

Enhancing Resilience as a Protective Factor Against External Locus of Control in Orphan Adolescents: The Role of Mindfulness-Based Interventions in Emotion Regulation

Usha Jyoti Gupta

DIT University Dehradun

Abstract—The adolescent population living in orphanages often experiences significant psychological challenges, including low resilience and an external locus of control. These factors increase their vulnerability to stress, anxiety, and depression. This study aimed to investigate whether increased resilience could act as a protective factor against an external locus of control in orphaned adolescents (ages 16–18, N = 50) from Dehradun, Uttarakhand. Additionally, it explored the effectiveness of mindfulness-based interventions (MBIs) in regulating these psychological factors. Using an experimental framework, participants underwent an eight-week MBI program designed to enhance emotional regulation and cultivate resilience. Pre- and post-intervention assessments were conducted using standardised psychological scales, and the data were analysed using SPSS. The results showed a statistically significant reduction in the external locus of control ($p < .1$) and marked improvements in resilience, stress management, and overall psychological well-being. Both quantitative and qualitative analyses indicated that MBIs effectively strengthened internal coping mechanisms, leading to a shift from external to internal control. These findings suggest that resilience serves as a key protective buffer against maladaptive cognitive tendencies in orphaned adolescents, while mindfulness training provides a scalable and practical intervention strategy. Incorporating MBIs into institutional care may promote long-term emotional stability, mitigate mental health risks, and equip adolescents with adaptive coping skills.

Index Terms—resilience, external locus of control, mindfulness-based intervention, orphaned adolescents, protective factors.

I. SIGNIFICANCE OF THE STUDY

The study titled “Enhancing Resilience as a Protective

Factor Against External Locus of Control in Orphan Adolescents: The Role of Mindfulness-Based Interventions in Psychological Regulation” addresses critical mental health issues faced by orphaned adolescents. Adolescence is a pivotal stage of life, and the mental health and resilience of young people are essential for the future well-being of any society. As highlighted by Wasima Rahman et al. (2012), a cross-sectional descriptive study conducted in selected orphanages revealed that 40.35% of the 342 cases assessed exhibited behavioral and emotional disorders. The findings indicated a significant association between the length of stay in orphanages and the psychiatric problems experienced by the respondents, emphasising the urgent need for targeted interventions. Further supporting this need, Juffer et al. (2012) found that institutionalised children are at a higher risk for emotional and behavioural problems compared to their peers living with biological families. The longer children remain in orphanages, the greater their risk of developing such issues. This underscores the importance of early identification and intervention strategies to enhance the quality of life for orphans. Globally, the prevalence of mental health problems among adolescents is alarming, with studies indicating that at least one in five adolescents faces a mental health issue, and one in ten experiences serious emotional disturbances. According to a joint report by UNICEF (2002), approximately 1.7 billion children are orphans worldwide, with Asia contributing 6.5% and Africa leading with 11.9%. In India alone, there are about 55 million orphans aged 0 to 12 years, representing a significant portion of the global orphan population. Given these statistics, this study is

