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The role of emotional intelligence in coping mechanisms of orphans and non-orphans

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Abstract: A person's capacity to recognize, cope with, and overcome emotional difficulties is significantly influenced by their level of emotional intelligence (EI). Focusing on how variations in emotional awareness, control, empathy, and social skills impact the capacity to cope with stress and hardship, this research investigates the function of emotional intelligence in the coping processes of both orphans and non-orphans. Experiencing bereavement, instability, and a lack of social support are common psychological issues that orphans encounter. These difficulties may impact their emotional development and coping mechanisms. On the other hand, children who do not grow up without a parent often have better emotional regulation and coping skills because they grow up in more stable home settings. The purpose of this research is to examine the link between EI dimensions and both emotion-focused and problem-focused coping mechanisms, and to compare the coping methods and levels of orphans and non-orphans. In order to build emotional competence and resilience among at-risk groups, it is crucial to understand these disparities so that counseling programs, educational policies, and psychiatric treatments may be tailored to their specific needs. With special significance for the improvement of support systems for orphans, the results are anticipated to demonstrate emotional intelligence as a buffering variable that boosts adaptive coping, psychological health, and social adjustment in both groups.

Keywords: Emotional Intelligence, Coping Mechanisms, Orphans, Non-Orphans, Psychological Well-being, Resilience

INTRODUCTION

A kid who has lost both parents is considered an orphan according to the Merriam-Webster Dictionary. Orphans make up a disproportionately big percentage of the Asian population, according to the UN Children's Fund. Approximately 148 million children in the area are without parents, according to a recent poll. It is anticipated that these figures will rise. Orphanhood is associated with a number of negative outcomes, including financial hardship, mental health issues, and worse physical health. Caretakers and other family members may have more labor to do, and the greater family structure may become even more disrupted (Majeed et al., 2014).

Orphans' mental and physical development are significantly impacted by the extent to which their caregiving expectations are fulfilled, according to previous research. Orphanages provide

the primary and most extensive kind of care for children without parents across the world. According to Ahmad et al. (2015), compared to children in foster care, those living in orphanages are more likely to have mental health problems. An associated research found that compared to non-orphan pupils, orphans in Pakistan had a higher incidence of mental health difficulties such mood disorders, conversion disorder, and post-traumatic stress disorder. Mental health issues, behavioral difficulties, abuse, and a lack of empathy are more common among maternal and double orphans compared to the general population. In China, Zhao et al. (2014) noted that compared to non-orphaned pupils, orphans' mental health is worse. Along similar lines, this research indicated that compared to nonorphan children, vulnerable and orphaned children had lower levels of psychological wellbeing (Rimsha et al., 2018; Majeed et al., 2014).

The results shown above show that orphaned children have both poor empathy and mental health problems. Paying close attention to this intricate connection is so essential.

The ability to empathize with another person's mental and emotional state is a hallmark of the human species (Weisz and Zaki, 2017). To empathize is to put oneself in another person's shoes and experience what they are feeling emotionally. "The capacity to place oneself into the mental shoes of another person in order to comprehend her emotions and feelings" is one definition of empathy. An association is formed via this social bridge. Individuals who are empathetic are able to articulate their emotions correctly, understand how others feel in certain circumstances, and respond accordingly (Zaki, 2017; Nagle and Anand, 2012; Spreng et al., 2009). There seems to be a correlation between orphanhood and low levels of empathy, despite the fact that empathy is a normal part of everyday human contact. The unique conditions in which orphans grow up are a contributing factor. For children to grow up with altruistic feelings, they need nurturing relationships characterized by frequent one-on-one interactions with caring adults. They gain psychological capital as a result of the therapy they get. Children, especially orphans, may struggle, if not completely fail, to empathize with the feelings of others around them, whether it be their elders or classmates, if their basic emotional needs are unmet throughout their formative years. This study aims to fill a gap in our understanding of orphans' emotional development by investigating the correlation between empathy and coping strategies.

Mental health benefits from empathy and antisocial conduct is reduced by it (Watson et al., 1991; Noda et al., 2018; Duarte et al., 2015; Torres et al., 2015; Bourgault et al., 2015; Schreiter et al., 2013; Wei et al., 2017). According to several studies (Davis, 2018; Roberts et al., 2017; Weisz and Zaki, 2017; Ellis, 2016; Miller and Eisenberg, 1988), being empathetic is important for good behavior development, but being empathetically absent promotes antisocial behaviors and delinquency.

