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Effectiveness of Mindfulness-Based Intervention in Enhancing Resilience Among Orphan vs Non-Orphan Adolescents

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Abstract: This research is aimed at comparing resilience and health in adolescents who are orphans vs. adolescents who are not. The aim of the study is to apply resilience and health research to devise practical ways to help orphans and non-orphans to enhance psychosocial resilience. Research has shown that teens who are not orphans have lower life fulfillment and higher rates of anxiety and depression than orphans. Previous studies have shown that orphans face many challenges and barriers to building psychological resilience due to their limited access to resources. Interventions to address the issue are required to enhance the psychological resilience of orphans. Research suggests that social and psychological factors such as coping strategies, community resources and emotional support are vital for building psychological resilience. The present research study will apply a comparative research methodology to identify and evaluate programs that address the development of the resilience-related characteristics stated above. Research shows that the well-being of both orphans and non-orphans is positively affected by peer relations, family relationships and public support systems.

Keywords: *Resilience; Psychological Well-Being; Orphan Children; Non-Orphan Children; Coping Strategies.*

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I. INTRODUCTION

Resilience the ability to recover from catastrophic events, violence, abuse and PTSD. Resilient adolescents are more able to maintain their mental and emotional health than their non-resilient counterparts, particularly if they have experienced trauma in the past. Orphaned children have specific challenges. Orphans face many challenges, such as the following:

- No loving parents
- Mixed feelings
- Economic and social disadvantages

Studies show that mental health disorders are much more common in orphans. Unlike regular kids they have There is a higher prevalence of anxiety and depression, such as self-hatred. The are less happy with life and find it harder to adapt to new situations than other children.

However, some research disputes the group differences. For example:

- No statistically significant difference was found between orphans and npn-orphans with regard to resilience.
- Some orphans are more resilient than non-orphans, because they have been exposed to more adversity example: hardship or tragedy.

The evidence stated above indicates the need for additional cross-study research comparisons and longitudinal outcome measures for developing interventions, which is the goal for this study.

➢ *Objectives of the Study*

- To evaluate the mental health of orphans and non-orphans.
- To assess the resilience of orphans and non-orphan's teenagers.
- To assess the significant differences in resilience and psychological well-being between orphans and non-orphans.
- To assess how well the intervention has improved resilience and psychological well-being.
- To assess how the intervention affected orphans and non-orphans.

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➢ *Hypotheses*

- H1: The resilience of children who are orphans is different from that of children who are not.
- H2: Non-orphans will have greater well-being than orphans.
- H3: Resilience is positively related to well-being.

II. LITERATURE REVIEW

Ann S. Masten, "Resilience is the typical 'magical' ability of a person to recover from and adapt to traumatic or disaster-related circumstances. It is itself an emergent property of the most elementary systems of human adaptation (e.g.., love, desire, conflict, problem-solving abilities, ability to exercise self-control. For instance, in situations where a child has lost his or her parents, it might be difficult for him or her to cope with severe consequences caused by the lack of parents or family; however, the child might still have the potential to recover from post-traumatic stress (PTS) if there are supportive members in the community around him or her."

Norman Garmezy's early definitions of resilience and understanding of how to provide positive social support to high-risk children were the basis for his development of the concept of protective factors, including; intelligence, personality traits, and the types of support children receive from their caregivers, teachers, and peers.

According to Michael Rutter, resilience is better understood as the result of dynamic (or interactive) processes in which risk and protective factors interact with one another, rather than as a static (i.e., unchanging) concept.

Resilience is defined by Suniya Luthar as positive adaptation to stressors in life, and adults are exposed to the stressors in life.

The self-determination multidimensional model of psychological well-being was developed by Carol Ryff.

Sengendo and Nambi (1997) concluded that bereaved orphans showed dramatically higher total levels of emotional difficulties (grief, sadness, and anxiety) than non-orphans who had lost one parent e.g. father or mother.

Atwine, Cantor-Graae, and Bajunirwe (2005) included studies with children, AIDS orphans, and found considerably higher levels of psychological distress associated with AIDS orphan experience when compared with children not exposed to the experience of being an orphan, and therefore increased vulnerability.

Cluver and Gardner (2007) found that the group of orphans was much less likely to have stable emotional and behavioral adjustments compared to the non-orphaned group in their study. This difference was especially evident among young people living in areas with limited economic resources.

Bhargava (2005) discovered that orphaned adolescents in India show more life satisfaction compared to their non-orphaned peers in the study.

Pillay (2012) noted that the level of care each orphan receives has more impact on overall resilience than simply being orphaned.

Delva et al. (2009) reported significantly lower psychological well-being among orphans compared to non-orphans. Kedija (2006) found that adolescents who were orphaned showed lower self-esteem and more emotional distress. Similarly, Gupta and Kaur (2014) observed that orphan adolescents had lower scores on psychological well-being measures, especially in self-acceptance and purpose in life. Childhood and adolescence are times with increased emotional sensitivity and psychological vulnerability.

