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A COMPARATIVE STUDY OF INSTITUTIONALIZED ORPHANS AND NON-ORPHAN'S USE OF COPING STRATEGIES

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ABSTRACT

The study is aimed to comparatively analyze the use of coping strategies (i.e. adaptive and maladaptive) by children in orphanages in contrast to non-orphans. The sample of 209 children was recruited via purposive sampling, out of which 105 were children from different orphanages in Karachi whereas 104 children were living with their biological parents and were recruited from private schools of Karachi. Age of the children for both groups was 6-12 years. Adapted version of the Brief COPE (Siddiqui & Ali, in press) was used. Besides descriptive statistics, t-test was used to compare the means of both groups for each coping scale. Findings revealed that institutionalized orphans tend to rely more on maladaptive coping strategies, i.e. denial, behavioral disengagement, venting, acceptance (passive) and self-blame. Alternatively, non-orphans were found to use adaptive coping strategies (active coping, emotional support, instrumental support, positive reframing, planning and humor) more frequently than children from orphanages.

Keywords: *Orphanage, Coping, Adaptive Coping, Maladaptive Coping*

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INTRODUCTION

Orphanhood has a traumatic effect on children's life and the stress is inherent in the situation where misfortune multiples when orphaned children are subjected to institutional settings. Although shelter and basic services are provided in orphanages, psychological needs are not adequately met which results in stress and socio-emotional deficits (Lumbi, 2007). A recent study by Sahad, Mohamad, and Shukri (2018) reported that institutionalized orphans have significantly higher level of stress, anxiety and depression than non-orphans. Tarullo and Gunnare (2005) also asserted that orphanages provide substandard care which needs to be addressed. Sengendo and Nambi (1997) have highlighted several points that can account for the neglect of emotional needs of orphans. First, lack of awareness about the intensity and significance of the problem is one of the reasons. Second, there is a general misconception that children are immune to psychological or emotional problems which results in the ignorance on the part of caretakers. Third, children usually do not verbalize their problem so it is difficult to find out the problem they are experiencing. Fourth, instances where problem of orphans comes to surface, proper handling of the problem becomes yet another complex issue because of insufficient and inept caretakers. Even more, when orphans manifest their emotional problems behaviorally in terms of temper tantrums and isolation, they get penalized further aggravating the problem. To cater to orphan's psychological needs, primarily it is significant to understand how they cope with the distress they feel; hence the present study is an endeavor in this regard.

Lazarus and Folkman (1984) described coping as individual's cognitive and behavioral effort to deal with demands of an unfavorable or challenging situation. According to them, stress is neither a stimulus nor a response, rather it is a relational concept between person and environment that determines stress. If a person perceives the stimulus to be taxing or exceeding their resources, it is perceived as threat and coping is the execution of response to threat (Lazarus & Folkman, 1984). There are several ways to cope with a stressful situation or thought. Skinner, Edge, Altman, and Sherwood (2003) compiled a comprehensive list of 400 coping strategies which reflects the abundance of coping approach. Since evaluating all the coping strategies is beyond the scope of this article, coping strategies identified by Carver (1997) in Brief COPE would be studied which is a shortened version of COPE Inventory. Carver, Scheier, and Weintraub (1989) formulated a multidimensional COPE Inventory based on the theoretical model of psychological stress by Lazarus and Folkman (1984). Carver (1997) suggested that coping skills should be assessed independently to get rich information into

dynamics of coping. Some coping strategies that are adaptive in one situation can be maladaptive in another situation (Karlovits, 1998). Therefore, majority of coping strategies can be classified as adaptive and maladaptive based on their effectiveness in various situations.

