Chapter – I

INTRODUCTION
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“It is not the physical pain that endangers orphans the most. It is the mental pain caused by stress from years and years of being neglected, pushed aside, disregarded, unsolved, and made to feel undeserving, and in almost all cases, made to feel like a possession rather than an equal human being. Even more it is the lack of unconditional love, the right to be accepted, as a child and to be loved, as a child; no matter what you do is the most wounding.” --Roger Dean Kiser, from Orphan- a true story of Abandonment, Abuse and Redemption (2001).

The quote above clearly states the irony and importance of basic psychological needs for the survival of a person but unconditional love, affection, acceptance and care are some of the core needs in a person’s life which help him to ‘live’ the life in actual manner. If these basic psychological needs of a child are not fulfilled then its damage would be irreparable. Orphan children are constantly neglected, pushed aside, disregarded and made to feel undeserving which may create deep wounds in their heart. These wounds are so deep that it is extremely difficult to cure especially if caused during the infancy stage.

Orphanage, this word itself gives us jitters and the rate at which the population of orphans is increasing, is alarming. Surviving is the major concern for the orphans. It gives us an image of a child who is lost in this infinite world. Spitz (1946) and Rutter (2000) gave the term lack of ‘mothering’ which means that children require a consistent caregiver; absence of a warm caregiver can affect the development of a child. Children living in orphanages often do not have a consistent caregiver. This problem is not only with substandard orphanages but also with good orphanages. Lack of affection affects the social, emotional as well as physiological development. Orphan children do
not get appropriate diet which consistently affects their weight and height index. Children living in orphanages also display a variety of atypical behaviors, including stereotyped self-stimulation, a shift from early passivity to later aggressive behavior, over-activity and distractibility, inability to form deep or genuine attachments, indiscriminate friendliness, and difficulty establishing appropriate peer relationships.

The process of development of a child is the most complicated process which needs to be handled with affection. Child development can be understood as the physical, cognitive, social, and emotional maturation of human beings. It is a process that is influenced by interaction of various biological and environmental processes. Environmental influences mainly focus on the family which arguably has the most profound impact on child development. Children are more likely to have trustful and affectionate relationships with family members who are consistent in nurturing, which leads to positive developmental outcomes. Conversely, family instability and unaffectionate relationships affects the social, emotional as well as physical development of a child. Emotional stability has been found to be a major driving force in the developmental process of a child. Emotional stability is a state of being able to have the appropriate feelings about the common experiences and being able to act in a rational manner. Emotional well-being is strongly linked with personal, social development and academic performance of children and young adults. Early social and emotional experiences are of utmost importance for typical social and mental development of a child. Attachment theories such as Robertson and Bowlby (1952), in particular, focus specifically on early experience with a few warm, caring, and socially–emotionally responsive adults who are relatively stable in the child's life as the foundation of appropriate social–emotional development and long-term mental stability. An infant with a warm, responsive caregiver develops an internal working model of
expectations for nurturing, supportive reactions from that caregiver, the infant comes to trust and use as a secure base to explore the social and physical world. Such experiences in turn promote the development of a sense of worthiness and self-esteem and appropriate long-term social–emotional development and mental health. Unfortunately not all children have the privilege of being brought up by their parents. Many children, due to the loss of their parents are brought up in orphanages and lead the life of an orphan (Children Importance, 2002). An orphan is a child permanently bereaved of or abandoned by his or her parents (Merriam Webster Online Dictionary and Concise Oxford Dictionary). Usually, only a child who has lost both parents is called an orphan. Adults can also be referred to as orphans, or "adult orphans". The United Nations Children's Fund (UNICEF), Joint United Nations Programme on HIV and AIDS (UNAIDS) (2002), and other groups label any child that has lost one parent as an orphan. In this approach, a maternal orphan is a child whose mother has died, a paternal orphan is a child whose father has died, and a double orphan has lost both parents (UNAIDS Global Report, 2008).

The data reveals that the number of orphans is increasing day by day. According to recent UNICEF Report, it is estimated there are between 143 million to 210 million orphans worldwide. Everyday 5,760 more children become orphans. Every 2.2 seconds a child loses a parent somewhere in the world. Data reveals that about 2,102,400 more children become orphans every year in Africa alone (Orphan Statistics, 2009). By 2015, It is projected that there will be 400 million orphaned children worldwide. A survey conducted by the Ministry Of Civil Affairs in 2005 showed that China has about 573,000 orphans below 18 years old. In Russia 650,000 children are orphans. According to the 2010 Survey the Indian orphan children statistics reports that under **0-14 year age** there are approx **34,01,19,000** children; Out of that approx **2,32,46,000** are orphan children, which
is approx **6.8%** of total children and With that, approx **8,3,64,000** many children are maternal orphan and **1,57,97,000** are paternal orphan whereas according to the report approx **9,15,000** are double orphan. Uttar Pradesh, Bihar and West Bengal, has higher number of orphan children as compared to richer northern and southern states of India. According to UNICEF report (2009), In India, 31 thousand children living as orphans. Indian Health Ministry and UNICEF estimated that 46% of children under age 3 are suffering from malnutrition. It is estimated that India has the largest number of AIDS orphans. Out of the 55,764 identified AIDS cases in India 2,112 are children. And this number is expected to double in the five year (Anant & Tani, 2008).

The future of orphan children looks bleak as they do not receive the required social support. The community needs to nurture its own children since ‘nurturing is an important component of any child’s growth and thus it is important to meet the psychosocial needs of children’. Orphans are among the most vulnerable groups in each society as they are always at risk. Caregivers play a very important role in the life of an orphan. They are the ones who take primary responsibility for the physical, mental and emotional needs as well as the well being of a child. But to what extent these needs are met in the orphanage is a big question mark. A study was conducted in an orphanage in Dhaka, to find out the outbreak of scabies and socio-economic profile, water sanitation facilities, personal hygiene and living conditions of the orphan children. The study included 492 children and they received clinical check up. The result highlighted that 98% children had scabies, and 71% were infected (Essam & Nada, 2006). Another study conducted by the Smith Research Institute found that orphans health had been affected by their bereavement. The study shows that 65% of the orphans are having serious behavioral and learning problems (Azoulay, 2011). A comparative study was conducted by Lucie, Don and Frances (2007)
to identify orphan mental health in South Africa. A sample of 1200 children was taken; comprising of orphans and non orphans. The study shows that orphans had significantly more psychological problems than non-orphaned children. Studies support the viewpoint that orphans are usually emotionally deprived, financially challenged and desperate (Towanda, 2006). Unmet needs and lack of proper guidance makes the orphan children indulge in various delinquent behaviors such as theft, poor socialization and rebelliousness (Dunn et al., 1991). They often fall prey to numerous psychological and behavioural disorders such as anxiety disorders (58.5%), depression (42%), somatisation(18%), psychosis (30%) and suicide attempts (20%) (Musisi & Kinyanda, 2003). Similarly, in a study done on orphans in Uganda it was found that they suffered from a range of psychosocial problems including emotional, psychological and social disorders Wakhweya et al. (2002).

