

Assessment of despair and Self-Ein adolescents who live in Orphanages

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Abstract

Self is the integrity of organized thoughts, emotions and behavior shaped during bio psychosocial development of the individual and rooted in the family. Self-esteem is the condition of finding one's self acceptable, valuable and worthy of liking and love without conceiving self below or above the reality. Since the concept of self-shapes the thought and memory, prevention and healing psychological problems concerning self would help remove certain unconformities. Adolescents with a positive self-esteem would cope with the problems of this period more easily and realize their future expectations with hope. Hope is considered as the positive expectation in accomplishing a goal. On the other hand, despair reflects negative and below zero expectations in realizing a goal. The most important characteristics of despair are negative attitudes against perception of life, negative approach and failure. Due to its well-known significance in loss of attention, lack of energy and clinical depression, despair is considered among depressive symptoms. An individual with low self-esteem also has low self-confidence and falls into despair easily.

Keywords: Adolescence, self-esteem, despair, orphanages

Introduction

Individual passes through different development stages from childhood to old age in life and displays different physiological and psychological characteristics during these stages. Thus, it is generally possible to examine the life of an individual by dividing the lifeline into main developmental periods such as childhood, adolescence / young adulthood, adulthood and old age (Siyez 2010, Koç 2004) [24, 16].

Adolescence is a process that starts with the end of childhood and prepares the individual for adulthood. Freud defines adolescence as a period where a transient role indecision is experienced and the adolescent, who displays a determined independence that could even lead to destructiveness and at the same time an infantile dependency, goes forward and backwards continuously (Richard and Laurence 2004) [24]. According to Erickson, identity development becomes prevalent during adolescence and it is the developmental task of this period. Although identity problems prevail a lifetime, they are increasingly experienced during this period. For an adolescent, the tasks of gaining psychological independence and finding and adopting new values that could guide her or him are important. The youngster, who is in search of novelties questions the existing values and the meaning of life. Adolescents are supposed to associate being an autonomous individual and a well-adjusted member of the society in this period (Haran 2003) [14].

Emotions and interests of an adolescent who experiences faltering and indecision change and her or his enthusiasm changes indefinitely and unevenly (Şimşek *et al.* 2008, Tümkaya 2005) [30, 33]. The tension created by changes in adolescence causes the adolescent to experience a feeling of loneliness and in certain cases depressive disorder could develop (Mollamehmetoğlu 2011) [20]. Thus, the adolescent feels suffocated by the unpleasant emotions such as pessimism and unrest and requires the confidence of the parents. Adolescent who lacks the support of parents could

experience feelings of anxiety, fear and loneliness (Haran 2003, Kulaksızoğlu 2002, Ergin 2002) [14, 17, 9]

Child in need of protection: the adolescent

The term "child in need of protection" is defined in the article 3, paragraph b of the Law on Social Services and Child Protection Institution (No: 2828) as a child whose physical, psychological and moral development or personal safety is in danger and

- Who is without a mother or father or parents,
- Whose mother or father or both are unknown,
- Who was abandoned by mother or father or both,
- Who is neglected by mother or father and left without defense against various social hazards and bad habits such as prostitution, mendacity or alcohol or drug abuse and drifting to aimlessness.

Care models implemented with children under protection differ from one country to another. The first care model is "nursery" and "reformatory" model where several children or adolescents live together. These models are abandoned in developed countries. However, in developing countries, models such as children's nurseries or orphanages are still in use (Law on Social Services and Child Protection Institution).

Characteristics of the children and adolescents who live in institutions

Adolescents are expected to cope with the bio psychosocial changes of adolescence whether they live with their families or in an orphanage (Mollamehmetoğlu 2011) [20]. Due to the characteristics of adolescence, the youth, who thrive to be independent, concurrently need the support of relative elders that would provide role models and protect them from dangers. However, in orphanages that provide fatigue-type care and have insufficient staff, adolescents could not always find conditions that reflect the characteristics of a family

environment that could provide them that support (Kutlu 2003, Aşık 2006) ^[18, 1].

It is known that lifestyle and human relations are limited in boarding social services institutions and this renders different the knowledge and experiences of adolescents who live in these institutions about life. Various stereotypes and stigmatization towards the youth raised within this system affect adolescents who live in orphanages negatively, cause deficiencies in self-confidence and have precarious effects. Adolescence specific issues of physical, social and physical development, relations with the opposite sex and problems related to future could become insuperable problems for the youth who live in orphanages (Roy and Rutter 2006, Ekşi 2004) ^[25, 8].

Literature review would demonstrate that studies on psychical and psychosocial health of children living under institutional care were conducted for 65 years. Findings of these studies demonstrated that children who grow under institutional care experience more physical and social development problems and future anxiety, and experience emotional and behavioral problems such as aggressive behavior, depression, anxiety, low self-esteem when compared to children who grow up with their families (Şimşek *et al.* 2008, Tümkaya 2005) ^[30, 33]. Study findings showed that youth who live at orphanages consist a significant risk group in society and should be monitored closely (Ekşi 2004) ^[8].

Self-Esteem

Self is a network of organized thought, emotion and behavior that all individuals develop as a result of their interactions and experiences with other individuals during their developmental process (Thomaes *et al.* 2011) ^[32]. Individual gets to know her or his environment and self within this interaction. She or he develops an insight about basic characteristic traits, efficacies and limitations of self. One of the basic needs for an adolescent and a child in developmental age is social interaction. Under certain circumstances, social environments affects the development of an adolescent or a child negatively. This could create a risky environment for development of personality (Young 2006, Aşık 2006) ^[36, 1] Erikson stressed that self was not conceptualized as a separate entity in Freudian psychoanalytic theory. Erikson's theory mostly emphasized the role of the society and social aspect of development in development of self. It was claimed that there is a psychological relationship between childhood and adulthood in structuring the self correctly. Thus, to achieve a strong and healthy definition of self during adolescence, individual should have experienced consistent and significant acceptance and appreciation during childhood as a result of her or his achievements and skills (Oğurlu 2006) ^[21].

