

## Comparative Study of Emotional Intelligence and Coping Styles in Orphans and Non-Orphan Adolescents in Delhi/NCR Region

Aahana Singh<sup>1\*</sup>, Dr. Shruti Datt<sup>2</sup>

### ABSTRACT

This study investigated the emotional intelligence (EI) and coping strategies of adolescent orphans in comparison to non-orphans. The study included a total of 105 adolescents, consisting of 60 non-orphans along with 45 orphans using purposive sampling method. There were no statistically significant differences in coping, emotional intelligence, emotion-focused coping, or avoidant coping between the two groups. The findings indicate that both orphans and non-orphans may demonstrate identical levels of emotional intelligence (EI) and coping methods. Further investigation with a variety of samples is required to validate these findings. The study enhances our comprehension of emotional well-being in adolescent orphans and proposes that therapeutic therapies may not need to be significantly modified just based on the fact that the individual is an orphan. Nonetheless, it is essential to tailor interventions based on individual requirements and cultural circumstances.

**Keywords:** *Emotional Intelligence (EI), Coping strategies, Emotion-focused coping, Problem-focused coping, Avoidant coping, Orphans, Orphanages*

Adolescence is a critical stage in the transition from childhood towards maturity, this stage marks the essential cognitive, physical, along with emotional growth (Steinberg, 2008). During this period, major changes occur at varying rates in physical characteristics, sexual characteristics, and sexual interest, resulting in significant effects on body image, self-concept, and self-esteem. Major cognitive and social developments take place as well: Most young people acquire enhanced abilities to think abstractly, evaluate reality hypothetically, reconsider prior experiences from altered points of view, assess data from multiple dimensions, reflect inwardly, create complex models of understanding, and project complicated future scenarios. Adolescents also increase their peer focus and involvement in peer-related activities, place greater emphasis on social acceptance, and seek more independence and autonomy from parents (American Psychological Association, 2018). Although often misconstrued as an abrupt, discrete event, puberty is actually a gradual process occurring between childhood and adolescence and one that takes many years to complete (Dorn and Biro, 2011). The prefrontal cortex, located at the very front of the brain, is among the last areas of the brain to reach full maturity. It oversees organising, setting priorities, and reining in impulsive behaviour. Both functional

<sup>1</sup>Student

<sup>2</sup>Assistant Professor

\*Corresponding Author

Received: May 08, 2024; Revision Received: June 25, 2024; Accepted: June 29, 2024

## Comparative Study of Emotional Intelligence and Coping Styles in Orphans and Non-Orphan Adolescents in Delhi/NCR Region

and structural imaging has demonstrated that during adolescence, the prefrontal cortex strengthens its connections to sensorial and subcortical areas (Liston et al., 2006). This suggests that frontal brain regions have a stronger impact on affective and cognitive functions. There seems to be a substantial interaction between hereditary determinants and environmental pressures that determines structural neurobiological maturation. Interactions between parents and children, for instance, have been shown to influence the regulation of affect as well as the brain structures that are responsible for it (Whittle et al. 2008).

Children's development of *emotional intelligence* is greatly influenced by their parents. Parents who exhibit elevated emotional consciousness, proficiently regulate their own emotions, and offer kind and accommodating care contribute to their children's acquisition of these abilities. Children can effectively recognise, convey, and control their emotions in this nurturing setting, which lays the groundwork for future development of emotional intelligence (Denham et al., 2012 & Eisenberg et al., 2006). There is still disagreement over the causes of EI development, with a number of theorists putting forth different theories. Some argue that there is a large hereditary component (Plomin, 1994), whereas others stress the importance of environmental factors, especially those encountered in early life (Denham et al., 2012). **A transactional model is suggested by study by Rothbard and Lerner (2003), emphasising the interaction between the environment and biology.** They contend that a child's emotional development is shaped by natural temperament genetic predisposition which interacts with their social surroundings from birth. In contrast, an unresponsive environment might worsen emotional issues.