significant as it aims to explore the role of resilience as a protective factor against an external locus of control in orphaned adolescents. By implementing mindfulness-based interventions, the research seeks to provide a scalable and effective strategy to enhance emotional regulation and resilience among this vulnerable population. The findings of this study could inform policy and practice in orphanages, ultimately contributing to improved mental health outcomes and long-term well-being for orphaned adolescents. In India, approximately 20 million children about 4% of the total population are classified as orphans. This figure exceeds the total population of Greater Delhi. Alarmingly, only 0.3% of these children have lost their parents due to death, while a staggering 99.7% are abandoned. States such as Uttar Pradesh, Bihar, and West Bengal report the highest numbers of orphaned children, in contrast to their northern and southern counterparts. This situation highlights a significant issue: many children in India struggle to survive without access to education and essential welfare services. A large number of these vulnerable children are at risk of trafficking or being forced into illegal activities. The present research investigates the mental health of orphaned adolescents and explores the role of resilience as a protective factor against feelings of hopelessness. Mindfulness practices are proposed as a way to positively influence the subconscious mind, fostering a sense of self-worth and capability. The conscious mind can then reinforce these positive affirmations, which can be particularly beneficial for orphaned adolescents facing significant psychological challenges. While numerous empirical studies have established a strong link between positive thinking and psychological health, there is a notable gap in research specifically addressing psycho-yogic interventions and their effects on the psychological well-being of orphans. Some studies, such as those conducted by Koenig and Larson (2001), have demonstrated a significant relationship between yoga practices and mental health outcomes. Additionally, Bharti, Mishra, and Ojha (2023) researched mindfulness and subjective well-being among Indian university students during the COVID-19 pandemic. Their findings revealed that resilience plays a mediating role in the relationship between mindfulness and subjective well-being, suggesting that resilience enhances the mental health benefits derived from mindfulness practices. This research aims to address the existing

gap by examining how increased resilience can act as a protective factor against feelings of helplessness in orphaned adolescents. By implementing mindfulness-based interventions, the study aims to provide a scalable and effective strategy for enhancing emotional regulation and resilience among this vulnerable population, ultimately contributing to improved mental health outcomes.

II. LITERATURE REVIEW

Resilience is a complex concept that has received considerable attention in psychological research, particularly in understanding how individuals adapt to challenges and stress. Masten (2001) describes resilience as "ordinary magic," emphasizing that it is not an extraordinary trait but rather a common process that enables individuals to thrive in the face of difficulties. This perspective shifts the focus from merely identifying resilient individuals to understanding the processes that contribute to resilience in various contexts. Rutter (2006) elaborates further on this concept by distinguishing between resilience and competence. He argues that resilience is not just about bouncing back from adversity; it also involves developing competencies that help individuals effectively navigate life's challenges. Rutter's work highlights the importance of protective factors, such as supportive relationships and positive environments, in nurturing resilience, particularly in children and adolescents. Luthar, Cicchetti, and Becker (2000) provide a critical evaluation of resilience research, identifying key factors that contribute to resilience, including individual characteristics, family dynamics, and community support. They argue that resilience is a dynamic process influenced by various contextual factors and call for more nuanced research that considers the interplay among these elements. Their work emphasizes the need for a comprehensive understanding of resilience that encompasses social and environmental influences, alongside individual traits. Ungar (2011) introduces the concept of social ecology in resilience, highlighting that resilience is not solely an individual trait but is shaped by the social and cultural contexts in which people live. He argues that resilience should be understood within the framework of the relationships and resources available to individuals, emphasizing the importance of

community support and cultural factors in fostering resilience. Windle (2011) conducts a concept analysis of resilience, identifying key attributes such as adaptability, resourcefulness, and the ability to maintain a positive outlook during adversity. Windle's analysis provides a comprehensive framework for understanding resilience and emphasizes its relevance across different populations and settings. Finally, Southwick and Charney (2012) explore the neurobiological foundations of resilience, linking it to brain function and the body's stress response systems. Their research indicates that resilience can be cultivated through specific interventions and practices, such as mindfulness and cognitive-behavioral strategies, which enhance individuals' capacity to cope with stress and adversities. In summary, the literature on resilience highlights its complexity as a construct influenced by individual, familial, and societal factors. The research underscores the importance of viewing resilience as a dynamic process rather than a fixed trait, emphasizing the role of protective factors and supportive environments in promoting resilience. Future research should continue to explore the interplay between these factors and develop interventions that foster resilience in diverse populations.

