

The Effect of Resilience on the Psychological Well Being of Orphan and Non-Orphan Adolescents

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ABSTRACT

Background: Resilient individuals are usually able to maintain their physical and psychological health and have the competence to recover quickly from stressful events. The present study provides insight into vulnerable segment of the population and helps to identify the factors contributing to their wellbeing & modifying them. Thus following this view, the objectives of the study was to examine the level of Resilience and psychological wellbeing among orphan and non-orphan adolescents; and to examine the influence of resilience on psychological wellbeing of orphan and non-orphan adolescents

Methodology: The participants were 30 orphan and 30 non-orphan adolescents (15 males & 15 females in both group), aged 13-18 years and were administered Child and Youth Resilience Measure and Ryff's multi-dimensional Psychological wellbeing scale.

Results: The findings revealed that there is no significant difference in the level of Resilience among orphan and non-orphan adolescents where as there is significant difference in the Positive Relations with others among Orphan and Non orphan adolescents in the level of Psychological wellbeing. In relation to orphan adolescents, there is no significant influence of Resilience on psychological wellbeing of orphan adolescents whereas among non-orphan adolescents there was significant influence of Resilience on psychological wellbeing.

Conclusions: Further studies in diverse populations are warranted to ascertain the effects of Resilience on Psychological well being in adolescents.

Keywords: Resilience, Psychological wellbeing, Orphan, Non- Orphan adolescents.

(Paper received – 6th August 2019, Peer review completed – 9th September 2019)

(Accepted – 10th September 2019)

INTRODUCTION

Richardson and his colleagues [1] stated resiliency to be the process of coping with disruptive, stressful, or challenging life events in a way that provides the individual with additional protective and coping skills than prior to the disruption that results from the event. Resiliency has been linked with positive mood, positive self-esteem, feeling of self-efficacy, secure relationships [2-4]. According to researchers [5], psychological well-being is being able to feel good about one self and to be able to function effectively which involves having a sense of control over one's life, to be able to exploit one's potential, having a sense of purpose in life and experiencing positive relations with others. It has been found that secure attachment with parents, healthy peer relationships and a protective social environment help the person to resolve the problems with confidence; also develops various self-competencies as social-emotional skills, cognitive and occupational abilities and others [6-7]. Thus, resilient behaviour significantly contribute in psychological well-being of individuals that lead them to cope effectively with various situational contexts of life [8].

Resilience theory is a process of balancing the protective factors against risk factors [9-10], and the gradual accumulation of emotional strength as children respond successfully to challenges in their families, schools and communities [11].

Well-being is dynamic concept that includes subjective, social, and psychological dimensions as well as health related behaviours [12]. Ryff's model Psychological well-being theory states that the goal of life is about living virtuously instead of just feeling good.

Katyal [13] investigated- the resilience among orphan and non-orphan children. The study was carried out in orphanages and schools in Chandigarh, Panchkula and Ajitgarh (Mohali) in India. The sample consisted of 50 orphan children (25 from each orphanage) and 50 non-orphan children (25 from each school) aged 12-18 years. Standardized tools were used. Results indicated that there was significant difference in resilience of orphan and non-orphan children, with orphan children having higher resilience than that of non-orphan children mainly develops due to development of close and warm social bonds and friendships with peers in orphanages. Sreekanth and Verma [14] conducted a study comparing stress and psychological well-being among orphan and normal adolescence (40 orphans and 40 non orphans) in Adilabadh district, Telangana state, through accidental sampling. Stress scale by Sinha and PGI General Well-Being scale by Verma and Verma were used for measuring the level of stress and psychological well-being of orphan and normal adolescence. The study revealed that compared to normal adolescents, orphans are significantly more stressed and performed weakly in the areas of psychological wellbeing probably due to lack of parental care or lack of guidance, facilities, and negligence in orphanages. Also, orphans are neglected from fields of education, daily needs of adolescents, sports activities, lack of love and affection, compare to normal adolescents.

The present study will be helpful in understanding and would provide insight into vulnerable segment of the population. This will also help in identifying the factors contributing to their wellbeing & modifying them. The present study would help in identifying the factors affecting their Psychological wellbeing. It will also help to develop effective intervention program to enhance the level of resilience and psychological wellbeing among them, providing psycho-education to parents and care givers. Most of the researches are conducted on western population suggesting a need for the present study from Indian context. The study would also add to the existing review of literature.