Psychological well-being during these stages is shaped by several things including family environment and peer relationships and school climate and socio-economic status and cultural context. Shonkoff and Phillips (2000) say early emotional experiences greatly affect neural development and long-term emotional functioning.

Empirical studies show that teenagers with higher mental well-being have better skills in handling stress and are more optimistic and socially adjusted. Bradley and Corwyn (2002) found supportive home settings have a positive impact on children's emotional stability and self-esteem. But, facing ongoing stress like poverty and family issues and neglect and abuse harms mental health. This creates emotional and behavioral issues.

Psychological well-being is more than the simple absence of mental illness. Ryff (1989) characterised positive psychological well-being using six dimensions of a positive psychological state. These are described in detail and have become a very accepted model of positive psychological well-being that has been used in a lot of psychological research all over the world and amongst all ages in many cultures.

➢ *Protective and Resilience Factors*

Werner and Smith (1992) investigated how adversity i mpacts children and discovered that one-third of the children demonstrated resilience. This resilience was linked to protective factors, like having nurturing or pos itive adults in their lives.

Fergus and Zimmerman (2005) proposed a model that i ncludes both promotive and protective factors. These factors encompass self-efficacy and competence in social skills and situations.

Betancourt, et al. (2010) examined how families and communities impact the development of resilience in children.

Theron (2016) observed that resilience is influenced by cultural and community context.

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Panter-Brick and Leckman (2013) present evidence that the notion of resilience is also driven by biological, psychological, and social systems.

III. METHODOLOGY

- Research Design: Comparative, quantitative research.
- Sample:

✓ 200 adolescents (100 orphans and 100 non-orphans)
✓ Age group: 12–18 years

- Sampling Technique: Convenience sampling
- Tools Used:

✓ Connor-Davidson Resilience Scale (CD-RISC)
✓ Ryff's psychological well-being scale (PWD), 42 items version

- Procedure:

✓ Permission from institutions/schools
✓ Participants informed and consent taken.
✓ Questionnaires administered
✓ Confidentiality maintained

- Statistical Analysis:

✓ Mean and Standard Deviation
✓ Independent sample t-test
✓ Correlation analysis

- Results (Expected Findings)

✓ *Orphans may Show:*

- Higher psychological distress
- Moderate to high resilience (due to adversity exposure)

✓ *Non-Orphans may Show:*

- Better emotional stability
- Higher well-being

Resilience is expected to act as a protective factor for both groups.

