

Addressing Anxiety in Adolescent Orphans: The Effectiveness of Social Work Techniques

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Abstract:

The purpose of this study is to determine the level of anxiety experienced by adolescent orphans and to support the use of social work techniques as productive intervention strategies. A questionnaire is used to gather sociodemographic data, and the validated Manual for Sinha Anxiety Scale is used to gauge the prevalence and severity of anxiety. In Tiruchirappalli District, 1,021 adolescent orphans between the ages of 13 and 17 who reside in government-sponsored orphanages were chosen for the study through a multistage random sampling.

The results show that participants' levels of anxiety varied, with 28.1% indicating low levels, 46.7% indicating moderate levels, and 25.3% indicating high levels. Age, place of residence, level of education, type of orphanhood, length of stay in the institution, and gender are among the factors that the study looks at in relation to respondents' anxiety. The findings show that there is no statistically significant age-related difference in anxiety levels, but respondents from rural areas report higher anxiety levels. Additionally, respondents with a 10th standard education or higher exhibit higher levels of anxiety. Types of orphanhood and anxiety levels do not significantly correlate, but there is a significant correlation between anxiety and the length of stay in the institution. In addition, compared to male respondents, female respondents show higher levels of anxiety.

Because social work is a multidisciplinary field, practitioners can help adolescents deal with anxiety in a productive way. The knowledge and expertise used in social work come from many different fields. Social workers can better understand complex social issues by using a multidisciplinary perspective that takes into account the biological, psychological, social, cultural, and environmental factors. Social work can address complex social issues and encourage constructive social change as a result of this multidisciplinary approach.

Key-words: *Anxiety, Adolescents, Orphans, Social Work, Techniques*

Introduction:

Anxiety is a common and often misunderstood mental health issue that affects individuals of all ages, including adolescents. Adolescence is a critical developmental stage that is characterised by significant social, emotional, and physical changes. People are battling identity formation, peer pressure, and growing responsibility at this time. Fawzy & Fouad's (2010) study's objective was to ascertain the prevalence of emotional and developmental disorders among kids living in orphanages in the Sharkia Governorate. From four orphanages in the Sharkia governorate, 294 children between the ages of 6 and 12, of both genders, and without any social restrictions were chosen as the sample. The Child Depression Inventory (CDI), the Revised Children's Manifest Anxiety Scale (RCMAS), the Rosenberg Self-Esteem Scale (SES), and the Paediatric Symptom Checklist (PSC) were used to assess depression, anxiety, self-esteem, and developmental disorders in all participants. According to the findings, 21% of the children had developmental disorders, 45% had anxiety, 45% had low self-esteem, and 61% had depression. This study came to the conclusion that emotional and developmental disorders are significantly more common and closely linked to sociodemographic traits in children living in orphanages.

Due to the lack of parental support and guidance, these difficulties are frequently made worse for orphaned adolescents, resulting in elevated levels of anxiety. The duration of institutionalisation, age at abandonment, and outcomes for the mental and physical health of young children living in Romanian orphanages were all topics of the ELLIS and team's (2004) study. Data were gathered through carer reports and questionnaires filled out by orphanage staff for the research, which focused on institutionalised children between the ages of 2 and 6. The results showed that the children had high rates of physical growth delays, anxiety/affective symptoms, and developmental delays. Sequential multiple regression analyses demonstrated a significant relationship between physical stature and disruptive behaviours and developmental delays, while shorter institutionalisation durations and shorter physical stature were significantly associated with anxiety/affective symptoms. The study emphasised the value of intervention and the implications for social policy in dealing with the psychiatric symptoms seen in institutionalised children.

For early intervention and support, it is essential to recognise the symptoms of anxiety in kids and teenagers. Social withdrawal and aversion to social interactions with friends or family are two symptoms of anxiety that are frequently seen in adolescents. Teenagers with anxiety may withdraw from social situations out of concern for criticism or judgement, which can cause them to feel isolated and disconnected. Their social interactions and relationships may suffer as a result of them feeling overstimulated in social situations and struggling to interact with others. A persistent jittery or "on edge" feeling is another defining symptom of anxiety.

Teenagers with anxiety frequently feel persistent worry and unease, even in circumstances that other people may find unimportant. This constant state of alertness can be draining and prevent them from unwinding or taking pleasure in routine activities. Another symptom of anxiety in teenagers is panic attacks. These episodes are characterised by strong feelings of fear or impending doom coupled with physical signs like trembling, sweating, racing heart, and shortness of breath. Having a panic attack can be incredibly upsetting and may increase a person's fear of having more attacks in the future, making them avoid situations they associate with panic.

