

Mentalization, Wellbeing and Behavioural-Emotional Problems among Orphaned Adolescents

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Mentalization ability is known to be positively correlated with the wellbeing of an Individual and psychological security of a person is crucial in the process of child development. Studies with Orphaned children in terms of their Mentalization are scarce and understanding their Mentalization ability may be beneficial for their overall wellbeing. The present study aims to assess Mentalization ability of Orphaned Adolescents and its relationship with their Wellbeing and Behavioural-Emotional problems. The study also aims to assess whether Mentalization will predict their Wellbeing and Behavioral-Emotional problems. The Multidimensional Mentalizing Questionnaire, The Stirling Children's Wellbeing Scale and the Strengths and Difficulties Questionnaire (SDQ) were used to assess 86 Orphaned Children and Adolescents (46 Males and 40 Females) belonging to 11-15 years of age. The result showed that Mentalization was positively correlated with Wellbeing [$r(86) = .568, p = .000$], whereas, a negative significant correlation was found between Mentalization and Behavioural-Emotional problems, [$r(86) = -.309, p = .004$]. A negatively significant correlation was also found between Wellbeing and Behavioural-Emotional problems [$r(86) = -.280, p = .009$]. The results further revealed that Wellbeing was significantly positively predicted by Mentalization [$F(1, 84) = 39.95, p = .000$] and Behavioural-Emotional problems was significantly negatively predicted by Mentalization [$F(1, 84) = 8.86, p = .004$].

Keywords: Mentalization, Wellbeing, Behavioural- Emotional problems, Orphaned Adolescents.

Mentalization has been defined as a person's ability to reflect on mental states of their own and others, and disruptions in this ability can lead to behavioral and functionality issues (Drozek et al., 2023). The concept of Mentalization is thought to explain people's vulnerability to psychopathology and its treatment (Luyten et al., 2020) and research in Mentalization and psychopathology has found that mentalization deficits is implicated in range of psychiatric disorders (Johnson et al., 2022). Deficits in Mentalization has been associated with Anxiety and internalizing problems (Chevalier et al., 2023), borderline-personality disorders and emotional regulation problems (Vahidi et al., 2021), and depression (Murri et al., 2016).

Poznyak et al., (2019) argued that adolescence is a critical period in the development of mentalization skills and that psychological difficulties faced by adolescents are associated with mentalization. Mental health issues during childhood and adolescence are prevalent worldwide and is a leading cause of health-related disability (Kieling et al., 2011), in relation to that, orphaned children and adolescents are considered a vulnerable population at risk (Thompson et al., 2012). Research on orphan mental health revealed that orphaned children and Adolescents were highly at risk for developing mental health problems (Kalpana, 2020) and orphaned adolescents had high rates of Mental health problems as compared to non-orphans

(Makame et al., 2002). Similarly, Sahad et al., (2017) found that orphans had significantly higher level of mental health problems in terms of depression, anxiety and stress.

.Psychological problems caused by lack of emotional and social support has also been observed which in turn negatively impact the orphans' wellbeing (Msoka & Holroyd, 2018; Kyaruzi, 2022). And as compared to non-orphan adolescents, orphans have higher level of depression, anxiety, and stress which overall translate to a low psychological wellbeing. (Hailegiorgis et al, 2018; Duraisamy et al, 2022).

This vulnerability of orphaned children and adolescents has caused behavioural and emotional problems such as conduct problems, peer problems, hyperactivity, low pro social behaviour (Kaur et al, 2018; Sufwan & Gupta, 2023; Pavani & Bilquis, 2024). Problems of depression, anxiety, stress, aggression, low self-esteem, externalizing and internalizing behaviours has also been associated with orphans (Priyadarshini & Rathnasabapathy, 2020; Isnaeni et al, 2022). With the mental health of orphaned adolescent in mind, Mentalization has been proven as an effective tool for adolescents in dealing with the various psychological and social changes which occurs during that period (Williamson and Mills, 2022). Ballespi et al., (2021) found that mentalization contributes to resilience against psychopathology by helping adolescents to deal with symptoms, ultimately, improving their functioning and well-being.

Adolescence encompasses a time of physical, emotional and social changes and according the World Health Organization (2024), one in seven adolescent experience a mental disorder. Mental health issues in adolescents have become a global concern and orphans, being a vulnerable population,

are at higher risk. Orphaned Children and Adolescents faces many problems in their lives pertaining to both physical and mental health issues (Mahanta et al., 2022). Studies regarding orphans' mental health are rising but still limited. Moreover, studies of mentalization in orphans are scarce and relatively new. Thus, the current study will prove to contribute to the limited literature and garner much needed attention to orphan mental health and its improvement.