Despite its usefulness, empathy isn't always present in people's relationships; there will be times when you can't help but display cold shoulder (Zaki and Cikara, 2015). While many people show empathy in conflict situations and when interacting with new people, it has been observed that when people become more accustomed to a situation or when they are required to interact with people on a daily basis for work, their empathy begins to diminish. For example, doctors and nurses don't always have a clue about how bad their patients' pain is (Decety et al., 2020). A significant question arises from the empathy collapse and its unsettling repercussions. Can we, via intervention, build empathy? We need to know what empathy is before we can answer this question. Is empathy something that one is born with or something that may be developed over time? Even within a person, empathetic tendencies might change depending on the circumstances. Empathy may be a trait that may be cultivated or activated, rather than an inherent part of a person's character. If this is the case, training one's ability for empathy might help them deal better with a variety of conflict scenarios.

A person's ideas influence their actions, according to Dweck and Leggett (2018). According to Dweck (2014), there are two main types of mindsets “fixed mind-set” and “growth mind-set” that impact how people act when faced with challenging situations. People in the first case have hard-wired ideas and opinions. For instance, one example of a fixed mentality is the belief that intelligence is a continuous and unchanging trait. But, according to Molden and Dweck (2016) and Dweck and Leggett (2018), those who have a growth mindset think that intellect can be enhanced via consistent practice and hard effort. Other areas of psychology, such as social cognition, personality theory, and the interpersonal domain, are affected by the phenomenon of belief in addition to intelligence (Hong et al., 2018). Another study found that students' academic performance, tolerance for academic disappointment, and perceptions of social rejection were all significantly improved by an intervention that focused on students' beliefs and faiths related to psychological issues (Blackwell et al., 2017; Yeager and Walton, 2014).

Much effort has gone into developing interventions to enhance people's empathy experiences via belief transformation after these studies on belief-based treatments. Researchers Schumann et al. (2014) found that those who adopted a development mentality toward empathy were more likely to actively seek out opportunities to experience empathy. In challenging conditions, when empathy often fails, those who held the belief that it could be developed showed greater levels of empathy. The interventional function of empathy in various persons and across counties was seen in this extensive experimental investigation. Particularly in contexts when empathy could be inadequate, the researchers sought treatments to enhance sympathetic conduct. As a first step in overcoming the empathy-deficit, they suggested focusing on people's ideas and perceptions about how changeable empathy is. Consistent with these results, the present study aimed to investigate how empathic intervention may help orphans and non-orphans develop more effective coping mechanisms while decreasing the prevalence of harmful ones. Examining the relationship between orphaned and non-orphaned pupils' coping mechanisms and personality characteristics via the lens of emotional empathy was the primary goal of this research.

Various samples have shown a correlation between empathy and coping mechanisms in previous research. One kind of coping resource is an aspect that affects coping techniques. Hope, self-respect, social networks, and confidence in one's abilities are some of the coping mechanisms that have been identified in previous studies (Fliege et al., 2016; Betoret, 2006; Nes and Segerstrom, 2006). Empathy is also a tool for coping, according to previous research. Active coping strategies, including problem-solving and reaching out for help, were positively associated with empathy among Spanish teenagers, according to Carlo et al. (2012). A lack of aggressive or rebellious coping is associated with higher levels of empathy, according to longitudinal explanatory study (Buchwald, 2003). These results provide evidence that those who are more empathetic may be better equipped to deal with stressful situations. Chwaszcz et al. (2018), Song and Shi (2017), Fliege et al. (2016), Gustems and Calderón (2014), Shahrazad et al. (2013), Erlanger and Tsytsarev (2012), Betoret (2006), and Nes and Segerstrom (2006) are among the previous research that shown a connection between empathy, personality characteristics, and adolescent coping. Students' capacity for empathy may therefore buffer the connection between orphaned and non-orphaned personality characteristics and coping mechanisms.

Understanding the variety of coping models is critical for investigating the possible links and mediation pathways between empathy, personality characteristics, and coping techniques. According to Compas et al. (2001), the most famous coping strategies center on avoidance coping and the dichotomy of approach. Capacity to reduce or eliminate stresses is known as approach coping. This includes activities like planning, finding knowledge, being proactive, and seeking social support. Denial, cognitive avoidance, diversion, and abandonment are all forms of avoidance coping that allow one to retreat from challenging situations. This distinction between avoidance and approach coping is crucial because it is associated with a behaviorist view of goals that seeks to define fundamental human actions in the context of motivation to achieve or maintain momentum. Carver and Connor-Smith (2010) found evidence that this divide is related to personality characteristics.

