

# Temperament and Character of Adolescent Institutionalized Orphans

Suhail Ahmad Choh\*, Mudassir Hassan, and Mohd Irshad

Department of Paediatric, Government Medical College, Jammu and Kashmir, India

\*Corresponding author: Suhail Ahmad Choh, Department of Paediatric, Government Medical College, Jammu and Kashmir, India; E-mail: suhilchoh@rediffmail.com

Received date: November 02, 2021; Accepted date: November 16, 2021; Published date: November 23, 2021

Citation: Choh SA, Hassan M, Irshad M (2021) Temperament and Character of Adolescent Institutionalized Orphans. J Pediatr Care Vol.7 No.5:001.

## Abstract

Violence in Kashmir started in 1989 and as a result of long term chronic violence, the number of orphans have increased markedly from last 15 years. According to UNICEF there are over 100,000 orphans in Kashmir but surveys conducted by save the children (NGO) in December 2006 mentioned that about 120,000 orphans in Jammu and Kashmir in which most of these children's are institutionalized. This study was planned to understand institutionalized group of orphans, for that 30 orphans were taken from district Srinagar and district Baramulla of Jammu and Kashmir. They were compared with control group taken from same district with same age and education. General Health Questionnaire (GHQ-12) and Temperament Character Inventory (TCI) were used as a tool. Results of present study shows that significant difference was found between orphans and non-orphans in novelty seeking harm avoidance, reward dependence. Novelty seeking was found higher in orphans, which means orphans are apprehension, nervous, timid, doubtful, insecure, passive, negativistic or pessimistic even in situation that do not worry other people. Orphans were found inhibited and shy in most social situations; their energy level tends to be low and they feel chronically tired or easily fatigued. Reward dependence was found higher in orphans indicating that they are loving and warm, sensitive, dedicated and sociable.

**Keywords:** Temperament; Character; Orphans; Sociable

## Introduction

Personality characteristic and behavioural patterns of an adult are shaped and moulded by the events occurring during the early years of life [1]. Studied by Strelau and Angleitner procedures that most temperament researchers agree that temperament, whatever the traits and structure to which this concept refers, has a strong biological determination. This assumption has its roots in the facts that temperament characteristics can be observed from the first weeks of life and individual differences in temperamental traits have a strong genetic determination. Studies on Adult orphans began in 18th century and it has been reported that orphan children and adolescents develop a number of negative characteristic like emotional and regulatory disorders instable and inadequate self-esteem [2]. Anxiety and hostility poor skills of self-control and

socially acceptable behaviour) distorted identity and family image Most of studies revealed that orphans suffer higher level of psychosocial problems than non-orphans. It has been reported the type of care received after becoming an orphan has significant impact on the development of the orphan

According to Merriam-Webster Dictionary, an orphan is a child deprived by death of one or usually both parents. UNICEF and numerous international organizations adopted the broader definition of orphan in the mid 1990's and UNICEF statistic showing there are currently 148 million orphans in the world and report by same organisation says there are over 100,000 orphans in Jammu and Kashmir. The absence of parents certainly increases possibilities of psychiatric issues in child, and to understand that this study was planned to understand temperament and character of institutionalized orphans living without family and to understand that following methodology was used [3].

## Materials and Methods

### Sample

30 orphans were taken from two district of Kashmir valley (Including Srinagar and Baramulla) and they were compared with control group taken from same district with same age and education.

### General Health Questionnaire (GHQ-5)

This was used to screen any psychiatric morbidity in non-orphan group. GHQ is a short version of the General Health Questionnaire (GHQ). The original GHQ contains 80 items and is effective tool for detection of nonpsychotic illness.

### Temperament Character Inventory (TCI)

Inventory is used for assessing the dimension of personality. It contains seven dimensions which includes reward dependence, harm avoidance, novelty seeking, cooperative, persistence, self-directedness, and self-transcendence. A total question contains 240 items, which are scored on a two point scale.

### Procedure

Sample of 30 orphans was selected from institutional orphan centre after taking proper permission from institutional heads.

And non-orphans were selected after comparing with age and education. They were selected after screening by GHQ-5, than their temperament and character were assessed after using of temperament and character inventory [4-6].

## Statistical analyses

Analyses were done through statistical package for social science. Descriptive statistic and the test were applied.

## Results

**Table 1** shows significant difference between orphans and non-orphans in novelty seeking, Harm avoidance, reward dependence and persistence.

**Table 1:** Mean, SD, SEM and t-value of orphans and control group on the measures temperament and its dimensions (df=58).