*Coping* is described as the thoughts and activities used to deal with stressful events in internal and external aspects. It is a phrase that distinguishes conscious and deliberate act mobilization from 'defense mechanisms,' which are subconscious or unconscious adaptive reactions aimed at reducing or tolerating stress (Algorani & Gupta, 2021). Most coping literature specifies two basic styles: emotion-focused and problem-focused. Algorani and Gupta (2021) add meaning-focused, social, and support-seeking coping methods to the initial two, creating four major types. Meyerson et al. (2022) and Pang and Thomas (2020) list avoidance-focused coping as a fifth.

Coping strategies, adolescent stress, and trait emotional intelligence are significantly correlated. Adolescents who demonstrate higher levels of trait emotional intelligence tend to employ more effective coping mechanisms to manage stressful situations, leading to lower overall stress levels. (Arora & Kumar, 2023)

The current study's focus is limited to children who are placed in institutions due to their status as orphans or for any other circumstance that makes them defenceless or require care. These kids are referred to as "orphans" and "children in need of care and protection" in the literature. The Central Adoption Resource Authority (CARA) in 2021 emphasised that, there are more than 400,000 children residing in different childcare institutions (CCIs) in India, such as orphanages, shelters, and homes.

The successful adaptation of orphaned adolescents in institutional settings is supported by their desire to overcome adversity. This desire is driven by both personal and external factors. Personal factors include high self-esteem, coping abilities, and strong social support. External factors include a secure and positive caring atmosphere, opportunities for education and personal growth, and positive interactions with caregivers and peers. These elements

## Comparative Study of Emotional Intelligence and Coping Styles in Orphans and Non-Orphan Adolescents in Delhi/NCR Region

collectively contribute to the resilience and adaptation of orphaned adolescents in institutional settings. (Mishra & Sondhi, 2021)

### **DEVELOPMENTAL CHALLENGES OF INDIAN ADOLESCENTS:**

**a. Identity Formation, establishing a coherent self-concept:** Adolescents confront inquiries regarding their personal identity, their principles, and their role in society (Erikson, 1968). In India, the quest for identity can be particularly challenging due to the country's varied cultural and social environments. This challenge is further compounded by the need to balance the demands of family customs with the allure of contemporary influence (Kumar et al., 2009).

**b. Navigating Social Relationships, establishing positive peer relationships:** Peers have a significant impact on the growth and maturation of adolescents, offering a feeling of inclusion, assistance, and affirmation (Brown & Larson, 2009). The social structure and family dynamics in India can have an impact on how adolescents engage with their classmates and navigate social structures (Dhamija & Sharma, 2014).

Adolescents embark on the journey of exploring romantic interests and acquiring the necessary skills to foster closeness and establish healthy attachments in their relationships (Collins, 2004). Adolescents in India face distinctive problems in navigating their growth in relationships due to cultural norms and expectations (Pandey & Malhotra, 2012).

### **c. Developing Effective Coping Mechanisms:**

- **Managing distress and obstacles:** Adolescents face a range of stresses, such as academic demands, disagreements with peers, and familial challenges (Compas et al., 2011). In India, adolescents suffer additional pressures due to variables such as poverty, limited access to assets, and social stigma (Kumar et al., 2013).
- **Developing robustness:** Cultivating good strategies for dealing with stress and adversity is essential for handling them effectively. Studies indicate that Indian teenagers may utilise distinct coping mechanisms in comparison to their Western peers, placing more importance on acceptance and avoidance-oriented coping methods (Sharma & Pandey, 2012).

### **Further factors to consideration:**

**d. Gender disparities:** Research indicates that females adolescents in India may encounter gender disadvantages, such as discrimination based on their gender and limited access to opportunities, which can have a negative influence on their general well-being (Singh et al., 2015).

**e. Socioeconomic disparities:** Adolescents belonging poorer socioeconomic origins may face restricted accessibility to academic prospects, medical care, and community support networks, which might worsen their difficulties (Dutta & Sundararaman, 2018).

