Psychiatric Problems in Orphanage Children

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Abstract:

Objectives: Aim of the work is to study the psychiatric and behavioral disorders among a sample of children raised in orphanages and the effect of the environmental factors on their development. Methods: Children were examined clinically and diagnosis were given to the disorders encountered according to DSM-IV and they are subject to : Conner's Rating scale, the Achenbach's child behavior checklist (CBCL), young children's Social Desirability scale (YCSD), hopelessness scale for children, children's Action Tendency scale, and the Standard Progressively Matrices. Statistical analysis was performed with the use of the statistical package for social science .Results:The most prominent psychiatric disorders were nocturnal enuresis [21.05%] , oppositional defiant [34.21%] , anxiety disorders [34.21%] , and ADHD [21.05%]. Anxiety disorders were found in 34.21% of the children . 26.31% of the children were suffering from dysthymia and 7.89% of the children were seen with depression . Behavioral problems were mainly oppositional defiant disorders (34.21%) while that of conduct disorder was 10.52%. The number of the children with borderline IQ was 7 children [18.4%]. On the test for the children action tendency scale the children were either adapting an aggressive-assertive tendency in resolving interpersonal conflicts or submissive-assertive tendency, and a positively significant correlation was found between assertive pattern of behavior and the high average IQ. A significant correlation of the problematic behavior was found with the availability of access of the external environment, and a significant negative correlation was found between the problematic behavior and the stability of the caregivers. The data obtained from the CBCL showed that 34.2% of children were identified by the caregivers to have internalizing problems, which include [depression, anxiety and withdrawal], while the externalizing subscale, which include aggression and delinquency was high in 8 children (21.1%). On YCSD measuring the general motivation to comply to social demands, those scoring more than or equal median on the test were 20 children (52.6%). A highly significant positive correlation was found between the children identified by the caregivers to be behaviorally problematic or the Conner's scale and on the externalizing and the aggression subscales on the CBCL. Also a significantly positive correlation was there between the Conner's scale and the internalizing subscale of the CBCL. Discussion of results as well as relevant recommendations were mentioned.

***Key words**: Psychiatric disorders, Orphans.*

Introduction

Child development cannot be discussed without mentioning the role of family. According to Harris (1998) parents are required to provide their children with essentials for growth and development towards maturity and assumption of appropriate father or mother roles. In the family the child forms concepts of himself as a person and begins to learn essential skills for becoming an independent, responsible individual in the large society.

Grossman, (1981) stated that the child's whole life is moulded by the environment in his first few years especially in the first three or four years. If his basic needs for food, love and comfort are met in the early weeks and months, he is more likely to grow up to be a happy person than if he was unhappy in these early months.

The ward orphan means a child whose parents are dead. While orphanage is defined as the state of being an orphan, or an institution for orphans (Oxford Dictionary).

Since World War II the orphanages started to play minor role in the care for unfortunate children who lost their parents. The decline in the importance of orphanages in care for children was mainly due to the new researches that concluded that the development of children in institutions is going lo result into severe psychopathology (Wiener, 1998), because of that orphanages were replaced by adoption and foster care and the aim of both was to provide the children with an environment that is as close as possible to the natural family.

For the last 50 years the research work conducted on orphanages was very limited because of marked decrease in the number of orphanages from one side and the prevalence of the concept of the harmful effect of orphanages and lack of new data that changes this idea.

As a result of many wars in different parts of the world the possibility of using the orphanages as a promising substitute for families came back to the center of attention. Some papers during the last 8 years were published discussing the effect of staying in orphanages mainly after loss of parents in war. These papers approached the issue of orphanages again as a place that provides temporary care for children. Few of these papers discussed the value of orphanages as places for growing up all through childhood and adolescence (Wollff, 1998).

Wollff (1998) also noted that orphanages in the third World play a different role than that in developed countries. They act as long-term facilities for raising up large number of children. This is either because adoption and foster care are often culturally unacceptable or they are logistically unrealistic solutions as in the war countries where thousands of children have lost their parents in the conditions of war.

In Egypt private orphanages were for many years available beside the governmental institutions. These orphanages showed an increase in number and the level of their facilities in last 10 years. The children raised in orphanages were found by El-Ray (1999) to suffer from psychiatric and behavioral problems more than what is expected for the same population, despite of the care given to them. They were also found to show increase in these problems, as they grow older.

Aim of the work

1) To study the psychiatric and behavioral disorders among a sample of children who have been raised in orphanages.
2) To study the effect of the environmental factors on the development of behavioral and psychiatric disorders.

