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THE ROLE OF COUNSELING IN REDUCING AGGRESSION AMONG INSTITUTIONALIZED CHILDREN'S

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Abstract

Orphanhood often comes with a range of complex issues. Children who have lost a parent commonly experience feelings of depression, hopelessness, and thoughts of suicide. They may also feel lonely, angry, confused, and helpless, with a fear of being alone that can further hinder their future prospects. Various factors contribute to the development of aggressive behavior in orphaned children, whether they are in institutions or elsewhere. Additionally, the increasing number of orphans and the breakdown of social networks and support systems can exacerbate the severity of the problem. The primary objective of this study was to investigate the impact of counseling in reducing aggression among institutionalized orphaned children in Coimbatore. The study utilized a quasi-experimental design, with measurements taken before and after the counseling intervention. The researcher employed a pre-structured questionnaire and the perceived emotional aggression scale as data collection tools. Quantitative data was analyzed using SPSS version 26, employing various statistical techniques such as descriptive and inferential statistics. The results of the study indicated that counseling intervention had a positive effect on reducing verbal and physical aggression, as well as anger and hostility, in the children's behavior. Therefore, the researcher recommends that the institution extend the provision of regular counseling sessions to all orphaned children in order to maintain their psychological well-being, specifically targeting the reduction of verbal and physical aggression, anger, and hostility. It is also suggested that further research be conducted to examine the effects of variables included in the present study, as well as other factors such as non-institutionalized orphans, socio-economic status, rural-urban residences, and additional institutional factors.

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INTRODUCTION

In developing countries, orphan and vulnerable children pose a significant socio-economic and developmental challenge. Orphanhood often brings about a range of complex issues, with children commonly experiencing feelings of depression, hopelessness, suicidal thoughts, loneliness, anger, confusion, helplessness, anxiety, and fear of being alone following the loss of a parent. These emotional reactions further jeopardize the future prospects of these children (Alsem, et al., 2022). According to UNICEF (2014), it is estimated that globally, there are approximately 153 million children who have lost either a mother or a father, with a significant number having lost both parents.

Children residing in orphanages have been documented to exhibit a range of unconventional behaviors, such as anger, repetitive self-stimulation, a transition from initial passiveness to subsequent aggression, excessive restlessness, and lack of focus. Additionally, they struggle with forming profound and authentic connections, displaying indiscriminate friendliness, and encountering challenges in establishing suitable relationships with their peers. Throughout time, it has often been proposed that the absence of maternal care, inadequate social and emotional experiences, and limited interactions with a small number of consistent caregivers are the main factors contributing to these delays and shortcomings in their development (Hadley, et al., 2019).

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Aggression refers to acts that cause harm or hurt to others, as defined by Lochman (2017). In adolescents and children, anger-related issues encompass various aspects such as aggression, self-control, problem-solving, social competencies, and anger experience. Aggression is often linked to violence and antisocial behavior, and individuals with severe aggression problems typically exhibit other behavioral issues like conduct disorder (Polman et al., 2009). Aggressive youth are more likely to have a history of arrest or conviction compared to their non-aggressive peers (Alsem et al., 2021). Despite extensive research on aggression in youth, still there is a gap in understanding the specific nature and extent of aggression among young individuals. Studies have highlighted certain aggressive behaviors as predictors of delinquency and disruptive behaviors (Howells, 2003). This body of literature emphasizes aggression as a symptom of conduct disorder, attention deficit hyperactive disorder, psychoses, substance abuse, depression, and other psychiatric disorders (Verhoef, 2021). Current research suggests the existence of two distinct types of aggression: proactive (PA) and reactive (RA), (James et al., 2022, 1987; McAdams III, 2002). These different types of aggression have varying associations, making it crucial to comprehend these differences for effective treatment and prevention strategies.

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Aggressive behavior is the most prevalent malfunctioning observed in orphan children, as stated by Murray and Ostrov (2009). It is vital to note that anger arousal is often considered as a response to emotional discomfort, and it manifests through aggressive behaviors, as highlighted by Fite et al., (2014). These aggressive behaviors can significantly impact interpersonal relationships. It is crucial to understand that anger is experienced prior to the display of aggressive behaviors. Extensive research has demonstrated that individuals with heightened levels of anger are more likely to engage in both verbal and physical aggression, as noted by Kassinove (1995). Consequently, this aggression may be directed towards roommates and other individuals, as mentioned by Brotman et al., (2017). It is essential to recognize that such behavior and associated problems can have detrimental consequences for children in their future lives, as indicated by Loeber, Farrington, et al., (2003) and Burkey et al., (2018).