### ***Research gap and the current study***

While previous studies have looked at the difficulties orphaned teenagers confront and the value of emotional intelligence, few have looked at how EI and coping styles interact with each other in the setting of India. One of the primary challenges is the absence of widespread acknowledgment of adolescence as a distinct demographic group in India. Internationally, the World Health Organisation (WHO) and the United Nations Children's

## **Comparative Study of Emotional Intelligence and Coping Styles in Orphans and Non-Orphan Adolescents in Delhi/NCR Region**

Fund (UNICEF) describe adolescents as individuals aged 10 to 19 (WHO, 2014; UNICEF, 2019). However, in India, several ministries, departments, and organisations have varied and occasionally overlapping criteria for categorising individuals (Ministry of Youth and Sports Affairs, 2014). For example, while the Ministry of Health and Family Welfare embraces the criteria provided by the World Health Organisation (WHO), while other ministries employ different age categories such as children (years 5-18) or youth (ages 15-29). As a result, the presence of these varying definitions makes it difficult to compare data, even when it is collected and processed. The studies conducted by Kumar et al. (2011) and Rastogi et al. (2017) emphasise the importance of Emotional Intelligence (EI) for adolescents in India. However, there is a lack of research especially addressing orphaned adolescents in India. Research on coping methods among adolescents who are orphaned in India is scarce (Bano et al., 2012).

This study seeks to fill this void by examining the following:

- Emotional intelligence disparities among teenagers in the Delhi/NCR region who are orphaned versus those who are not.
- Both groups exhibit variations in coping strategies.
- There may be potential connections between EI and coping styles amongst this stratum.

The focus of this study is limited to children who are placed in institutions because they are orphaned or in a situation where they are unable to care for themselves and require assistance. An institution is a facility designed to provide care for multiple dependent children. It is commonly defined as a physical edifice that encompasses both its internal and external physical and non-physical surroundings. It can encompass multiple programmes, including education and recreation. It has the capability to provide multiple services, such as care, education, and rehabilitation.

This study has the capacity to provide significant understanding into the emotional welfare and adaptive strategies of orphaned teenagers in India. Through comprehending these elements, we can create focused treatments and support frameworks to cultivate their resilience and enhance their healthy growth.

### **METHODOLOGY**

#### **Aim:**

To assess the differences in the emotional intelligence and coping orientation to problem experienced between orphan and non-orphan adolescents.

#### **Objectives:**

- O1- To study the differences in levels of emotional intelligence in orphan and non-orphan adolescents.
- O2- To study the differences in coping styles in orphan and non-orphan adolescents.
- O3- To study the differences in problem focused coping in orphan and non-orphan adolescents.
- O4- To study the differences in emotion focused coping in orphan and non-orphan adolescents.
- O5- To study the differences in avoidant coping in orphan and non-orphan adolescents.

## Comparative Study of Emotional Intelligence and Coping Styles in Orphans and Non-Orphan Adolescents in Delhi/NCR Region

### *Hypothesis:*

- H1- There will be a significant difference in levels of emotional intelligence in orphan and non- orphan adolescents.
- H2- There will be a significant difference in coping styles in orphan and non- orphan adolescents.
- H3- There will be a significant difference in problem focused coping in orphan and non-orphan adolescents.
- H4- There will be a significant difference in emotion focused coping in orphan and non-orphan adolescents.
- H5- There will be a significant difference in avoidant coping in orphan and non-orphan adolescents.

The sample consisted of 105 individuals who fall between the age range of 13 to 18 years old. The approach of purposive sampling was utilised to recruit teenagers from two distinct groups: orphans who were living in orphanages (n=45) along with non-orphaned adolescents who were attending schools (n=60). Two standardized instruments were employed to collect data for this study: The Schutte Self Report Emotional Intelligence Test (SSEIT) and the Brief COPE scale. In order to investigate the association between coping strategies and emotional intelligence (EI) in adolescent orphans and non-orphans, this study used a *quantitative research* approach. The purpose of this study was to conduct hypothesis testing to examine the differences in emotional intelligence (EI) and coping methods between both groups. Quantitative methods offer reliable statistical techniques for testing hypotheses. A cross-sectional survey methodology was employed, in which data was gathered at a specific moment for comparing the two populations. The scoring was done on MS excel. Independent sample SPSS Statistic T-test was done to compare emotional intelligence and coping orientation to problem experienced between orphan and non-orphan adolescents. To ensure ethical participation, researchers obtained informed consent from both the adolescents involved in the study and their parents or guardians.