- *Details About Non-Orphans*

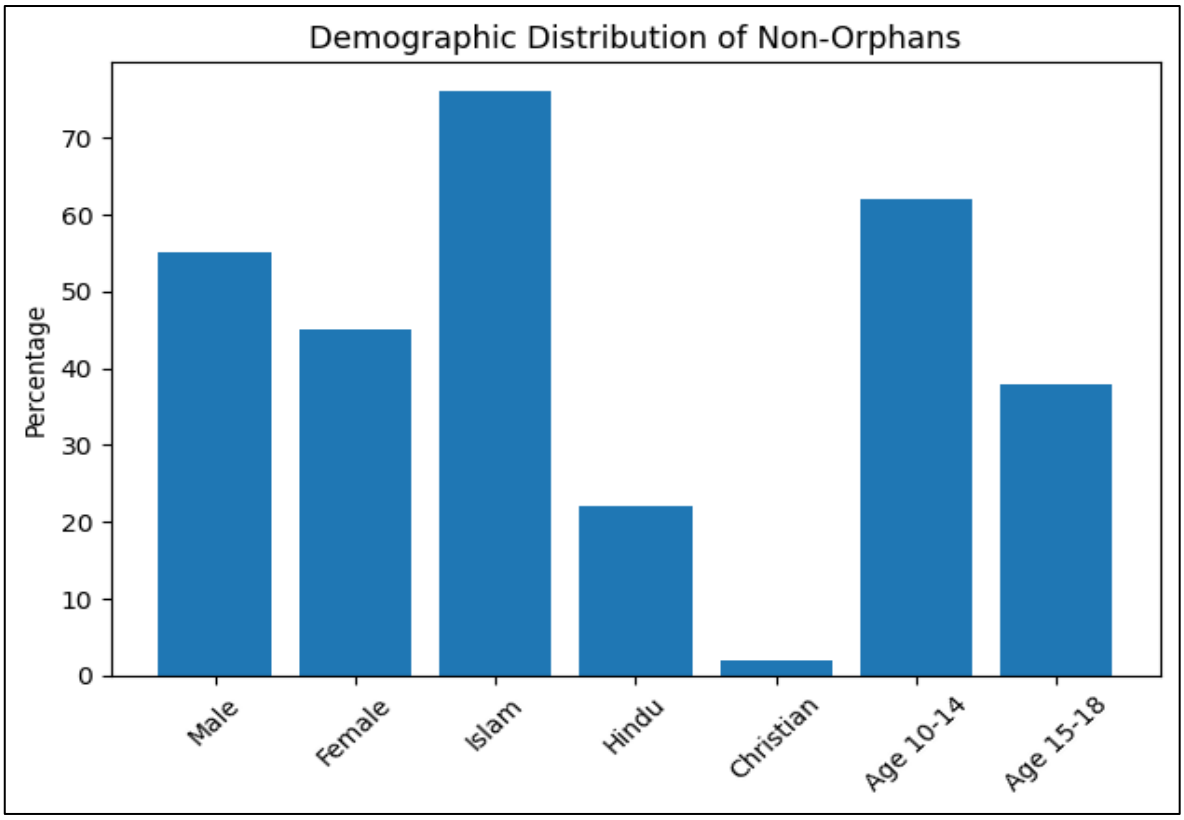

Fig 1 Demographic Distribution of Non-Orphans

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- *Details About Orphans*

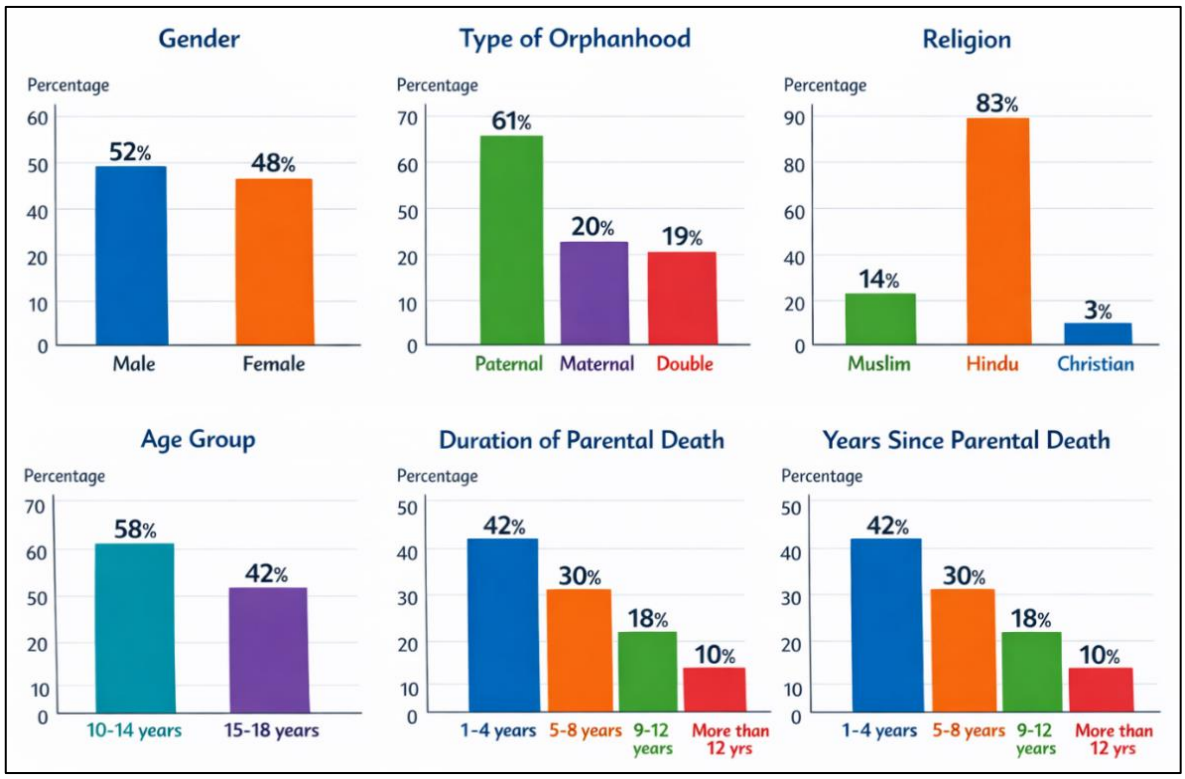

Fig 2 Details About Orphans

IV. DISCUSSION

The findings suggest that resilience plays a crucial role in determining psychological well-being. Orphans often encounter more emotional challenges, but they may also develop coping strategies that boost resilience. repexpsimforcasDifferences in well- being can be influenced by factors such as the availability of family support, socioeconomic conditions, and environmental stability. For non-orphans, improving family communication, stress management training, and emotional regulation technique.

V. CONCLUSION

What jumps out from this study. Orphans, it turns out, face a heightened risk of psychological distress, no surprise there.. But here's the kicker: resilience makes a tangible difference in their quality of life. When you zero in on interventions tailored around emotional backing, practical coping skills, and fostering meaningful social ties, you're not just tossing orphans a lifeline; non-orphans benefit too.

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