Further, Suri (2014) highlighted the challenges faced by children who migrated to Kashmir. The primary objective of the study was to understand the socio-economic implications of armed conflict on displaced migrant children, focusing on their experiences and perspectives. The sample included 230 children under the age of 18, comprising 160 males and 70 females. The study found that young women in this group were often married early. Additionally, the lack of educational facilities, issues with peer relationships, psychosocial problems, and threats of sexual violence from both the local community and other migrants made these young women particularly vulnerable. Aliganyira et al. (2014) further reported that adoptive parents and schools often fail to provide the emotional support that these children need. Many adoptive parents lack awareness of the specific challenges faced by these children, which hinders their ability to offer the necessary emotional support. Similarly, many school teachers do not know how to identify the psychological and social issues affecting these children, resulting in a lack of individualized and group support. The same authors evaluated that

experiencing parental loss and placement in orphanages can be stressful, negatively impacting the psychological well-being of children. Matyash and Volodina (2015) noted in their article that psychological stability among orphans who survived abuse and violence in their parental homes is affected by various factors. They specified the structure of psychological stability in children and adolescents in difficult situations, which includes cognitive, emotional, behavioral, and self-presentation aspects. The study identified different groups of orphans based on their levels of psychological stability—ranging from psychologically stable to psychologically unstable—while also examining the relationship between personal characteristics and the protective coping strategies used by orphans. The findings demonstrated a correlation between the psychological stability of orphans and factors such as personal anxiety, inner tension, sociability, and self-presentation in society. In contrast, Bonadolfi (2013) stated that mindfulness, derived from ancient Buddhist and yoga practices, is a mental state characterized by non-judgmental awareness of the present moment, fostering openness, curiosity, and acceptance. This skill can be developed through practice and has been integrated into various clinical approaches. Mindfulness-Based Stress Reduction (MBSR) is a structured group program designed to alleviate suffering associated with physical, psychosomatic, and psychiatric disorders. For clinical populations with psychiatric disorders, MBSR has proven beneficial in reducing symptoms of distress, anxiety, and depression, as well as providing coping skills for managing these symptoms. Meta-analyses suggest that Mindfulness-Based Cognitive Therapy (MBCT) is effective for preventing relapse in patients with recurrent major depressive disorder who are in remission, particularly for those with three or more previous episodes. Another study by Baniyadi (2014) indicated that cancer impacts individuals with significant mental pressures that affect their lives, jobs, and social relationships. If these pressures remain unaddressed, they can complicate the patient's condition. Cognitive therapy based on mindfulness is a method that can help reduce distress. Before and after mindfulness training, participants in the study were assessed for their levels of distress. Good (2016) conducted a comprehensive analysis of mindfulness research, co-directed by a management scientist at

Case Western Reserve University. This research suggests that incorporating a corporate culture of mindfulness can improve employee focus, stress

management, and collaboration. The findings indicate that mindfulness has a positive overall impact on human functioning.

Author(s) & Year	Focus Area	Key Findings
Masten (2001)	Definition & Nature	Resilience is 'ordinary magic'; a common adaptive process, not an extraordinary trait.
Rutter (2006)	Competence & Protection	Resilience involves developing competencies and is supported by protective factors like relationships and environment.
Luthar, Cicchetti, Becker (2000)	Multi-level Factors	Resilience is dynamic; influenced by individual, family, and community support.
Ungar (2011)	Social Ecology	Resilience shaped by cultural and social context; access to community and relational resources is crucial.
Windle (2011)	Conceptual Attributes	Defined resilience with attributes like adaptability, resourcefulness, and positive outlook.
Southwick & Charney (2012)	Neurobiology	Resilience linked to brain function; can be cultivated via mindfulness and CBT practices.
Suri (2014)	Conflict & Children	Migrant children face educational, social, and psychological challenges; early marriage and lack of support worsen vulnerability.
Aliganyira et al. (2014)	Adoption & Education	Emotional support lacking in adoptive homes and schools; leads to unaddressed psychosocial needs.
Matyash & Volodina (2015)	Psychological Stability in Orphans	Defined psychological stability; identified groups and coping strategies; linked stability to anxiety, sociability, and tension.
Bonadolfi (2013)	Mindfulness	Mindfulness promotes awareness and acceptance; MBSR reduces psychological symptoms.
Baniasadi (2014)	Cancer & Mental Health	Mindfulness-based cognitive therapy reduces distress in cancer patients.
Good (2016)	Workplace & Mindfulness	Corporate mindfulness enhances focus, stress management, and collaboration.