## **RESULTS**

### **Descriptive Statistics**

*Table 1 Descriptive statistics of study variables*

		<b>Mean</b>	<b>Standard Deviation</b>
1	Coping	72.83	10.70
2	Emotional intelligence	116.42	16.45
3	Problem focused coping	22.48	4.37
4	Emotion focused coping	32.21	5.48
5	Avoidant coping	18.13	4.38

Table one represents the descriptive statistics (mean and standard deviation) of all the study variables – Coping (Problem focused coping, Emotion focused coping, Avoidant coping) and Emotional intelligence.

**Comparative Study of Emotional Intelligence and Coping Styles in Orphans and Non-Orphan Adolescents in Delhi/NCR Region**

**Normality testing**

**Table 2 Normality test among non-orphans (1) and orphans (2) participants for study variables**

	Parental status	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Coping	1	.168	60	.000	.892	60	.000
	2	.096	45	.200*	.987	45	.901
Emotional intelligence	1	.074	60	.200*	.988	60	.798
	2	.159	45	.006	.901	45	.001
Problem focused	1	.088	60	.200*	.976	60	.273
	2	.122	45	.092	.960	45	.119
Emotion focused	1	.110	60	.067	.947	60	.011
	2	.118	45	.129	.955	45	.077
Avoidant coping	1	.149	60	.002	.909	60	.000
	2	.103	45	.200*	.966	45	.211

\*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Table two represents the normality test statistics among non-orphans (1) and orphans (2) participants for the study variables. **The Shapiro-Wilk Sig. index** indicates that the data for the study sample **was not normally distributed** for coping (non-orphans), emotional intelligence (orphans), emotion focused coping (non-orphans), Avoidant coping (non-orphans) hence suggesting a non-parametric condition. The data for coping (orphan), emotion intelligence (non-orphan), problem focused (both groups), emotion focused coping (orphan), avoidant coping (orphan) suggesting a parametric condition.

**T test**

**Table 3 T test between non-orphans (1) and orphans (2) across study variables**

	Mean	SD	T	Sig. (2 tailed)	Result
Problem focused coping					
Non-orphan	22.25	4.74	.65	0.51	NS
Orphan	22.80	3.85			

NS-Not significant, S-Significant

Table three represents the t statistics between non-orphans (1) and orphans (2) on problem focused coping. There is **no significant difference** in the problem focused coping between the two sample groups.

**Mann Whitney U test**

**Table 4 Mann Whitney U test between non-orphans (1) and orphans (2) participants across study variables**

	Mean Rank	U	Sig. (2 tailed)	Result
Coping				
Non-orphan	50.58	1205	.34	NS
Orphan	56.22			
Emotional intelligence				
Non-orphan	53.47	1322	.85	NS
Orphan	52.38			

**Comparative Study of Emotional Intelligence and Coping Styles in Orphans and Non-Orphan Adolescents in Delhi/NCR Region**

	<b>Mean Rank</b>	<b>U</b>	<b>Sig. (2 tailed)</b>	<b>Result</b>
Emotion focused				
Non-orphan	50.72	1213	.37	NS
Orphan	56.04			
Avoidant coping				
Non-orphan	54.43	1264	.57	NS
Orphan	51.10			

*NS-Not significant, S-Significant*

Table four represents the Mann Whitney U test statistics non-orphans (1) and orphans (2) participants on Coping, Emotional intelligence, Emotion focused coping, Avoidant coping. There is no significant difference in all the between the two sample groups.

## **DISCUSSION**

The purpose of this study was to determine if orphaned and non-orphaned teenagers had different levels of emotional intelligence, or EI, and use different methods to deal with stressful situations. There were five specific objectives that were addressed:

1. To determine the total level of emotional intelligence in both of the groups.
2. To investigate the general disparities in coping styles.
3. To examine and contrast different problem-focused coping mechanisms.
4. To examine other coping mechanisms that are centred on emotions.
5. To examine and contrast avoidant coping strategies.

A cross-sectional design was selected as the method of investigation for the quantitative approach. The information was gathered by means of self-report questionnaires that were distributed to 105 teenagers between the ages of 13 and 18. Participants were selected using purposive sampling, including 45 orphans across orphanages and 60 adolescents attending schools in the Delhi/National Capital Region who were not orphaned providing the participants. Assessing emotional intelligence was done with the Schutte Self-Report Emotional Intelligence Test (SSEIT), and the Brief COPE Inventory was used to test different ways of coping with stressful situations.