Adaptive coping can be described as the pragmatic use of cognitive and behavioral strategies to alleviate either the effect of stressor or the stressor itself (Docena, 2015). Adaptive coping strategies, extracted from Carver's Brief COPE (1997) include active coping, use of emotional support, use of instrumental support, positive reframing, planning, humor and religion. Active coping is a problem focused coping aimed to eradicate or modify the effect of stressor (Carver, Scheier, & Weintraub, 1989). Use of emotional support implies the reliance on moral support from family, friends and acquaintances (Carver, Scheier, & Weintraub, 1989). Use of instrumental support refers to seeking advice, information or any other resource to manage the stressor (Crasovan & Sava, 2013). Positive reframing is a highly adaptive coping strategy which entails an optimistic approach to interpret an undesirable situation (Moore, Biegel, & McMahon, 2011). Planning is a problem focused strategy which refers to the cognitive groundwork in order to overcome the stressor (Crasovan & Sava, 2013). Humor is yet another adaptive coping approach to find something hilarious in an otherwise stress provoking situation. Positive effect of humor on physical and psychological health have been empirically confirmed previously (Sliter, Kale, & Yuan, 2014). Religion is an emotion focused strategy which provides spiritual support (Carver, Scheier, & Weintraub, 1989).

Maladaptive coping strategies, identified from Brief COPE, include self-distraction, denial, substance abuse, behavioral disengagement, venting, self-blame and acceptance. Self-distraction is an avoidant coping style wherein individual attempts to deviate attention from the stressor by engaging in irrelevant activities such as listening to music or watching television (Carver, Scheier, & Weintraub, 1989). Another avoidant coping strategy is denial in which the person refuses to accept the reality of the stressor (Crasovan & Sava, 2013). Substance abuse is one of the most harmful strategy where an individual uses alcohol or drug either to avoid the stressor or to ease the distress associated with the stressor (Carver, 1997). Behavioral disengagement refers to giving up on the situation to manage the stress. It is associated with helplessness which renders it maladaptive (Carver, Scheier, & Weintraub, 1989). Venting is a low order coping strategy that refers to expressing negative feelings associated with the stressor (Skinner, Edge, Altman, & Sherwood, 2003). Self-blame is considered dysfunctional because individuals held

themselves responsible for the occurrence of unfavorable events. It is reported to cause poor adjustment, low self-efficacy and depression (Skinner, Edge, Altman, & Sherwood, 2003). Acceptance is an emotion focused coping strategy which can be adaptive if it motivates an individual to deal with the stress (Carver, Scheier, & Weintraub, 1989). However, in many instances it becomes a passive coping style which leads to withdrawal (Walker, Smith, Garber, & Van Slyke, 1997).

Adaptive coping serves as a buffer against traumatic life experiences. Carels (2004) found that effective use of coping strategies tends to reduce depressive symptoms. Adaptive coping is also strongly tied to resiliency (Turner, 2001). Even though coping strategies are meant to eliminate or diminish suffering, some strategies prove to be harmful in the long run and are termed as maladaptive coping strategies (Skinner, Edge, Altman, & Sherwood, 2003). Maladaptive coping strategies are associated with aversive mental health outcomes. It has been empirically confirmed that maladaptive coping strategies are linked to anxiety, depression substance abuse, strained relationships and poor quality of life (Heerey & Kring, 2007; Marcks & Woods, 2005).

Literature suggests that institutionalized orphans generally use maladaptive coping strategies (Mohammadzadeh, Awang, Ismail, & Shahar**,** 2017; Saraswat & Unisa, 2017). In orphanages, there is a disparity between child-caregiver ratios so caregivers are unable to provide individual attention to children, thus compromising on their emotional needs (Groark & McCall, 2011). Lumbi (2007) pointed out that orphaned children have limited internal and external coping resources which explains the use of maladaptive coping strategies. Sarfaraz and Sitwat (2010) conducted a study in Pakistan to understand the coping strategy of institutionalized children as compared to non-institutionalized orphans and non-orphans. They found that institutionalized orphans use significantly less active practical coping as compared to non-orphans and non-institutionalized orphans (Sarfaraz & Sitwat, 2010). Furthermore, use of avoidance coping by children living in orphanages has been revealed in multiple studies (Lumbi, 2007; Sarfaraz & Sitwat, 2010). Saraswat and Unisa (2017) conducted in-depth interviews with institutionalized orphans and found that orphaned children were experiencing huge psychological distress and to overcome the distress, they use suppression, avoidance and social support. Mohammadzadeh, Awang, Ismail, and Shahar (2017) concluded that adolescents living in orphanages in Malaysia frequently use denial and behavioral disengagement to cope with stress whereas active coping was their least preferred strategy. Among adaptive coping strategies, use of emotional support by children in orphanages had been reported in some qualitative and

quantitative studies (Lumbi, 2007; Mohammadzadeh, Awang, Ismail & Shahar, 2017).