Nyamukapa et al. (2008) briefly explained that the level of psychological distress in an orphan depends mainly on the social context. Taking into consideration the social context, the immediate effect of orphan hood depends upon the ‘moderating factors’. Moderating factors can vary from child’s nature (age, gender, resilience) to duration of parental loss etc. Based on these moderating factors, the ‘immediate effects’ of orphan hood will be seen. Immediate effects could be trauma, stigma and discrimination, relocation, less closely related caregivers etc. Some ‘intermediate effects’ could also be caused such as child labour, child abuse and sibling separation. These immediate and intermediate effects can lead to psychological problems in the child such as Attention deficit hyperactivity, depression, anxiety, conduct disorder, learning disabilities etc. All these factors have immediate or short term consequences (chronic trauma, poor health, absenteeism from school, dropping out from school) as well as long term consequences (traumatized adult, indulgence in risky behaviours such as drug, sexual or alcohol abuse).
The effects of orphanhood are not limited to the orphan child only but they do have national level consequences (increased demand for health and social services, loss of human capital investment, erosion of economic capital etc.). The following flow chart explains the causes, forms and consequences of orphanhood.

Figure No. 1: Causes, Forms and Consequences of orphanhood
(Nyamukapa et al., 2008)
St. Petersburg–USA Orphanage Research Team (2005) claimed that a behavioural “culture” exists in orphanages, along with restrictive structural circumstances, that is characterized by minimum social and emotional interactions or relationships between caregivers and children. They believed that this culture is very comprehensive and co-exists in many other orphanages. They stated that the extent and nature of the social and emotional interactions between caregivers and children are limited and noticeably deficient which is similar to all orphanages worldwide. Caregivers give their caregiving duties in a business-like, perfunctory manner with little social interaction and even less emotion, thus an orphan child who has no parents, no family members feels very lonely and is not able to emotionally relate to the caregiver. His basic need for affection is not satisfied which affects his emotional, social and psychological development. Most caregivers in the orphanages are expressionless. Most interactions with the orphan children is at the time of changing and bathing are done “to” rather than “with” the child (“ready or not, here comes the water”) in assembly line fashion. Thus the orphaned child feels completely neglected and his perception about love and affection is quite distorted. The child tends to use faulty ways in order to deal with his emotional problems. These children are unable to manage their own emotions as well as understand the emotions of others. The orphaned child is expected to behave in a mechanical fashion. This lack of caregiver–child social–emotional interaction and relationships are presumably reflected in the children’s behaviors (St. Petersburg–USA Orphanage Research Team, 2005). Infants spend a great deal of time in their cribs or playpens with little to do, often engaged in stereotypic or self-stimulation behaviors (e.g., rocking, repetitive shaking of an object, head banging). After 6 or 8 months of age, children tend to have vacant or empty looks on their faces, relatively devoid of affect. Older children tend to play in isolation or in parallel with one another, similarly without much emotional expression. They
rarely engage in sustained, reciprocal interactions of a contingent or cooperative sort with each other. The orphaned children feel emptiness in their life, their emotional development is drastically affected and they grow up with all these issues and confusions.

Life of an orphan child is complicated due to various reasons that have been discussed earlier. The present study intends to explore the role of emotional intelligence in psychogenic needs, psychache and loneliness aspect of orphans.

**Emotional Intelligence**

Children in an orphanage face several emotional problems and the problems become worse because there is no one in an orphanage to provide them with the required emotional support. There are several probable reasons for this. *First*, there is lack of adequate information on the nature and magnitude of the problem; *second*, a prevalent cultural belief that children do not have emotional problems leads to lack of attention from adults. *Third*, many adults in charge are not able to see psychological problems of orphans. There is even lack of knowledge to handle the problem appropriately. In many cases children are punished for showing their negative emotions, thereby adding to their pain. A study from Cambodia, Ethiopia, India, Kenya and Tanzania, used data consisting of a sample of more than 1,200 orphans or abandoned children as well as a control group of 272 non-orphaned or abandoned children. These results displayed that there is a real need in addition to basic needs to be able to identify when kids are vulnerable (Whetten et al., 2011). According to the study, orphans need emotional support in order to develop into healthy adults. The ability to cope with stress and hardships can potentially reduce the number of traumatic events the children will face. Whetten et al. (2011) concluded that orphans need much more than just food and shelter. On the basis of these studies it can be said that the emotional intelligence of the children living in orphanages will be drastically affected. Emotional intelligence refers to the ability to recognize and
regulate emotions in ourselves and others (Goleman, 2001). Salovey and Mayer (1990) defined emotional intelligence as “A form of intelligence that involves the ability to monitor one’s own and others’ feelings and emotions, to discriminate among them and to use this information to guide one’s thinking and actions.” Emotional intelligence is also defined “as the ability to perceive emotion, integrate emotion to facilitate thought, understand emotions, and to regulate emotions to promote personal growth” (Mayer & Salovey, 1997). Orphans often have problems in perceiving their own emotions, understanding emotions and also regulating emotions to promote personal growth. Several studies have concluded that institutional care is damaging the development of children. One study of 65 children in the 1960s in London found that children placed in institutions who were then adopted or returned to their birth families (N = 39) did not suffer the negative emotional consequences than those left in institutions suffered. A study of orphanage alumni in the US found that the alumni fared well compared to their non-orphanage counterparts in terms of economic and emotional well-being and that alumni credited the structure of the orphanage, including the work ethic and religious teaching, with their long term wellbeing. Emotional intelligence is a psychological capacity part of which is innate and part of it can be learnt from the experience of life and later part may improve through practice and experience (Mayer et al., 1997).

Mayer and Salovey (1997) argued that many skills that are part of emotional intelligence can be learnt and the individual can become better educated emotionally. Family and school play very significant and prominent role in development of emotional intelligence and parents are the primary role models for effective development of emotional intelligence (Goleman, 1995). Goleman (1998) considered family and school as the places that develop emotional and social competence i.e., emotional intelligence of a child. Studies show how parents treat their children-whether with harsh discipline or empathic
understanding, with indifference or warmth and so on has deep and lasting consequences for the child’s emotional life. Evidences support that having emotionally intelligent parents is itself of enormous benefit to a child. The way a couple handles the feelings between them in addition to their direct dealings with a child impart powerful lessons to their children. Family is a learning institute for children. Therefore, family life has been considered as the first school for emotional learning. Parent and child who shared healthy and warm relationships were found to develop social and emotional potentialities and get an advantage of getting parental suggestions, ideas and communication skills and critical sense of security (Mehta, 1995). The relationship between affective and emotional aspects of parental behaviour and the child’s emotional adjustment is family and culture specific (Nihara, Tomiyasu & Oshi, 1987). The emotional intelligence of the child depends on parental love and affection and depending on the child rearing practices, interactions with them, (Uma Devi & Rayal, 2004). Unfortunately, orphans do not have parents who can provide them with love, affection and care, who can understand their unsaid emotions, who can help them clarify their confusions and who can make them mature enough to be able to monitor their own as well others’ feelings and emotions. The only person whom an orphan can look upto is his caregiver, but orphans often face neglect and rejection from them. Inspite of being aware about the needs of a child the caregivers fail to fulfill them and they do not even realise that this affects the child’s psychological health as well. Inadequate care by the caregiver, in the form of basic needs not being met, was also associated with greater psychological distress; a finding which is consistent with data from a national survey in Zimbabwe showing a positive association between extreme poverty and psychological distress (Nyamukapa et al., 2008). Orphans often lack adequate food, shelter, clothing and schooling and significantly more orphans reported going to bed hungry compared with non-orphans. As
significant as the physical needs are, even more significant are the psychological needs and relational losses that orphans encounter as a result of crisis conditions. The children may have had to care for dying parents for some time, and the death of their parents often produces major life changes, which exacerbate the situation (Makame, Ani, & McGregor, 2002). Children may have to move to a new area, leaving behind friends and school. They may be separated from siblings, or their younger siblings may also die (McGregor et al., 2002). They may have frequent changes in caregivers. It is the sum total of physical, psychological, educational, financial, and most importantly, relational losses that cause a negative influence on the psychological development & emotional intelligence of orphans.