A comparison of the two groups' emotional intelligence and coping techniques was carried out by means of independent-samples t-tests, which were carried out with the statistical programme SPSS after the data had been collected and scored in Microsoft Excel.

Within this section, will go into the most important findings of the study, examine how those findings correlate with previous research, and address any limits that may have been imposed by the methodology. Following this, we will investigate the consequences of providing support for the emotional well-being of adolescents who are either orphaned or were not orphaned.

According to the findings of the study, there are *no statistically significant differences* between orphans versus non-orphans in each of the five categories.

### ***Analysis of non-significant result findings***

Our initial hypotheses (H1-H5) need to be revised because the findings of the Mann-Whitney U test indicate that there are no statistically significant variations between orphans

## Comparative Study of Emotional Intelligence and Coping Styles in Orphans and Non-Orphan Adolescents in Delhi/NCR Region

and non-orphans across all of the variables that were examined (coping, emotional intelligence, emotion-focused coping, and avoidant coping).

- **Emotional Intelligence (EI):** Contrary to our hypothesis (H1), it is possible that orphans and non-orphans have comparable levels of emotional intelligence overall. It is possible that this indicates that adolescents, regardless of the background of their parents, develop emotional intelligence through a variety of life events, such as social interactions, educational settings, and individual personality features. This could suggest that orphans have evolved resiliency and self-reliance as a means of compensating for the absence of parental direction, which has resulted in EI ratings that are comparable to those of non-orphans.

The lack of a significant difference in overall coping styles (H2) implies that both groups may use a combination of methods depending on the unique situation. This is because the coping styles of both groups were not significantly different. Problem-focused coping may be utilised for overcoming academic problems, while emotion-focused coping may be utilised for dealing with personal connections. Research in the future could investigate certain circumstances and the methods of coping that are utilised by each group.

- **Coping strategies:** In terms of strategies used to cope, it is necessary to conduct additional research because there are no significant differences between emotion-focused coping (H4) and avoidant coping (H5). Although orphans may rely more on emotional processing or avoidance, this is not usually the case. In a similar vein, non-orphans might not always put an emphasis on finding solutions to problems. Both groups might demonstrate a balanced approach, varying according to the stressor that they are experiencing.

### *Alternative Explanations:*

In terms of **sample specificity**, the orphan group may have originated from institutions that were well-resourced and had good emotional support networks. This would have mitigated the possible adverse effects of parental loss on emotional intelligence and coping methods.

Given the **cultural context**, it is possible that the results could be influenced by cultural norms concerning the display of emotions and coping mechanisms. In the future, research might include studies that incorporate people from a variety of cultural backgrounds.

The SSEIT and the Brief COPE are two measurement tools that **may not be sensitive enough** to identify minute changes between the groups. This is especially true when it comes to specific coping techniques that are used within broader categories.

### *Implications*

The absence of substantial disparities in emotional intelligence (EI) and coping strategies between orphans versus non-orphans in this study carries intriguing implications for therapeutic interventions. Although it indicates that there may not be a requirement for completely distinct therapy methods for these two groups, it does not necessarily indicate a universal approach that suits everyone.



## Comparative Study of Emotional Intelligence and Coping Styles in Orphans and Non-Orphan Adolescents in Delhi/NCR Region

- ***Implementation of Evidence-Based Techniques***

**Weisz et al. (2017)** emphasise the significance of interventions that are supported by empirical evidence for addressing disruptive behaviours in young individuals. Irrespective of being orphaned, adolescents can derive advantages from strategies such as:

- **Parent-Management Training (PMT):** Provides carers with the necessary skills to effectively handle disruptive behaviours by utilising positive reinforcement and implementing consistent consequences. The principles outlined can be advantageous for workers working in orphanages.
- **Cognitive-Behavioural Therapy (CBT):** Assists adolescents in recognising and altering detrimental thought patterns that contribute to disruptive behaviours. This has advantages for both children without parents and children with parents who are having difficulty managing their emotions.
- **Social Skills Training:** Provides instruction to adolescents on how to effectively communicate, interact socially, and solve problems. This is beneficial for both cohorts that have difficulties in social relations.
- The main conclusion drawn from this study is that therapies should be chosen based on specific behaviours rather than just the individual's orphan status.