Table 1.

Research question?

Is there any significant positive effect of mindfulness-based practice on the level of resilience of orphan adolescents?

Objectives of the study:

- To assess the level of resilience of orphan adolescents.
- To assess the effect of the practice of mindfulness-based practice on the level of resilience among orphan adolescents.

Hypothesis: Directional

- There will be a significant positive effect of the practice of mindfulness-based practice on the

level of resilience among orphan adolescents.

Description of variables:

Independent variable: Mindfulness-based practice

Dependent variable: Resilience

Operational Definition

Resilience:

The World Health Organisation (WHO) defines resilience as:

The ability to prepare for, manage, and adapt to stress and adversity while maintaining or regaining mental health." In the context of mental health, the WHO emphasises that resilience is not just about "bouncing

back" from hardship, but also involves learning from experiences, building strength, and improving well-being over time.

Mindfulness-Based Practice

Kabat-Zinn (2003) “The awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment” (p. 145).

Research Methodology:

Sampling Method and Sample Size

The sample for the present investigation consists of 50 orphans selected by the simple random sampling method. The orphan students were identified based on information received from the offices.

Inclusion and exclusion criteria:

1. The participant must be an orphan
2. Participant age should be between 16 to 18 years only.
3. Participants must be willing to participate in the research.
4. Participants who are less than 16 years old or more than 18 years old will not participate.
5. Orphan suffering from any severe disability, from severe intellectual disability to chronic medical illness.
6. Those orphans who were living in the orphanage for less than 1 month.

Research design:

Pre-post research design.

Intervention schedule:

After collecting pre-data, the researcher instructed the participants to practice mindfulness-based practices for 30 days. The instructions are as follows:

Mindfulness exercise: check in on your thoughts and feelings

1. Sit comfortably and close your eyes or soften your gaze.
2. Focus your attention on your breath. Notice how

the air flows in and out of your body. You don't have to change your breathing; become aware of it.

3. Next, shift your focus towards yourself. Ask yourself the question: ‘How am I doing today?’.
4. Notice if any thoughts, feelings, or physical sensations are present. Once again, it isn't necessary to change anything, nor is that the aim. Observe what is present in the moment, without judgment.
5. Finally, you can ask yourself: ‘What do I need right now? What can I do for myself now or later (for example, after work)?’ Maybe something will come to mind, but if it doesn't, that's also fine.
6. Take three deep breaths to complete the mindfulness check-in.
7. Then calmly, at your own pace, come back to the room.

Rationale: Resilience Scale (RS)

Constructed by: Dr Vijaya Lakshmi (Prof. & Former Head, P.G. Dept. of Psychology, A.N. College, Patna), Dr Shruti Narain (Asst. Prof., Dept. of Psychology, Patna Women's College, Patna) Published by: PRASAD PSYCHO CORPORATION 10 A, Veer Savarkar Block, Shikarpur, New Delhi-110092 [INDIA] www.prasadpsycho.com

Reliability: The test-retest reliability was calculated and found to be 0.87, while the split-half reliability was 0.84. All reliability coefficients were significant at the .01 level.

Validity: Resilience Scale was validated against the Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003). The concurrent validity was found to be 0.86, which was significant.

Norms: Grade norms for the Resilience Scale have been developed. The subjects have been classified into three categories, viz. High, Average, and Low levels of resilience based on the raw scores.

Statistical Analysis

Data were analyzed by applying the Mean, standard deviation, and t-test.

