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Evaluate the Effectiveness of Emotion Focused Therapy on Level of Self-Esteem Among Adolescents Residing at Selected Orphanage Home.

Ms. Banakar Sandhya¹, Mr. Sanganagouda S², Prof. (Dr.) Veereshkumar Nandagaon³.

¹M. Sc Nursing Student, Department of Mental Health Nursing, KAHER Institute of Nursing Sciences, Nehru Nagar, Belagavi, Karnataka.

²Assistant Professor, Department of Mental Health Nursing, KAHER Institute of Nursing Sciences Nehru Nagar, Belagavi, Karnataka.

³Principal and HOD, Department of Mental Health Nursing, KAHER Institute of Nursing Sciences Nehru Nagar, Belagavi, Karnataka.

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ABSTRACT:

Background: Teenagers are the cornerstone of a country's future, and the advancement of society depends on their sound growth. Their social and emotional health is a crucial component of this growth. Adolescents who are orphaned frequently have severe psychological, emotional, and social difficulties due to lack of parental attention and support. Emotion-Focused Therapy assists people in identifying, accepting, and changing maladaptive feelings in order to lessen psychological discomfort and enhance emotional wellbeing. **Purpose:** To assess the level of self-esteem **Methods:** Quasi-experimental one-group, pre-test–post-test research design. Participants were selected by non-probability purposive sampling technique (n=66) and pre-existing level of self-esteem among the orphans were assessed by standardised "Rosenberg Self-Esteem scale". After pre-test emotional focused therapy was practiced with orphan adolescents. a one-week gap was given before conducting a post-test to assess the level of self-esteem among the orphan adolescents. **Results:** The majority of adolescents in the pretest, 27.3% (n = 18) had low self-esteem and 72.7% (n = 48) had moderate self-esteem. In the post-test, 25.8% (n = 17) had moderate self-esteem and 74.2% (n = 49) had high self-esteem. The pre-test mean score was 17.42, and the post-test mean score significantly increased to 26.50 (p < 0.05), indicating that the intervention was successful in increasing participant's self-esteem levels. **Conclusion:** The above findings revealed that emotional focused therapy is beneficial in increasing self-esteem levels among the orphan adolescents.

INTRODUCTION:

A country's future depends on its children, and social advancement depends on their healthy development.¹ Among these, orphaned children are more at risk because they frequently experience social, emotional, and psychological difficulties and lack consistent family support.² A crucial component of child and adolescent

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development is social and emotional well-being, which enables young people to manage challenges, abstain from dangerous behaviour, and lead fulfilling lives.³ However, a lot of children struggle with mental and emotional issues that prevent them from growing normally and going about their daily lives.³

Self-esteem, or a person's total sense of value and worth, is one of the most significant aspects affecting teenage growth.⁴ While low self-esteem is connected to anxiety, depression, poor academic performance, and social disengagement, high self-esteem is substantially linked to academic success, social adjustment, motivation, and psychological well-being.⁵ Children who are orphaned are more likely to experience low self-esteem, particularly if they are raised without regular caregiver interactions.⁶ Effective interventions are therefore required to boost their resilience and sense of self-worth.¹

A psychotherapy method called Emotion-Focused Therapy (EFT) focuses on comprehending and changing emotions.⁷ It enables people to overcome suppressed emotions, comprehend their own needs and objectives, and react more skilfully to obstacles in life by assisting them in identifying, accepting, controlling, and using emotions in an appropriate manner.⁷ Therefore, EFT might be a useful technique for raising orphaned teenagers' self-esteem.⁷

MATERIALS AND METHODS:

Research design:

The study design was quasi-experimental one group pre-test and post-test

Setting and Samples:

The study was carried out in 2026 among the teenagers who lived in a certain orphanage in Karnataka, India. A non-probability purposive sampling strategy was used to choose 66 participants based on availability and eligibility. After receiving institutional staff support and administrative approval, recruitment was completed. Adolescents' assent and written consent from guardians or authorized representatives were acquired before to participation. Adolescents who were residents of the facility, ready to participate, available for data collection, and able to comprehend the evaluation tool met the inclusion criteria. Cognitive impairment, temporary or non-resident status, use of psychiatric medication that affects emotional status, and absence during data collection were among the exclusion criteria. Based on the number of eligible individuals that were available during the study period, the sample size was deemed sufficient.

