

Intrapersonal and Interpersonal Determinants of Well-Being of Orphans and Non-Orphans

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The Study was designed to investigate the intrapersonal and interpersonal components of emotional intelligence, and psychological well-being of late adolescents: orphans living in orphanages and non-orphans living with both parents. Research was conducted on 128 participants, among them 64 were orphans (32 boys and 32 girls) and 64 were non-orphans (32 boys and 32 girls). The sample was selected through purposive sampling technique. The age range of the participants was between 16 and 21 years. Data of orphans were collected from two orphanages. For the data of non-orphans, higher secondary schools were approached. Demographic data sheet, Scale of Emotional Intelligence (Batool & Khalid, 2009) and Ryff's Scale of Psychological Well-being (Ryff, 1989) were used to measure the study variables. Group differences on t-test indicate that orphans scored significantly lower on emotional intelligence and psychological well-being than non-orphans. Result of stepwise regression show that intrapersonal and interpersonal emotional intelligence significantly predict psychological well-being. It may be concluded that children living with both parents and those living in orphanage significantly differ on emotional intelligence and well-being, and intrapersonal and interpersonal components of emotional intelligence are significant determinants of well-being of orphans and non-orphans.

Keywords: Adolescents, orphans, emotional intelligence, well-being

Adolescence is a critical and important period of one's life which is full of challenges and opportunities. This period of life is characterized by growth and development in different domains like physical, cognitive, psychosocial, and emotional. Changes in these domain may affect different domains of their life like social, academic, and health. There are numerous risk factors that can affect the development during adolescence. These factors can be living conditions, child care setting, and shortage in the availability of resources for child in the society, poverty, poor social environment that includes relationships with parents, peers, teachers, siblings and other community members, style of early attachment with parents or caregiver, parenting styles, and living in orphanages etc. (e.g., (Bowlby, 1988; Bridges & Connell, 1991; Ermisch, Francesconi, & Pevalin, 2001; Yidirim, 2005).

Orphanage is a place that keeps children who have lost their parents and it is responsible for child care and rearing. There are many factors that negatively affect the development of children living in the orphanages like, complete maternal deprivation (the phenomenon in which the child does not find a person on whom s/he can trust and may feel secure), poor physical conditions, poor child-caregiver ratio, people's opinion about orphanages, deficient of family support for children, neglectful and authoritative parenting styles of caregivers, early caregiver-child social-emotional relationship (Yidirim, 2005). Although all the factors in orphanages contribute to delay in the development in different domains of children. But most important is the relationship between child and care-giver that is usually apparent and for short period of time with little continuous warmth and affection. In such relationship child is unable to develop the sense of trust and may feel insecure, and therefore they are less involved in risk taking activities, less creative, dependent and many other poor characteristics have developed in them that lead to poor performance and make them unable to explore the new areas of world. The development of such characteristics will ultimately lead to the development of negative self-concept in them (Bowlby, 1988).

Although many theories support the importance of early child - mother relationship but the most important is Bowlby's attachment theory that puts emphasis on significant role of early child-mother interaction/relationship in the socio-emotional development of child and expects the delay in social-emotional development of child due to poor warmth relationship between caregiver and child. Bowlby (1988) presented the concept of monotropy that means a failure to receive, or a breakdown of the maternal attachment would lead to serious negative consequences that may include affectionless psychopathy. Bowlby's theory of monotropy led to the formulation of his maternal deprivation hypothesis. The basic assumption of *Bowlby's Maternal Deprivation Hypothesis* is that the continual disruption of the attachment between infant and primary caregiver (i.e. mother) could result in a long term cognitive, social, and emotional difficulties for that infant. The literature proposes that early social-emotional experience play very important role in the development of later social, emotional, and mental abilities of individual (Bretherton & Munholland, 1999; Schore, 2000).

Living in orphanages has been reported to leave detrimental effects on physical, cognitive, social and emotional development of adolescents (Dennis & Najarian, 1957; Tizard & Rees, 1975). Literature illustrates that adolescents living in orphanage show low emotional intelligence and experience emotional difficulties and have poor psychological well-being (Abadi, 2011; Bhat, 2014).