Result analysis and graphical presentation of the findings:

Table No. 1 Mean comparison of the orphan adolescents of the levels of resilience (N = 50)

Group	Mean Value	N	S.D.	SEM	df	t-value	Level of significance
Pre-Test	152.5	50	8.48	1.26	98	7.072	0.01
Post-Test	170.38	50	23.40				

Table No. 2 shows the mean comparison of the orphan adolescents on the Mental Health Inventory dimension. The table reveals that the two groups of children, viz., orphan Pre-test data and orphan post-test data, differ significantly. Dimension of the Mental Health Scale, as the calculated t-value 7.072 is Greater than the tabulated t- t-value (2.58) at the 0.01 level of significance. The mean difference favors of practice of mindfulness for improving levels of resilience in orphan adolescents.

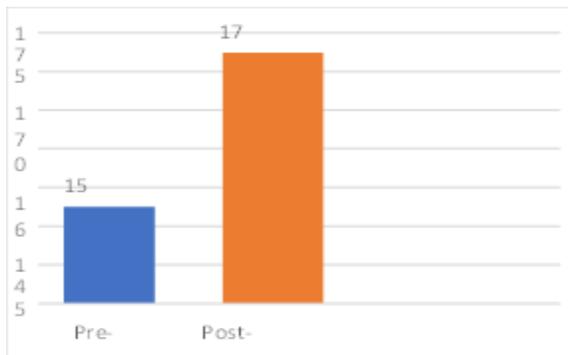


Figure 1.

Interpretation and discussion

The findings emphasize the significance of mindfulness practice in enhancing resilience and overall well-being, particularly for orphans' children who have lost one or both parents. These children often grow up without the attention and support of their families, leading to lower levels of learning, knowledge, and socialization opportunities (Meintjes & Giese, 2006). All stages of human life are important, from infancy and childhood to adolescence and adulthood, but adolescence the period from approximately 13 to 19 years of age is particularly sensitive. This stage is crucial as individuals experience the peak of life's urges. Family and society play vital roles in a child's life and development, laying the foundation for their future. Adolescence brings not only physical changes but also significant psychological transformations, reshaping children's identities. It is a critical time for physical, social, psychological, and cognitive development (Stagman, Schwarz, & Powers, 2011). These changes impact an individual's resilience and overall personality. While teenagers are invaluable assets to society, they often feel helpless and insecure. Factors such as parental abandonment, loss of parents, and family

disintegration contribute to many children becoming orphans and living in orphanages (Anonium, 2009; Jacobi, 2009). Resilience is an index that measures an individual's ability to meet environmental demands, both emotional and physical. It represents a mental state defined by peace of mind, harmony, and contentment, as well as the absence of debilitating mental and physical symptoms (Schneider, 1964). During adolescence, individuals face intense upheaval due to cognitive, biological, and social changes, making it crucial to maintain resilience over time, despite potential risk factors for mental illness. Adolescent resilience encompasses the ability to achieve optimal psychological functioning and well-being, directly related to one's psychological and social capabilities (WHO, 2005). A study by Mandal, Arya, and Pandey (2011) examined mindfulness, emotion regulation, and subjective well-being among Indian adolescents. This research highlighted the positive connections between mindfulness and resilience, particularly in improving emotional regulation and overall well-being, and provided insights into how mindfulness fosters mental resilience in the Indian context.

The findings underscore the significance of mindfulness practices for enhancing resilience and overall well-being. Orphans, defined as children who have lost one or both parents, fall into this category. These children often grow up without the attention and support of their families, leading to poor learning outcomes and a lack of socialization opportunities (Meintjes & Giese, 2006). Every stage of human life, including infancy, childhood, adolescence, and adulthood, is important, but adolescence which typically spans from ages 13 to 19 is particularly critical. This stage represents a time when the drive for life and growth reaches its peak. The family and society play essential roles in a child's development, laying the foundation for personal growth. Adolescence involves not only physical changes but also significant psychological transformations, making individuals qualitatively different from their younger selves. This period is marked by critical developments in physical, social, psychological, and cognitive domains (Stagman, Schwarz, & Powers, 2011). These changes influence a person's resilience and overall personality. Teenagers are invaluable assets for society, yet they often experience feelings of helplessness and insecurity. Factors such as parental