Intervention:

In a particular orphanage in Karnataka, India, 66 teenagers received emotion-focused therapy as part of the intervention. In order to encourage participation and privacy, it was held in a calm and cozy environment within the organization. The researcher conducted the intervention sessions.

Measurement and data collection:

The questionnaire was divided into two aspects: sociodemographic and standardized Rosenberg self-esteem scale as per previous studies. The tool was prepared in English but translated into Kannada. Which was easy to understand for the adolescents as per their lay language.

Part 1: information on demographic variables of the respondents containing 9 items i.e., age, gender, Class currently studying, Duration of stay at this orphanage, Age at entry into this orphanage, Type of orphanhood / reason for being at orphanage, Frequency of contact with any biological relatives, Previous foster care or other institution stay before current orphanage, Availability of counselling.

Part 2: standardized Rosenberg self-esteem scale consists of 10 items.

Data analysis:

The gathered data were analysed by using the percentages, frequency, Z-test, mean and SD, chi-square.

Ethical considerations:

The study protocol was reviewed and approved by the Institutional Ethical Board of KAHER Institute of Nursing Sciences, Belagavi.

RESULT:

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Section I: Distribution of sample characteristics according to the socio-demographic variables and association between sociodemographic variables and pretest self-esteem levels of the respondents is shown in (Table 1)

Table 1: association between Socio-Demographic Variables and Pretest Self-Esteem Levels

Socio demographic variables	Categories	Pretest self- esteem levels		X ² /r	df	P
		Low	moderate			
		f	F			
Age in years	Early adolescence (10-13)	7	26	1.52	2	0.46 NS
	Middle adolescence (14-17)	10	21			
	Late adolescence (18-21)	1	1			
Gender	Male	6	26	2.27	1	0.13 NS
	Female	12	22			
Class currently studying	Primary	3	8	8.02	3	0.004*
	Prehigh school	8	26			
	High school	5	13			
	Higher secondary	2	1			
Type of orphanhood / reason for being at orphanage	Both parents deceased	4	9	1.62	4	0.80NS
	One parent deceased	14	35			
	Parental abandonment	0	1			
	Family inability to care (poverty)	0	2			
	Other (specify):	0	1			
Frequency of contact with any biological relatives	Weekly	1	1	2.05	3	0.56NS
	Monthly	17	43			
	Occasionally	0	3			
	Never	0	1			
Previous foster care or other institution stay before current orphanage?	Yes	7	14	0.57	1	0.45NS
	No	11	34			
Availability of counselling services in orphanage	1.00	18	48	-	-	-
Duration of stay at this orphanage				-0.05		0.68NS
Age at entry into this orphanage				0.023		0.85NS

Pretest self-esteem scores were not significantly correlated with age ($\chi^2 = 1.52, p = 0.46$) or gender ($\chi^2 = 2.27, p = 0.13$), according to an analysis of demographic data. All age groups and genders showed a reasonable level of self-esteem. But there was a statistically significant correlation ($\chi^2 = 8.02, p = 0.004$) between the present class and pretest self-esteem, suggesting that academic level had an impact on self-esteem.

Subsequent analysis revealed no significant correlation between pretest self-esteem and the type of orphanhood ($\chi^2 = 1.62, p = 0.80$), frequency of contact with biological family ($\chi^2 = 2.05, p = 0.56$), or prior foster care or institutional stay ($\chi^2 = 0.57, p = 0.45$). Furthermore, there was no significant correlation between pretest self-esteem levels and the length of stay in the orphanage ($r = -0.051, p = 0.683$) or age at admission ($r = 0.023, p = 0.857$).