Each subtype of aggression is characterized by distinct behaviors and symptoms. In 1996, Pulkkinen conducted a groundbreaking longitudinal study that examined adolescents exhibiting either type of aggression. The study found that proactive individuals tended to exhibit externalizing behaviors during childhood. Furthermore, those who continued to display proactive aggression showed an increased frequency of problematic behaviors as they transitioned into adulthood, as noted by Poulin and Boivin in 2000. Specifically, these individuals faced adjustment difficulties throughout their adolescence, including issues related to conduct and non-compliance. Additionally, they were more likely to engage in criminal activities later in life compared to their non-proactive counterparts. Interestingly, this group did not demonstrate higher levels of self-control when compared to reactive and nonaggressive participants, as highlighted by Pulkkinen (1996). It is worth noting that alcohol abuse was found to be more closely associated with proactive aggression rather than reactive aggression in adulthood, as indicated by Raine et al., (2006).

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According to teacher reports, it has been found that boys who engage in relational aggression and girls who engage in physical aggression tend to experience adjustment problems (Underwood, 2002). Additionally, these reports indicate that girls who are physically aggressive exhibit more internalizing and externalizing behaviors compared to their relationally aggressive or nonaggressive female peers (Underwood, 2003). The presence of aggression among children and adolescents has a significant impact on society, as it is often linked to delinquency and subsequent involvement in the youth justice system. This, in turn, leads to costly interventions and legal fees. Research suggests that children who engage in delinquent behavior are more expected to become violent offenders in adulthood (Loeber, Farrington, & Petechuk, 2003). A longitudinal study conducted over 25 years by Fergusson, Horwood, and Ridder (2005) found that childhood conduct problems are associated with later adjustment difficulties, increased risk of involvement in criminal activities, mental health issues, and substance use.

Numerous intervention programs are designed to address aggressive behavior problems that occur during childhood (Lochman & Matthys, 2017). Cognitive behavior therapy (CBT) has been shown to effectively reduce aggressive behavior in children (Weisz & Kazdin, 2017), although the impact of interventions can vary and may only yield modest results (McCart et al., 2006). However, interventions that emphasize exposure to anger and problem-solving in real-life social situations tend to have stronger effects (de Mooij et al., 2020; Landenberger & Lipsey, 2005). To maximize the effectiveness of CBT, it is recommended that children practice their cognitions and skills in emotionally engaging situations, ideally while experiencing feelings of anger (Hutchinson et al., 2016; Sukhodolsky et al., 2016).

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CBT intervention has proven to be more effective in enhancing self-control and addressing behavioral issues in children (Wesson, 1993). CBT is a technique that is time-limited and focuses on the present, aiming to educate clients by utilizing cognitive and behavioral skills to enhance their interpersonal and intrapersonal lives in a more adaptive manner (Mennin, Heimberg, Turk, & Fresco, 2006). In the case of children with anger problems, CBT is specifically designed to achieve three main objectives: 1) modify the experience of anger (such as the speed at which anger arises, the intensity of anger, and the duration of anger), 2) decrease aggressive behavior, and 3) enhance social functioning.

Numerous studies have also examined psychosocial interventions, specifically CBT, for addressing irritability. It has been found that irritability (Stringaris et al., 2018) and aggressive behaviors (Penton-Voak et al., 2013) can be effectively reduced by teaching individuals how to modify their hostile interpretation bias and improve their ability to recognize emotions. CBT programs for anger problems and irritability aim to decrease hostile interpretations (Brotman et al., 2017), enhance emotional regulation skills (Derella et al., 2019), manage anger (Bui et al., 2019), and improve overall functioning in children (Kircanski et al., 2018). A review of meta-analyses suggests that CBT programs are helpful for children with anger problems (Kircanski et al., 2018) and aggression (Sukhodolsky et al., 2004). Therefore, this study investigates the impact of counseling on reducing aggressive behavior among institutionalized orphaned children.

Significance of the study

This research aims to evaluate the impact of counseling on diminishing aggressive behavior among institutionalized orphans in Podanur town. To the best of the researcher's knowledge, there has been limited investigation into the role of counseling in reducing aggressive behavior among institutionalized children. The results of the study can be utilized to enhance the conduct

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of orphan and vulnerable children. Furthermore, it will significantly contribute to the field of service delivery concerning orphan children by providing novel insights into behavioral disorders. This study will also be valuable for professionals involved in therapy and counseling as it will aid in identifying children with behavioral disorders and improving preventive measures. Additionally, the findings of this research will offer crucial guidance for future studies in the realm of behavioral disorders.

Objectives of the study

To assess the role of counseling in reducing aggressive among institutionalized children.

Hypotheses

Null hypothesis: There will be no significant difference in aggressive behaviors among institutionalized children after counseling.

Methods

This study utilized a quasi-experimental research design. The focus of the study was on the counseling sessions, which served as the independent variable, while the aggressive behavior exhibited by the orphan children was considered the dependent variable. The research sample consists of orphaned children who are living in an institution located in Coimbatore. Within the institution, there were a total of 156 orphaned children, out of which 30 children exhibiting aggressive behaviors were selected as the study's sample based on the observations of social workers and caregivers.