Information about the specific coping strategies used by institutionalized orphans is scarce in literature. Although few local researchers have studied general adaptive and maladaptive approach, specific coping strategies have not been studied independently with respect to institutionalized children. Owing to this lack of literature, it is challenging to plan interventions for children in orphanages unless we understand the coping strategies that children in orphanages use to deal with stress in their life. For that reason, the present study is designed to assess if institutionalized children use different coping strategies as compared to non-orphans. The insights gathered from this study can be used to devise coping skills training for the institutionalized orphans to enhance their repertoire of coping resources. Secondly, it would help children in orphanages to employ appropriate and adaptive coping strategies which in turn would have a positive impact on their mental health.

Based on our literature review, following research hypotheses were established:

1. Children in orphanages would be less likely to use adaptive coping strategies as compared to children from intact families.

2. Children in orphanages would be more likely to use maladaptive coping strategies as compared to children from intact families.

METHOD

Participants

In lieu of the objectives of present study, purposive sampling was carried out. One hundred and five children were sampled from five different orphanages in the key metropolitan city of Pakistan, i.e. Karachi. Orphanages were selected from various locations and establishments from local NGO to international NGO and from religious orientation to community based organizations. To draw comparison, one hundred and four children from intact families both biological parents in a nuclear family set-up also served as a part of sample for this study. They were recruited from various private schools in Karachi. Age range of the sample was 6 to 12 years. The mean age of children living in orphanages was 9.26 (*SD* = 1.89)

while mean age of children from intact families was 8.99 (*SD* = 1.99). In overall sample, 51.67% children were boys and 47.33% were girls. Children from some orphanages attend regular schools (29%) whereas orphanages with limited resources had in-house education facility (11%), 9% of the children in our sample receive religious education and Hifz program whereas majority (51%) of the children receive basic education only. Demographic Characteristics of the sample are presented in Table 1 and 2.

Measures

Demographic Information Sheet

Brief demographic questions were framed to obtain information concerning age, gender, grade, family structure (for children from intact families) and institution or school name.

Brief COPE

The adapted Urdu version of Brief COPE (Siddiqui & Ali, in press) originally developed by Carver (1997) was used in this study. It consists of 26 items yielding 13 coping scales: *active coping, use of emotional support, use of instrumental support, positive reframing, planning, humor, religion, self-distraction, denial, behavioral disengagement, venting, self-blame* and *acceptance*. The scale 'Substance Use' was skipped for the study on insistence of orphanage and school authorities to prevent from children the idea that substance can be used as a coping strategy. Also, the age range of children was from 6 to 12 years who were closely overseen by parents and orphanage authorities so they do not have access to any addictive substance. Responses to the Urdu version were coded on a 4-point scale oscillating from 1 *(I haven't been doing this at all)* to 4 *(I've been doing this a lot)*. Each scale was interpreted independently as recommended by the author. Reliability values of the adapted Brief COPE for each coping scale meet the general acceptability criteria which requires that the correlation coefficient should be at least .50 (Nunnally, 1978). The Cronbach's value of coping scales varied from .60 to .95. Cross language validity for coping scales ranged from .56 to .90. Temporal reliability, one week apart, fell in the range of .51 to .83 for the scales of Brief COPE (Siddiqui & Ali, in press). Psychometric properties of the adapted version obtained in the present study suggest that it is an adequate measure to be used with children in Pakistani culture (Table 3).