Table 2: Comparison of pretest and post-test self-esteem scores.

Paired Samples Statistics					
Pair	Mean	Std. Deviation	t	df	P
Pretest	17.42	3.34	28.12	65	0.001**
Post-test	26.50	1.22			

The average self-esteem score was 17.42 ± 3.34 on the pretest and 26.50 ± 1.22 on the post-test. Pretest and post-test scores differed statistically significantly, according to paired t-test analysis ($t = 28.12, df = 65, p = 0.001$). These results show that emotion-focused treatment was successful in raising the self-esteem of the teenagers living in the chosen orphanage.

Table3: Distribution of Self-Esteem Levels in Pretest and Post-test

Self esteem	Levels	F	%
Pretest	Low	18	27.3%
	Moderate	48	72.7%
Post-test	moderate	17	25.8%
	High	49	74.2%

In the pretest, 27.3% ($n = 18$) had low self-esteem and 72.7% ($n = 48$) had moderate self-esteem. In the post-test,

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25.8% (n = 17) had moderate self-esteem and 74.2% (n = 49) had high self-esteem is shown in figure 1. The improvement in the distribution of self-esteem levels from pretest to post-test indicates the effectiveness of emotion-focused therapy on the level of self-esteem among adolescents residing at the selected orphanage home.

DISCUSSION:

The detailed discussion of the study is interpreted from the analysis which is in relation to the objectives, hypothesis, and a few related kinds of literature of the study.

Major findings of the study:

According to the study's findings, the majority of participants had lost one parent and were early teenagers with a gender distribution that was almost equal. Despite these difficulties, the majority kept in touch with their biological families on a regular basis and had access to counselling services, both of which may have improved their emotional health. The success of Emotion-Focused Therapy (EFT) was demonstrated by the substantial improvement in self-esteem that was seen following the session, with mean scores rising noticeably from pre-test to post-test. Furthermore, self-esteem levels clearly changed from low and moderate in the pre-test to moderate and high in the post-test; no individuals remained in the low self-esteem category, demonstrating the significant influence of the intervention. With the exception of the class currently studying, which shown a significant association, the research also showed that the majority of sociodemographic factors, including age, gender, and kind of orphanhood, were not substantially associated with pre-test self-esteem levels. Overall, these results imply that, despite the majority of sociodemographic variations, EFT is a successful strategy for raising adolescents' self-esteem in orphanage settings.

Results investigating the efficacy of emotion focused therapy among female junior high school students in Shiraz corroborated the study's findings. Psychological outcomes significantly improved, according to the post-test results ($p < 0.05$). the psychological well-being mean score was 64.61 prior to the intervention, rose to 76.83 during the intervention (a difference of 12.22), and stayed high at 74.48 at the follow-up. Happiness rose from 36.87 to 41.43 and then to 42.13, while self-efficacy improved from 67.09 to 73.26 and stayed steady at 72.43. The control group, on the other hand, barely little changed. The findings showed that EFT is a successful intervention for enhancing teenage pupils' happiness, self-efficacy, and general well-being.⁸

Implication and limitations:

This study is limited to who are residing at orphanage home and there is time limit on data collection.

CONCLUSION

The study found that since they receive insufficient emotional support, teenagers living in orphanages frequently have low self-esteem. Their self-esteem was found to be improved with Emotion-Focused Therapy (EFT). The results emphasize the necessity of organized psychological interventions in these kinds of situations. It is advised that more research be done to identify key causes and create plans to improve these teenagers' mental wellbeing.

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AUTHOR CONTRIBUTION:

The author was solely responsible for the conception and design of the study, data collection, data analysis, interpretation of findings, and preparation of the manuscript. The author also conducted literature review, drafted the article, revised the manuscript critically for important intellectual content, and approved the final version for publication.

CONFLICT OF INTEREST:

Nil

Declaration of Use of Artificial Intelligence (AI):

Nil

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