Adolescents with anxiety frequently experience changes in their emotional state. They may cry, feel upset, or become angry frequently and seemingly for no reason. Teenagers and those around them may feel frustrated and confused as a result of these difficult-to-control, overwhelming emotions. Teenagers who experience anxiety often have significant eating and sleeping irregularities. Anxiety frequently manifests as difficulty sleeping, including issues with falling or staying asleep. Anxiety symptoms can worsen when there are sleep disturbances, which can lead to a vicious cycle of insomnia and elevated anxiety. Teenagers' altered eating patterns, such as a decrease in appetite or an increase in the consumption of comfort foods, may also be a sign of anxiety. The purpose of the study by Fernandez-Berrocal, et.al, (2006) was to look into the relationship between adolescents' emotional intelligence, anxiety, and depression. The Trait Meta-Mood Scale (TMMS), a self-report test of emotional intelligence, as well as tests for thought inhibition, self-esteem, anxiety, and depression were completed by 250 high school students in total. The idea was that psychological adjustment could be predicted by emotional skills in addition to factors like self-esteem and thought suppression that had previously been linked to poor adjustment. Two important conclusions came from the study. First off, self-esteem was positively correlated with one's self-reported capacity for mood regulation (Emotional Repair). Second, levels of depression and anxiety were inversely correlated with self-reported emotional intelligence. In particular, better psychological adjustment was linked to having the ability to distinguish between emotions (Emotional Clarity) and the capacity to self-regulate emotional states, independent of the effects of self-esteem and thought suppression. These findings lend credence to the idea that emotional intelligence contributes significantly and uniquely to psychological adjustment.

It is critical for parents, educators, and medical professionals to recognise these symptoms of adolescent psychological issues. This paper by Cluver & Gardner (2007) reviews the scientific literature on the psychological and mental health of AIDS orphan children. The studies that are already out there are few, dispersed, and frequently unpublished. The review primarily focuses on quantitative studies done with children who have lost a parent to AIDS but are not infected. The review includes both controlled and uncontrolled studies due to the dearth of quantitative research

available. Additionally, a few pieces of qualitative literature that are pertinent to the southern African context are looked at. This article expands upon and offers revisions to Wild's significant review that was published in this journal in 2001. There was a total 24 studies found, with notable differences in sample characteristics, outcome measurements, and control groups. These three studies are still being conducted. Five out of ten studies measuring externalising problems found their presence, whereas 16 out of 19 studies measuring internalising problems found such issues in orphaned children. The review highlights the need for more in-depth study on the risk and protective factors for children orphaned by AIDS, as well as mental health. It also emphasises how crucial it is to use a coordinated strategy in research to enable accurate comparisons of child outcomes across diverse geographic areas. Teenagers can access appropriate treatment and develop effective coping mechanisms with early intervention and support. Adolescent anxiety management requires fostering a supportive environment that values open dialogue and understanding.

What are the various types of anxiety observed in adolescents?

Teenagers occasionally struggle with anxiety that goes beyond the typical anxieties and fears they might face. Their anxiety can be labelled as a disorder in such circumstances. Anxiety disorders in children are characterised by unrealistic and persistent anxiety that causes avoidance of common situations. Children may be diagnosed with a number of different anxiety disorders.

- **Separation Anxiety Disorder:** When teenagers are separated from their carers, they experience severe distress, which is a symptom of separation anxiety disorder. They might show excessive concern for their parents' safety, worry about getting lost or abducted, and struggle to go to school. These young people are not experiencing distress at a level that is typical for their age.
- **Social Anxiety Disorder:** Adolescents who suffer from social anxiety disorder experience severe self-consciousness and find it difficult to interact with others in social settings. They might avoid social situations and display panic symptoms like shaking, perspiring, or having trouble breathing. Their distress is also exacerbated by their concern that others will criticise them for their anxiety.
- **Selective Mutism:** Selective mutism is a distinct anxiety disorder in which teenagers find it difficult to speak in particular settings, like school, despite their desire to do so. They might feel "frozen" in their anxiety and unable to break their silence. Selective mutism significantly impairs a person's capacity for verbal expression and goes beyond shyness.
- **Generalized Anxiety Disorder (GAD):** The symptoms of generalised anxiety disorder (GAD) include excessive worry about a variety of aspects of daily life. Adolescents with GAD may struggle with feelings of being out of control, develop a perfectionist attitude, and live with a persistent fear of failing. Because of their ongoing anxiety, they might have trouble relaxing and falling asleep.
- **Panic Disorder:** Teens who suffer from panic disorder have a history of panic attacks, which are sudden, intense bouts of fear accompanied by physical symptoms like a racing heart, sweating, trembling, dizziness, and shortness of breath. These panic attacks can be upsetting and can cause the sufferer to worry a lot about their safety or fear losing control.
- **Obsessive-Compulsive Disorder (OCD):** OCD is characterised by intrusive, unwelcome, and anxious thoughts or obsessions. Adolescents with OCD frequently create compulsive habits or rituals to help them cope with their anxiety. They might repeatedly seek reassurance or perform repetitive behaviours like excessive hand washing or checking because they are afraid of acting in a "bad" way.
- **Specific Phobias:** A specific phobia is an extreme and irrational fear of a particular thing, an animal, a circumstance, or an environment. When exposed to their phobia-triggering situations, adolescents with specific phobias experience severe anxiety. These phobias may be related to animals, the natural world (such as storms or heights), blood or injections, particular circumstances (such as flying or tunnels), or other particular triggers (such as loud noises or costumed characters).