Emotional intelligence is a very important construct in determining person's success in almost every field of life. It helps the individual to succeed at all levels, either at personal level (in achievement of one's life goal), at societal level (in personal relationships, family functioning) and at educational and occupational level. "Emotional-social intelligence is a cross-section of interrelated emotional and social competencies, skills and facilitators that determine how effectively we understand and express ourselves, understand others and relate with them, and cope with daily demands." (Bar-On, 2006). As cited in the original articles of Bar-On (2006), the most important thing in emotional intelligence is one's intrapersonal ability which means that person have clear understanding of oneself, known the positive and negative aspect of their personality, and is able to convey his/her own thoughts and feelings without harming him/herself and others. The second most important thing in emotional intelligence is interpersonal ability, which means that person possess the skills that enables him/her to have clear understanding of other's feelings and requirements, and enables him/her to make and uphold sympathetic, productive and equally rewarding relations. It means that emotionally and socially intelligent person should be successful in handling the private, public and environmental changes and able to cope successfully with the current changing circumstances, able to solve troubles and make quick, effective decisions. For this, we should have control on our emotions, so that we can lead positive and constructive life. Bar-On considers these traits as a "predictive ability" that increases the chances of success and anticipates behavior and performance in every domain of life and also asses the psychological well-being of individual (Bar-On, 2006). According to Bar-On's model, social and emotional intelligence consist of 5 main domains: 1) Intrapersonal skills, 2) Interpersonal skills, 3) Stress Management, 4) Adaptability, and 5) General mood. In each of these domains there are some specific skills that collectively constitute social and emotional intelligence. The emotional intelligence cultivates with age and rich experiences in life boost up one's level of EI. There is an agreement among the researchers that older individuals score higher on EI than younger individuals (Bar-On, 2004; Boyatzis & Sala, 2004; Derksen, Kramer, & Katzko, 2002).

Family is the first place where the children feel, monitor, and learn how to recognize and understand the emotions of other people. Morris, [Silk](#), [Steinberg](#), [Myers](#), and [Robinson](#) (2007) reported different family factors that affect the emotional intelligence that include: 1) reaction of parents towards the child emotional reactions in any difficult situation that contribute to the secure attachment between child and parents. If parents show warmth to children and provide coaching for how to react and deal with such situation, then emotionally healthy child will be developed, 2) Modeling in which child imitate how his/her parents react in difficult situations, how they interact with other people, and what strategies they use for coping with stress, and 3) child temperament or neurophysiology etc.

Well-being of a person is assessed by his/her optimal psychological and physical functioning and experience. There is no consensus on the definition of psychological well-being. Different people describe the terms differently. It has been defined as "an individual meaningful engagement in life, self-satisfaction, optimal psychological functioning and development at one's true highest potential. It has six dimensions that are autonomy, environmental mastery, personal growth, positive relationship with other, purpose in life and self-acceptance of individuals" (Ryff, 1989). Huppert (2009) defines psychological well-being as "It is about lives going well. It is the combination of feeling good and functioning effectively" (p.137).

There has been debates on what makes the person's life good or defines his/her well-being? Emotional intelligence has been found to be positively related to psychological well-being (Anjali, 2014). Tsaousis and Nikolaou (2005) in a study found that emotional intelligence was positively related to physical and psychological health. High emotional intelligence also found to be associated with physical as well as with psychological well-being like, self-reported somatic symptoms (Dawda & Hart, 2000; Day & Therrien, 2002). Negative correlations have been reported between emotional intelligence, depression and anxiety, and affective psychological well-being (Berrocal, Alcaide, Extremera, & Pizarro, 2006; Berrocal, Salovey, Vera, Extremera, & Ramos, 2005; Batool & Khalid, 2009; Extremera & Berrocal, 2006; Gardner, 2006).