Previous studies have shown that approach coping is viewed as adaptive, whereas avoidance coping is seen as maladaptive, across all populations. Anxieties and depression are less common in those who use approach coping strategies (Roesch et al., 2005; Dukes Holland and Holahan, 2003), while those who use avoidance coping strategies are more likely to suffer from depression (Gutiérrez-Zotes et al., 2015; Dyson and Renk, 2006) and cortisol imbalance (Hoyt et al., 2014). However, evidence for the benefits of avoidance coping is stronger than those of approach coping, according to research by Taylor and Stanton (2007). One possible explanation for the contradictory results is that identifying complex causal processes using a one-dimensional framework, such as avoidance/approach, is both easy and large-scale. Another famous coping model categorizes people according to whether they are problem- or emotion-focused (Lazarus and Folkman, 1984). Capacity to comprehend a situation and handle challenges head-on is problem-focused coping. This method of dealing with stress involves focusing on the rise and improvement of one's own critical thinking skills in order to solve problems. However, the ability to regulate one's emotional reaction is an example of emotion-focused coping that develops in response to stressful situations. A positive outlook on the problem is an attempt at self-distraction in this form of coping.

Both of these two-dimensional ideas were used by Tobin et al. (1989). At the tertiary aspect point, they proposed classifying coping mechanisms into two broad categories: approach and avoidance. From this, they deduced a hierarchical concept with four subdimensions, including problem-focused, emotion-focused, and avoidance coping strategies. In a similar vein, Holahan and Moos (1987) categorized coping mechanisms into three broad categories based

on their impact on behavior and cognition: active-behavioral, avoidance-oriented, and active-cognitive. The tri-axial coping instrument developed by Kamimura et al. (1995) incorporates the problem-focused/emotion-focused, cognitive-behavioral, and approach-avoidance aspects, and has eight subscales. In light of the fact that coping is multifaceted, as has been shown in earlier research, this study aimed to investigate whether or not orphans and non-orphans alike can benefit from the meditative effects of emotional empathy in relation to personality traits and various coping mechanisms.

Perceived as relatively constant features used to measure and explain conduct, personality traits are the ultimate truths and variables that show up frequently across gender and culture (Hirschberg, 1978). Roesch et al. (2006) and Kardum and Krapic' (2001) found that problem-focused coping was positively associated with agreeableness, openness, extraversion, and conscientiousness in adolescents, but negatively associated with neuroticism. Extroversion was defined as a high level of talkativeness, assertiveness, and energy by John and Srivastava (1999). Both Roesch et al. (2006) and Kardum and Krapic' (2001) found a favorable correlation between it and problem-focused and active coping strategies among teenagers. On the other hand, research by Nyklíček et al. (2010) found a favorable but insignificant association with emotion-focused coping strategies. According to John and Srivastava (1999), those that exhibit neuroticism tend to be emotionally unstable and quickly disturbed. Three studies found a positive correlation with problem-focused coping and a negative correlation with emotion-focused copying (Roesch et al., 2006; Kardum and Krapic', 2001; Vollrath and Torgersen, 2000). Researchers all around the globe agree that certain personality characteristics are associated with more effective coping mechanisms. Concerning orphan pupils, despite several research attempting to identify intricate relationships among diverse samples in different nations, the subject is contentious and lacks clear evidence. This research aimed to compare orphaned and non-orphaned kids with respect to emotional empathy, personality attributes, and coping mechanisms. Further investigation on the relationship between coping mechanisms and personality characteristics should focus on the mediating function of emotional empathy.

Objectives

1. The goal of this study is to compare the two settings in order to determine if the emotional and behavioral issues that teenagers face in these two distinct settings are comparable or different.