Various models of emotional intelligence are based on the insight that emotion and intelligence (cognition) can complement with each other. All these models perceive emotional intelligence as a construct to recognize the meaning of various emotional patterns, to reason and to solve problems on their basis (Salovey & Mayer, 1990 & Mayer & Salovey, 1997). Goleman (1995) was the first one to introduce the term ‘emotional intelligence’, where he viewed emotional intelligence “as the ability to know and manage one’s own emotions, recognize them in others and to handle relationships. It includes abilities such as being able to motivate oneself and persist in the face of frustration, it controls impulse and delay gratification, to regulate one’s moods and keep distress from swamping the ability to think, to empathize and to hope”. He put forward the ‘Model of Affective Regulation’. Goleman claimed that emotional intelligence is “the master aptitude” which has the capacity to profoundly affect all other abilities, either by facilitating or by interfering with them. Elements of emotional intelligence as given by Goleman are, (a) Self-awareness which means knowing one’s own feelings, being in touch with these feelings and using these feelings to make decisions with confidence (b) Emotional management which means that one should not reflect their
own moods but in fact focus on results (what needs to be done) and express these feelings (not passive) (c) *Self-motivation* indicates delay in gratification and that one should not use impulse in pursuing goals. This will enhance the concentration level and will help achieve the peak performance (d) *Empathy* is to sense what others are feeling, interacting smoothly in all kinds of social situations, ability to handle conflicts along with various emotional aspects, ability to sense the pulse of relationships in groups, confidence to lead organizing groups, talent for setting disputes and making decisions (e) *Relationship* is the skill to bring about a balance between compassion and caring, persuading others to work towards achieving a common goal, helping others to learn, promoting social harmony, trust building and building rapport with key network. Relationship also involves promoting and exhibiting co-operation with others, effective team working, consensus building, coupled with collaboration (f) *Communication* involves openly being able to communicate, being a good listener and being able to speak one’s mind (g) *Personal style* is the ability to manage stress, accepting personal responsibilities with little need for control.

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*Figure No. 2: Goleman’s (2001) Emotional Intelligence Competencies (Stys and Brown, 2004)*
Later on, Mayer and Salovey proposed the **Cognitive Model of Emotional Intelligence (1997)**. This model’s primordial focus was on the complexity of emotional reasoning in everyday life. The basic assumption of this model is that emotions convey knowledge about person’s relationship with the world. For example, the emotion of fear indicates the threat that a person is facing, happiness is an indication of one’s pleasant relationship with others, whereas anger is an indication of injustice. All these emotions can thus be recognised and reasoned with a set of general rules and laws. Mayer and Salovey (1997) believed that in order to understand these general rules and laws, along with gaining an insight about emotional intelligence, it is necessary to understand the cultural framework of a person. Mayer and Salovey’s (1997) model emphasized on the cognitive ability of a person in order to understand emotional intelligence. For this purpose they had presented a hierarchy of mental abilities. *First* being, **Perception, appraisal and expression** of emotion. It is the core capacity of identifying feelings and thoughts through proper and appropriate words in self as well as in others, and discriminating between real and unreal emotional expression. *Second* is **Emotional facilitation** of thinking. This is the core ability of using emotions in thinking by giving proper attention to useful information using emotions in appropriate judgment and memory concerning feelings. This ability also includes emotional facilitation to be optimistic, using emotion in tasks requiring reasoning as well as creativity. *Third* is the **Understanding and analyzing emotions**, employing emotional knowledge. This is the core capacity of understanding the differences between emotions; the consequences of the emotions, identifying complex feelings, understanding the transitions of emotions. Lastly the *fourth* ability is **Reflective regulation** of emotions to promote emotional intellectual growth. This is one’s ability to stay open to feeling including pleasant and unpleasant, capacity to be in and out of emotion depending on the importance through proper judgment,
capacity to “monitor emotions” in terms of how much reasonable and clear they are; and ability to manage emotion in oneself and others by moderating negative emotions and enhancing pleasant ones, without repressing or exaggerating information they may convey”. According to Mayer and Salovey (1997) the elements of emotional intelligence are: (a) **Self-awareness** means knowing one’s emotions and recognizing a feeling as it happens (b) **Emotional management** means managing emotions and handling feelings so that they are appropriate (c) **Self motivation** means motivating oneself, delaying gratification and marshal of emotions in search of a goal (d) **Empathy** is recognizing emotion in others and it is built on self-awareness (e) **Relationship** is handling relationships, managing emotions in others and social competencies.

The next model was **Saarni’s (1997) Emotional Competence Model**. Saarni had defined emotional competence in terms of skills consisting of the ability to understand, manage and express the social and emotional aspects of one’s life in ways that enable the successful management of life. It includes self-awareness, emotional regulation, working co-operatively and caring about oneself and others. Saarni proposed eight skills that are indicative of an emotionally competent person. **First skill** is to be aware of one’s own complex emotional state. **Second** is to be able to discern other’s emotional state. **Third**, is to be able to state and communicate one’s emotions. **Fourth**, is to be able to feel with and for others. **Fifth**, is to be able to understand that no person always shows emotions accurately. **Sixth**, is to be able to cope with different emotional communications when relating to others. **Seventh** is the skill of being aware of emotional communications in interpersonal relationships. Lastly the **eighth skill** is to be aware that one is in charge of one’s feelings and may choose one’s emotional response in a given situation.

Finally came the **Relational Model of Emotional Intelligence by Bar-On (1997)**. Bar-On defined Emotional Intelligence as a
collection of emotional and social knowledge and abilities that influence one's overall ability to effectively relate with environmental demands. It includes the ability to be aware of, to understand, to express oneself, to understand and to relate to others, the ability to deal with strong emotions and control one's impulses, the ability to adapt to change and to solve problems of a personal or a social nature. Major areas of skills as given by Bar-On are: (a) *Intra-personal skills* are associated with emotional self-awareness, assertiveness, self-regard, self-actualization is the realization of potentialities and independence. (b) *Interpersonal skills* are related to interpersonal relationships, social relationships, social responsibility and empathy (c) *Adaptability skills* consist of problem solving ability, reality testing and the ability to be flexible (d) *Stress-management skills* comprised of stress tolerance and impulse control (e) *General mood* exhibits happiness and optimism.

Apart from these models Petrides and Furnham (2001) proposed a conceptual distinction between two types of Emotional Intelligence, based on the measurement method used to operationalize them. **Ability Emotional Intelligence** (or cognitive-emotional ability) is concerned with the actual ability to perceive, process and utilize affect-laden information. This construct pertains primarily to the cognitive abilities of a person and thus are measured via maximum performance tests. **Trait Emotional Intelligence** (or emotional self-efficacy) is concerned with a constellation of emotion related self-perceptions and dispositions. This construct pertains primarily to the personality of a person and is measured via self-report questionnaires.