The aim of the study was to determine the effect of Resilience on the Psychological wellbeing of orphan and non-orphan adolescents. The objectives were to examine the level of resilience among orphan and non-orphan adolescents, to examine the level of psychological wellbeing among orphan and non-orphan adolescents, to examine the influence of resilience on psychological wellbeing of orphan adolescents and to examine the influence of resilience on psychological wellbeing of non-orphan adolescents

METHODOLOGY

The present study is based on survey method and is empirical in nature. The primary data was collected from orphan and non-orphan adolescents from Bangalore.

Hypotheses

- There is no significant difference in the level of resilience among orphan and non orphan adolescents
- There is no significant difference in the level of psychological wellbeing among orphan and non orphan adolescents
- There is no significant influence of resilience on psychological wellbeing of orphan adolescents
- There is no significant influence of resilience on psychological wellbeing of non - orphan adolescents

Variables

Independent Variables: Adolescence (orphan and non-orphan)

Dependent Variables: Resilience, Psychological wellbeing.

Research Design: The research design employed for this study was non-experimental co-relational research design. Parametric statistics - Pearson's product moment correlation and Multiple Regression, Independent sample t-test and one-way multivariate analysis of variance (MANOVA) were used for analysing.

Sample: Following purposive sampling technique, a total sample of 30 orphan adolescents (15 males and 15 females) and 30 non orphan adolescents (15 males and 15 females), living in Bangalore between the age group of 13–18 years were selected,

Inclusion Criteria:

- Male and female adolescents in the age range of 13-18 years
- Urban / sub-urban
- Delinquent/ under trial orphan adolescent

Exclusion Criteria:

- Single parent child.
- Adolescents with mental and chronic physical illness
- Residing in hostel or with any guardian

Tools for Data Collection:

- The 54 item scale Ryff's multi-dimensional Psychological wellbeing scale (1989) developed by Carol Ryff, measures the 6 dimensions of psychological well-being [15].
- The Child and Youth Resilience Measure (CYRM)-28 is a measure of youth resilience for the youth populations (aged 10-23) which has three sub-scales of individual capacities/ resources, relationships with primary caregivers and contextual factors that facilitate a sense of belonging [16].

Ethical Considerations: Informed consent was taken from the parent/guardian and the sample and confidentiality was ensured. It was ensured that no physical or emotional harm was caused to the participants during and after the research. None of the samples were forced to be a part of the research. The data obtained shall be used only for academic purpose. The participants were allowed to leave the research work if he /she wished to.

RESULTS

The table below shows a comprehensive overview of the descriptive statistics.

Table 1: Descriptive Statistics of Resilience and Psychological wellbeing in Orphan and Non orphan Adolescents.

Orphan & non-orphan adolescents	N	Mean	Std. Deviation	Kurtosis	Skewness
Resilience	30	115.55	13.472	0.208	-0.903
Autonomy	30	34.83	5.927	1.377	0.717
Environmental Mastery	30	36.20	5.461	-0.425	-0.017
Personal Growth	30	34.43	6.958	-0.516	0.612
Positive relations with Others	30	35.38	6.722	-0.737	0.276
Purpose of Life	30	36.22	7.820	-0.697	0.051
Self Acceptance	30	39.25	7.410	-0.515	-0.092

In the table 1, descriptive statistics of Resilience and Psychological wellbeing in Orphan and Non orphan Adolescents are shown. For the total number of respondents, (N= 60), a group of samples of 30 orphan adolescents and 30 non orphan adolescents were selected. The table shows the mean score, skewness and kurtosis value of Resilience and the variables of psychological wellbeing which are identified to be between the range of -1.96 to +1.96, hence the distribution is normal.