Subjects and Methods

The children

Our sample was a total sample of all the children in two orphanages the first one the caregivers are changed while the other one has stable caregiver. The age of children was 8 –13 years old, they were divided into two groups : one from 8 to 10 years and the other from 11 – 13 years. Consenting were discussed with children and their authorities.

Methods :

1. Children were examined clinically and diagnosis were given to the disorders encountered according to DSMIV.
2. They are subject to :
   Conner's Rating scale, the Achenbach's child Behavior checklist (El Dafrawy et al 1995), Young children's Social Desirability scale (Ford Rubin 1970), hopelessness scale for children (Kazdin et al 1983), children's Action Tendency scale (Deluty 1979) , and the standard progressive Matrices (Vodegel Matzen 1994)
3. Statistical Analysis was performed with the use of the statistical package for social science.

Results & Discussion:

Descriptive statistics for Socio-demographic Data

Table (1): Distribution of the children by age

Age in years	Frequency	Percent
8 to 10	25	65.8
11 to 13	13	34,2
Total	38	100.0

Children from 8 to 10 year of age were 25 children they represent 65.8% of the whole sample.

Children from 11 to 13 year of age were 13 children they represent 34.2 % of the whole sample.

Table (2): Distribution of the children of the sample according to I Q assessment using Standard Progressive Matrices

	Frequency	Percent
Border line IQ	7	18.4
Low average IQ	8	21.1
Average IQ	16	42.1
High averdge IQ	5	13.2
Superior IQ	2	5.3
Total	38	100.0

Children with borderline IQ were 7 children they represent 18.4% of the total sample. Their age ranged from 8 years to 13 years with a mean of 10.2 years. 2 out of these children were reported to show behavioral problems which represent 28.6%.

Children with low average IQ were 8 children representing 21.1% of the total sample. Their age ranged from 9 years to 13 years with a mean of 10.4 years. 2 of these children were reported to show behavioral problems that represent 25%.

Children with average IQ were 16 children representing 42.1% of the total sample. Their age ranged from 8 years to 13 years with a mean of 10.33 years. 7 of these children were reported to show behavioral problems that represent 43,75%.

Children with high average IQ were 5 children representing 13.2% the total sample. Their age ranged from 8/12 years to 10/12 yeas with a mean or 9.6 years. None of these children was reported to show behavioral problems.

Children with superior IQ were 2 children representing 5.3% of the total sample. They both were 9/12 years old One of them was reported lo show behavioral problems.

Table (3): Distribution of children according the stability of the caregivers

Validity	Frequency	Percent
Yes	18	47.4
NO	20	52.6
Total	38	100.0

The children looked after by a stable mother were 18 they represented 47.4 % of die sample. The children who had unstable mother were 20 they represented 52.6 % of the sample.

Table (4): Distribution of the children according to their access to the external world

	Frequency	Percent
Yes	18	47.4
NO	20	52.6
Total	38	100.0

The children who didn't have access to the external environment were 18 they represented 47.4 % of the sample. The children who had access to the external environment were 20 they represented 52.6 % of the sample.

Table (5): Distribution of the children according to their practice of sports or hobbies.

Validity	Frequency	Percent
Yes	24	63.2
NO	14	36.8
Total	38	100.0

Tile children who practiced spoils or hobbies were 24 children. They represented 63.2 % of the whole sample

The children who didn't practice sports or hobbies were 14 children. They represented 36.8 % of the whole sample.

Correlative Studies

The Relations between Psychometric Tools and Socio-demographic Data

Table (6): Correlations of the Conner's Scale with the independent variables

	Age from 8 to 10	Age from 11 to 13	Stable mother	Sports and hobbies	Access to the external environment
Conner's Sacle scores more than or equal to 15	- .254	.254	-397*	-.208	.397*

*** Correlation is significant at the 0. 05 level (2-tailed).**

A significant positive correlation was found between availability of access lo the external environment and high scores on Conner's Scale.

While A significant negative correlation was found between the same scale and the stability of the caregiver.

Table (7): correlation of the Child Behavior Checklist with the independent variables.

	Age from 8 to10	Age from 11 to13	Stable mother	Sports and hobbies	Access to the external environment
Internalizing Subscale of CBCL	- .065	.065	-.462**	- .139	.462**
Externalizing Subscale of CBCL	-.308	.308	-.490**	-.141	.490**
Aggression Subscale of CBCL	-.212	.212	-.369*	-.348*	.369*

*** Correlation is significant at the 0.05 level (2-tailed).**
**** Correlation is significant at the 0.01 level (2-tailed).**

The internalizing Subscale of CBCI, The Externalizing Subscale and the Aggression Subscale were the only subscales of CBCL that showed scores reaching problematic level.