All these models of emotional intelligence have given a detailed description about what emotions are, what intelligence is and then finally what emotional intelligence is. The common thing that almost all these models have emphasized upon is the awareness about one's own emotions as well as of others. The orphan children are unable to handle their own emotions, this in turn makes it difficult for them to
understand emotions of others as well. Mayer and Salovey (1997) believed that the social environment plays a major role in the development of emotional intelligence, which is quite evident in case of orphans. The orphans live in orphanages among strangers, being taken care by caregivers whom they barely know, hence there is no one in their life who would provide them with the required emotional support. This in turn affects their emotional intelligence. On the other hand, the concept of Emotional Intelligence has been criticized by Becker (2003). He criticized emotional intelligence on two fronts. The first is the lack of valid and reliable measures in the area. Becker argued that since the construct cannot yet be measured with reasonable accuracy, it is impossible to know whether it is rooted in reality or imagination. The second criticism stems from the fact that emotional intelligence appears to be based on problematic conceptualization, with Becker stipulating that emotional intelligence is nothing more than general intelligence aimed at emotional phenomena. Thus the concept of emotional intelligence is extremely complex, which has been explained by different psychologists having varied perspectives. Emotional intelligence regulates and recognizes one’s emotions as well as others emotions. The person low on emotional intelligence tends to be a failure in society. Emotional intelligence has direct link with secondary needs (psychogenic needs) as these needs refer to emotional state of a person.

**Psychogenic Needs**

Bereavement has a major impact on the life of an orphan child as well as young adults. Major changes occur in their life immediately following bereavement. (Ribbens, McCarthy & Jessop, 2005). This bereavement has impact on the psychogenic needs of these children (Worden, 1996; Christ, 2000; Dyregrov, 2008). A list of needs ‘pertaining to most bereavement children’ as well as orphans was generated by Worden (1996) which included adequate information, careful listening, involvement and inclusion and opportunities to
remember the person who has died. The information regarding the needs of bereaved children provides us with a powerful moral obligation to meet those needs, and this knowledge is quite useful in planning out the interventions for these children. These needs can be deceptively simple (Woodhead, 1997) but in practice they often have conflict with one another and require careful balancing and flexibility. This knowledge implies that if anyone need is not met, then a bad outcome might follow (Woodhead, 1997). James and Prout (1996) had stated that ideas about the needs of a child vary not only across cultures but across time and space as well. Orphan children often face a major change in their life like moving from home to an orphanage and it can be seen that even within the same orphanage, practitioners may hold different ‘philosophical positions’ on bereavement, on needs and on children (Rolls & Payne, 2004). In their everyday lives, orphans may have to negotiate several different views about their needs, and these views may have conflict with their own understanding of their needs.

Murray (1938) described needs as a, "potentiality or readiness to respond in a certain way under certain given circumstances." Murray (1938) classified needs into two categories: primary or viscerogenic needs, and secondary or psychogenic needs. Primary need refers to observable, physical states, whereas a secondary need refers to emotional states. Murray argued that the environmental forces had a strong impact on the psychogenic, or psychological needs. Murray labeled these environmental forces as press, referring to the pressure that forces one to act. Examples of negative press include the death of a parent, or maltreatment, and positive press examples include support and friendships. According to Murray, all of us have these needs, but the level of each need varies from person to person. Achievement Needs deal with the desire to succeed, accomplish and overcome obstacles. It also deals with exhibition of these needs involving shocking or thrilling other person. Recognition is also a part
of achievement need which involves displaying achievements and gaining social status for the achievements achieved by a person. **Materialistic Needs** deal with acquisition of things, obtaining things, construction of things, creating things, making things neat and organized and also retention or keeping things. **Power Needs** include abasement which is confessing and apologizing, autonomy which means independence and resistance, aggression which involves attacking or ridiculing others, blame avoidance which makes a person follow the rules and making every possible attempt to avoid blame, deference deals with obeying and cooperating with others and last but not the least dominance which is the desire to control others. **Affiliation Needs** deal with the amount of time spent with other people, nurturance means taking care of another person, play means that it is necessary to have fun with others, rejection states that how much a person rejects other people and finally succorance which means being helped or protected by others. **Information Needs** involve the desire to seek knowledge and ask questions and exposition which means educating others. All the needs mentioned by Murray are essential for the survival and healthy development of a child. The orphan children who are deprived of most of these needs thus face various developmental problems including emotional, behavioural, psychological and physiological. The problems of these children intensify even more due to the absence of a loving care giver. Various psychologists found out that children living in orphanages felt less comfortable, loved, looked after, trusted and even cared about (Bush, 1980; Triseliotis, & Hill, 1990)

**McClelland (1961)** on the basis of Murray’s (1938) needs had identified three motivators: *need for achievement, need for affiliation and need for power*. People differ in their characteristics depending upon the dominancy of the motivator in them. All these three motivators are present in people in varied quantities but one of these is our dominant motivator, which drives our entire life. This motivator
is mainly learnt and largely depends upon our culture and life experiences. McClelland stated that a person with a dominant need for achievement would have a strong need to set and aim at accomplishing challenging goals, would take calculated risks to accomplish the set goal, would prefer a regular feedback on the progression made towards the goal and would often prefer to work alone. A person with dominant need for affiliation would desire to belong to a group, would wish to be liked by all and would blindly comply with the group, would be more inclined towards collaboration rather than competition and would avoid high risk or uncertain situations. Lastly, a person with a dominant need for power would want to exercise a strong control and influence over others, would always want to win arguments, gains immense pleasure while competing with someone. These people always crave for status and recognition.

The concept of achievement motivation that was initiated in 1940s by McClelland was further expanded by Atkinson (1957). Atkinson (1957) had put forward the theoretical model for Achievement Motivation which intends “to explain how the motive to achieve and the motive to avoid failure influence behavior in a situation where performance is evaluated against some standard of excellence.” Atkinson hypothesized that people aim at achieving success and avoiding failure. The three things that determine the motive to achieve success are, the need to succeed or need for achievement (nAch); a person’s estimation regarding the possibility of success in performing a particular task; and the reward associated with success, that is, the desire that one has towards achieving a particular task. The three things that determine the motive to avoid failure are, the need to avoid failure which is similar to the need to achieve success, a person’s estimation of the possibility of failure in a particular task; and lastly, the worth of the reward of failure at that task, that is, the unpleasantness that one will have to face due to failure at task
(Atkinson, 1966). Thus, Atkinson had solely focused on the need for achievement and the motivation behind it.

The three major needs that present study aims to focus on are:

1. **Need for Achievement**
2. **Need for Affiliation**
3. **Need for Power**

**Need for Achievement:** Need for achievement (N-Ach) refers to an individual's desire for significant accomplishment, mastering of skills, control, or high standards and surpass others (Daft, 2008). Need for achievement is considered as the unconscious concern for excellence to accomplish goals only through individual efforts (Lussier & Achua, 2007). It is intense, prolonged and repeated efforts to accomplish something difficult, to work with determination of purpose towards a high and distant goal and to have the determination to win (Murray, 1938). This personality trait is characterized by an enduring and consistent concern with setting and meeting high standards of achievement. This need is influenced by internal drive for action (intrinsic motivation), and the pressure exerted by the expectations of others (extrinsic motivation). Thematic apperception test is a projective test that assesses need for achievement quite accurately and works on the lines that need for achievement motivates an individual to succeed in competition, and to excel in activities important to him or her. Need for Achievement is related to the difficulty of tasks people choose to undertake. Those with low need for achievement may choose very easy tasks, in order to minimize risk of failure, or highly difficult tasks, such that a failure would not be embarrassing. Those with high need for achievement tend to choose moderately difficult tasks, feeling that they are challenging, but within reach.