The social workers and care providers of the institutionalized orphan children assisted in collecting the primary data on personal and aggression-related information. The primary data collection instrument

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consisted of two sections. The first section of the questionnaire focused on the demographic details of the respondents, while the second section described aggression-related aspects. To measure the aggression of the children, the researcher utilized the Aggression Scale (Trubey et al.,2024), which comprised 31 questions or items with five possible responses. Each response was assigned a score ranging from zero to four, indicating the type and severity of aggression. After completing the questionnaire, the scores for each of the 31 questions were added by summing the numbers to the right of each marked question. The Aggression Scale consisted of four factors: Physical Aggression, Verbal Aggression, Anger, and Hostility. The score for each factor was calculated as the sum of the individual factor scores. The data was collected from 30 institutionalized orphan children through their social workers and care providers. Prior to distributing the questionnaire, the purpose of the study was briefly explained to the social workers and care providers.

Cognitive-behavioral therapy (CBT) assists children in reframing their perception, interpretation, and assessment of their emotional and behavioral responses to negative experiences. A group of 30 children with aggression underwent CBT for approximately 12 sessions within their institution. These sessions included establishing rapport and introducing the overall activities of counseling, presenting the CBT model, helping children identify their own thoughts that led to pleasant or unpleasant feelings at school and in the institution, introducing the participants to the concept of rational and irrational thinking, and utilizing exercises related to thinking, feeling, and behaving. Following the 12 sessions of CBT, the social workers and care providers collaborated to reassess the aggressive behavior using the same assessment tool for the institutionalized orphan children.

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The data collected from the respondents were first edited and coded. The statistical analysis of data was done through computer applications using SPSS version 26. Descriptive and inferential statistical analysis was computed.

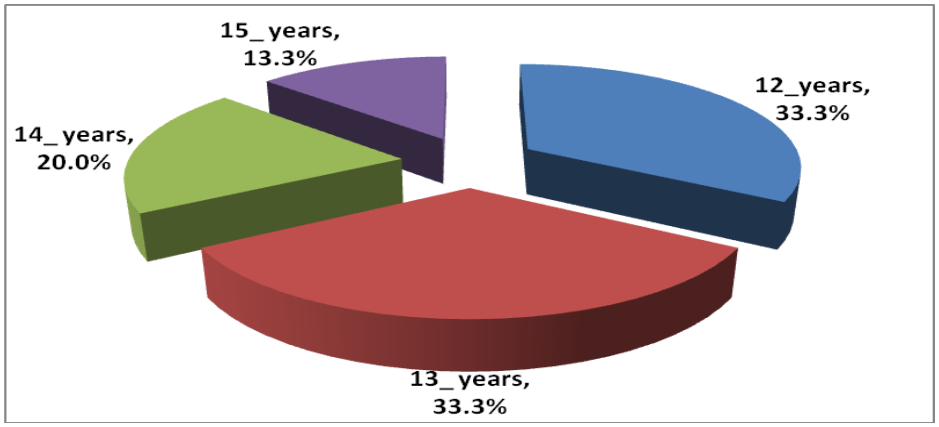
Results

Table 1: Sex of respondents

Variable	Category	Frequency	Percent
Sex	Male	16	53.3
	Female	14	46.7
	Total	**30**	**100**

From a total of thirty respondents incorporated under study, 53.3% were males and the remaining 46.7% were females.

Figure 1: Showing Age of respondents



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Regarding ages of respondents, 10 (33.3 %) were of 12 years and 13years, 6 (20.0 %) were of 14 years and 4 (13.3%) were of 15 years.

The purpose of this study was to assess the impact of counseling sessions on orphan children's emotions of anger, physical aggression, verbal aggression, and hostility. The evaluation was conducted both before and after the counseling sessions. The objective was to determine if cognitive-behavioral therapy (CBT) had a statistically significant effect on modifying the emotion of aggression in orphan children.

Table 2. Paired Samples test comparison of pre and post counseling on Anger behavior of orphan Children

	Mean	N	Std. Deviation	t-test	Significance
Anger Pre	15.7667	30	2.43088	2.934	0.005
Anger Post	17.9667	30	3.31104		

According to the table provided, the paired sample t-test (2.934) suggests a significant difference in the average anger scores of institutionalized orphan children before and after undergoing CBT ($P < 0.005$). This indicates that the respondents experienced a positive emotional shift in their anger behavior due to the CBT sessions, which can be attributed to the intervention's effectiveness rather than mere chance.