Methods:

Aim:

The aim of this study is to assess the extent of anxiety among adolescent orphans and to justify the utilization of social work techniques as effective intervention strategies.

Objectives:

- To assess anxiety prevalence and severity among adolescent orphans.
- To understand the effectiveness of existing intervention strategies in addressing the anxiety prevalence and severity among adolescent orphans.
- To propose and justify social work techniques as appropriate intervention strategies to address anxiety prevalence and severity among adolescent orphans.

Research Design:

The study employs a descriptive research approach. A questionnaire will be utilized to collect information about the sociodemographic characteristics of adolescent orphans. Additionally, the validated Manual for Sinha Anxiety Scale developed by Prof. Durganand Sinha (1968) revised edition, will be used to assess their anxiety prevalence and severity. The gathered data will then be subjected to appropriate statistical analysis to gain insights into anxiety prevalence, severity and related issues. Based on the findings, evidence-based social work intervention strategies will be proposed to address the identified anxiety prevalence, severity and related issues among the targeted group.

Selection of the Respondents:

The current study concentrated on 1,021 adolescent orphans, ages 13 to 17, who lived in 11 orphanages in Tiruchirappalli District that were supported by the government. To choose the participants, the researcher used a multistage random sampling strategy. Under the JJ Act 2000, there were 64 orphanages in the district in 2012 (53 self-supporting and 11 receiving government assistance). Simple random sampling was used to select the 11 orphanages that would receive government funding; there were 3 orphanages for boys, 5 for girls, and 3 for mixed-gender children. Two boy's orphanages, two girl's orphanages, and two mixed-gender orphanages were randomly selected from these 11 orphanages to collect data. Data were gathered from all 360 participants using a census method due to the small number of adolescent orphans in the 13–17 age range.

Tools of Data Collection:

Manual For Sinha Anxiety Scale developed by Prof. Durganand Sinha (1968) revised edition was used to find out the level of anxiety. It is a self-administering inventory with 100 items. The reliability of the tool according to split-half method is found to be 0.92

Methodological Framework of the Study:



Figure:1

Findings of the Study:

The study, according to the research, reveals the degree of anxiety experienced by the participants as orphans. Over 28.1% of participants reported having low levels of anxiety, compared to about 46.7% who reported moderate levels. Additionally, a high level of anxiety was reported by more than 25.3% of the respondents.

- There is no significant difference among age of the respondents with regard to anxiety experienced by them. ($F = 1.268, P > 0.05$)
- There is a significant difference among domicile of the respondents before being admitted to this institution with regard to anxiety experienced by them. The means score interprets that, those respondents from rural area experienced high level of anxiety. ($F = 2.782, P < 0.05$)
- There is a significant difference among educational qualification of the respondents with regard to anxiety experienced by them. The mean score reveals that respondents who belong to 10th standard experienced high level of anxiety. ($F = 3.103, P < 0.05$)
- There is no significant association between types of orphanhood of the respondents and anxiety experienced by them. ($X^2 = 3.258, df = 4, P > 0.05$)
- There is a significant association between respondents' duration of stay in this institution and anxiety experienced by them. ($X^2 = 17.828, df = 6, P < 0.01$)
- There is a significant difference between the gender of the respondents with regard to anxiety experienced by them. The mean score reveals that compared to male respondents; female respondents experience high level of anxiety. ($Z = 2.039, P < 0.05$)

How a Social worker can help adolescents deal with Anxiety?

Social work incorporates knowledge and expertise from various fields to take a multidisciplinary approach to problem solving. Social work practitioners gain a thorough understanding of the intricate dynamics of social issues by consulting fields like psychology, sociology, anthropology, economics, political science, and public health. Social workers can examine issues from a variety of perspectives using this multidisciplinary perspective by taking into account the biological, psychological, social, cultural, and environmental factors that affect people's wellbeing. Social workers collaborate with experts from various fields to make sure interventions are comprehensive, holistic, and specifically designed to address the complex needs of individuals, families, and communities. Social work can best address complex social problems and encourage constructive social change by adopting a multidisciplinary approach.