Table 2: Independent Sample t-Test – Level of Resilience among Orphan and Non-Orphan adolescents

In the table 2, Independent sample t test scores for the level of Resilience among Orphan and Non orphan adolescents are shown. For this research sample ($n=60$), the group of Orphan adolescents ($M = 116.27$, $SD = 13.913$, $n = 30$) has higher Resilience than the group of Non orphan adolescents sample ($M = 114.83$, $SD = 13.215$, $n = 30$), $df= 58$, $t = -0.409$, $p = 0.988$ and is not significant at 0.05 level. Therefore $p > 0.01$, hence the null hypothesis is accepted and alternate hypothesis is rejected. Hence there is no significant difference in the level of Resilience among orphan and non-orphan adolescents. This can be due to the reason that the sample was from urban population and both orphan and non-orphan adolescents had proper education and their skills in communication, problem solving skills, and their confidence level was nurtured with immense care. It was also noted that both the groups of orphan and non-orphan had close and warm social bonds and friendships with peers in orphanages and back at their house. Generally, in urban setting, parents take care of their children a lot and also make them involve in many extra curriculum activities which makes them more trained to face challenges. Not only non orphan adolescents, but even in orphanages, various workshops, activities, visiting's, are conducted and children are exposed to challenges and guidance is given in every step which makes the orphan adolescents being equally resilient to non orphan adolescents.

Dependent Variable	Independent Variable	N	Mean	Std. Deviation	t	df	Significance
Resilience	Orphan	30	116.27	13.913	-0.409	58	0.988
	Non orphan	30	114.83	13.215			

Table 3: Descriptive Statistics and Levene's Test of Homogeneity level of Psychological wellbeing among Orphan and Non orphan adolescents

Dependent Variable	Adolescents	Mean	Std. Deviation	N	Levene's Test Of Equality Of Error Variances		
					F	df1, df2	Significance
Autonomy Score	Non Orphan	35.00	6.384	30	0.530	1,58	0.470
	Orphan	34.67	5.536	30			
	Total	34.83	5.927	60			
Environmental Mastery Score	Non Orphan	37.20	4.475	30	2.702	1,58	0.106
	Orphan	35.20	6.211	30			
	Total	36.20	5.461	60			
Personal Growth Score	Non Orphan	34.50	5.824	30	6.042	1,58	0.017
	Orphan	34.37	8.036	30			
	Total	34.43	6.958	60			
Positive Relations with Others Scores	Non Orphan	37.47	6.801	30	0.348	1,58	0.557
	Orphan	33.30	6.058	30			
	Total	35.38	6.722	60			
Purpose Of Life Scores	Non Orphan	37.13	6.771	30	2.909	1,58	0.093
	Orphan	35.30	8.766	30			
	Total	36.22	7.820	60			
Self Acceptance Scores	Non Orphan	39.87	7.276	30	0.028	1,58	0.869
	Orphan	38.63	7.613	30			
	Total	39.25	7.410	60			

In the table 3, the results of descriptive statistics and Levene's test of homogeneity for the level of Psychological wellbeing among orphan and non-orphan adolescents are shown.

For the research sample ($n = 60$), the Levene's test of Equality of Error Variance of the dependent variables is homogeneous (Autonomy: $p = 0.470$, Environmental Mastery: $p = 0.106$, Positive Relations with others: $p = 0.557$, purpose of life: $p = 0.093$ & Self acceptance: $p = 0.869$) except the Personal Growth ($p = 0.017$) which indicates that it is not homogenous.

Table 4: Box's Test of Equality of Covariance Matrices, Wilks' Lambda Multivariate Test –level of Psychological wellbeing among orphan and non orphan adolescents

Independent Variable	Wilk's Lambda Value	F	Hypothesis df	Sig.	Partial Eta Squared (ω^2)	Dependent Variable Box's Test of Equality of Covariance Matrices			
						Box's M	F	df1, df2	Significance
Orphan and Non-orphan Adolescents	0.828	1.834 ^b	6.000	0.110	0.172	42.093	1.781	21, 12372.78	0.015*

In the table 4, The Box's M Test of equality of co-variance matrices signifies that assumption of equality of co-variance matrices is significant (Box's M = 42.093, F = 1.781, df = 21, 12372.787, $p = 0.015$ which is < 0.05). The Multivariate test results shows that Orphan and non-orphan adolescents (Wilks' Lambda Value = 0.828, F = 1.834, df = 6.000, $p = 0.110$, $\omega^2 = 0.172$) has no significant influence on dependent variable.