People high in need for achievement are characterized by a tendency to seek challenges and a high degree of independence
(McClelland, 1958). They demonstrate a consistent concern about meeting obligations and accomplishing tasks. They are more focused on internal motivation rather than external rewards. For example, those high in need for achievement are more likely to value intelligence and personal achievement over recognition and praise. This does not mean that they do not require recognition. They do strive hard to attain the recognition that they aim to achieve. Various sources have been identified that increase the need for achievement of a person such as encouraging parents who promote independence in childhood, praise and rewards for success, association of achievement with positive feelings, association of achievement with one’s own competence and effort, not luck, a desire to be effective or challenged, intrapersonal strength, desirability, feasibility and goal setting abilities. Orphan children do not have an encouraging parent who can motivate them to set well defined goals and guide them about strategies to achieve them. Absence of a motivating parent largely affects the need for achievement of an orphan child. These children tend to set goals that are very easy and peer influence plays a vital role in the goals that they set for their life. Emotional trauma affects the need for achievement of these children. Researchers have also supported this viewpoint and had stated that need for achievement is a result of emotional conflict between hope to approach success and the desire to avoid failure (Steinmayr & Spinath, 2009). An Indian research done by Chaudhary and Uppal (1996) also supported this viewpoint that emotional maturity is strongly associated with need for achievement.

McClelland (1958, 1961) had formulated psychological characteristics of person with strong need for achievement. He stated that these individuals assign realistic goals and consistently strive for its implementation. They also prefer difficult, but not overly, tasks and are capable of prospective thinking. According to McClelland (1958, 1961) following features accompany high level of achievement
motivation: moderate risk propensity, undertaking innovative and engaging tasks, internal locus of control and responsibility for own decisions and behaviors and lastly need for precise goal setting. Precise goals can be set under the guidance of a motivating parent but due to the absence of parents in the life of an orphan they are usually in a confused state. Steinmayr and Spinath (2009) analyzed the relation between need for achievement and school performance, they looked for different motivational constructs, in alliance with need for achievement, influencing school achievement. The research explained that, achievement motivation is associated with school performance along with intelligence (Steinmayr & Spinath, 2009).

Achievement motivation is considered as an important psychological predictor of future success or failure. Orphans are groups of children who have neither family support nor do they have anyone to provide guidance to them. They probably do not even know the meaning of the term achievement. Even if they accomplish something in life there is no one to appreciate their accomplishment. Orphan children are found to be low in the need for achievement along with a low performance in school activities. Murray has talked about how need is influenced by intrinsic motivation along with extrinsic motivation. In an orphan child’s case there is no one who would exert the external pressure, no one has any expectation from them which they want to achieve and fulfill. The absence of extrinsic motivation affects their internal drive as well to work hard and achieve great heights in life. They normally follow the rule of ‘following the herd.’ They try to do what their seniors or peers in orphanage are aiming to do.

**Need for Affiliation:** Need for affiliation describes a person’s need to feel a sense of involvement and "belongingness" with a social group. Freud (1930) had asserted about the need for interpersonal contact, although he tended to see the motive as derived from the sex drive and from the filial bond. Maslow (1968) had ranked the
belongingness in the middle of his motivational hierarchy, where he tried to indicate that, belongingness needs arise after food, hunger, safety and other basic needs are satisfied, but they take precedence over self esteem and self actualization. Bowlby (1969, 1973) has always talked about the formation as well as maintenance of relationship. Horney (1945); Sullivan (1953); Fromm (1955, 1956); Hogan (1983); de Rivera (1984); Ryan (1991); Epstein (1992); Guisinger and Blatt (1994) and others have had similar viewpoints about forming and maintaining the relationships. All these psychologists believed that relationships are very important in our life and unmet need for belongingness affects a child drastically. Orphan children do not have anyone in their lives to provide them the basic moral and emotional support required, that non orphans receive very naturally in their family environment. An orphan is fully deprived of the love and affection that a normal child receives from his parents unconditionally. The caregivers in orphanages barely have time to look into the basic needs of a child, so they do not take care of emotional needs of child (St. Petersburg-USA Orphanage Research Team, 2005). The orphan child keeps on piling all his queries, doubts, complains, achievements and all his feelings within. He desires and craves to share his feelings but unfortunately he has no one to do so making him feel completely hopeless as well as helpless.

People with a high need for affiliation require warm interpersonal relationships and approval from those with whom they have regular contact. People who place high emphasis on affiliation tend to be supportive team members, but may be less effective in leadership positions. A person with a moderate need of affiliation tends to want to belong to groups, create connections, and establish relationships with other people. A low need of affiliation can be part of a more independent personality. People who do not feel a strong desire to affiliate with others may be viewed as loners, and could have difficulty finding support. On the other end of the scale, a high need of
affiliation can create a clingy and demanding personality. There are many situations in which people feel a need for affiliation. One situation that causes a greater need for affiliation is during a stressful situation. The children living in orphanages are under lot of stress and anxiety, they have a strong need for affiliation in order to deal with their stressors. The increase in an individual’s need for affiliation makes the individuals responding to the same stressor to come together and find security in one another. Situations that include fear often lead people to want to be together and trigger a need for affiliation (Kassin, Fein, & Markus, 2008). Research done by Schachter (1959) shows that fear that comes from anxiety increases the need for the person to affiliate with others who are going through the same situation or that could help them through the stressful event (Baker, 1979). Weiss (1973) supported the notion that people need relationships characterized by both regular contact and an ongoing bond. Shaver and Buhrmester (1983) suggested that feelings of loneliness can be precipitated either by an insufficient amount of social contact or by lack of meaningful, intimate relatedness (emotional loneliness). Thus it is very important to have someone in life with whom one can share all their problems. The children in an orphanage do get this support from anywhere hence these children would be high on need for affiliation. The children living in orphanages feel lonely because their basic social needs are not satisfied. Many a times, these children are completely aware about it as well but they perceive that they do not have a great deal of control over their ability to fulfill those needs. All of this makes them more anxious, pessimistic, and fearful of negative evaluation than people who feel good about their social lives. In turn these orphaned children are more likely to act and relate to others in ways that are anxious, negative, and self-protective, which leads paradoxically to self-defeating behaviors (Cacioppo & Hawkley, 2005). Introverts may demonstrate their high nAff through small groups and intellectual
pursuits, while extroverts evidence this same need through large gatherings and louder parties. The empty spaces for unconditional love that is there in these children creates hollow which goes on increasing with time. Thus orphan children are high on need for affiliation.

**Need for Power:** The need for power makes a person exercise a large amount of control on his environment. People high on need for power have the tendency of being satisfied by seeing their environment move in a certain direction, due to their involvement. When someone high in need for power feels powerless or not in control of a situation, they are likely to be frustrated (Jay and Rabindra, 1988). People with a high need for power do not deal well with frustration and conflict, they show strong stress responses, including high blood pressure. Persons with low need for power usually lack assertiveness and self confidence necessary to organize and direct group activities effectively. They always depend on others and avoid dealing with complex and stressful situations. They have a tendency to run away from problems. The most balanced kind of need for power is socialized power need. Socialized power need is associated with effective leadership. There is a difference in sexes in regards to how need for power is expressed. Men who have high need for power, compared to women, tend to be more impulsive, aggressive, and engage in riskier behaviors, women channel their need for power in a more socially acceptable and responsible manner, being more concerned and caring. Need for affiliation and need for power are closely knitted together. Extreme levels of both these needs can lead to problematic health outcomes in people (McAdams, 1985; Jemmott et al., 1990; & Peterson & Stewart, 1993). In orphans both the need for affiliation and need for power are unsatisfied which in turn affects these children psychologically, emotionally as well as physiologically. Various psychologists have stated that all human beings are motivated by a need for power and need for affiliation (Maslow, 1954;
Rogers, 1961; Erikson, 1963; Bakan, 1966), but the expression of these motives, and relative levels of each, are affected by culture, ethnicity, sexual orientation, and social class, among other factors. Orphan children from various cultures and ethnic groups stay together in an orphanage with different cultural beliefs and values. This indirectly does affect the child’s need for power and the need to affiliate with others.