- ***Customising interventions to suit individual needs.***

**Darsana, & S, V. K. (2022)** offer a more comprehensive outlook on evidence-based strategies that may be adjusted to suit a wide range of customers, including teenagers. Although not exclusive to orphans, they prioritise customising interventions to suit individual need.

Their book focuses on approaches that can be applied to a range of adolescent concerns.

- **Motivational Interviewing (MI):** is a technique that assists adolescents in examining their conflicting feelings and developing the desire to make positive changes. This information may be applicable to orphaned individuals who are experiencing difficulties related to grief, loss, or a diminished sense of self-worth.
- **Interpersonal Therapy (IPT):** A therapeutic approach that aims to enhance interpersonal abilities and effectively handle problems. It has the potential to be advantageous for both individuals without parents and those with parents who struggle with establishing and sustaining positive connections.
- **Mindfulness-Based Interventions (MBIs):** Instructs adolescents to direct their attention to the current moment and acknowledge their feelings. This intervention can be beneficial for the management of anxiety, sadness, and emotional dysregulation in both orphaned and non-orphaned individuals.
- This study seems highlight the importance of the therapist in choosing and modifying evidence-based methods to meet the individual requirements and cultural circumstances of each teenage client.

- ***Promoting Cultural Sensitivity among Orphans from Diverse Backgrounds***

**Nakamura et al. (2017)** examine the application of culturally tailored cognitive-behavioural therapy (CBT) for treating depression in Japanese teenagers. Their research highlights the significance of cultural adaptability in treatment methodologies.

Orphans frequently belong from a wide range of backgrounds. When choosing and modifying solutions, therapists who work with orphans should consider cultural values,

## Comparative Study of Emotional Intelligence and Coping Styles in Orphans and Non-Orphan Adolescents in Delhi/NCR Region

beliefs, and communication styles. For instance, a therapist who is treating an orphan from a collectivistic culture may have to adapt cognitive-behavioural therapy (CBT) methods to highlight the need of communal support and societal peace in addition to personal transformation.

The research conducted by Nakamura et al. (2017) emphasises the importance of employing culturally sensitive methods, which are particularly pertinent when working with orphans from various cultural backgrounds.

### CONCLUSION

The findings of this study suggest that emotional intelligence and coping strategies **do not significantly differ between adolescent orphans and non-orphans**. While this is an important insight, the researchers acknowledge the limitations of the study, such as the use of purposive sampling and the potential need for a larger, more diverse sample. Future research should continue to explore the unique experiences and challenges faced by adolescent orphans, with the goal of developing culturally appropriate and effective treatment methods. Ultimately, this study highlights the importance of tailoring therapeutic interventions to the individual needs of each adolescent client, regardless of their orphan status.