Dimens ions	Group	N	Mean	SD	SEM	t-value	Sig. value
Novelty seeking	Orphans	30	24.83	5.26	0.96	6.03	0.001***
	Control group	30	17.3	4.35	0.79	-	-
Excitability vs Rigidity	Orphans	30	7.13	2.01	0.36	2.98	0.004*
	Control group	30	5.63	1.88	0.34	-	-
Impulsive ness vs Reflection	Orphans	30	6.6	1.9	0.34	6.41	0.001***
	Control group	30	3.53	1.79	0.32	-	-
Extravagant vs Reserve	Orphans	30	5.23	1.4	0.25	0.75	0.45
	Control group	30	4.9	1.98	0.36	-	-
Harm avoidance	Orphans	30	19.46	3.62	0.66	4.2	0.001***
	Control group	30	15.03	4.49	0.81	-	-
Sentiment-ality	Orphans	30	7.16	1.26	0.23	0.8	0.42
	Control group	30	6.86	1.61	0.29	-	-
Attachment	Orphans	30	4.96	1.62	0.29	1.91	0.06
	Control group	30	4.2	1.47	0.26	-	-
Depend-ance	Orphans	30	3.36	1.06	0.19	4.62	0.001***
	Control group	30	2.06	1.11	0.2	-	-

Persistence	Orphans	30	4.73	1.31	0.23	0.55	0.058*
	Control group	30	4.53	1.47	0.27	-	-

**Note:** \*p<0.05; \*\*p<0.01; \*\*\*p<0.001

**Table 2** shows significant difference between orphans and non-orphans in novelty seeking, Harm avoidance, reward dependence and persistence. Mean, SD, SEM and t-value of orphans and control group on the measures character and its dimensions (df=58) [7].

**Table 2:** Mean, SD, SEM and t-value of orphans and control group on the measures character and its dimensions (df=58).

Dimens ions	Group	N	Mean	SD	SEM	t-value	Sig. value
Self-directed ness	Orphans	30	27.33	5.07	0.92	0.53	0.598
	Control group	30	26.6	5.61	1.02	-	-
Respons ibility vs Blaming	Orphans	30	4.56	1.79	0.32	0.67	0.5
	Control group	30	4.26	1.65	0.3	-	-
Purpose fullness vs lack of goal-direction	Orphans	30	5.1	0.92	0.16	0.18	0.85
	Control group	30	5.16	1.76	0.32	-	-
Resource fullness	Orphans	30	3.56	1.25	0.22	1.62	0.11
	Control group	30	3.1	0.959	0.17	-	-
Self acceptance vs Self striving	Orphans	30	5.933	2.25	0.41	0.79	0.43
	Control group	30	6.43	2.6	0.47	-	-
Enlightened	Orphans	30	8.16	1.41	0.25	0.98	0.32
	Control group	30	7.73	1.94	0.35	-	-
Cooperat iveness	Orphans	30	25.8	5.14	0.94	0.96	0.34

	Control group	30	26.96	4.2	0.76	-	-
Acceptance vs Intolerance	Orphans	30	4.9	1.62	0.29	1.84	0.07
	Control group	30	5.6	1.3	0.23	-	-
Trans personal identification vs Self-differe ntiation	Orphans	30	6	1.43	0.26	1.13	0.26
	Control group	30	6.43	1.52	0.27	-	-
Spiritual acceptance vs Rational materialism	Orphans	30	8.8	2.2	0.4	0.28	0.77
	Control group	30	8.96	2.26	0.41	-	-

## Discussion

Orphans were found high in novelty seeking and harm avoidance dimensions as compared to non-orphans. This explains that they have approach-avoidance conflicts, manifested by neurotic behaviour with second thought checking initial impulses and by depressed mood because of difficulty in satisfying their simultaneous needs for stimulation and security. On sub dimension of excitability vs stoic rigidity, orphans mean scores were greater than those of non-orphans. This means orphans explored unfamiliar places and situations even if most people think it is a waste of time. Thus, they are sometimes described as sensation seeking. They get excited about new ideas and activities easily, for they tend to seek thrills, excitement and adventures. It was also found on the dimension of Impulsiveness vs reflection (which is sub dimension of novelty seeking) that orphans are more impulsive than non-orphan [8]. Reported that high scores on this sub dimension tend to be excitable, dramatic impressionistic and temperamental individuals who make decisions quickly on incomplete information and control their impulses poorly. They are often distractible and have short spans of attention that is they have difficulties staying focused for a long time so prefer to make quick decisions on incomplete facts.

Higher levels of harm avoidance were found in orphans, which mean that they are cautious, careful, fearful, tense, apprehensive, nervous, timid, doubtful, discouraged, insecure, passive, negative or pessimistic even in situations that do not worry other people. Their energy level tends to be low and they feel chronically tired or easily fatigued. As a consequence, they need more reassurance and encouragement than most people and are unusually sensitive to criticism and punishment. Mean

of orphans is more as compared to non-orphans on sub dimension of anticipatory worry and pessimism vs uninhibited. This means orphans are pessimistic worriers who tend to anticipate harm and failure. This tendency is especially pronounced in hazardous, unfamiliar or realistically difficult situations. In sub dimension of shyness, orphans showed low mean scores as compared to non-orphans. This means orphans are bold, forward and outgoing. They tend to speak without hesitation and readily engaged in social activities.