All the psychological needs according to Murray (1938) are interrelated with one another and one behaviour can be associated with more than one need as well. However, people placed different levels of importance on these psychological needs. For instance, if a person is high on need for affiliation and this need is thwarted, than the psychological pain experienced by the person would be greater than another one who was low on this need. The impact of thwarted needs would depend upon the importance one places on that particular need in one’s life depending on the context, i.e., protective factors, previous behaviour, and environmental press. Thus the basic needs of orphans are neither understood nor met with, all this ultimately intensifies the level of psychache among them.

**Psychache**

Edwin Shneidman was the first to coin the term “Psychache” in order to explain this immense psychological pain (Shneidman, 1993). Shneidman defines psychache as the “hurt, anguish, soreness, aching, psychological pain in the psyche, the mind.” (Shneidman, 1993). Psychache has also been defined as an acute state of intense psychological pain which is associated with feelings of shame, humiliation, hurt, anguish, despair, loneliness, fear, and dread (Shneidman, 1993, 1999). He postulated that psychache is the introspective recognition of, or the psychological pain associated with perturbation (Shneidman, 1999). Psychache directly leads to suicide once the psychological pain exceeds an individual’s threshold of tolerance, beyond the point where death is seen as the only means of
escape. Shneidman (1999) asserted that psychache is a necessary and sufficient cause of suicide. Psychache has been referred to as the mental pain of being perturbed (Shneidman, 1999). Perturbation is one’s inner turmoil, or being upset or mentally disturbed, and may be seen as a continuum from tranquil and serene to hysterical, hypermanic, and riotously disturbed (Shneidman, 1999, 2005). Psychache is referred to as “the introspective recognition of perturbation” (Shneidman, 1999). An internal perturbation along with psychache has been found as predictor of suicidality (Holden & McLeod, 2000; Davie, 2005). Orphan children are often internally disturbed, mentally troubled and unstable thus they have high levels of psychache. A combination of this internal perturbation and psychache increases the probability of these children to attempt and commit suicide.

Shneidman (1993) outlined six components in the progression to suicide: beginning with occurrence of life stresses and psychological insults (e.g., changes, failures); followed by influence of other vulnerabilities, such as genetic and social factors; it leads to perceiving of life stresses as negative and painful; the problem intensifies once the person starts perceiving pain as unbearable and unacceptable; this generates thoughts that cessation of consciousness is the solution for this pain; and ultimately, level of pain that exceeds one’s threshold for tolerating or enduring psychache. Therefore it can be clearly stated that the purpose common to all suicides is to seek a solution for this pain; and the common goal of suicide is to “stop the painful flow of consciousness” (Shneidman, 1992). Suicide is considered as a practical act, or problem-solving behaviour to escape from a painful internal state (Shneidman, 1992). In orphans the level of psychache is considered to be high as they do not have appropriate problem solving skills. Another reason for this is that, these children are always under a stressful situation, they are actually living with it. Hence the pain is constant instead of temporary. This gives the child a
feeling of complete hopelessness and helplessness; inclining a child towards choosing the option of suicide as the only means to escape the unbearable psychological pain. The orphan children live in an orphanage where physically they might not be harmed but the psychological stress that they go through can be just unimaginable. This extreme psychological pain hinders their decision making capability as well as their tolerance level thus increasing their suicidal ideation.

As psychache was explored to be strongly associated with life threatening illness, it has an inseparable relationship with suicidal behaviours. Psychache correlated significantly with suicidal ideation in samples of college students (Lester, 2000; Holden et al., 2001; Flamenbaum & Holden, 2007) and also in a sample of psychiatric inpatients who were currently suicidal compared to those who were not (Pompili, Lester, Leenaars, et al., 2008). Psychache has been capable of differentiating those with a previous history of suicidal attempts from those who have never attempted (Holden et al., 2001; Flamenbaum & Holden, 2007) and was significantly associated with both the number of attempts as well as the intention of terminating their life (i.e. wish to die) (Flamenbaum & Holden, 2007). Berlim et al. (2003) assessed psychache indirectly in terms of psychological quality of life, and found that this measure correlated more highly with suicidal ideation than other quality of life indices. Furthermore, even when depression and hopelessness were controlled the relationship remained significant. Similarly in both clinical and nonclinical populations, psychache and internal perturbations-based reasons for attempting suicide remained significantly associated with suicide criteria when hopelessness and depression were controlled (Johns & Holden, 1997; Holden et al., 1998; Holden et al., 2001; DeLisle & Holden, 2009). These results show that psychache is uniquely related to suicidality, and is quite accurate in predicting suicidal behaviour when variables like depression and hopelessness are controlled.
Shneidman postulated that the cause of psychache is unfulfilled psychological needs (Shneidman, 1993, 1999). He differentiated between two types of needs. Modal needs are those that define a person’s personality in its day-to-day functioning, and vital needs are those that an individual could not tolerate being blocked, which means the needs for which a person would die for. Each individual weighs these needs in an idiosyncratic manner on the basis of their personality and their vulnerability to suicide (Shneidman, 1999). Shneidman believed that from Murray’s (1938) twenty one psychological needs, all of them, alone or in combination, could be accountable for a suicidal act (1984). Later, in 2001, he identified only seven of these needs which were most frequently associated with suicide: First, need for achievement, which is the need to accomplish something difficult or challenging. Second, need for affiliation which means the need to be near or join with a friend or loved person. Third, need for autonomy that is the need to be independent and free from restraint. Fourth, need for counteraction that is the need to make up for failure by restriving. Fifth, need for infavoidance which is the need to avoid humiliation or embarrassment. Sixth, need for order is the need to put things or ideas in order, or to achieve balance and precision. Lastly seventh, need for succorance which means the need to be supported, loved, and cared for. When one or more of these needs are not met, mental pain is felt, and the individual wants to put an end to this pain, which inclines the person towards suicidality. Shneidman (1999, 2005), structured Murray’s psychological needs into five general groups or themes. First one being, thwarted love, acceptance, and belonging this is related to frustrated needs for succorance and affiliation; second, predictability, and arrangement which is associated to frustrated needs for achievement, autonomy, order, and understanding; third, assaulted self image and avoidance of shame, defeat, humiliation, and disgrace, this is related to frustrated needs for affiliation, defendance, and shame-avoidance; fourth,
ruptured key relationships and attendant grief which is related to frustrated needs for affiliation and nurturance; and fifth being, excessive anger, rage, and hostility which is associated with frustrated needs for dominance, aggression, and counteraction. Shneidman (1980) declared that identifying and addressing an individual’s frustrated needs may help to reduce his or her level of psychache and prevent suicide (Shneidman, 1993, 1999, 2005). This clearly states that, frustration of psychogenic needs in orphans is a major topic of concern. Various researches have also demonstrated that if the need for achievement is frustrated, then the risky behaviours like deliberate self-harm increases (Skegg, 2005). Unemployment, low income, low socio-economic status, financial problems, and poverty are the major cause of frustration of need for achievement and thus have been found to increase the risk of behaviours such as deliberate self-harm, particularly among young people (Bucca et al., 1994; King, Segal, Kaminski, & Naylor, 1995; Fergusson et al., 2000; Beutrais, 2001; Australian Institute for Suicide Research & Prevention, 2003; Gaynes et al., 2004; Hepp, Moergeli, Trier, Milos, & Schnyder, 2004; Skegg, 2005). Unemployment and low income are among the major problems faced by the orphans thus if an orphan child is not emotionally mature enough to handle these problems then he is seen to suffer from extreme psychological pain. This psychological pain can be so intense that it can ultimately lead to suicide as well. This is the reason why Shneidman believed that the most relevant treatment to heightened suicidality is to identify each individual’s blocked needs. Once the frustrated needs of a person are addressed to then the individual’s pain, or psychache levels, will be reduced and suicide can be prevented (Shneidman, 2001). If the pain can be relieved, the individual would be willing to continue to live (Shneidman, 1984).