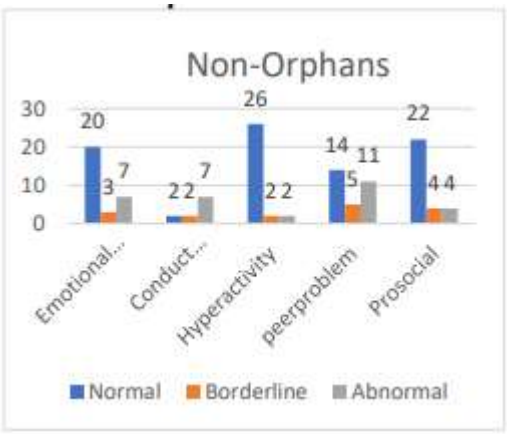
2. To investigate the forms and prevalence of emotional and behavioral issues among teenagers living in these settings.

3. To research how a child's life is affected by emotional and behavioral issues.

RESEARCH METHODOLOGY

To investigate behavioral and emotional issues among orphans and non-orphans, the current study used a comparative research approach. Sixty children and teenagers, both male and female, were chosen from Lucknow, Uttar Pradesh, to make up the sample. The sample consisted of 30 children who lived with their parents and another 30 youngsters who lived in orphanages. The word "children" is used inclusively to refer to both children and adolescents in this research, whereas the term "orphan" refers to children who have lost one or both parents. The participants ranged in age from 11 to 17. The living situation (orphanage vs. living with parents) was the study's independent variable, while emotional and behavioral issues were the dependent variable. Teenagers between the ages of 11 and 17 who were either living with their parents or in orphanages met the inclusion requirements. The research did not include children who had been in an orphanage for less than a month or who had serious difficulties, such as a severe intellectual handicap or a persistent medical condition. The Strengths and Difficulties Questionnaire (SDQ) and a self-made sociodemographic information sheet created by the researchers were used to gather data. The SDQ is a quick and popular screening tool that gathers opinions from kids, parents, and educators of all ages in order to evaluate emotional and behavioral issues in kids and teens. The chosen individuals were given the questionnaire immediately, with standardized instructions, and it takes five to ten minutes to complete.

RESULT ANALYSIS



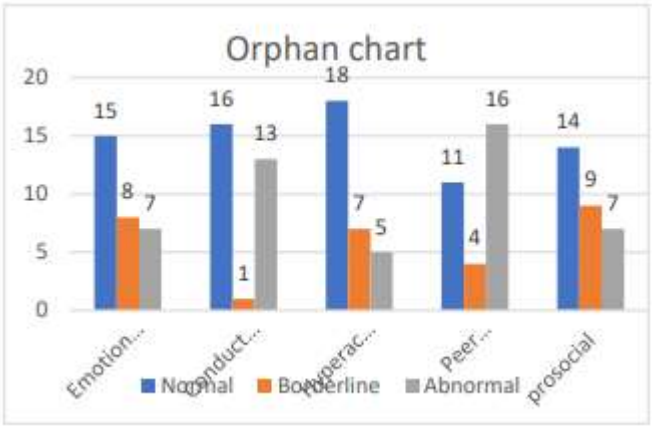


Figure 1: provides data on the frequency and proportion of people experiencing emotional and behavioral issues

Non-Orphans: 66.66 percent of the non-orphaned children in the sample had typical levels of emotional problems. Only 30% of the population was exhibiting behavioral issues. 86.66 percent of the population did not exhibit hyperactivity, 46.66 percent did not have problems interacting with their peers, and 73.33 percent exhibited typical levels of prosocial behavior.

Borderline: Analysis revealed that 10% of the population was experiencing borderline emotional problems, 6.66 % was borderline hyperactive, 16.66 % was borderline with their peers, and 13.33% was borderline with their prosocial behavior.

Abnormal: According to the data, about 23.33% of the population fell into the abnormal range on the emotional issue scale, 23.33% on the conduct problem scale, 6.66% on the hyperactivity scale, 36.66% on the peer problem scale, and 13.33% on the prosocial scale.

Orphans: After analyzing data from a sample size of 30, it was found that half of the orphans fell into the normal emotional spectrum, 53.33 percent into the normal conduct spectrum, 60 percent into the hyperactivity spectrum, 36.66 percent into the peer issue scale, and 46.66 percent into the prosocial spectrum.

Borderline: Results showed that among the orphan population, around 26.66 percent had borderline emotional problems, 3.33 percent had borderline behavior problems, 23.33 percent had hyperactivity problems, 13.33 percent had peer problems, and 30 percent had prosocial problems.

Table 1: Includes a descriptive examination of children whose parents are not orphans.