Objectives

1. To ascertain the differences in Mentalization, Wellbeing and Behavioural-Emotional problems across Gender
2. To determine the relationship between Mentalization, Wellbeing and Behavioural-Emotional problems of Orphaned Adolescents.
3. To determine the influence of Mentalization on Wellbeing and Behavioural-Emotional problems.

Hypotheses

- H¹ There would be significant difference in Mentalization, Well-being and Behavioural-Emotional problems across Gender.
- H² There would be significant relationship between Mentalization, Wellbeing and Behavioural-Emotional problems.
- H³ There would be significant influence of Mentalization on Wellbeing and Behavioural -Emotional problems

Method

Participants and Procedure

The participants were recruited using Convenience Sampling. 86 orphaned Adolescents (46 males and 40 females) were recruited from Orphanage homes across Kohima and Dimapur districts of Nagaland

and assessed using the Questionnaires. The participants included Adolescents from the age of 11-15 years. All the participants were enrolled in school, both Government funded and Private institution, belonging to grade 4 through 10.

Measures

The Multidimensional Mentalization Questionnaire (MMQ): The Multidimensional Mentalizing Questionnaire was developed by Gori, Arcioni, Topino, Craparo and Grotto (2021) to assess the level of mentalization, the measure consists of 33 items covering functional Mentalizing and Mentalizing failures and distortions. The responses are based on a 5-point Likert scale consisting of both positive and negative items. In the present study the scale showed a good internal consistency of $\alpha = .72$

The Stirling Children's Wellbeing Scale (SCWBS): The Stirling Children's Wellbeing Scale was developed by the Liddle and Carter (2015), under the Stirling Council Educational Psychology Service, as a holistic, positively worded measure of emotional and psychological wellbeing in children aged 8-15. The responses are based on a 5-point scale and consists of 12 items which assess well-being. The internal consistency of the study for the current study was found to be good with a score of $\alpha = .79$

The Strength and Difficulties Questionnaire (SDQ): The Strengths and Difficulties Questionnaire (SDQ) developed by Goodman, Meltzer and Bailey (1998) is a brief behavioural and emotional screening questionnaire about 2-17 year olds. In the current study the self-report version for 11-17 year olds was used to assess Behavioural-Emotional problems. There are 25 items in the SDQ and the responses are marked in a 3-point scale. The internal consistency was found to be $\alpha = .52$

Results

Out of 86 orphans, 47.7% had low mentalization ability, 52.3 % had average mentalization ability, while none of the participant were found to have a high level of mentalization. In terms of wellbeing, 9.3% fell under the low category, 88.4% under the average wellbeing category and 2.3% were found to have high positive wellbeing. For Behavioural and Emotional problems, 65.1% of the participants had normal level of difficulties, 20.9% had Borderline difficulties and Abnormal level of difficulties was found in 14.0% of the orphans.

Table 1. ANOVA scores for Gender

Measure	Male		Female		F(1,84)	P
	M	S.D	M	S.D		
MMQ	111.15	8.88	103.15	10.53	14.59	.000
R	34.43	4.57	33.45	4.12	1.08	.301
ES	20.67	3.67	18.50	3.31	8.21	.005
RA	18.24	2.91	16.65	2.86	6.45	.013
RD	13.98	2.45	15.55	3.21	6.59	.012
D	13.17	2.44	13.85	2.39	1.67	.199
ED	13.04	2.03	14.05	2.63	3.99	.049
SCWS	42.41	5.13	38.35	8.51	7.39	.011
SDQ	13.91	3.85	15.70	4.99	3.49	.065

A 2x2 ANOVA was carried out for Mentalization, its components and Behavioural-Emotional problems. However, for mentalization sub-scales Ego-Strength and Distrust and the Wellbeing scale, 2x2 ANOVA homogeneity of variance assumptions was not achieved. Thus, Welch's ANOVA and One-way Anova was used after meeting the assumptions.