There are very few studies that have assessed the role of emotional intelligence in the well-being of children/ adolescents living in two different living conditions (viz., orphanage and in intact families). The literature shows that the children/ adolescents living in orphanage are prone to emotional problems and poor mental health (Abadi, 2011; Bhat, 2014), and emotional intelligence has been supported as a significant determinant of psychological well-being of people from different contexts. But very little evidences are available on the impact of disrupted attachment relationships on the development of emotional intelligence of children living in orphanages. Once we determine that lower emotional intelligence predict poor well-being of adolescents living in orphanages, we can better design counseling plans and therapeutic interventions for these individuals to improve their emotional intelligence and resultant well-being. The present study was planned to measure the differences on emotional intelligence and well-being determined by two different living conditions of the adolescents in the sample, and to assess the relative contribution of intrapersonal and interpersonal components of emotional intelligence in the well-being of orphan and non-orphan adolescent.

Hypotheses

Following hypotheses were formulated which were based on literature.

H₁: There is difference in the emotional intelligence of orphans and non-orphans

H₂: There is difference in the psychological well-being of orphans and non-orphans

H₃: Age, gender, and intrapersonal and interpersonal components of emotional intelligence predict psychological well-being of adolescents

Method

Participants

The sample consisted of 128 late adolescents. Among them, 64 were living in orphanages (32 boys and 32 girls) and 64 were living in intact families (32 boys and 32 girls). Sample was selected through purposive sampling technique. The sample was in the age range of 16-21 years attending 9th and 10th classes, and college 1st and 2nd years. The participants were matched on age and grades.

Inclusion/Exclusion Criteria. The sample of non-orphans had both parents alive, and they were from intact families, living with both parents. The adolescents in orphanages had lost both parents in early childhood (2-3 year) of age.

Measures

Scale of Emotional Intelligence. The scale was developed by Batool and Khalid (2009). It is a self-report measure and based on Bar-On model of social and emotional intelligence (2000, 2006). It consists of 56 items. Respondent use four point Likert type response options ranging from 1(*never true to me*) to 4 (*always true to me*). Ten items in the

scale are reverse scored (item 7,9,13,17,26,30,42,47,48). The Scale consists of 10 subscales: 1) Interpersonal relationship includes 8 items (18,19,21,51,52,53,54,55), 2) Self-regard includes 6 items (8,22,32,38,42,56), 3) Assertiveness includes 7 items (16,17,34,35,39,41,47), 4) Emotional self-awareness includes 4 items (2,30,31,33,48), 5) Empathy includes 5 items (23,24,25,37,40), 6) Impulse control includes 5 items (7,9,10,13,15), 7) Flexibility includes 5 items (6,20,29,44,46), 8) Problem Solving includes 5 items (3,4,5,12,14), 9) Stress tolerance includes 5 items (11,36,43,49,50), 10) and Optimism includes 5 items (1,26,27,28,45). Sub-scales 2, 3, 4, 6, 8, 9, and 10 constitute intrapersonal skills, and sub-scales 1, 5, 7 constitutes interpersonal skills in the present study. Cronbach's alpha of total scale was $\alpha=.95$, intrapersonal subscale was $\alpha=.87$, and interpersonal-sub-scale was $\alpha=.68$ in the present study.

Ryff Psychological Well-Being Scale. The scale was developed by Ryff in 1989. It is a self-reported measure and based on psychological well-being model by Ryff (1989). Original scale consists of 120 items and many versions of (84, 54, 42, 18 items) scales are currently available. In the present study 54-items (medium-form) Urdu version of the scale translated by Ansari (2010) was used. This scale measured the adolescents' psychological well-being in 6-domains. Each domain contains 9 items split into positive and negative items: 1) Autonomy includes 9 items (2, 8, 14, 20, 26, 32, 38, 44, 50), 2) Environmental mastery includes 9 items (3,9,15,27,33,39,45,51), 3) Personal growth includes 9 items (4,10,16,22,28,34,40,46,52), 4) Positive relation with others includes 9 items (1,7,13,19,25,33,37,43,49), 5) Purpose in life includes 9 items (8,11,17,23,29,35,41,47,53); and 6) Self-acceptance includes 9 items (6,12,18,24,30,36,42,48,54) with likert type response format ranging from strongly disagree (1) to strongly agree (6). Items (4, 5, 7, 9, 10, 11, 13, 14, 15, 17, 18, 22, 23, 25, 26, 27, 29, 31, 34, 36, 38, 42, 43, 44, 45, 46, 52, 53) have reverse coding. Total score of scale is between 54 and 324. Higher scores on scale indicate that the person has better psychological well-being. The scale has been reported to have good internal consistency and predictive validity (Abbott et al., 2006). The Cronbach alpha of the scale was .84 in the present study.

