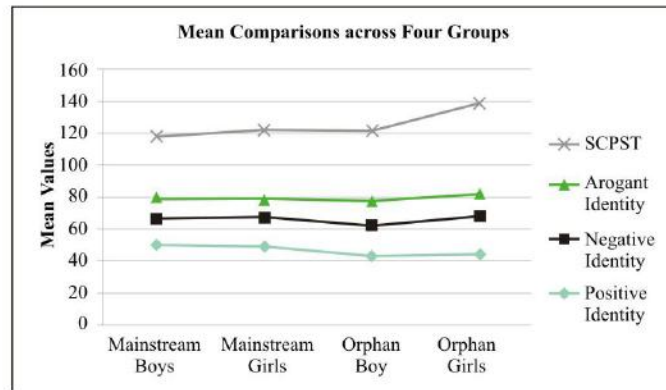
between Group df=3, Within Group df=196, Total Group df=199 \*\*p<0.01, \*\*\*p<0.01

Table 4 presented significant gender and group difference on



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 high on negative identity, arrogant identity and emotional behavioral problems

**Figure 1**  
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. More specifically, 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 formation<sup>12</sup>. Orphan adolescents have lost their 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 and dominance becomes the only weapon to overcome the deep seeded sense of rejection, unjust, adornment and isolation. As a result, they might become more controlling, street wise and learn the tricks of the trade. As far as emotional 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 with mental health problems. These findings are in line with previous literature<sup>28-31</sup>. Being orphan is not only a biological 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 their only social norm is survival<sup>38</sup>.

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<sup>39</sup>. There might be many different reason of this predominance trend of gender including firstly, since it adolescence is a pubertal time and girls are 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, girls especially 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 growing age.

## 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 and development of orphans. Future research should also focus on including another group of orphans that lives in an intact family system so that differential impact can be identified.

## CONCLUSION


The results of 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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