abandonment, the loss of parents, and family disintegration contribute to some children becoming orphans and living in orphanages (Anonium, 2009; Jacobi, 2009). Resilience is an index that measures how well individuals can cope with environmental demands, both emotional and physical. It represents a mental state characterized by mental peace, harmony, and contentment, as well as the absence of debilitating symptoms (Schneider, 1964). Adolescents face intense upheaval due to cognitive, biological, and social changes during this time. It is crucial to maintain resilience, even though risk factors for mental illness persist. Adolescent resilience is defined as the ability to achieve optimal psychological functioning and well-being, directly related to an individual's psychological and social capabilities (WHO, 2005). Mindfulness, which refers to the practice of being present and fully engaged in the moment, has been shown to enhance resilience among adolescents. By promoting non-judgmental awareness of thoughts and feelings, mindfulness assists young individuals in navigating their emotional complexities. Research indicates that mindfulness practices can lead to improved emotional regulation, reduced anxiety, and increased self-esteem all vital components for fostering resilience (Keng, Smoski, & Robins, 2011). A study by Mandal, Arya, and Pandey (2011) examined the relationship between mindfulness, emotion regulation, and subjective well-being among Indian adolescents. The research highlighted the beneficial pathways from mindfulness to resilience, particularly in enhancing emotional regulation and overall well-being. It provides insights into the role of mindfulness in building mental resilience within the Indian context. Furthermore, integrating resilience-building programs in schools and community settings can be instrumental in supporting adolescents, especially those from vulnerable backgrounds. Programs that include mindfulness training, social-emotional learning, and peer support can create nurturing environments that foster resilience. Such initiatives not only equip adolescents with effective coping strategies but also promote a sense of belonging and community, which are essential for their development. In conclusion, the interplay between mindfulness and resilience is vital for the healthy development of adolescents. As they navigate the challenges of this transformative period, promoting resilience through mindfulness practices

can empower them to confront adversities with strength and confidence. Future research should continue to investigate the mechanisms through which mindfulness influences resilience and identify effective interventions that can be implemented in various settings to support adolescent well-being.

III. LIMITATIONS AND SUGGESTIONS FOR FURTHER STUDIES:

1. The sample size is too small.
2. There should be a control group for better comparison of the results.
3. Gender differences and influence could be analysed.

Contribution to the stakeholders:

1. For the better personality development of orphan adolescents who are residing in orphanages.
2. For the overall development of the orphan adolescent in school and college.

IV. SUMMARY

Adolescence is a period marked by significant psychological and physiological changes. This stage of development encompasses various transformations, including nutritional, physical, psychological, sexual, and biosocial advancements, as individuals transition from childhood to adulthood. During this time, many challenges arise, which can have lasting effects into later life. Adolescents may experience a range of behavioral and emotional issues that reflect their psychosocial needs, with varying degrees of severity. Children and adolescents living in orphanages often lack the essential support, love, care, and warmth that come from parental relationships. They are deprived of the affection and nurturing that children living with their families typically receive and deserve. Several factors can influence the prevalence and expression of mental health issues, including new pressures and changes that may increase the risk of developing serious problems or disorders at younger ages. In this context, mindfulness practices can be a valuable tool for effectively managing these challenges.

REFERENCES

- [1] Akella, D., & Jordan, L. P. (2013). Examining the effects of institutionalization on the development of young children: A review of the