Procedure

Data of adolescents living in orphanage were collected from two orphanages: 1) Dar-ul-Shafqat for Boys Lahore, and 2) Dar-ul-Shafqat for Girls, Lahore. Data of adolescents living with parents were conveniently collected from a higher secondary school and academy. After the approval of topic from the Department of Psychology, permission for data collection from the heads of respective institutions were taken. The heads of institutions referred the researcher to concerned care takers/ teachers for support to approach the participants. They arranged the volunteer students in the classes. Then sets of 2 questionnaires (Scale of Emotional Intelligence, and Ryff Psychological Well-being Scale) along with demographic data sheet were distributed among the participants. The participants were requested to read the questionnaires carefully and try to respond each item. It took 30-45 minutes in completing the questionnaires along with demographic data sheet

Results

Table 1

Correlation Matrix for the Relationships among Demographic Variables and Study Variables (N=128)

| Variable | M | SD | 1 | 2 | 3 | 4 |
|---------------------|-------|-------|---|------|-------|-------|
| 1.Age | 18.70 | 2.79 | - | .20* | .14 * | .11 |
| 2. Intrapersonal EI | 77.05 | 6.48 | - | - | .48** | .51** |
| 3. Interpersonal EI | 57.14 | 6.57 | - | - | - | .35** |
| 4.PWB | 186.2 | 51.93 | - | - | - | - |

Note: * $p < 0.05$, ** $p < 0.01$. EI = Emotional Intelligence, PWE = Psychological Well-being

The result in Table 1 shows that age has positive correlation with intrapersonal and interpersonal emotional intelligence, but insignificant correlation with psychological well-being. However, intrapersonal and interpersonal emotional intelligence show significant positive correlations with psychological wellbeing.

Table 2

Group Differences in the Emotional Intelligence, and Psychological Well Being of Orphans (n= 64) and Non-Orphans (n=64)

| Variable | Orphans | Non-orphans | <i>t</i> (126) | p | 95% of CI | |
|----------|------------------------|------------------------|----------------|------|-----------|-----------|
| | <i>M</i> (<i>SD</i>) | <i>M</i> (<i>SD</i>) | | | <i>LL</i> | <i>UL</i> |
| EI | 131.3(12.52) | 170.2(14.11) | 2.47* | .015 | 7.736 | 70.10 |
| PWB | 136.3(10.26) | 236.0(16.80) | 40.5** | .000 | 94.83 | 104.5 |

*Note:** $p < .01$, ** $p < .000$, CI= Confidence Interval, LL=Lower Limit, UL=Upper Limit

The results in Table 2 indicate that orphans ($M=131.3$, $SD=12.52$) and non-orphans ($M=170.2$, $SD=14.11$) significantly differ on the scores of emotional intelligence, t (126) =2.47, $p < .01$. Mean values indicate that adolescents living with parents have significantly higher emotional intelligence than adolescents living in orphanages. Result also indicates that non-orphans ($M=236.0$, $SD=16.80$) and orphans ($M=136.3$, $SD=10.26$) significantly differ on the scores of psychological well-being, t (126) =40.5, $p < .001$. Mean values indicate that adolescent living with parents have significantly better psychological well-being than adolescent living in orphanages.