The Internalizing Subscale and The Externalizing Subscale both of them had a highly significant positive correlation with access to the external environment and a highly significant negative correlation with stability of the caregiver.

While the Aggression Subscale had a significantly positive correlation with the access to the external environment and a significantly negative correlation with the stability of the caregiver.

Table (8): Correlations of the Hopelessness Scale for Children (HSC) with the independent variables.

	Age from 8 to 10	Age from 11 to 13	Stable mother	Sports and hobbies	Access to the external environment
HSC score more than or equal to median	- .371*	.371*	-.376*	-.284	.376*

*** Correlation is significant at the 0.05 level (2-tailed) .**

A significantly negative correlation was found between high scores on the Hopelessness Scale for Children and the younger

age group and the stability of the caregiver. While a significantly positive correlation was found with older age group and the access to the external environment. A negative correlation was found with the practice of sports and hobbies but not reaching a significant level.

Table (9): Correlations of the Young Children Social Desirability scale (YCSD) with the independent variables.

	Age from 8 to10	Age from 11to 13	Stable mother	Sports and hobbie	Access to the external environment
YCSD scores more than or equal to median	.205	-.205	.267	-.176	-.267

A negative correlation was found between the high scores on the young Children Social Desirability Scale and the older age group, the practice of snorts and hobbies and the access to the external environment but it didn't reach a significant level .

Table (10): Correlation of the Children's Action Tendency Scale (CATS) with the independent variables.

	Age from 8 to 10	Age from 11 to13	Stable mother	Sports and hobbies	Access to the external environment
Aggression subscale scores more than or equal to median	-.018	.129	-.050	.150	.050
Submission subscale scores more than or equal to median	.388**	-.499**	.211	.109	-.211
Assertion subscale scores more than or equal to median	-.129	.192	-.156	-.178	.156

*** Correlation is significant at the 0.05 level (2-tailed).**
****Correlation is significant at the 0,01 level (2-tailed).**

A high significantly negative correlation was found between high scores on the Submission Subscale of the Children Action Tendency Scale and the older age group. While a significantly positive correlation was found between the same subscale and the younger age group.

The Correlations between different psychometric Tools.
The correlative studies showed also a highly significant negative correlation between high scores on Aggression Subscale of the CATS and high scares on the Submission Subscale of the CATS.

Table (11): Correlations between subscales of the Children Action Tendency Scale (CATS) with the Hopelessness Scale for Children (HSC) and the Young Children Social Desirability scale (YCSD)

	Depression more than or equal median	Aggression more than or equal median	Assertion more than or equal median	Submission more than or equal median	Social desirability more than or equal median
Depression more than or equal median	1.000	.263	-.304*	-.113	-.191
Aggression more than or equal media		1.000	-.267	-.422**	-.267
Assertion more than or equal media			1.000	-3.16	.261
Submission more than or equal media				1.000	.105
Social desirability more than or equal media					1.000

*** Correlation is significant at the 0.05 level (2-tailed).**
****Correlation is significant at the 0,01 level (2-tailed).**

Table 12: Correlation of the Conner's scale and subscales of Child Behavior Checklist (CBCL)

	Conner's Scale	Externalizing subscale	Internalizing Subscale	Aggression subscale
Conner's Scale	1.000	.542**	.369*	.510**
Externalizing Subscale		1.000	.580**	.754**
Internalizing Subscale			1.000	.376*
Aggression Subscale				1.000

*** Correlation is significant at the 0.05 level (2-tailed).**
****Correlation is significant at the 0.01 level (2-tailed).**

A highly significant positive correlation was found between high scores on the Conner's Scale and the Externalizing and the Aggression Subscales of the CBCI. And a positive

significant correlation between the high scores on the Internalizing Subscale of the CBCL and high scores on Conner's Scale.

Also a positive highly significant correlation between The high scores on the Externalizing Subscale of the CBCL and both the Internalizing Subs and the Aggression Subscale of the CBCL.

The high scores on the Internalizing Subscale were also significantly associated with high scores on The Aggression Subscale of the CBCL.

Table (13): Correlations of the Hopelessness Scale for Children (HSC) with Conner's scale and the subscales of CBCL.

	Internalizing Subscale of CBCL	Externalizing Subscale of CBCL	Conner's Scale score > 15
H S C scores more than or equal to median	.132	.212	.519*

* **Correlation is significant at the 0.05 level (2-tailed).**

A positive correlation was found between high scores on the Hopelessness Scale for Children and high scores on the Conner's Scale.

Clinical Examination :

The most prominent psychiatric disorders were nocturnal enuresis [21.05%], oppositional defiant disorder [34.21%], anxiety disorders [34.21%], and ADHD [21.05] .