Procedure

Orphanage and school authorities were contacted and briefed about the nature and significance of the study. Orphanage authorities were reassured that no question regarding parental loss or abandonment will be asked that could incite anxiety or dejection. When authorities approved the questionnaire and gave consent, children were approached. First, rapport was established with children so they could share their feelings openly. Ethical considerations were kept in check by obtaining verbal consent from children in addition to the written consent from their respective authorities. Furthermore, confidentiality and the right to refuse to answer any question that they find uncomfortable was explained to them. Questionnaire was administered in interview style because children were not only young for self-administration but some children in orphanages were educationally disadvantaged too. Content and layout of the questionnaire was kept same as that of the original scale. Post administration, children were acknowledged for sharing their thoughts and feelings and their cooperation.

Statistical Analysis

The Statistical Package for Social Sciences (SPSS, version 21.0) was used to analyze the data. Descriptive statistics represent the respondents' profile of the present study. Brief COPE was scored according to the standard procedure recommended by Carver (1997). To investigate children's preference of coping strategies, mean and standard deviation were computed for both groups. Furthermore, t-test was calculated to assess whether coping strategies used by children in orphanages differ significantly from that of children belonging to intact families.

RESULTS

Table 1
Descriptive Statistics (Frequency & Percentage) for Gender of the Sample

Groups	*N*	Male		Female	
		f	*%*	*f*	*%*
Orphans	105	55	52.38	50	47.62
Non-orphans	104	53	50.96	51	49.04
Total Sample	209	108	51.67	101	48.33

Table 2
Descriptive Statistics (Mean & Standard Deviation) for Age of the Sample

Age	*N*	*M*	*SD*
Orphans	105	9.26	1.89
Non-Orphans	104	8.99	1.99
Total Sample	209	9.12	1.94

Table 3
Cronbach's Alpha for Brief COPE (N=209)

Scales	*Items*	*α*
Self-distraction	2	.93
Active coping	2	.83
Denial	2	.84
Use of emotional support	2	.79
Use of instrumental support	2	.88
Behavioral disengagement	2	.91
Venting	2	.63
Positive reframing	2	.96
Planning	2	.76
Humor	2	.93
Acceptance	2	.48
Religion	2	.92
Self-blame	2	.92

Table 4
Independent Sample t-test depicting difference in Adaptive Coping Strategies Usage between Children residing in Orphanages and Children from Intact Families

Variables	Groups	*M*	*SD*	*t*	*df*	*p*
Active coping	Orphans	4.11	1.16	15.79**	207	.000
	Non-orphans	6.66	1.17			
Emotional support	Orphans	4.95	1.56	10.78**	199	.000
	Non-orphans	7.07	1.26			
Instrumental support	Orphans	5.31	1.43	10.86**	191	.000
	Non-orphans	7.20	1.06			
Positive reframing	Orphans	2.46	0.99	14.59**	154	.000
	Non-orphans	5.54	1.91			
Planning	Orphans	4.05	1.16	14.18**	207	.000
	Non-orphans	6.37	1.20			
Humor	Orphans	2.96	1.45	8.76**	199	.000
	Non-orphans	4.90	1.74			
Religion	Orphans	7.23	1.32	-0.65	207	.517
	Non-orphans	7.12	1.20			

**$p<.001$

Table 5
Independent Sample t-test table depicting difference in the use of maladaptive coping strategies between children residing in orphanages and children from intact families

Variables	Groups	*M*	*SD*	*t*	*df*	*p*
Self-distraction	Orphans	6.29	1.92	-.515	207	.607
	Non-orphans	6.15	1.77			
Denial	Orphans	5.49	1.92	-8.00**	191	.000
	Non-orphans	3.63	1.41			
Behavioral Disengagement	Orphans	6.54	1.55	-10.14**	194	.000
	Non-orphans	4.03	2.00			
Venting	Orphans	6.02	1.81	-5.39**	207	.000
	Non-orphans	4.76	1.56			
Acceptance	Orphans	6.50	1.13	-4.50**	180	.000
	Non-orphans	5.62	1.67			
Self-Blame	Orphans	6.86	1.68	-8.46**	207	.000
	Non-orphans	4.84	1.77			

**p<.001

DISCUSSION

The study was designed to understand the coping strategies used by institutionalized orphans in contrast to non-orphans.