Table 3

Summary of Stepwise Regression Analysis for Predicting Psychological Well-Being of Participants (N=128)

| Predictor Variable | <i>B</i> | <i>SE</i> | β | <i>t</i> | <i>p</i> |
|--------------------|----------|-----------|---------|----------|----------|
| 1.intrapersonal EI | 1.22 | .11 | .51 | 10.55** | .000 |
| 2.Intrapersonal EI | 1.06 | .13 | .45 | 8.14** | .000 |
| Interpersonal EI | .30 | .12 | .13 | 2.38* | .018 |

$R^2 = .26$, $R^2 = .28$

Note: ** $p < .000$, * $p < .01$, EI = Emotional Intelligence, PWE = Psychological Well-being

Stepwise multiple regressions was run to determine the significant predicting variable of the psychological well-being of adolescents living in orphanages and with both parents. Table 3 shows that intrapersonal EI appeared as more salient predictor of psychological well-being of orphans and non-orphans and 26% variance in the psychological well-being is accounted for by intrapersonal EI alone. The best fit of the model is evident by $F(1,126) = 10.55$, $p < .001$. Interpersonal EI adds 2% more variance in the prediction of psychological well-being, as 28% variance in psychological well-being accounts for both intrapersonal and interpersonal EI. The model is best fit $F(1,126) = 2.38$, $p < .01$. However, age and gender were excluded from the analysis due to their insignificant contribution in determining well-being of participants of the present study.

Discussion

Given in account the objective of study to determine how the adolescents living in orphanages differ in terms of emotional intelligence, and psychological well-being from adolescents living with both parents. Results support the first hypothesis and suggest that the adolescents differ significantly in terms of emotional intelligence. Adolescents who were living with both parents scored significantly higher on emotional intelligence than the adolescents living in orphanages (see Table 2). Findings are consistent with (Abadi, 2011; Bhat, 2014) that adolescents living in orphanages and with both parents vary considerably in terms of emotional intelligence and emotional stability. Orphans experience social and financial instability due to the death of parents (Bhat, 2014) that may negatively affect their emotional development.

Present research findings support the second hypothesis and reflected that psychological well-being of adolescents living in orphanages was poorer than adolescents living with both parents (see Table 2). Our results are in line with (Bhat, 2014; Delva et al., 2009; Tsegaye, 2013; Zhao et al., 2011) that orphans have low psychological wellbeing than non-orphans. Orphans are vulnerable to poor psychological wellbeing as compared to other group.

Results indicate that age, intrapersonal emotional intelligence, interpersonal emotional intelligence and psychological wellbeing are significantly positively associated (see Table 1) and intrapersonal emotional intelligence, interpersonal emotional intelligence appeared as significant predictors of psychological well-being of orphan and non-orphan adolescents (see Table 3). The positive association of age with higher emotional intelligence could be supported with the research conducted in various backgrounds (e.g., Bar-On, 2004; Boyatzis & Sala, 2004; Derksen, Kramer, & Katzko, 2002; Fariselli, Ghini, & Freedman, 2008) that suggests that EI grows with age. The positive correlation between EI and psychological well-

being supports Bar-On's (1997, 2006) model that explains that if a person is more emotionally-socially intelligent, s/he will have high psychological well-being. Results are in line with Augusto-Landa (2010) that after controlling personality factors, emotional intelligence was a significant predictor of psychological well-being. The intrapersonal and interpersonal components of emotional intelligence appeared as the determinants of psychological well-being (Anjali, 2014; Batool & Khalid, 2009; Bhat, 2014; Tsaousis & Nikolaou, 2005).

Intrapersonal dimension appeared as more significant determinant of psychological well-being than interpersonal. Any direct support from the literature was not found. However, it appears that if a person has self-regard, emotional self-awareness, assertiveness, optimism, and stress tolerance etc. and is able to control his/her emotions- this all will support him/her towards better psychological health.