Table 3: Paired Samples test comparison of pre and post counseling on Physical Aggression behavior of orphan children

	Mean	N	Std. Deviation	t-test	Significance
Physical Aggression Pre	22.7000	30	2.42331	7.333	0.000
Physical Aggression Post	28.3333	30	3.43400		

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In the above table, the paired sample t-test (7.333) indicate that there is a statistically mean difference in the two mean scores of physical aggressions of the institutionalized orphan children before and after receiving CBT (P < 0.001). This reveals that there was a reduction in physical aggression behavior through CBT.

Table 4: Comparison of pre and post counseling on verbal aggression among Orphan children

	Mean	N	Std. Deviation	t-test	Significance
Verbal Aggression Pre	10.4333	30	1.654	6.468	0.000
Verbal Aggression Post	13.5000	30	2.002		

The above table shows that, the t-value 6.468 indicated that there is a statistically mean difference in orphan children verbal aggression among the study participants observed before and after receiving CBT (P < 0.001). This reveals that the orphans' verbal aggression of the participants towards verbal aggression changed after the counseling sessions.

Table 5: Comparison of pre and post counseling on Hostility aggression among Orphan children

	Mean	N	Std. Deviation	t-test	Significance
Hostility Pre	22.4667	30	3.266	4.808	0.001
Hostility Post	26.7000	30	3.550		

The above table shows that, the t-value 4.808 indicated that there is a statistically mean difference between the two mean scores of orphan children hostility behavior scale among the study participants observed before and after receiving counseling treatment (P =0.001). This reveals that the orphans' hostility behavior of the participants towards hostility behavior got modified after the counseling sessions.

DISCUSSION

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The prevalence of anger among institutionalized children is increasingly impacting their daily functioning. Not only does heightened anger and hostility have negative effects on their health, but it also contributes to issues such as bullying and disrupted relationships among teenagers (Lee and DiGiuseppe, 2018).

When examining the impact of counseling on anger levels in orphan children, the t-value analysis revealed a significant effect (P < 0. 0.005) before and after receiving treatment. These findings align with previous research that highlights the effectiveness of Cognitive Behavioral Therapy (CBT) in teaching self-control techniques for anger management (Singh et al., 2008). Henwood, Chou, and Browne (2015) were among the first to emphasize the efficacy of anger management techniques implemented in CBT, followed by additional studies supporting the competence of CBT interventions in reducing dysfunctional anger expression (Hutchinson et al., 2016). Furthermore, Bekirogullari and Korusan (2019) projected CBT as an efficient approach for addressing various psychiatric issues. The literature also suggests that aggressive behaviour in childhood and adolescence can serve as a predictor for future violent behavior (Broidy et al., 2003; Pulkkinen, 1996).

The study findings also indicate that the participants' positive emotional response towards anger behavior decreased after the counseling sessions, which was found to be effective in treating their anger issues. This aligns with the recommendation of CBT in preventing aggressive emotions among orphan children, as suggested by Vitiello and Stoff (1997). Additionally, Murray Close and Ostrov (2009) observed a decrease in physical aggression among older youth and a higher frequency of physical aggression among younger children, suggesting that their aggressive behavior may be influenced by their individual needs. Therefore, addressing these needs is crucial in addressing aggression among orphan children. The

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statistically significant difference in physical aggression scores in this study further supports the effectiveness of counseling interventions.

The study conducted by Murray-Close, Ostrov, Nelson, Crick, & Coccaro, 2010 found that reactive relational aggression was more strongly linked to anger and hostility in adults compared to proactive relational aggression. The t-value of 4.808 indicates that counseling has a significant impact on reducing hostility behavior. The mean scores of emotional hostility factors altered among orphan children after receiving treatment, with a statistically significant mean difference (P=0.001). The pre-test and post-test mean scores for anger were 22.46 and 26.70 respectively. This research demonstrates that counseling sessions effectively remodel positive emotional feelings towards hostility behavior, indicating a deliberate treatment effect rather than chance. Therefore, counseling plays a crucial role in shaping personality, even during childhood.

Conclusion

The major purpose of this study was to identify the role of CBT on emotional aggression behaviors among institutionalized orphan children. In other words, the main concern of this study was to investigate the statistical difference between pre and post-tests of verbal aggression, physical aggression, anger and hostility behaviors of orphan children in corporate in caring institutions. The results of the study reveal that CBT reduces the anger among the children who live in institutions.

Recommendations

Based on the finding of the present study the following suggestions are forwarded:

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- The outcomes of the study have significant implications for the impact of counselling in reshaping the emotion of aggression among institutionalized orphan children. As a result, those in positions of authority and the institutions themselves can integrate counselling programs to address their aggressive behaviour and restore a sense of hospitality.

- The findings of this study indicate that counselling and psycho-education programs are successful in decreasing the perception of negative emotions. This implies that the institution and other relevant entities should prioritize providing counselling services and psych education programs for institutionalized orphan children

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