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## Moderating Role Of Self-Esteem In Distress And Cognitive Distortions Relationship Among Marginalized Adolescents

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### Abstract:

**Background:** The act of marginalization severely affects the mental health and if it is imposed during the developmental phase then its effect is more devastating. One such group is orphans. Evidences suggest that orphans show low level of self-esteem and high level of distress and cognitive distortions as compared to non-orphans and self-esteem seems to play an important role in overcoming from crucial situations.

**Aim:** The aim of this study was to assess and compare the levels of self-esteem, distress and cognitive distortions among orphans and non-orphans and to find out the relationships between these three variables. This study was also intended to find the moderation effect of self-esteem in distress and cognitive distortion relationship.

**Methods:** Total 140 adolescent participants (Mean = 14.95, SD = 1.7) were selected for this study by using randomized sampling technique, out of which 70 were orphans of orphanage and 70 were non-orphans of low socio-economic status. All the data were collected in Varanasi city of Uttar Pradesh (India). Hindi version of Battle's SEIC, DASS-Hindi and CDS was used to assess the self-esteem, distress and cognitive distortions respectively. Mean, t-test, Pearson correlation and Moderation analysis was done to test the proposed hypotheses.

**Result:** The finding reveals that orphans show significant low level of self-esteem ( $t = 10.350$ ,  $p < 0.01$ ), significantly higher level of distress ( $t = -8.029$ ,  $p < 0.01$ ) and cognitive distortions ( $t = -5.420$ ,  $p < 0.01$ ) as compared to non-orphans. Significant negative correlation was found between self-esteem and distress ( $r = -0.638$ ) and self-esteem and cognitive distortions ( $r = -0.468$ ) where as significant positive correlation was found between distress and cognitive distortions ( $r = 0.334$ ). The interaction effect shows that self-esteem significantly moderates the effect of distress on cognitive distortions.

**Conclusion:** All the hypotheses were accepted. Significant differences were found between orphans and non-orphans on the level of self-esteem, distress and cognitive distortions. High self-esteem will lead towards low level of distress and cognitive distortions and vice-versa. Self-esteem moderates the effect of distress on cognitive distortions.

**Key words:** Marginalization, Orphans, Self-esteem, Distress, Cognitive distortion.

## Background:

Marginalization is a negative cumulative behavior of the society and it can be defined as “a process in which a group is ignored because it is not considered important, their problems and necessity is unheard, considered as a threat for majority or labeled as out-group” (Tucker, 1990). Marginalization can be imposed on any individual or group for any reason by the main stream society. If we are talking about marginalized adolescents, then orphans are one of the major groups of this list (Auerswald et al., 2017).

India has the highest number of child population, out of which about 4% or approx 20 million children is orphan (International Child Charity, 2011). The word Orphan can be defined as any child below the age of 18 years and lost his/her one or both parents due to any cause (UNICEF, 2017). Definition focuses on one of its important characteristics that orphan-hood belongs to adolescence age group and this age group is assumed to be very crucial for cognitive, social and psychological growth (Piaget 1983, Erikson 1997). The negative impact of the death of the parents and separation from their siblings without their consideration break the bond between siblings which is very important particularly for healthy and meaningful development of adolescence period (Sisler & Lttel, 2014). Distress, depression, hopelessness, low self-esteem, anxiety, is common in orphans (Chitiyo et al., 2016; Ganga & Maphalala, 2013). In this paper self-esteem, distress and cognitive distortions among orphans will be analyzed.

Segal (1988) defines Self-esteem as “an overall evaluative attitude about self which can influence both mood and action and effect personal and social behavior”. Self-esteem consists of some beliefs which include the beliefs about oneself and beliefs about our emotional states. High self-esteem is considered as the major predictive factor of happiness, satisfaction, relationships, confidence, and optimism in orphans as well as in general population (Rogers, 1959; Smith & Mackie, 2007).

Distress or sometimes called as discomfort is an unpleasant feeling is a negative type of stress characterized and manifested by depression, anxiety, stress and its other related factors which negatively affect our day-to-day life activities and level of functioning (Selye, 1976; Ridner 2004; Drapeau et al. 2012).