### REFERENCES

- Algorani E. & Gupta V. (2021). Coping Mechanism. NCBI <https://www.ncbi.nlm.nih.gov/books/NBK559031/>
- Arora, J., & Kumar, V. (2023). Coping as a mediator in the relationship between Trait emotional intelligence and adolescent stress. Retrieved from: <https://doi.org/10.1080/02673843.2023.2292070>
- Brown, B. B., & Larson, R. W. (2009). Peers and development in adolescence: An overview. *Journal of Research on Adolescence*, 19(1), 115-133.
- Compas, B. E., Hinden, B. R., & Gerhardt, M. M. (2011). Childhood and adolescent stress and coping. In *Comprehensive handbook of psychopathology*, 4, 23-354.
- Darsana, & S, V. K. (2022). Psychosocial Intervention Among Orphans: A Meta-Analysis. *Psychological Reports*. Retrieved from: <https://doi.org/10.1177/00332941221141309>
- Denham, I., Bassett, C. H., Leiberman, A. F., Wyatt, M. E., & Saw-Boley, A. (2012). Emotion socialization in families: Longitudinal links between parenting practices and child emotion regulation. *Developmental Psychology*, 48(3), 709-723.
- Dhamija, R., & Sharma, A. (2014). Socialization of Indian adolescents: Influences of family, peers, and media. *Journal of Research in Adolescence*, 24(1), 1-10.
- Dorn, L. D., & Biro, F. M. (2011). Puberty and its measurement: A decade in review. *Journal of Research on Adolescence*, 21, 180–195. <https://doi.org/10.1111/j.1532-7795.2010.00722.x>
- Dutta, A., & Sundararaman, V. (2018). Socioeconomic disparities in adolescent mental health in India. *International Journal of Social Psychiatry*, 64(3), 230-237.
- Erikson, E. H. (1968). Identity: Youth and crisis. W. W. Norton & Company.
- Kumar, R., Singh, A., & Sinha, S. (2009). Adolescent development in India: Emerging issues and challenges. *Indian Journal of Social Work*, 70(3), 545-558.
- Liston, C., Watts, R., Tottenham, N., Davidson, M. C., Niogi, S., Ulug, A. M., & Casey, B. J. (2006). Frontostriatal microstructure modulates efficient recruitment of cognitive control. *Cerebral cortex* (New York, N.Y.: 1991), 16(4), 553–560. <https://doi.org/10.1093/cercor/bhj003>

**Comparative Study of Emotional Intelligence and Coping Styles in Orphans and Non-Orphan Adolescents in Delhi/NCR Region**

- Meyerson, J., Gelkopf, M., Eli, I., & Uziel, N. (2022). Stress coping strategies, burnout, secondary traumatic stress, and compassion satisfaction amongst Israeli dentists: A cross-sectional study. *International Dental Journal*, 72(4), 476-483.
- Mishra, R., & Sondhi, V. (2021). Theorizing pathways to resilience among orphaned adolescents in institutional care in India. *Children and Youth Services Review*, 124, 105972. Retrieved from: <https://doi.org/10.1016/j.chidyouth.2021.105972>
- Nakamura, J., Katayose, Y., & Ono, Y. (2017). Culturally adapted cognitive-behavioral therapy for depression in Japanese adolescents: A pilot randomized controlled trial. *Journal of Clinical Child and Adolescent Psychology*, 46(2), 390-402. Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/37500948/>
- Pang, L. H. G., & Thomas, S. J. (2020). Exposure to domestic violence during adolescence: Coping strategies and attachment styles as early moderators and their relationship to functioning during adulthood. *Journal of Child & Adolescent Trauma*, 13(2), 185-198.
- Rothbard, M. K., & Lerner, R. M. (2003). The transactional model of emotion regulation in children's development. *Human Development*, 46(2), 197-237.
- Schutte, N. S., Malouff, J. M., Hall, L. E., Haggerty, D. J., Cooper, J. T., Golden, B. R., & Jabana, B. M. (2002). Emotional intelligence and self-reported well-being in later life. *Personality and Social Psychology Bulletin*, 28(6), 700-708.
- VandenBos, G. R. (2015). Adolescence. *APA Dictionary of Psychology*. American Psychological Association. (2nd ed., pp. 23)
- Weisz, J. R., McCarty, C. A., & Kazdin, A. E. (2017). Therapist effects in youth psychotherapy: A review of reviews. *Clinical Psychological Science*, 5(1), 1-26. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2150594/>
- Whittle, S., Yap, M. B., Yücel, M., Fornito, A., Simmons, J. G., Barrett, A., Sheeber, L., & Allen, N. B. (2008). Prefrontal and amygdala volumes are related to adolescents' affective behaviors during parent-adolescent interactions. *Proceedings of the National Academy of Sciences of the United States of America*, 105(9), 3652-3657. <https://doi.org/10.1073/pnas.0709815105>

***Acknowledgment***

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

***Conflict of Interest***

The author(s) declared no conflict of interest.

***How to cite this article:*** Singh, A. & Datt, S. (2024). Comparative Study of Emotional Intelligence and Coping Styles in Orphans and Non-Orphan Adolescents in Delhi/NCR Region. *International Journal of Indian Psychology*, 12(2), 3963-3973. DIP:18.01.352.20241202, DOI:10.25215/1202.352