Table 5: MANOVA (Tests of Between-Subjects Effects) –level of Psychological wellbeing among Orphan and Non-orphan adolescents

Source	Dependent Variable	Df	Mean Square	F	Significance	Partial Eta Squared (η_p^2)
Orphan and Non Orphan Adolescents	Autonomy Score	1	1.667	0.047	0.830	0.001
	Environmental Mastery Score	1	60.000	2.048	0.158	0.034
	Personal Growth Score	1	0.267	0.005	0.942	0.000
	Positive Relations With Others Score	1	260.417	6.278	0.015	0.098
	Purpose Of Life Scores	1	50.417	0.822	0.368	0.014
	Self Acceptance Score	1	22.817	0.411	0.524	0.007

In the table 5, The test Between-Subject Effects result describes that there is no significant difference in Autonomy ($p = 0.830$); Environmental mastery ($p = 0.158$); Personal Growth ($p = 0.942$); Positive Relations with Others ($p = 0.015$); Purpose of life ($p = 0.368$); Self acceptance ($p = 0.524$) among Orphan and Non orphan Adolescents as $p > 0.05$. Therefore, the null hypothesis is rejected and alternate hypothesis is accepted. Hence there is significant difference in the level of Psychological wellbeing among Orphan and Non orphan adolescents.

The variable "Positive Relation with others" indicated significant difference which may be due to the fact that non orphan adolescents experience warm, satisfying, and trusting relationships with peers and family members whereas in case of orphan adolescents, they have very few close and trusting relationships with others, they find difficulty to open up and feels isolated in interpersonal relationships. Researchers [17] believed that adolescents living in the intact families with their parents are found to have a better scholastic achievement, conduct, psychological adjustment, self-esteem and social competence which lower their

psychological distress. Whereas adversities such as lack of parental and familial support initiate a major change in the lives of children [18] and can also interrupt their healthy psychological functioning [19].

Table 6: Pearson Product Moment Correlation Test – Resilience on Psychological wellbeing among orphan adolescents

Resilience Score	Mean	Std. Deviation	N	Pearson Correlation	Sig. (2-tailed)
Resilience score	116.27	13.913			
Autonomy score	34.67	5.536	30	0.075	0.693
Environmental mastery score	35.20	6.211	30	0.176	0.353
Personal growth score	34.37	8.036	30	-0.113	0.550
Positive relations with others score	33.30	6.058	30	-0.237	0.206
Purpose of life score	35.30	8.766	30	-0.046	0.811
Self -Acceptance score	38.63	7.613	30	0.050	0.794

In the table 6, For this research sample ($n = 30$), the Resilience and Autonomy($r = 0.075$, $p = 0.693$); Environmental Mastery ($r = 0.176$, $p = 0.353$); Personal growth($r = -0.113$, $p = 0.550$); Positive Relations with others ($r = -0.237$, $p = 0.206$); Purpose of life ($r = -0.046$, $p = 0.811$); Self acceptance ($r = 0.050$, $p = 0.794$) of the sample is not significant at 0.05 level as $p > 0.05$. The results null hypothesis is accepted and hull hypothesis is rejected. Hence it revealed that there is no significant influence of Resilience on the psychological wellbeing of orphan adolescents. It indicates that this may be due to the circumstances prevalent in their orphanages where they develop resiliency in their behavior but they lack guidance and are neglected from the field of education, daily needs of adolescents, sports activities and many others [14]. Research indicates that Orphans have higher internalized problem compared to non-orphan adolescents and thereby influencing the psychological wellbeing. It is also seen from research studies that orphan are higher in resiliency but lower in psychological wellbeing when compared to non-orphan adolescents [13].