- literature. *International Journal of Child and Adolescent Health*, 6(2), 153-165.
- [2] Almas, A. N., & Zaman, S. (2013). Emotional and behavioral problems among orphan and non-orphan children: A comparative study in Karachi. *Journal of Dow University of Health Sciences*, 7(2), 58-62.
- [3] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington
- [4] Bharti, T., Mishra, N., & Ojha, S. C. (2023). Mindfulness and subjective well-being of Indian university students: Role of resilience during the COVID-19 pandemic. *Behavioral Sciences*, 13(5), 353. <https://doi.org/10.3390/bs13050353>
- [5] Hamid, N. S., & Shah, S. A. G. (2013). Mental health, Emotional state, and coping strategies: A study of Orphans of Kashmir valley (Doctoral dissertation).
- [6] Kang, T., & Chawla, A. Mental Health: A study of rural adolescents. *Asian Journal of Home Science* (December 2009 to May 2010), 4(2), 262-263.
- [7] Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543-562. <https://doi.org/10.1111/1467-8624.00164>
- [8] Mandal, S. P., Arya, Y. K., & Pandey, R. (2011). Mindfulness, emotion regulation, and subjective well-being: An overview of pathways to positive mental health. *Indian Journal of Social Science Research*, 8(1-2), 159-167.
- [9] Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238. <https://doi.org/10.1037/0003-066X.56.3.227>
- [10] Neenan, M., & Meiklejohn, J. (2010). *Resilience: A cognitive-behavioral approach*. New York, NY: Routledge.
- [11] National Institute of Mental Health. (2018). Child and adolescent mental health. Retrieved from <https://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/index.shtml>.
- [12] National Institute on Drug Abuse. (2021). Substance use and mental health. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/substance-use-co-occurring-mental-disorders>.
- [13] Nelson, C. A., Zeanah, C. H., Fox, N. A., Marshall, P. J., Smyke, A. T., & Guthrie, D. (2007). Cognitive recovery in socially deprived young children: The Bucharest Early Intervention Project. *Science*, 318(5858), 1937-1940.
- [14] Rabia, T. (2010). A study of mental health and adjustment of orphans. Unpublished MA Psychology Dissertation PG Department of Psychology University of Kashmir.
- [15] Rashmi, S., & Fahim, U. H. (2012). Orphans in orphanages of Kashmir and their Psychological problems. *International NGO Journal*, 7(3), 55-63.
- [16] Rakshands, A. (2010). A study of mental health and depression among orphans and non-orphans. Unpublished MA psychology dissertation, PG Department of Psychology, University of Kashmir.
- [17] Reznick, J. S., Hegeman, I. M., Kaufman, E. R., Woods, S. W., & Jacobs, M. (1992). Retrospective and concurrent self-report of behavioral inhibition and their relation to adult mental health. *Development and Psychopathology*, 4(2), 301-321.
- [18] Rutter, M. (2006). Resilience, competence, and coping. *Child Abuse & Neglect*, 30(5), 205-209. <https://doi.org/10.1016/j.chiabu.2005.03.012>
- [19] Southwick, S. M., & Charney, D. S. (2012). The science of resilience: Implications for the prevention and treatment of depression. *Science*, 338(6103), 79-82. <https://doi.org/10.1126/science.1222940>
- [20] Skinner, D. (2004). *Defining orphaned and vulnerable children* (Vol. 2). HSRC Press.
- [21] Ungar, M. (2011). The social ecology of resilience: A conceptual framework. *American Journal of Orthopsychiatry*, 81(1), 1-17. <https://doi.org/10.1111/j.1939-0025.2010.01067.x>
- [22] Windle, G. (2011). What is resilience? A review and concept analysis. *Rehabilitation Psychology*, 56(3), 258-266. <https://doi.org/10.1037/a0024940>
- [23] Waheed, S. (2010). The mental health of children living in orphan homes. *FWU Journal of Social Sciences*, 4(2), 79.
- [24] Weisz, J. R., Bearman, S. K., Santucci, L. C., & Jensen-Doss, A. (2017). Initial test of a principle-guided approach to transdiagnostic

psychotherapy with children and adolescents.
Journal of Clinical Child & Adolescent
Psychology, 46(1), 44-58.

- [25] Youssef, R. M., Attia, M. S., Kamel, M. I., & Hegazy, N. N. (2014). Behavioral and emotional problems among children living with their parents, institutionalized children, and street children in Alexandria, Egypt. Egyptian Journal of Medical Human Genetics, 15(4), 337-342.