Shneidman (1993) had applied Murray’s “need-press” theory to suicide, and thus stated that suicide is always triggered by the failure
to fulfill some need, and the intensity ("press") of that need determines
the degree of perturbation, which, in turn, leads to lethality.

Figure No. 3: Shneidman’s (1993) application of Murray’s
Need Press Theory (1938) to Suicide.

Wasserman (2001) had presented suicide as being caused by
feelings not facts. Generally suicide is considered as an expression of
control, nevertheless most suicidal acts occur when a situation makes
life seem unbearable and everything is understood to be out of reach
of the individual’s control. Orphans who are emotionally distressed
and experience the penetrating hopelessness, feel that suicide is a
viable option to put a stop to the level of distress they are experiencing
(Heckler, 1994). According to Shneidman’s theory, psychache is
engendered when important psychological needs are frustrated. For
example, these include the need for comfort, affiliation, humiliation,
nurturance, defence, harm avoidance, etc. (Murray, 1938; Shneidman, 1980). Among these needs, the need for affiliation, derived from Henry Murray’s list, is among crucial needs in explaining psychological pain (Shneidman, 1999), particularly in young adults (Erikson, 1980; Leenaars, 1989). Also, at the empirical level, loneliness (resulting in a lack of satisfying social needs) has been identified as a risk factor for psychological pain and suicidal behaviors (Joiner & Rudd, 1996). Orphans are the major victims of frustrated psychological needs and thus are at a very high risk of suicidal ideation. Orphans not only have unmet basic needs, but have markedly increased internalizing problems. Inadequate care, in the form of basic needs not being met, was found to be associated with greater psychological distress (Nyamukapa et al., 2008). In addition, being cared for by someone other than a parent, child labor, physical abuse, and (less commonly reported) stigma and discrimination were associated with psychological distress and are more common in orphans.

Shneidman (1987) had proposed the Cubic Model of Suicide to show the amalgamation of press, pain and perturbation. Press refers to pressures which are both psychological and environmental. These pressures can be either real or perceived. Real press could be explained with the example of loss of a loved one or poverty whereas perceived press is experiencing rejection when a person says no to a request. Pain or Psychache refers to the psychological pain experienced from frustrated psychological needs. Murray’s (1938) list of needs is used to describe what these psychological needs are. Perturbation refers to the individual’s response to psychological pressures, or the experience of being upset. Impulsivity, constriction of affect and intellect can occur as a result of experiencing press, pain and perturbation. Dichotomous thinking, for example, would mean a person can see just two, and at the worst, only one way of managing their psychache. When high levels of each of the three components are found, the risk of suicide is greater. Further, Shneidman (1987)
asserted that every person who actually commits suicide would be placed at the five-five-five corner of the cube in the Figure given below. Shneidman stated, “I believe the central feature of suicide is pain, and the key to suicide prevention lies in the reduction of that individual’s psychological pain. All else – demographic variables, family history, previous suicidal history – is peripheral except as those factors bear on the presently felt pain. Ultimately, suicide occurs when there is the co-existence of intolerable pain, intense negative press, and extreme perturbation with perceptual constriction and an irresistible penchant for life-ending action” (Shneidman, 1987).

![Shneidman’s Cubic Model of Suicide](image)

**Figure No. 4: Shneidman’s cubic model of suicide.**

Based on this theoretical model of suicide, psychological pain draws from umet or unfulfilled psychological needs (press), this creates a state of dissatisfaction, upset and action, this action can include coping strategies that has an extremely high probability to result in self harm behaviour and death. Deliberate self-harm
behaviour is a coping function in response to frustrated psychological needs. Therefore, in an attempt to reduce the risk of deliberate self harm, it was essential to firstly identify what psychological needs have been frustrated, so that people’s pain can be understood, and then accordingly coping responses need to be addressed. The orphans live in an orphanage where no one is interested in identifying their needs, hence their needs often go unnoticed and uncatered to. Thus there is a high probability of these children indulging into self harm behaviours.

Numerous researches have been done on orphans aiming to explore the suicidal rates in orphans or the causes for their suicides have also been identified in previous researches but the issue of psychache has been rarely studied. Thus this study aims to identify the amount of psychological pain that these orphan children are suffering from. This suffering further gives rise to loneliness as the orphan children are not able to meet their needs and feel the intense pain.

**Loneliness**

Perlman and Peplau (1981) defined Loneliness as “the unpleasant experience that occurs when a person’s network of social relations is deficient in some important way, either quantitatively or qualitatively.” De Jong Gierveld (1987) defined loneliness as, a situation experienced by the individual as one where there is an unpleasant or inadmissible lack of (quality of) certain relationships. This includes situations, in which the existing relationships are smaller in number than is considered desirable or permissible, as well as situations where intimacy that one desires for has not been realized. Weiss (1973) defined loneliness as “a chronic distress without redeeming features.” Weiss (1973) reported the **attachment theory of loneliness** in which insufficiency of social relationships, which play a vital role in one’s life, for e.g., fulfilling the need for attachment, need for social integration and need for nurturance,
contributed to feelings of loneliness. Weiss had classified loneliness on the basis of the un-fulfilment of needs such as lack of fulfilment of social integration was labelled as social loneliness and unavailability of a reliable attachment figure was labelled as emotional loneliness. Emotional intelligence is characterized by intense feelings of emptiness and abandonment. Hence the orphan children usually suffer from emotional loneliness as they have no one in their life who can provide them the required love and support. Their basic needs are not satisfied and hence they feel lonely, which intensifies their psychological pain.

Hymel, Tarulli, Hayden Thomson and Terrell-Deutsch (1999) described three dimensions in the perceptions of loneliness were revealed: (a) the emotional dimension- loneliness as a painful emotion, associated with sadness and boredom; (b) the cognitive dimension- loneliness as the result of certain perceived deficits in interpersonal relationships (i.e. lack of companionship, emotional support, affection) and (c) the interpersonal contexts dimension- loneliness as the result of physical separation (i.e. loss, dislocation, temporary absence) and psychological distancing (i.e. conflict, rejection, exclusion, being ignored). Parkhurst and Hopmeyer (1999) attempted to construct a developmental model for the sources of loneliness in childhood and adolescence. In this model, age changes were hypothesized to occur in the following domains: (a) Peer relationship (b) valued functions and activities provided by peers (c) Cognitions producing loneliness (d) Related emotions. However there are various similarities between the two models. Similarities exist between the emotional dimension of Hymel et al.’s (1999) model and the loneliness-related emotions of Parkhurst and Hopmeyer’s (1999) model.