Negatively biased, self-blaming thought processing is found in the patients of depression which is termed as “cognitive distortions” (Beck, 1972). Cognitive distortions or thinking mistakes are irrational thought processing which makes us believe which is exactly not true (Turkcapar MH, 2009). Another way of looking into cognitive distortions is the maladaptive thought process that leads to depression (Burns, 1993).

## Review of literature:

Previous literature reveal that orphans show low self-esteem as compared to non-orphans (Lone & Ganesan, 2017; Erango & Ayka, 2015; Asif, 2017) and they also show loneliness, anxiety and stress (Ganga & Maphalala, 2013). Even after the orphans were adopted still, they show significant low level of self-esteem and are vulnerable of mental and adjustment problems (Farooqi & Intezar, 2010). Low self-esteem of orphans was found to be connected with many psychosocial factors like parental loss due to HIV/AIDS and low level of social support (Erango & Ayka, 2015). Self-esteem plays an important role in confronting the challenges and it plays moderating role in relationship of cognitive distortion and self-handicapping (Yavuzer, 2015). The quality of relationship with parents moderates the effect of self-esteem in body image distress, reduces the body image distress for boys and increases body image distress and lowers the self-esteem for girls (Park & Epstein, 2013).

While talking about orphans and distress, orphans show severe level of psychosocial distress than non-orphan despite of gender and type of orphan-hood (Nyamukapa et al. 2008). Anxiety,

depression, inferiority complex, stress was commonly found among orphans (Ganga & Maphalala, 2013; Asif, 2017). 1 out of every 6 children and adolescents was found highly psychologically distressed and orphans show more depressive symptoms and psychological distress, especially in double orphans (Ruiz-Casares, 2009). AIDS-related orphans and children living with HIV/AIDS affected caregivers show more psychological distress and mental problem than orphan-hood caused by other reason and non-orphans (Doku and Minnis 2016). The predictor of depression and anxiety among orphans was found to be the stigma associated with orphan-hood (Bano et al. 2019). Orphans live under unsuitable physical and emotional circumstances that interrupt their effective cognitive learning (Ganga & Maphalala, 2017). It was found that orphans develop maladaptive cognitive schema and reported frequently high on cognitive distortion (Ibrahim et al., 2012). Orphans also face cumulative cognitive deficit even after they have been adopted and this was strongly associated with the length of institutionalization, native language loss and less cultural mediation in early years of life (Gindis, 2005). Memories with negative stressor were observed as a factor that made individual vulnerable to depression especially individual with maladaptive cognitive patterns (Talepasand et al., 2010). AIDS-related orphans were found to be more depressed, anxious, suffer from PTSD and its related experiences than orphan-hood caused by other reason and non-orphans (Cluver et al., 2011).

### **Self-esteem, distress and cognitive distortions:**

The finding of the previous researches shows that self-esteem is negatively associated with distress. Mohammadzadeh et al. (2017) found in their study that significant number of participants was found high on depression, anxiety and stress scale and significant number of participants show low self-esteem. Peteet et al. (2015) found in their study that higher impostorism predicts higher distress and lower self-esteem. Marcussen (2006) found that aspiration-related discrepancy is associated with less depression and high self-esteem. Feng et al. (2019) found that students who did not select nursing as their major paper show high psychological distress, lower self-esteem and higher perceived prejudice.

Previous researches also reveal that self-esteem is negatively correlated with cognitive distortions. Yavuzer (2015) reported that high cognitive distortions and self-handicapping is found in participants with low self-esteem. McGrath & Repetti (2002) found in their study that children with more depressive symptoms will negatively evaluate themselves.

The relationship between distress and cognitive distortions as a global construct is quite difficult to found but the relationship between their sub-divisions can be easily found. Strong association between depression, anxiety, stress, distress, specific kind of distortions was found on the level of their construct, symptoms and their occurrence (Hammen, 2005; Stroud, 2008; Dobson, 1985).

### **Rationale:**

Review of the related literature shows that most of the studies focus on finding the relationships between self-esteem, distress and cognitive distortions among orphans and a huge gap was found in the literature related to moderating role of self-esteem between distress and cognitive distortions relationship. Reviews also show that very few studies have been conducted using psychological distress and cognitive distortions as a global domain. This study will be conducted by computing distress and cognitive distortions as a global construct and will explore the moderating role of self-esteem in distress and cognitive distortions relationship and will find out the relationship between all three variables. This study will contribute in the existing literature and will be helpful in filling

the literature gap. The findings of this study will help in developing suitable plans to lower the mental health related problems among orphans.