Conclusion

Present study supports the fact that the environment in which individual lives plays a significant role to determine his/her emotional intelligence and psychological well-being. The study has consequences for maintaining and promoting mental health of orphans. The results provide support to the notion that orphans have lower emotional intelligence and are prone to poor physical and mental health (Abadi, 2011; Bhat, 2014). So if the role of EI in maintaining psychological well-being is significant, some actions on behalf of health psychologists need to be taken to employ emotional intelligence training programs for care takers in orphanages. Therapy based on developing EI skills along with other therapeutic measures may also prove effective to enhance the mental health of children/adolescents living in orphanages.

Limitations and Future Suggestions

The study has certain limitations. The study has a small sample and the data was collected from 2 campuses of one orphanage and 2 academic institutions, so it has limited generalizability. This study can be replicated on large and more heterogeneous sample. The instruments used in the study were self-report measure, so the risk of common method variance cannot be ignored. As the study used cross-sectional research design, in future more sophisticated longitudinal studies may be designed to study the cause and effect relationship among the variables. In future, qualitative studies may be designed to explore the psychosocial and emotional experiences of individuals living in orphanages.

Implications

The findings of the study suggest the need to increase the level of emotional intelligence in the children living in orphanages. The study has implication for the policy makers, administration of orphanages, and psychologists to work on the training of emotional intelligence of children/adolescents living in orphanages to improve their well-being.

References

- Abadi, Q. H. (2011). Comparing the emotional intelligence of orphanage children with ordinary children. *Quarterly Educational Psychology*, *7*(21), 73-89.
- [Abbott](#), R. A., [Ploubidis](#), G. B., [Huppert](#), F. A., [Kuh](#), D., [Wadsworth](#), M. E. J., & Croudace, T. J. (2006). Psychometric evaluation and predictive validity of Ryff's psychological well-being items in a UK birth cohort sample of women. *Health and Quality of Life Outcomes*, *4*(76), 1-116. doi: [10.1186/1477-7525-4-76](https://doi.org/10.1186/1477-7525-4-76)
- Anjali, A. (2014). Role of emotional intelligence in psychological well-being of faculty member. *Zenth International Journal of Multidisciplinary Research*, *4*(10), 1-7.
- Ansari, A. S. (2010). Cross validation of Ryff scales of Psychological well-being: translation into Urdu language. *Pakistan Business Review* 224-259.
- Augusto-Landa, J. (2010). Emotional intelligence and personality traits as predictors of psychological well-being in Spanish undergraduates. *Social Behavior and Personality*, *38*, 783-794.
- Bar-On, R. (1997). *The Emotional Quotient Inventory (EQ-i)*. Technical manual. Toronto, Canada: Multi-Health Systems.
- Bar-On, R. (2004). The Bar-On Emotional Quotient Inventory (EQ-i): Rationale, description and summary of psychometric properties. In G. Geher (Ed.), *Measuring emotional intelligence: common ground and controversy* (pp. 115-145). New York: Nova Science Publishers, Inc.
- Bar-On, R. (2006). The Bar-On model of Emotional-Social Intelligence (ESI). *Psycothma*, *18*, 13-25.
- Batool, S. S., Khalid, R. (2009). Low emotional intelligence: A risk factor for depression. *Journal of Pakistan Psychiatric Society*, *6*, 65-72.
- Berrocal, P. F., Alcaide, R., Extremera, N., & Pizarro, D. (2006). The role of emotional intelligence in anxiety and depression among adolescents. *Individual Differences Research*, *4*, 16-27.
- Berrocal, P. F., Salovey, P., Vera, A., Extremera, N., & Ramos, N. (2005). Cultural influences on the relation between perceived emotional intelligence and depression. *International Review of Social Psychology*, *18*, 91-107.
- Bhat, N. M. (2014). The study of emotional stability and depression in orphan secondary school students. *International Journal of Education and Psychological Research*, *3*(2), 95-100.
- Bowlby, J. (1988). *A secure base parent-child attachment and healthy human development*. New York: Basic Books.
- Boyatzis, R. E., & Sala, F. (2004). The Emotional Competence Inventory (ECI). In G. Geher (Ed.), *Measuring emotional intelligence: Common ground and controversy* (pp.147-180). Hauppauge, New York: Nova Science Publishers. Inc.
- Bretherton, I., & Munholland, K. A. (1999). Internal working models revisited. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 89– 111). New York: Guilford Press.
- Bridges, L. J., & Connell, J. P. (1991). Consistency and inconsistency in infant emotional and social interactive behavior across contexts and caregivers. *Infant Behavior and Development*, *14*, 471-487.
- Dawda, D., & Hart, S. D. (2000). Assessing emotional intelligence: Reliability and validity of the Bar-On Emotional Quotient Inventory (EQ-i) in university students. *Personality Individual Difference*, *28*, 797-812.