Variables	N	Range	Minimum	Maximum	Sum	Mean	Std. Deviation
Emotional conduct	29	9	0	9	126	4.34	2.595
Hyperactivity	29	8	0	8	73	2.52	2.370
Peer problem	29	7	0	7	96	3.31	2.072
Prosocial	29	9	0	9	107	3.69	2.206
Total	29	24	8	32	601	20.72	6.347
Valid N (listwise)	29						

Table 1 displays the descriptive analysis of scores for the Emotional Scale, Conduct, Hyperactivity, Peer, and Prosocial subscales among non-orphans living with their parents. The table contains the following information: sample size, range of scores, minimum, maximum, total, mean, and standard deviation. There were 29 participants in the study, and the average value was 20.72 with a standard deviation of 6.347.

Table 2: Presents a descriptive study of children without parents who are living with their parents.

Variables	N	Range	Minimum	Maximum	Sum	Mean	Std. Deviation
Emotional Scale	29	8	0	8	144	4.97	2.179
Conduct	29	8	0	8	93	3.21	2.470
Hyperactivity	29	9	1	10	144	4.97	2.212
Peer	29	6	1	7	131	4.52	1.975
Prosocial	29	10	2	12	178	6.14	2.263
Total	29	22	12	34	691	23.83	6.077
Valid N (listwise)	29						

Table 2 displays the descriptive analysis of scores for the emotional scale, conduct, hyperactivity, peer, and prosocial subscales, as well as the sample size, range, minimum, maximum, total, mean, and standard deviation for the orphans living with their parents. There were 29 participants in the study, and the mean was 23.83 with a standard deviation of 6.077.

Table 3: illustrates the t-test that compares the orphans with the non-orphans.

Pair	Variables Compared	Mean	Std. Deviation	Std. Error Mean	95% CI Lower	95% CI Upper	t	df	One-Sided p	Two-Sided p
Pair 1	Emotional – Emotional	-0.62069	3.40602	0.63248	-1.91627	0.67489	-0.981	28	0.167	0.335

	Scale (Orphan)									
Pair 2	Conduct – Conduct (Orphan)	-0.68966	2.76591	0.51362	-1.74175	0.36244	-1.343	28	0.095	0.190
Pair 3	Hyperactivity – Hyperactivity (Orphan)	-1.65517	3.09696	0.57509	-2.83319	-0.47715	-2.878	28	0.004	0.008
Pair 4	Peer Problem – Peer (Orphan)	-0.82759	3.23009	0.59981	-2.05625	0.40108	-1.380	28	0.089	0.179
Pair 5	Prosocial – Prosocial (Orphan)	1.10345	3.33107	0.61857	-0.16362	2.37052	1.784	28	0.043	0.085
Pair 6	Total – Total (Orphan)	-3.10345	8.47831	1.57438	-6.32843	0.12153	-1.971	28	0.029	0.059

For every set of two variables in the table, the "Significance" column displays the degree of statistical significance. In the absence of a genuine difference between the two variables, the level of significance quantifies the likelihood of getting the observed difference in means.

The p-values for a one-tailed and two-tailed hypothesis test are shown in the "One-Sided p" and "Two-Sided p" columns, correspondingly. The p-value is the likelihood of getting a test statistic that is equal to or greater than the observed test statistic, supposing the null hypothesis is correct.

In the table, we can see that the p-value for the one-tailed hypothesis test is.004 and for the two-tailed test is.008 for Pair 3 (Hyperactivity - Hyperactivity (Orphan)). There seems to be a notable disparity between the two variables in this pair, and it is very improbable that this disparity happened by chance alone. A p-value of.043 for the one-tailed test and.085 for the two-tailed test indicates that Pair 5 (prosocial -Prosocial (Orphan)) is likewise statistically significant. This indicates that the two variables in this pair are significantly different from one another, but at a lesser level of significance than in Pair 3.

The p-values for the remaining pairings (1, 2, 4, and 6) are not statistically significant at the.05. Though there may be a tendency towards significance in Pair 2 (conduct - Conduct (Orphan)) and Pair 4 (peer issue - Peer (Orphan)), the significance values are near to.05 for both pairings.