**Objectives:**

1. To measure and compare the levels of self-esteem, distress and cognitive distortions among orphans and non-orphans.
2. To find out the relationships between self-esteem, distress and cognitive distortion.
3. To explore the moderating role of self-esteem in distress and cognitive distortions relationship.

**Hypotheses:**

1. There would be significant difference between orphans and non-orphans on the level of self-esteem, distress and cognitive distortions.
2. All three variables will be significantly correlated.
3. Self-esteem will influence the effect of distress on cognitive distortions.

**Methods:****Aim:**

The aim of this study is to assess and compare the level of self-esteem, distress and cognitive distortions among orphans and non-orphans and to find out the correlations between these variables. This study is also aimed to find the moderating effect of self-esteem in distress and cognitive distortions relationship.

**Variables:**

Moderator variable: Self-esteem

Independent variables or (Predictors): Distress

Dependent variable or (Criterion): Cognitive distortions

**Research design:**

The research design of this study is Correlational and descriptive in nature.

**Participants:**

Randomized sampling technique was used in this present study. Total 140 male participants were selected out of which 70 participants were orphans of government orphanage under taken by state government and 70 were non orphans of low socio-economic status taking education in state government's schools. All the data were collected from Varanasi city of Uttar Pradesh (India).

**Inclusion criteria:**

Orphans: Only those orphans were included who were residing in government orphanage.

Non-Orphans: Those children were selected who's both parents are alive and living with their parents and belonging to low social economic status.

**Measures:**

1. Demographic Details: Information such as parental status, duration of time spent in orphanage, their native place, social economic status and other essential information were recorded from the respondents.
2. 21 Item Depression, Anxiety and Stress Scale (DASS Hindi): This was originally developed by Lovibond & Lovibond (1995) and used to assess the psychological distress of participants. Its Hindi translation was done by Singh et al. (2013). This is 21 item short version 4-point Likert scale in which scoring range from 0-3. This scale has 0.83 all over cronbach's alpha score with 0.91, 0.84, 0.90 score for depression, anxiety and stress scale respectively.
3. Cognitive Distortions Scale (CDS): This scale was developed by Sisodia & Sharma (2005) and used to measure cognitive distortions of participants. It is a 25 items, 5 point Likert scale in which, score range from 1-5. This scale has 0.65 test-retest reliability and 0.79 score of internal consistency. External validation coefficient was 0.71.
4. Battle's Self Esteem Inventory for Children (SEIC-Hindi): This scale was originally developed by Battle and Hindi translation was done by Prof. Anand Kumar. This is 50 items, 2-point scale. Items are further divided in 4 sub scale i.e., Global, General, Academic and Parental self-esteem. The reliability of SEIC Hindi on split half and test retest is 0.84 and 0.85, index reliability for male group on method is 0.92 and 0.90.

## Results:

Results of descriptive analysis, correlations, regression and moderation analysis are as follows:

**Table No. 1: Summary of descriptive group analysis and t-values of orphans and non-orphans on the levels of self-esteem, distress and cognitive distortions.**

Group Statistics					
Variables	Groups	N	Mean	Std. Deviation	t-value
General self-esteem	Normal	70	15.500	2.097	9.884**
	Orphans	70	10.957	3.223	
Social self-esteem	Normal	70	6.871	1.493	5.479**
	Orphans	70	5.428	1.620	
Academic self-esteem	Normal	70	7.242	2.169	3.584**
	Orphans	70	6.100	1.552	
Parental self-esteem	Normal	70	8.328	1.003	7.285**
	Orphans	70	6.428	1.937	
Self-esteem	Normal	70	38.242	4.879	10.350**
	Orphans	70	28.985	5.673	
Distress	Normal	70	13.557	3.290	-8.029**
	Orphans	70	22.742	8.989	
Cognitive distortions	Normal	70	73.828	9.149	-5.420**
	Orphans	70	83.142	11.092	