2x2 ANOVA (Table.1) for Mentalization ability showed a significant effect for Gender, $F(1, 84) = 14.59, p = .000$, with males showing higher Mentalization ($M = 111.15, S.D = 8.88$)

than females ($M=103.15$, $S.D= 10.53$). For the Reflexivity subscale no significant effect was found between males ($M=34.43$, $S.D= 4.57$) and females ($M=33.45$, $S.D= 4.12$), $F(1, 84)= 1.08$, $p=.301$. For Ego-Strength, significant effect was found, $F(1,84)=8.21$, $p=.005$, with males ($M=20.67$, $S.D= 3.67$) showing higher level of reflexivity than females ($M=18.50$, $S.D= 3.31$). Significant effect was also found for the case of Relational-Attunement, $F(1, 84)= 6.45$, $p= .013$, with males ($M=18.24$, $S.D= 2.91$) showing higher levels of relational-attunement than females ($M=16.65$, $S.D= 2.86$). In the case of Relational-Discomfort, females ($M= 15.55$, $S.D= 3.21$) scored higher than males ($M=13.98$, $S.D= 2.45$), with a significant effect of $F(1,84)= 6.59$, $p= .012$. For the Distrust sub-scale, a significant effect was not found between males ($M=13.17$, $S.D= 2.44$) and females ($M=13.85$, $S.D=2.39$), $F(1, 84)= 1.67$, $p= .200$. Lastly, for the Emotional-Dyscontrol subscale, a significant effect was found, $F(1,84)= 3.99$, $p=.049$, with females ($M=14.05$, $S.D= 2.63$) showing higher levels of Emotional Dyscontrol than males ($M= 13.04$, $S.D= 2.03$).

The effect of Wellbeing on Gender was also examined, Welch's ANOVA (Table.1) for Well-being showed significant effect on Gender, $F(1, 84)= 7.39$, $p= .011$, with males showing higher level of Wellbeing ($M= 42.41$, $S.D= 5.13$) than females ($M= 38.35$, $S.D= 8.51$).

2x2 ANOVA (Table.1) for Behavioural-Emotional problems did not showed a significant effect for Gender, $F(1, 84) = 3.49$, $p= .065$, between females ($M=15.70$, $S.D= 4.99$) and males ($M= 13.91$, $S.D= 3.85$).

The hypothesis that there will be Gender difference in terms of Mentalization, Wellbeing and Behavioural-Emotional problems is thus partially confirmed.

Table 2. Correlation between Mentalization, Wellbeing and Behavioural-Emotional problems.

Measure	MMQ	SCWS	SDQ
MMQ			
SCWS	.586**		
SDQ	-.309**	-.280**	

Pearson's Coefficient Correlation (Table 2.) was used to determine whether there was a relationship between Mentalization, Wellbeing and Behavioural-Emotional problems. Analysis revealed that Mentalization and Wellbeing had a positively significant relationship, $r(86) = .568$, $p=.000$. While, on the other hand, a negatively significant relationship was found between Mentalization and Behavioural-Emotional problems, $r(86)= -.309$, $p=.004$. For the case of Wellbeing and Behavioural-Emotional problems, a negatively significant relationship was also found, $r(86) = -.280$, $p= .009$. The hypothesis that there will be a significant relationship between Mentalization, Wellbeing and Behavioural-Emotional problems is also confirmed.

Table 3. Regression Analysis for Mentalization predicting Wellbeing.

Variable	B	Coefficient standard error	β	T	p
(Constant)	-1.365	6.65		-.205	.838
Mentalization	.390	.062	.568		.000

R^2 adjusted= .32

Table 4. Regression Analysis for Mentalization predicting Behavioural-Emotional problems.

Variable	B	Coefficient standard error	β	T	p
(Constant)	29.00	4.81		6.02	.000
Mentalization	-.133	.04	-.309	-2.97	.004

R^2 adjusted= .09

Simple Regression was used to examine the predictive relationship between Mentalization and Wellbeing. The analysis showed that Well-being was positively predicted by Mentalization, $R^2 = .32$, $F(1, 84) = 39.95$, $p = .000$ (Table 3). Regression analysis also showed that Behavioural-Emotional problems were negatively predicted by Mentalization, $R^2 = .09$, $F(1, 84) = 8.86$, $p = .004$ (Table 4.). Thus, the hypothesis that there will be significant influence of Mentalization on Wellbeing and Behavioural-Emotional problems has been confirmed.

Discussion

The results of the analysis revealed that there was significant difference between male and female orphans regarding their Mentalization, with males showing overall higher Mentalization than females. Significant differences were also found in all sub-scales except the Reflexivity and Distrust subscales. Male orphans were seen to possess better positive mentalization ability in terms of ego-strength, and relational attunement, while, female orphans had higher scores in negative mentalization such as relational-discomfort and emotional-dyscontrol. Studies relating to male and female adolescents has also found significant difference between the two Genders in terms of mentalization, however, female participants were seen to have higher Mentalization ability than males in contrast to our findings (Rutherford et al., 2013; Poznyak et al., 2019; Desatnik et al., 2023).