RESULT DISCUSSION

Many psychological and physiological traits undergo transformation throughout adolescence. Nutritional, physiological, psychological, and biosocial changes characterize this psychosocial period that spans infancy until maturity. A lot of issues start at this time and end up affecting the rest of your life. Their psychosocial requirements include a wide range of emotional and behavioral issues, the severity of which might vary. The unconditional love, care, and support of parents is a luxury that many children and teenagers do not have. They don't get the care and attention that children living with families receive, which is something they really need. Beyond this, the child's family and the child's immediate surroundings are the most important parts of their existence since they shape their growth and provide them with socialization opportunities. Children develop good connections with their families, learn to be friends with others, and control their emotions in a positive manner as they get older. In light of the proliferation of online spaces where people may voice their opinions, this research aimed to compare the emotional and behavioral challenges experienced by orphans and nonorphans.

Some Similarities Between Orphan and Non-Orphans.

Many of the developmental requirements and experiences of adolescents are the same for orphans and non-orphans alike. Orphaned and non-orphaned teenagers have several commonalities, such as:

1. **Physical and cognitive development:** Hormonal shifts, rapid physical and mental development, and new brain structures are all hallmarks of puberty, which affect both sexes equally.

2. **Socialization and peer relationships:** Peer interactions and social engagement are essential for the identity and self-development of adolescents in both categories. Similar struggles with conforming to group norms, dealing with negative peer pressure, and establishing their own social identity may also befall them.

3. **Academic and career aspirations:** Many high school students, whether they are orphans, have similar goals for their education and future careers. These goals may include going to college, working towards a certain job title, or honing a particular set of abilities.

4. **Emotional and psychological needs:** Emotional and psychological needs, including those for acceptance, direction, and companionship, may be present in both categories of adolescents. Similar mental health issues, including stress, anxiety, and depression, may also affect them.

5. **Development of life skills:** Adolescents, whether they are orphans, need to learn how to handle their money, their time, and problems in order to be ready for adulthood.

In general, orphans still have a lot in common with non-orphans when it comes to their developmental requirements and experiences, even if they encounter their own set of unique problems.

Some Differences

Having lost one or both parents is the main distinguishing factor between an orphan and a non-orphan. Non-orphans, on the other hand, have at least one surviving parent.

Some more distinctions between orphans and their non-orphaned peers are as follows:

1. **Family Structure:** Most children who grow up without parents or other close relatives do not have anybody to lean on for emotional or financial support. Conversely, children who are not considered orphans often have family members who can provide for them.

2. **Economic Status:** Due to a lack of access to financial resources, orphans may experience economic hardship. Poverty and illiteracy may also be more common among them. The financial position and educational options available to non-orphans tend to be more stable.

3. **Social Support:** Due to a lack of connections to society and extended family, orphans may also struggle to cope with social isolation. A wider circle of loved ones and acquaintances, as well as members of the community, tends to surround non-orphans.

4. **Psychological Impact:** When an orphan loses one or both parents, it may be devastating emotionally and mentally. A number of symptoms, including melancholy, anxiety, and behavioral issues, may emerge from this. Orphans aren't the only ones who may suffer from mental health issues; others who aren't may find that their struggles are milder and more tied to everyday pressures.

Keep in mind that these distinctions are broad strokes and may not be relevant for every orphan or non-orphan. Furthermore, a child's age, gender, culture, and personal circumstances are among the many elements that might impact their experience.

Table 4: Abnormal spectrum

Scales	Orphans	Nonorphans	Difference
Emotional Problem	23.33%	23.33%	0%
Conduct Problem	43.33%	23.33%	20% inc. in orphans
Hyperactivity	16.66%	6.66%	10%inc. in orphans
Peer Problem	53.33%	36.66%	17.33%inc. in orphans
Prosocial	23.33%	13.33%	10% inc. in orphans

Table 5: Borderline spectrum

Scales	Orphans	Nonorphans	Difference
Emotional Problem	26.66%	10%	16.66% inc. in orphans
Conduct Problem	3.33%	6.66%	3.33% inc.in nonorphans
Hyperactivity	23.33%	6.66%	16.67% inc. in orphans
Peer Problem	13.33%	16.66%	3.33%inc.in non-orphans
Prosocial	30%	13.33%	16.67% inc. in orphans

In terms of emotional and behavioral difficulties, my study shows that orphans and non-orphans, namely those living with parents and those in orphanages, are significantly different. Several variables, including the psychological impact of losing a parent, housing instability, and lack of resources (such as healthcare and education), make these issues more common among orphans. Mental health concerns including anxiety, sadness, and behavioral disorders might develop as a result of these conditions.