Anxiety disorders were found in 34,21% of the children. 26.31% of the children were suffering from dysthymia and 7.89% of the children suffered from depression. This marked elevation of the incidence might be due to the chronic life adversity of these children who are deprive of affection and stable relationships. Or it might be as a result o developing what Seligman, 1975 called 'learned helplessness' as a result of not being able to find a way out of their unpleasat circumstances. The fact that these children are growing up in the society while knowing that they have no real parents, which expose them to sustained parental loss, might play a major role in the development of depression according to M . G Caplan and M. G. Douglas 1969).

Children who suffered from enuresis were 21.05%. This percentage is again higher than that reported by (N- Richman el al. 1982) for the same age group which is 1 -4 %. According to (Shaffer el al. 1984) enuresis might be a reflection of emotional disorders. They stated that long-standing environmental circumstances like negative parental attitudes and unreasonable standards are of significant importance. This explanation is supported by the study conducted by Okasha and El-Sherbini (1973) who found that 61% of children suffering from enuresis had disturbances in their home atmosphere.

Enuresis was also explained psychoanalytically as an expression of passive aggressive behavior, depression and inability to resolve or contain high levels of anxiety.

Behavioral problems were mainly oppositional defiant disorder the incidence of which in this sample was 34.21% while that of conduct disorder was 10.52%. The prevalence of conduct disorder in Isle of Wight is 3% according to Rutter (1975) but it might reach 5% (Offord et al. 1989). The higher incidence in our sample could be explained by e abnormal home atmosphere (Stewart and Cluver 1982). Similar explanation was also presented by Kazdin (1987) who pointed out the effect of family size, rates of overcrowding and the level of child supervision .P. Graham (1991) stated that children living in families, in which there is poor communication of feelings and a lack of awareness and respect for the feelings of others, probably have higher rates of conduct disorders. Also adverse environmental factors are reported to contribute to cause antisocial behavior (Cadoret et al. 1983). The fact that some people in the community are treating these children as bundlings' with the implication that they are bad by nature might also play a role in the development of conduct disorders. As Farrington 1977) noted, children who have been labeled as antisocial are at higher risk of exhibiting antisocial behavior.

Psychometric tools and the correlative studies:

The number of children with borderline IQ was 7 children [18.4%]. The prevalence of borderline IQ among children in the community is 6-% according to Kaplan and Sadock (1996). These results might be due to the effect of the negative attitude of the caregivers which are not interested in the children themselves and they are dealing with them as part of the job. This kind of relation would lead to minimal interaction with the children during their development. In a study on the effect of maternal interaction with the child, Galler et al. (2000) reported that there is a significant established relation between maternal interest in the child and the infant cognitive development. It might also be resulting from the effect of institutionalization and the consequent insecure attachment of the children which was found to cause the children lo have behavioral problems and lower scores on IQ tests (Chisholm 1998).

On the test for the children action tendency scale the children were either adapting an aggressive-assertive tendency in resolving interpersonal conflicts or submissive-assertive tendency. The aggressive pattern was significantly associated with the older age group while the submissive pattern was significantly associated with the younger age group. The other socio-demographic factors didn't seem to show correlation

with the pattern of children actions. These results are logic in relation to the effect of the age and power on the pattern of behavior adapted.
On the same lest a positively significant correlation was found between assertive pattern of behavior and the high average IQ. This reflects the effect of IQ on the search for a solution to the problems and not to avoid the situation or to solve it by physical power.

The behaviorally problematic children as identified using the Conner's rating scale represented 28.9% of the sample. The expected percentage for the same age group as identified by the teachers is 1.8% while that identified by the parents is 12.1%. This shows a higher percentage of behaviorally problematic children among this category of children, although in a study by El-Dafrawi and Mahfouz 1992) the prevalence rate of behavioral problems was reported to be 25%.
A significant correlation of the problematic behavior was found with the availability of access to the external environment.
A significantly negative correlation was found between The problematic behavior and the stability of caregivers. This findings follows the possibility of the effect of the stable pattern of upbringing on the development of a stable accepted pattern of behavior among children and it also shows the effect of the community on acquiring problematic behaviors.

The data obtained from the CBCL showed that 34.2% of children were identified by the caregivers to have internalizing problems, which include [depression, anxiety and withdrawal]. None of these subscales in it's own was reaching the cut off point. The result on this subscale of the test shows higher percentage than expected for the same age group who show internalizing problems. The presence of it only on a total subscale shows a withdrawal, schizoid pattern of behavior. On the other hand the externalizing subscale, which include [aggression an delinquency] was reaching the cut off point In 8 children, represent in 21.1%. Again this is a higher percentage than that expected for the same age group. Both the internalizing and the externalizing problematic behaviors were significantly associated with each other and with the access to the external environment, while both of them had significantly negative correlation with the stability of the caregiver. The data again attracts our attention to the effect of both the stable caregiver and the community on the behavior of the children.