Psychoanalytic literature has considered that the ancestries of loneliness can be found in infancy (Klein, 1990). On the other hand developmental literature has highlighted that children have a deep need to involve others in their personal concerns. Consequently, the
lonely children are those who cannot obtain the participation from either their parents or from the significant others. These children may compensate for this lack by developing a rich fantasy life. This unhealthy way of dealing with the pain of loneliness may have consequences in the later periods of life, as interpersonal demands continue to gain in complexity (Terrell, Terrell & Von Drashek, 2000). This is especially true of the early adolescent phase, where the need for both interpersonal security and intimacy “collide” with the need for sexual contact (Sullivan, 1953). The orphan child who never receives the support from parent and significant others is often haunted by the demon of loneliness. The feeling of loneliness intensifies the complexities that the child is facing in the orphanage. An orphaned child is often juggling with the unfulfilled needs, emotional turmoil and ultimately feeling of loneliness.

Loneliness is a significant problem that can predispose young adults to immediate or long term negative consequences. Orphans feel lonely due to the absence of their family members and poor peer relationships. They often feel excluded and this feeling drastically damages their self esteem. In addition, they may experience feelings of sadness, malaise, boredom, and alienation. Lonely children usually miss out on many opportunities to interact with their peers which in turn deoids them of learning important lifelong skills. This directly affects the emotional intelligence of a child. Peer relations matter to children, and lonely children place as much importance on them as do other children (Ramsey, 1991). The factors that contribute to the loneliness of an orphaned child are leaving their house and moving to a strange orphanage, losing friends and family members, depending on strangers for their basic needs, not getting the desired warmth and love. All these feelings of loneliness develop negative traits in a child, like low self esteem, shyness, anxiety and lastly suicidal tendencies as well. The children who are living in orphanages are rejected for various reasons. There is no one around them who can help them
overcome this feeling of rejection and angst against various people. These children are not even aware that their anger is towards a person in specific or towards the situation in general, towards the unfulfilled needs and desires or towards the inability to convey these thoughts and feelings. Researches have indicated that children who are aggressive report the greatest degrees of loneliness and social dissatisfaction (Asher, Parkhurst, Hymel, & Williams, 1990). These children often lack social skills, which makes it difficult for them to interact with their peers. These children may also be extremely shy, inhibited, and anxious, and they may lack self-confidence (Rubin, LeMare, & Lollis, 1990). Furthermore, these children report protracted feelings of loneliness and a strong desire to avoid school (Kochenderfer & Ladd, 1996). Orphan children feel extremely lonely inspite of being one among the crowd. The presence of numerous people around them is also not capable of exterminating the loneliness feeling of these children. Lack of close friendly bonds and a dearth of broader social contact generally create an emotional discomfort and the feeling of extreme loneliness. These children feel isolated, distanced from others and deprived.

Thus, it can be rightly said that feeling of loneliness, not only has psychological effects on a person but it also affects the physiological being of the person. Infact, loneliness can emotionally drain a person to such an extent that it will generate unbearable psychological pain which can even lead to suicidal behaviour.
NEED OF THE STUDY:

India is the second most populated country in the world. Approximately 6.8% of this population, that is, nearly 20 million of them are orphan children. Thus orphanhood is one of the biggest challenges that developing countries face. The government tries to tackle these problems by creating policies related to maintenance of physical health and well being of these children, maintaining hygiene, adoption related policies and policies that help in curbing abuses. The orphanages also receive financial support from various non-government organisations and so on. But all of this does not cater to the emotional and psychological needs of an orphaned child. The orphanages provide shelter to the distraught children but what they actually need is affection, attention, kindness and edification. It has been observed that emotional needs of children in orphanages are least cared for. The persons in-charge there do not recognize their emotional problems. Hence, they pay little attention to these aspects. In many cases children who live in orphanages are even punished for expressing their negative emotions, thereby adding to their psychic pain. These children grow into young adults who are frustrated, fearful, lonely and depressed may fail to concentrate in studies and therefore tend to perform badly in every aspect of life. Orphanages lack one-to-one primary caregiver relationship. Even though the caregiver is present and various other children are present in the orphanage the child feels completely lonely. Thus their basic needs are neither, understood nor met with. Though primary needs are basic to all human beings, fulfilment of psychogenic needs is greatly influenced by individual’s personal and interpersonal experience in the given context as well as various kinds of deprivations. It is contended here that in orphans the psychogenic needs especially achievement, affiliation and power needs will be influenced by their
emotional intelligence. When these needs are not fulfilled it intensifies the psychological pain among them.

Orphans have to accommodate themselves to the varied number of changes in their life. When they are shifted to an orphanage they start living their life from scratch. They are absolutely lost and live their life on limited resources. The social stigma attached with failure and lower levels of achievement, forces them to expand their efforts, energy and resources. While some are able to cope and adjust to the situation, there are few who succumb to pressures, and their psychological pain exceeds the tolerance level which in turn inclines them towards suicide. Another factor that intensifies the psychological pain of an orphan is loneliness. The feeling of not belonging to anyone and not having any known person around them, makes them feel extremely lonely. Since orphans are surrounded by various other orphan children along with caregivers but psychologically these children are found to be high on the feeling of loneliness. The reason for this is that there is an absence of a trusted caregiver in the life of these orphaned children, they have no one with whom they can share their feelings, issues as well as concerns. These disrupted social relations are the major cause of loneliness among the orphan children.

The condition of children living in an orphanage is really pathetic. The life of an orphan has always been major issue of concern among social psychologists, scientists, doctors, government and the society at large. It is a matter of great concern as the orphan children, just like all other young children are the future of our country and if they are affected the entire countries development is affected. Not only it is matter of concern that the lives of young people have become so complicated and troublesome but it is also equally concerning that if young adults continue to live such lives, the future of our society and nation will be adversely affected. Apart from the financial support what they mainly require is affection, attention, love and care, that all
the children of their age, receive at home. The orphan children need to be provided with psychological support and counseling services and special training for their caregivers is also very essential. Therefore, the present study aims at highlighting all these factors so that some attention is paid to the neglected group of orphans because even they have the right to live happily like all of us.

**THE MAIN OBJECTIVES OF THE STUDY ARE AS FOLOWS:**
1. To study the relationship of Emotional Intelligence and Psychogenic needs (Need for Achievement, Need for Affiliation and Need for Power) in orphans.
2. To study the relationship of Emotional Intelligence with Psychache in orphans.
3. To study the relationship of Emotional Intelligence and Loneliness in orphans.
4. To study the relationship of Psychogenic needs (Need for Achievement, Need for Affiliation and Need for Power) with Psychache in orphans.
5. To study the relationship of Psychogenic Needs (Need for Achievement, Need for Affiliation and Need for Power) with Loneliness in orphans.
6. To study the relationship of Psychache with Loneliness in orphans.
7. To analyze predictive value of Emotional Intelligence in Psychogenic needs (Need for Achievement, Need for Affiliation and Need for Power), Psychache and loneliness of orphans.