Here are a few techniques that a social worker can utilize when helping an adolescent struggling with anxiety disorders:

- **Assessment and diagnosis:** A social worker can carry out in-depth evaluations to spot and identify adolescent anxiety disorders. To learn more about the person's symptoms, experiences, and functioning, they can use standardised assessment tools and interviews.
- **Individual Counselling:** Adolescents with anxiety disorders may receive individual counselling from social workers. They can assist teenagers in understanding and controlling their anxiety by using scientifically supported therapeutic techniques like cognitive-behavioral therapy (CBT). Social workers can help clients overcome anxious thoughts and behaviours by teaching them coping mechanisms, relaxation techniques, and other useful skills through counselling.
- **Support and Empowerment:** Adolescents with anxiety disorders frequently experience feelings of isolation and helplessness. Social workers can offer emotional support and create a judgment-free environment where people can express their fears and worries. Adolescents can be empowered by them by supporting their development of resilience, self-esteem, and effective problem-solving techniques.
- **Mindfulness and Relaxation Techniques:** Social workers can give adolescents instruction in mindfulness and relaxation techniques to help them manage their anxiety. Deep breathing, guided imagery, progressive muscle relaxation, and meditation are all relaxation-enhancing practises that can ease anxiety symptoms.

- **Psychoeducation on anxiety:** It's crucial to give the adolescent and their support network psychoeducation. Social workers can inform them about the nature, causes, and typical triggers of anxiety disorders. Understanding anxiety allows people to more easily identify their symptoms and develop coping mechanisms.
- **Family Involvement:** Social workers understand the value of including the adolescent's family in the therapeutic process. To enhance communication, inform family members about anxiety disorders, and foster a supportive and understanding home environment, they can offer family therapy or run family support groups.
- **Support Groups:** Social workers can lead groups designed especially for teenagers with anxiety disorders. Teenagers in group therapy have the chance to connect with others going through similar experiences, share experiences, and pick up coping mechanisms from one another. It can increase a sense of community and lessen loneliness.
- **School-Based Interventions:** Interventions that support anxious adolescents in the educational setting can be implemented by social workers in partnership with schools. This could entail collaborating with teachers to create customised accommodations, putting stress management programmes into place, or developing a welcoming and inclusive learning environment.
- **Crisis Intervention:** Social workers can offer immediate support and crisis intervention techniques when an adolescent is going through a severe anxiety episode or crisis. This could entail de-escalation strategies, safety planning, and, if necessary, connecting the adolescent with emergency services.
- **Journaling and Self-Reflection:** Social workers can assist teenagers in journaling their thoughts and feelings as a way of engaging in self-reflection. Through this practise, they can learn more about their triggers, coping mechanisms, and patterns, which will help them feel more in control and self-aware.
- **Physical activity and exercise:** Promoting regular physical activity can help you manage your anxiety. As physical activity releases endorphins and enhances overall wellbeing, social workers can work with adolescents to create exercise routines that suit their interests and abilities.
- **Time Management and Organization Skills:** Adolescents can benefit from social workers' help in developing efficient time management and organisation skills. Social workers can lessen stress and anxiety caused by feeling overloaded or unorganised by assisting them in prioritising tasks, setting attainable goals, and establishing routines.
- **Self-Care and Stress Reduction:** Social workers should stress the value of self-care practises and stress reduction methods. Adolescents can experience less anxiety by being encouraged to take part in activities they enjoy, practise relaxation techniques, maintain a balanced lifestyle, and develop healthy coping mechanisms.
- **Peer Support and Mentoring:** Social workers can help put young people with anxiety disorders in touch with mentors or peer support groups who have had success managing their own anxiety. Peer support can give the adolescent a feeling of validation, understanding, and encouragement.

Conclusion

In summary, it is clear that social work techniques are effective in reducing anxiety in adolescent orphans. This population is particularly vulnerable, which necessitates specialised interventions that take into account their emotional, psychological, and social well-being. Social workers are essential in providing these young people with all-encompassing support and assistance, using a variety of evidence-based strategies adapted to their unique needs. Social workers can assist young orphans to develop coping mechanisms, resilience, and better mental health through therapeutic interventions, counselling, group work, skill-building activities, and collaboration with other professionals. The complex needs of these people are met thanks to social work's multifaceted and holistic approach, which also promotes their well-being and improves the quality of their lives.

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