The only individual subscale that reached the cut off point was the aggression subscale. It was also significantly associated with access to the external environment and negatively associated to a significant level to the stability of the caregiver.

On the Young Children Social Desirability scale (YCSD), which aims at measuring the general motivation to comply with social demands, the children scoring more than or equal median on the test were 20 children, they represent 52.6%. The correlative studies showed a correlation between the high scores on this test and the older age group and the practice of sports and hobbies but this correlation didn't reach a significant level. But it reflects that the role the sports might play as an accepted behavior in which the children invest their time and energy and gain social acceptance at the same lime. It also shows the correlation between the contact with the society and the acquisition of the knowledge of the social norms.

Hopelessness Scale for Children (HSC) is expected to measure the cognitions of hopelessness which is defined as the negative expectations about oneself and The future. The number of children scoring more than or equal median was 26 children which equal 68.4% cutting into consideration that the high scores on this lest are associated with depression and low self esteem. This percentage is a very high as regards the normal prevalence of depression 2% or for dysthymia .5% for school age children.

The correlative studies of the HSC showed a significantly negative correlalion with the stability of me caregiver. These findings are showing resembling results to that noted by Rene Spitz' study (1945; pitz and Wolf, 1946) in which they described a syndrome of disorders icy called "hospitaljsm" thai was marked by morbid signs of depression after being separated from their mothers for 6 weeks. And also the results of Bowlby (1956) that psychological damage occur to children in institutions as a result of maternal deprivation.
A significantly positive correlation was found with the exposure to the society, which gives an impression that resembles what was noted by Garrison et al- (1989) about the effect of the perception of oneself as a minority on the development of depression.

The older children were significantly more prone 'to score high on he HSC, This is an expected finding in the circumstances in which the children live as they develop more insight into their position in the community, as they grow older.

The correlative studies between the different psychometric tools:
A highly significant positive correlation was found between the children identified by the caregivers to be behaviorally problematic or the Conner's scale and on the Externalizing and the Aggression subscales on the CBCL. Also a significantly positive correlation was there between the Conner's scale and the Internalizing subscale of the CBCL.
A positive correlation was observed between tile high scores on the HSC and the Conner's scale but it didn't reach significance. It says that the more hopeless the child is the more likely he is to be restless, hyperactive and to show behavioral problems.

Recommendations

A. For Further research

Further research should be carried out in this field to cover other social aspect that we could not assess in this study, studies should involve control group from the same community to study the effect of the community and the social class in which the children are growing, follow up studies of the prognosis of (he psychiatric disorders found in the children and any new developing disorders, studying the coping mechanisms of the children in the society as (they reach early adulthood, and studying possible interventions to help these children develop into more stable individuals.

B. For intervention:

Well-developed system for care of children in orphanages should be suggested and implemented in all orphanages either governmental or private, regular psychological assessment of the children should be carried out so that early detection of abnormalities would be possible, it's recommended that the caregivers pass a psychological assessment before being accepted in the staff caring for the children, and regular training courses for the caregivers to help them improve their skills m caring for the children.

Conclusions

Children living in institutions are prone to suffer from psychiatric disorders, the stability of their caregivers acts as a protective variable that decreases the incidence of occurrence of psychiatric and behavioral problems in these children, exposure to the society with all its consequences plays a role in the development of depression and behavioral problems in children, and younger children living in closed environment are less prone to develop disorders out of their inability to understand their actual position in society and being safe from harmful comparisons with other children.

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الملخص العربي

الاضطرابات النفسية في أطفال دور الأيتام

أجريت هذه الدراسة على أطفال دور الأيتام لدراسة الاضطرابات النفسية وتأثير الظروف المحيطة عليهم ، وتم فحص الأطفال إكلينيكيا وتشخيصهم وإجراء الفحوصات والاختبارات النفسية عليهم و إجراء الإحصائيات اللازمة ، وتبين أنهم معرضون لاضطرابات نفسية مختلفة ، تم ذكرها ومناقشتها وأن دور الأيتام لها اسهام في الوقاية والتقليل من هذه الاضطرابات النفسية وأن التعرض للمجتمع الخارجي وتبعاته له مردود في ظهور الأعراض النفسية . وقد تم مناقشة النتائج تفصيلا ووضع التوصيات اللازمة .