Comparative analysis in Table 4 demonstrates that children in orphanages scored significantly low on adaptive coping strategies i.e. active coping, emotional support, instrumental support, positive reframing, planning and humor. There was no significant difference in the use of religion between the two groups. These findings support our first hypothesis. The findings are further congruent with the study carried out by Kaur and Rani (2015) in which they compared orphans with adolescents from intact families and found that non-orphan scored comparatively higher on productive coping. Planning and active coping can be regarded as a problem-focused coping which are adaptive and healthier for psychological well-being (Lazarus & Folkman, 1984). Children from orphanages do not seem to engage in these problem-solving coping which is consistent with the findings uncovered by Sitwat and Sarfaraz (2010). Aspects of social support, i.e. seeking emotional and instrumental support as a coping technique turned out be less significant for children in orphanages. It can be explained from the insights of a qualitative study moderated by Tadesse, Dereje, and Belay (2014) where they pointed out that institutionalized children experience loneliness due to poor bonding with caregivers and despair associated with parental death and perceived neglect. Due to these overwhelming emotions, it is understandable that children in orphanages depend less on emotional and instrumental support as compared to children who relish parental affection and nurturance. Findings also suggest that children in orphanages engage less in positive reframing and humour than children from intact families. In literature, positive reframing and humour have been accredited as highly adaptive coping skills and have a positive relationship with psychological well-being (Ganz & Jacobs, 2014) and helps in inculcating resilient characteristics (Meyer, 2001; Moore, Biegel, & McMahon, 2011). Sitwat and Sarfaraz (2010) revealed that children in orphanages have multiple psychological problems and limited personal resources so it can be deduced that they do not have the capacity to use positive reframing and humour that are known to be higher-order skills. No significant difference was uncovered on the scale of religion. These findings are explicable as our society puts a lot of emphasis on turning to God for help (Khan, Mughal, & Khan, 2013). Our children are taught from early age to pray to Allah in distress and there is nothing that He cannot fix. Hence, children in both groups frequently use religion as a coping strategy.

Table 5 depicts that children in orphanages use denial, behavioral disengagement, venting, self-blame and passive acceptance for coping significantly more than children from intact families. These findings are consistent with our second hypothesis and findings of the previous studies that found the most frequently used coping strategies by institutionalized orphans to be self-blame and

behavioral disengagement along with denial (Mohammadzadeh, Awang, Tajik, & Latiff, 2017). To protect themselves from the disturbing reality of parental loss and abandonment, children in orphanages resort to denial as a coping mechanism (Lumbi, 2007). Behavioral disengagement and passive acceptance is associated with helplessness. Tadesse, Dereje, and Belay (2014) stressed that children in orphanages experience a strong sense of helplessness due to lack of control and inability to express their feelings which perhaps lead to behavioral disengagement and passive acceptance. Denial and behavioral disengagement fall under the umbrella of avoidance coping. Result of previous studies determines that avoidance coping is the preferred strategy of orphans (Allen & Leary, 2010; Sarfaraz & Sitwat, 2010). Venting was also reported significantly by children in orphanages. Kaur and Rani (2015) found that orphans frequently exhibit emotional and behavioral problems which reflects how they use venting to cope with distress. Results further demonstrate that children in orphanages are more likely to engage in self-blaming. Orphans tend to attribute miseries to themselves and even blame themselves for their parent's death (Allen & Leary, 2010). Among maladaptive strategies, self-distraction was the only coping technique that did not indicate any significant difference between children in orphanages and children from intact families. Tuncay, Musabak, Gok, and Kutlu (2008) asserted that self-distraction is one of the most frequently used emotion-focused strategy. It can be concluded that children generally use self-distraction to cope with stress irrespective of their circumstances and psychological status.

In a nutshell, it can be established that children in orphanages do not cope effectively. They exhibited a minimal use of adaptive coping and rely more on maladaptive coping strategies which would further deteriorate their mental health. Reforms are needed to provide psychological help to children in orphanages so they learn to cope effectively and grow up to be a resilient individual. One potential limitation of the present study was inclusion of only institutionalized orphans in the sample. For future researches, it is recommended to include non-institutionalized orphans and the prospect of foster care as opposed to orphanages can be explored.

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