Table 7: Pearson Product Moment Correlation Test – Resilience and Psychological wellbeing

Variables	Mean	Std. Deviation	N	Pearson Correlation	Sig. (2-tailed)
Resilience score	114.83	13.215			
Autonomy score	35.00	6.384	30	0.300	0.108
Environmental mastery score	37.20	4.475	30	0.579	0.001
Personal growth score	34.50	5.824	30	0.473	0.008
Positive relations with others score	37.47	6.801	30	0.513	0.004
Purpose of life score	37.13	6.771	30	0.467	0.009
Self -Acceptance score	39.87	7.276	30	0.491	0.006

For this research sample ($n = 30$), the Resilience and Autonomy ($r = 0.300$, $p = 0.108$) is significant at 0.05 level. Therefore $p > 0.05$, there is no significant relationship between Resilience and Autonomy score among the non-orphan adolescents. Whereas, the Resilience and Environmental Mastery ($r = 0.579$, $p = 0.001$); Personal growth ($r = 0.473$, $p = 0.008$); Positive Relations with others ($r = 0.513$, $p = 0.004$); Purpose of life ($r = 0.467$, $p = 0.009$); Self acceptance ($r = 0.491$, $p = 0.006$) of the sample is positively correlated and is significant at 0.05 level. Therefore $p < 0.05$, there is significant relationship between Resilience and Environmental Mastery, Personal Growth, Positive Relations with others, Purpose of life and self-acceptance scores among the non-orphan adolescents whereas there is no significant relationship between resilience and autonomy.

Table 8: Multiple Regressions – Resilience on Psychological wellbeing

Predictor Variable	Beta Standardized Coefficient	Sig.	R	R Square	Df	F	Sig.
Autonomy	0.300	0.108	0.300	0.090	1, 28	2.761	0.108
Environmental Mastery	0.579	0.001	0.579	0.335	1,28	14.121	0.001
Personal Growth	0.473	0.008	0.473	0.223	1,28	8.048	0.008
Positive Relations with others	0.513	0.004	0.513	0.263	1,28	9.985	0.004
Purpose of life	0.467	0.009	0.467	0.218	1, 28	7.808	0.009
Self Acceptance	0.491	0.006	0.491	0.241	1,28	8.897	0.006

For this research sample ($n = 30$), the dimension of psychological well being - Autonomy ($\beta = 0.300$, $p = 0.108$) is not a significant predictor for resilience among non-orphan adolescents. For this research sample ($n = 30$), the dimension of psychological Well Being-Environmental Mastery ($\beta = 0.579$, $p = 0.001$); Personal Growth ($\beta = 0.473$, $p = 0.008$); Positive relations with others ($\beta = 0.513$, $p = 0.004$); purpose of life ($\beta = 0.467$, $p = 0.009$); self acceptance ($\beta = 0.491$, $p = 0.006$) is a significant predictors for resilience among the non-orphan adolescents. Therefore, the null hypothesis is rejected and alternate hypothesis is accepted. There is significant influence of Resilience on Psychological wellbeing of non-orphan adolescents. The results indicate that Environmental Mastery, Positive relations with others, personal growth, purpose of life, self-acceptance will be able to predict relationship with resilience among the non-orphan adolescents.

Resilience is considered as one of the indicators of psychological well-being of the individuals [20]. Ryff and Singer [15] argue that resilient individuals are generally able to maintain their physical and psychological health and have the capacity to recover more quickly from stressful events. Researchers also found that adolescents living in the intact families with their parents have a better scholastic achievement, conduct, psychological adjustment, self-esteem and social competence lowering their psychological distress [17].

CONCLUSION

Implications of the study

The findings of this study would help in throwing light into certain neglected fields like education, daily need of adolescents, physical activities, lack of love and affection. Hence, assisting in enhancing the qualities lacking in the field, can help in effective Resilience and psychological wellbeing of both orphan and non-orphan adolescents. The results have implication for the government and other agencies to develop programs with holistic approach for orphans through various NGO's.

The present study is limited in its scope due to the small sample size of 60 participants. Rural population was not taken into account, was limited to school going adolescents (English medium & Kannada medium) and did not cater to non-educated adolescents for diversity of responses which in turn limits it from generalisation to the population.

Scope for Further Research

The findings of the present research holds that Resilience is not the only factors to measure Psychological wellbeing and factors other than Resilience are required for further research. The present study is based on Bangalore region, thus the study can be widened in terms of the geographical area so that the sample size could be increased and can represent the wider section of the society.