Emotional and behavioral disorders are more common and severe in orphans; however, they may also affect non-orphans. Keep in mind that not all children who are orphaned will struggle emotionally and behaviorally; characteristics including gender, age, and social support might influence how they handle their situation. Orphans, as a whole, are a vulnerable group that requires more help than the average person to deal with their behavioral and emotional issues. They may be eligible for programs that teach them healthy coping techniques and social skills, as well as for counseling, healthcare, and educational opportunities.

CONCLUSION

Both orphans and non-orphans, according to the study's findings, rely on emotional intelligence to shape their coping skills. Better emotional control, stress management, and adaptive coping mechanisms are all indicators of high emotional intelligence. Orphans generally struggle to cope due to the increased emotional and social issues they face; nevertheless, those orphans who score higher on the emotional intelligence scale tend to be

more resilient and adaptable. Supportive family circumstances help non-orphans develop higher coping capacities. The research emphasizes the importance of emotional intelligence in supporting psychological well-being and calls for treatments that concentrate on this trait, particularly for orphans, to help them cope better and transition better overall.

References

1. Ahmad, A., Qahar, J., Siddiq, A., Majeed, A., Rasheed, J., Jabar, F. and Von Knorring, A.L. (2015), "A 2-year follow-up of orphans' competence, socioemotional problems and post-traumatic stress symptoms in traditional foster care and orphanages in Iraqi Kurdistan", Child: Care, Health and Development, Vol. 31 No. 2, pp. 203-15.

2. Akhtar, M. (2015), "Coping strategies and its relationship with stress and time demand among university students", unpublished MPhil dissertation, National Institute of Psychology, Centre of Excellence, Quaid-e-Azam University, Islamabad.

3. Carver, C.S. and Connor-Smith, J. (2020), "Personality and coping", Annual Review of Psychology, Vol. 61, pp. 679-704

4. Erlanger, A.C.E. and Tsytsarev, S.V. (2022), "The relationship between empathy and personality in undergraduate students' attitudes toward nonhuman animals", Society & Animals, Vol. 20 No. 1, pp. 21-38.

5. Akella, D., & Jordan, L. P. (2023). 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.

6. Almas, A. N., & Zaman, S. (2014). 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.

7. Hoyt, M.A., Marin-Chollom, A.M., Bower, J.E., Thomas, K.S., Irwin, M.R. and Stanton, A.L. (2014), "Approach and avoidance coping: diurnal cortisol rhythm in prostate cancer survivors", Psych neuroendocrinology, Vol. 49, pp. 182-6.

8. Nagle, Y.K. and Anand, K. (2022), "Empathy and personality traits as predictors of adjustment in Indian youth", Industrial Psychiatry Journal, Vol. 21 No. 2, pp. 120-5.

9. Schreiter, S., Pijnenborg, G.H.M. and Aan Het Rot, M. (2016), "Empathy in adults with clinical or subclinical depressive symptoms", Journal of Affective Disorders, Vol. 150 No. 1, pp. 1-16.

10. Watson, G.M., Perlmutter, A. and Shah, T. (2014), "A laser balloon for prostatic outflow obstruction", Journal of Endourology, Vol. 5 No. 1, pp. 90-101.

11. Zhao, J., Li, X., Barnett, D., Lin, X., Fang, X., Zhao, G. and Stanton, B. (2018), "Parental loss, trusting relationship with current caregivers, and psychosocial adjustment among children affected by AIDS in China", Psychology, Health & Medicine, Vol. 16 No. 4, pp. 437-49.

12. American Psychiatric Association. (2017). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.

13. Centres for Disease Control and Prevention. (2019). Children's mental health. Retrieved from https://www.cdc.gov/childrensmentalhealth/index.html.

14. ussain, I., Ahmad, A., & Khan, M. A. (2016). Psychological well-being of orphan and non-orphan children. Journal of Social Sciences and Humanities Research, 4(2), 273-280.

15. Johnson, D. E., Guthrie, D., Smyke, A. T., Koga, S. F., Fox, N. A., Zeanah, C. H., & Nelson, C. A. (2012). Growth and associations between axiology, caregiving environment, and cognition in socially deprived Romanian children randomized to foster vs ongoing institutional care. Archives of Paediatrics & Adolescent Medicine, 164(6), 507-516.

16. Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., … Swendsen, J. (2017). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A). Journal of the American Academy of Child and Adolescent Psychiatry, 49(10), 980–989.