In the case of well-being, male orphans were revealed to have higher positive wellbeing than their female counterparts and a significant difference was found between the two Genders. Supporting our findings, a study by DeSilva et al., (2012) on psychosocial wellbeing of orphans and non-orphans found that females had higher self-reports of poor health, food-insecurity,

anxiety/depression, and had lower rates of resilience and self-esteem than males. Makame et al., (2002) also provided a similar finding that female orphans scored higher than males in internalizing problems scores.

In the current study no significant effect was found between males and females regarding Behavioural-emotional problems suggesting that both the genders had more or less similar behavioural-emotional problems. Simsek et al., (2008) found that female orphans had more problems in internalizing behaviour while males showed higher externalizing problems and overall problems. Existing literature suggest gender had significant effect on behavioural and emotional problems. However, male orphans showed higher level of overall behavioural and emotional problems, females orphans had higher level of emotional problems (Datta et al., 2018; Gustafsson et al., 2017)

Correlation Analysis found that Mentalization had a positively significant relationship with wellbeing meaning that better Mentalization ability indicates higher well-being. According to Ballespi et al., (2021), wellbeing in terms of self-esteem and transcendent life goals, was positively correlated with one's ability to comprehend his/her own mental state. While, the happiness factor of wellbeing was associated with social knowledge and the ability to understand other's mental states. Ballespi et al., (2018) conducted a similar study on Mentalization and Mental health and found that mentalization was associated to functioning and wellbeing involving social and role adjustment and mental health.

A negatively significant correlation was found between Mentalization and Behavioural-Emotional problems indicating that good mentalization is related to lower level of behavioural and emotional problems or vice versa. Supporting our findings, Poznyak et al., (2019) reported that low

scores on mentalization about intentions were associated with attentional problems and low scores on mentalization about emotions and thoughts were associated to withdrawal/depression. Higher levels of emotional and behavioural difficulties like depression, anxiety, oppositional defiant problems and conduct problems are linked with lower reflective functioning or Mentalization (Gervinskaitė-Paulaitienė, 2018).

Well-being and Behavioural-Emotional problems were also found to have a negatively significant correlation indicating that better the wellbeing of the orphans, they had lesser Behavioural-Emotional problems or vice versa. Sánchez-García et al., (2018) also found similar findings, that higher scores on behavioural and emotional problems were related to lower levels of perceived subjective wellbeing of their participants. Emotional-behavioural problems affect individuals psychosocial functioning and has links with psychological problems or mental health issues (Ogundele, 2018). Self-esteem and emotional stability further predict psychological adjustment and fewer behavioural and emotional difficulties (de la Barrera et al., 2019).

Along with a positive relationship, in the current study, Mentalization was also seen to predict wellbeing positively. Esposito et al., (2020) found that improvement of mentalization skills led to improvement in psychological wellbeing while, Schwarzer et al., (2024) found that impairments in mentalization negatively predicted well-being.

The current study also found that Mentalization negatively predicted Behavioural-Emotional problems. Supporting this finding, a study on mentalization-based intervention on school students aged 6-18 focusing on emotion-understanding, empathy, perspective-taking and theory of mind, found that following the intervention there was improvement in social-cognitive

abilities, emotional regulation, reduction in disruptive behaviours and overall enhancement of mental health (Chelouche-Dwek & Fonagy, 2024). Thus, proving that better mentalization leads to decreased behaviour and emotional problems.

Conclusion

The current study was aimed at assessing the relationship between Mentalization, Well-being and Behavioural-Emotional problems of Adolescent orphans. The findings were consistent with previous studies showing that there were significant correlations between mentalization, well-being and behavioral-emotional problems. The mentalization ability was closely related with the wellbeing of the orphans, and better mentalization led to higher level of wellbeing. A negative relationship was found between Mentalization and Behavioural-emotional problems which indicates that mentalization may work as a protective factor against behavioural and emotional problems. Well-being and Behavioural-Emotional problems were also found to be negatively correlated. Further, Mentalization was also found to positively predict Wellbeing and negatively predict Behavioural-Emotional problems. The findings of the study can be used to further understand the risk that orphans face in terms of wellbeing and mental health issues and further shedding light on providing better support by improving their mentalization skills to deal with behavioural problems, emotional problems, mental health issues and to improve their wellbeing.

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