Conclusions

The relevance of the present study in Indian context caters to adolescents, who characterized by immense and drastic changes in physiology, emotional maturity, psychological and social factors as well as the roles and responsibilities of the individuals. The present research indicated that though there was no difference in the level of Resilience among orphan and non-orphan adolescents, there were differences in orphan and

non-orphan adolescents with respect to Positive relations with others in the level of psychological wellbeing. It revealed that Resilience has no influence of on the Psychological wellbeing of orphan adolescents. Whereas, Resilience had significant influence on the psychological wellbeing of non-orphan adolescents (Environmental Mastery, Personal Growth, Positive Relations with others, purpose of life, Self-acceptance). Research evidences suggest that cultural resources like families, schools and societies help the individuals to become more resilient whereas lack of all these supportive and protective factors tend to weaken inherent potential of the individuals to deal with unfavorable circumstances but may increase the level of autonomous dealing with adversities.

REFERENCES

1. Richardson GE, Neiger BL, Jensen S, Kumpfer KL. The resiliency model. *Health Educ* 1990;21(6):33-9.
2. Rutter M. Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *Br J Psychiatry* 1985;147(6):598-611.
3. Folke C, Carpenter S, Walker B, Scheffer M, Chapin T, Rockström J. Resilience thinking: integrating resilience, adaptability and transformability. *Ecology Society* 2010;15(4):110-7.
4. Smith BW, Tooley EM, Christopher PJ, Kay VS. Resilience as the ability to bounce back from stress: A neglected personal resource ?. *J Positive Psychol* 2010;5(3):166-76.
5. Huppert FA, So TT. Flourishing across Europe: Application of a new conceptual framework for defining well-being. *Soc Indicators Res* 2013;110(3):837-61.
6. Appleyard K, Egeland B, van Dulmen MH, Alan Sroufe L. When more is not better: The role of cumulative risk in child behavior outcomes. *J Child Psychol Psychiatry* 2005;46(3):235-45.
7. Engel B. Eagle soaring: The power of the resilient self. *J Psychosoc Nurs Ment Health Serv* 2007;45(2):44-9.
8. Fredrickson BL, Tugade MM, Waugh CE, Larkin GR. What good are positive emotions in crisis? A prospective study of resilience and emotions following the terrorist attacks on the United States on September 11th, 2001. *J Personal Soc Psychol* 2003;84(2):365-71.
9. Greeff AP, Vansteenwegen A, Herbiest T. Indicators of family resilience after the death of a child. *Omega J Death Dying* 2011;63(4):343-58.
10. Bhana A, Bachoo S. The determinants of family resilience among families in low-and middle-income contexts: a systematic literature review. *South Afr J Psychol* 2011;41(2):131-9.
11. Coutu DL. How resilience works. *Harv Business Rev* 2002;80(5):46-56.
12. Segrin C, Hanzal A, Donnerstein C, Taylor M, Domschke TJ. Social skills, psychological well-being, and the mediating role of perceived stress. *Anx Stress Coping* 2007;20(3):321-9.
13. Katyal S. Gender difference in resilience among undergraduate boys and girls with broken-heart. *Indian J Positive Psychol* 2014;5(4):505-10.
14. Heimann T. Parents of children with disabilities: Resilience, coping, and future expectations. *J Dev Physical Disabil* 2002;14(2):159-71.
15. Ryff CD. Psychological well-being in adult life. *Curr Dir Psychol Sci* 1995;4(4):99-104.
16. Ungar M, Liebenberg L. Assessing resilience across cultures using mixed methods: Construction of the child and youth resilience measure. *J Mixed Methods Res* 2011;5(2):126-49.
17. Goldstein S, Brooks RB. Resilience in children. New York: Springer; 2005.
18. Alford MK, Grados JJ. Enhancing resilience in children: A proactive approach. *Prof Psychol Res Pract* 2005;36(3):238-45.
19. Masten AS, Best KM, Garmezy N. Resilience and development: Contributions from the study of children who overcome adversity. *Dev Psychopath* 1990;2(4):425-44.
20. Kansky J, Diener E. Benefits of well-being: Health, social relationships, work, and resilience. *J Positive Psychol Wellbeing* 2017;1(2):129-69.

Acknowledgements – Nil
 Conflict of Interest – Nil;
 Funding – Nil