Orphans are loving, warm, sensitive, dedicated, dependent and sociable, because mean of reward dependence is greater in orphans as compared to control group. A study by Cloninger, et al. described that individuals high in reward dependence tend to be loving and warm, sensitive, dedicated, dependent and sociable. They seek social contact and are open to communication with other people. Typically they find people they like everywhere they go. A major advantage of high reward dependence is the sensitivity to social cues, which facilitates warm social relations and understanding of others feelings. A major disadvantage of high reward dependence involves the ease with which other people can influence the dependent person's views and feelings, possibly leading to loss of objectivity [9,10].

High score on the sentimentality sub dimension are described as sympathetic, understanding individuals who tend to be deeply moved by sentimental appeals. Consequently, they tend to show their emotions easily in front of others. They report that they experience vicarious emotions intensely, that is, they personally experience what others around them are feeling. Whereas high in persistence tend to be industrious, hardworking, persistence and stable despite fatigue. They are ready to volunteer when there is something to be done and are eager to start work on any assigned duty. Persistent persons tend to perceive frustration and fatigue as a personal challenge. They do not give up easily and in fact, tend to work extra hard.

Parents disapproval and rejection of experience lead to the reality that the child perceives others as the opposite, feels anxious when in contact and fears rejection. This experience extends to others, and they adopt a cautious attitude toward them. Developmental circumstances in a family don't help satisfy the need to be accepted and overcome the fear of rejection due to the dissociation of a group of children and blurred lines of communication. Teenagers who have never lived with their families are more aggressive than others, which could be a response to the danger and instability of their environment. Adolescents who have lived in facilities since birth are more likely to start destructive conflicts and less likely to cooperate with others. Recording increased levels of hostility in adolescents with no experience of home life, we hear that they tend to attribute negative qualities to other objects and the phenomenon of not having an intimate relationship with an adult. This is as a result of their frustrated social needs and a lack of basic trust in the world.

## Conclusion

It can be concluded based on the findings high score on the sentimentality sub dimension are described as sympathetic, understanding individuals who tend to be deeply moved by sentimental appeals. Consequently, they tend to show their emotions easily in front of others. They report that they experience vicarious emotions intensely, that is, they personally experience what others around them are feeling. Whereas high in persistence tend to be industrious, hardworking, persistence and stable despite fatigue. They are ready to volunteer when there is something to be done and are eager to start work on any assigned duty. Persistent persons tend to perceive frustration and fatigue as a personal challenge. They do not give up easily and in fact, tend to work extra hard.

## Limitation

Our study should be viewed with the following limitations in mind.

- Sample size was small.
- Sample was taken from two district only
- In addition to the quantitative analyses, use of qualitative method would have added more meaningful information.
- The selection of variables under study was limited to temperament and character.

However, the more covert aspects of behaviour such as emotions, cognition and mind-set etc. may provide a dynamic understanding of personality.

## Conflict of Interest

The authors declare that there was no conflict of interests.

## Acknowledgement

None

## References

1. Thomas I, Uma J (1991) Personality differences between orphans and non-orphans. *Psychol* 3:31-38.
2. Hankins M (2008) The reliability of the twelve-item general health questionnaire (GHQ-12) under realistic assumptions. *BMC Public Health* 8:1-7.
3. Shamasunder C, Sriram TG, Raj SM, Shanmugham V (1986) Validity of a short 5-item version of the General Health Questionnaire (GHQ). *Indian J Psychiatry* 28:217-219.
4. Cloninger CR, Svrakic DM, Przybeck TR (1992) Personality dimensions as a conceptual framework for explaining variations in normal, neurotic, and personality disordered behavior. *Handbook of anxiety* 5:79-104.
5. Chien YH, Chiang SC, Weng WC, Lee NC, Lin CJ, et al. (2017) Presymptomatic diagnosis of spinal muscular atrophy through newborn screening. *The J. Pediatr* 190:124-9.
6. Schorling DC, Pechmann A, Kirschner J (2020) Advances in the treatment of spinal muscular atrophy—new phenotypes, new challenges, new implications for care. *J. Neuromuscul. Dis* 7:1-3.
7. Romanelli Tavares VL, Monfardini F, Lourenço NC, da Rocha KM, Weinmann K, et al. (2021) Newborn screening for 5q spinal muscular atrophy: Comparisons between the real-time pcr methodologies and cost estimations for future implementation programs. *Int J Neonatal Screen* 7:1-53.
8. Nielsen TL, Vissing J, Krag TO (2021) Antimyostatin treatment in health and disease: The story of great expectations and limited success. *cells*. 10(3):1-533.
9. Camporez JP, Petersen MC, Abudukadier A, Moreira GV, Jurczak MJ et al. (2016) Anti-myostatin antibody increases muscle mass and strength and improves insulin sensitivity in old mice *Proc. Natl Acad Sci* 113:2212-2217.
10. Ling KK, Gibbs RM, Feng Z, Ko CP (2012) Severe neuromuscular denervation of clinically relevant muscles in a mouse model of spinal muscular atrophy. *Human mol gen* 21:185-95.