By observing self-characteristics and attitudes and the impact of others, the individual makes judgmental predictions about herself or himself. If the individual perceives own self as a likable person, the individual would have high self-esteem, and if the individual perceives the opposite, she or he would have low self-esteem. Also, interpretations of the individual about self and perceptions about whether she or he is adequate for the desired standards would determine the level of self-esteem (Cheavens *et al.* 2006) ^[6].

Self-esteem is the feeling of self-satisfaction without considering one's self better or worse than she or he really is. It is to consider one's self valuable, positive, and worthy of liking and love (Pınar and Sabuncu 1999) ^[23]. Self-esteem is a result of the way an individual perceives herself or himself and expectations of acceptance or rejection; it is a concept that reflects whether the individual values herself or himself or how much she or he values herself or himself. It is significant for an individual to gain autonomy, experience a satisfactory life, conduct activities towards a goal, have healthy and continuous communications with others, exhibit high level of adaptation, develop value systems, succeed and plan the future accurately (Tamar 2004) ^[31]. Low self-esteem could lead to emotional and behavioral disorders such as anxiety, lack of motivation, suicidal behavior, eating disorders and depression (Gönener *et al.* 2006) ^[11]. Individual with low self-esteem has low self-confidence and could despair easily.

The child that grows up without the affection and love of a family experiences difficulties in achievements related to development and could develop a shy and introvert personality (Rutter and Behrendt 2004) ^[26]. Peer groups formed based on specific interests, values and qualities by adolescents who grew up without love and attention are effective on their development. Basic knowledge, skills and habits that the child acquires through experiences in early childhood have the power to shape the child's social and emotional life as well as future educational experiences and these should be managed with a scientific and systematic organization and should never be allowed to develop randomly (Ünal 2004) ^[34].

As a result, self-esteem plays a key role in an individual's life. Individuals with low esteem would have negative experiences in other fields of their lives, while it could be argued that individuals with high self-esteem would be more successful, active in their social relationships and general happier (Güleri 1998) ^[13].

Despair

Psychologists and psychiatrists stressed the role of hope in health and well-being since 1950's and defined hope as the positive expectation about fulfillment of a goal (Durak 1994) ^[7]. The most significant characteristic of hope is the insight that the beliefs and plans about the fact that there will always be a way out would succeed.

Snyder *et al.* considered hope in emotional and cognitive dimensions. The first dimension called "agency" is defined as the will to reach a goal and feeling the strength to reach the goal. This dimension of hope includes the premise that successful decisions were made or could be made to reach past, present and future goals. The second dimension of hope is called the "pathway." This dimension includes the belief of the individual that she or he can and will make successful plans. Both dimensions are interrelated and affect each other's effects positively (Snyder 2001) ^[28].

Despair indicates below zero negative expectations in realizing a goal. The most significant features of despair are negative attitude towards life, pessimistic approach and failure (Burns 2012). Due to its well-known significance in loss of interest, lack of energy and clinical depression, despair is considered among depressive symptoms. In short, despair is the pessimism of the individual about future and

the mediator between depression and suicide (Snyder 2001, Tamar 2004) ^[31, 28].

Case reports on despair and depression levels in children and adolescents date back to the 17th Century (Tamar 2004) ^[31]. During adolescence that plays a significant role in individual's development and defined as the transition period into adulthood, individual could go into depression under the effects of various events. Despair is a significant indicator of depression and suicide among adolescents (Kulaksızoğlu 2002) ^[17].

Behavior of an individual are defined by future expectations as well as past experiences. In other words, positive future expectations and hopes of an individual have a strong effect on shaping her or his behavior (Cheavens *et al.* 2006) ^[6]. Future expectations of the youth define the developmental path and dynamics of the society. Negative expectations of the individual about future negatively affect her or his strategies to cope with problems and adaption process in the environment. Various studies demonstrated that there is a negative correlation between despair and self-esteem in children (Ünal 2004, Güleri 1998) ^[34, 13].

In a study where Tümkaya compared the despair levels of adolescents who lived with their families and in an orphanage, it was found that the despair levels of adolescents who lived in an orphanage were higher than those who lived with their families. All of the adolescents who had the highest despair levels lived in an orphanage and these adolescents were not able to dream, share their problems with others and had suicidal thoughts and some even attempted suicide, were abused, preferred working instead of education and had no future expectations (Tümkaya 2005) ^[33].

According to despair theories, it could be characterized by two groups of symptoms. Primary symptoms are lack of motivation and sadness. Secondary symptoms are suicidal thoughts, low energy level, psycho-motor disorders, irregular sleep, low concentration, low self-esteem, increasing dependency and negative thoughts (Julia *et al.* 2000, Durak 1994) ^[15, 7].

In a prospective study conducted by Beck *et al.* with 1958 psychiatric outpatients, it was found that 94.2% of patients who committed suicide reported low self-esteem and intense despair (Beck *et al.* 2006) ^[3]. Groh old *et al.* conducted a follow-up study where they monitored 92 adolescents who attempted suicide for nine years and reported that the variable of despair was one of the four strong predictors of suicide (Groholt *et al.* 2006) ^[12].

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