- Day, A. L., & Therrien, D. (2002). *Using emotional intelligence to predict psychological health: Implementing a new construct or re-inventing the wheel?* The Annual Meeting of the Administrative Sciences Association of Canada, Winnipeg, MG, May 26.
- Delva, W., Vercoutere, A., Loua, K., Lamah, J., Vansteelandt, S., Kokera, P. D... & Annemans, L. (2009). Psychological well-being and socio-economic hardship among AIDS orphans and other vulnerable children in Guinea. *AIDS Care*, 2, 1490-1498.
- Dennis, W., & Najarian, P. (1957). Infant development under environmental handicap. *Psychological Monographs*, 71, 436 (whole issue).
- Derksen, J., Kramer, I., & Katzko, M. (2002). Does a self-report measure for emotional intelligence assess something different than general intelligence? *Personality and Individual Differences*, 32, 37-48.
- Ermisch, J., Francesconi, M., & Pevalin, D. J. (2001) Outcomes for children of poverty. *DWP Research Report No, 158*. Leeds: HMSO
- Extremera, N., & Berrocal, P. F. (2006). Emotional intelligence as predictor of mental, social, and physical health in university students. *The Spanish Journal of Psychology*, 9, 45-51.
- Fariselli, L., Ghini, M., & Freedman, J. (2008). *Age and emotional intelligence*. White Paper. Research on Emotional Intelligence. Retrieved from https://www.6seconds.org/sei/media/WP_EQ_and_Age.pdf
- Gardner, K. (2006). Emotional intelligence and borderline personality disorder. An article retrieved from <http://www.psychnetuk.com/readersarticles/emotionalintelligence.htm>
- Huppert, F. A. (2009). Psychological wellbeing: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well-being*, 1, 137-164.
- [Morris](#), A. S., [Silk](#), J. S., [Steinberg](#), L., [Myers](#), S. S., & [Robinson](#), L. R. (2007). The role of the family context in the development of emotion regulation. *Social Development*, 1(2), 361-388.
- Ryff, C. D. (1989). In the eye of the beholder: Views of psychological well-being among middle aged and older adults. *Psychology and Aging*, 4(2), 195-201.
- Schore, A. N. (2000). Attachment and the regulation of the right brain. *Attachment & Human Development*, 2(1), 23-47.
- Tizard, B., & Rees, J. (1975). The effect of early institutional rearing on the behavior problems and affectual relationships of four-year-old children. *Journal of Child Psychology and Psychiatry*, 16, 61-73.
- Tsaousis, I., & Nikolaou, I. (2005). Exploring the relationship of emotional intelligence with physical and psychological health functioning. *Stress and Health*, 21, 77-86.
- Tsegaye, A. (2013). *A Comparative study of psychological well-being between orphans and non-orphans children in Addis Abbas: The case study of three selected school in yeka Sub-city* (Unpublished Master's Thesis). Department of School Psychology, Addis Ababa.
- Yıldırım, A. (2005). *Investigation of the relationship between continuous anger and depression levels in children between ages 13-18 who are under institution care and those who live with their family* (Unpublished Masters Thesis). Firat University, Institute of Health Sciences, Department of Public Health.
- Zhao, J., Li, X., Barnett, D., Lin, X., Fang, X., & Zhao, G. (2011). Parental loss, trusting relationship with current caregivers, and psychosocial adjustment among children affected by AIDS in China. *Psychology Health and Medicine*, 16, 437-49.