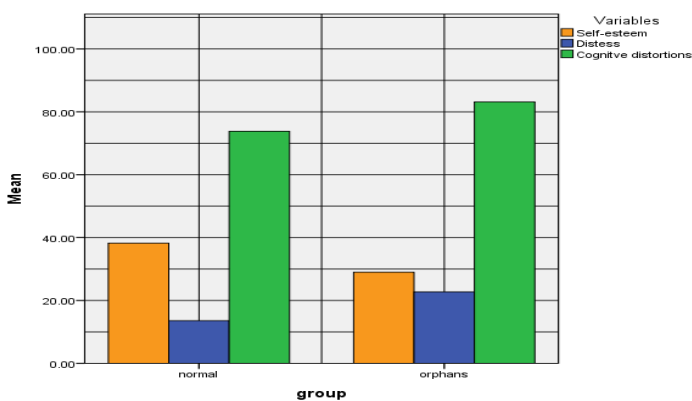
Note: Only two digits after decimal were taken without carrying and changing

**\*\*p < 0.01 level**

**\*p < 0.05 level**

Table 1, shows that there is significant difference in the scores of normal children (M = 38.24; SD = 4.87) and orphans (M = 28.98; SD = 5.67) on the level of self-esteem ( $t = 10.350$ ,  $p < 0.01$ ) which means that orphans show significantly low self-esteem than normal children. Again, from the table we can see the significant difference on the level of distress among orphans and non-orphans ( $t = -8.02$ ,  $p < 0.01$ ) where orphans scored significantly high on distress scale (M = 22.74; SD = 8.98) than non-orphans (M = 13.55; SD = 3.29). Significant difference was also found on level of cognitive distortions ( $t = -5.42$ ,  $p < 0.01$ ) where orphans score (M = 83.14; SD = 11.09) significantly higher than non-orphans (M = 73.82; SD = 9.14).

**Figure 1:** Bar diagram showing mean of self-esteem, distress and cognitive distortions among normal children and orphans



**Table No. 2: Correlation analysis between Self-esteem, Distress and Cognitive Distortions**

Correlations							
Variables	General Self-Esteem	Social Self-Esteem	Academic Self-Esteem	Parental Self-Esteem	Self-Esteem	Distress	Cognitive Distortions
General Self-Esteem	1	0.545**	0.470**	0.569**	0.912**	-0.547**	-0.453**
Social Self-Esteem	0.545**	1	0.359**	0.214*	0.684**	-0.439**	-0.299**
Academic Self-Esteem	0.470**	0.359**	1	0.355**	0.683**	-0.424**	-0.339**
Parental Self-Esteem	0.569**	0.214*	0.355**	1	0.694**	-0.499**	-0.245**
Self-Esteem	0.912**	0.684**	0.683**	0.694**	1	-0.638**	-0.468**
Distress	-0.547**	-0.439**	-0.424**	-0.498**	-0.638**	1	0.334**
Cognitive Distortions	-0.453**	-0.299**	-0.339**	-0.245**	-0.468**	0.334**	1
**p < 0.01 level (2-tailed)							

The relationship between self-esteem, distress and cognitive distortions was analyzed by using Pearson's correlation analysis. 2-tailed analyses were carried out as predictions were not made about the directions of the potential relationships. Table no. 2 shows that self-esteem as a whole is significantly negatively correlated with distress ( $r = -0.638$ ) at 0.01 level and negatively correlated with cognitive distortions ( $r = -0.468$ ) again at 0.01 level. Significant positive correlation ( $r = 0.334$ ) is found between distress and cognitive distortions which is again significant at 0.01 level. All the dimensions of self-esteem were also significantly negatively correlated with distress and cognitive distortions at 0.01 levels

**Table No. 3: Moderation of self-esteem between distress and cognitive distortions:**

Variables	Model 1			Model 2		
	B	$\beta$	SE	B	$\beta$	SE
Constant	78.48**		.83	79.86**		1.03
Self-Esteem	-4.78**	-0.42**	1.09	-4.38**	-0.39**	1.09
Distress	.67*	.06*	1.09	2.07*	.18*	1.24
Self-Esteem*Distress				2.17*	.19*	.97
R <sup>2</sup>		.22			.24	
$\Delta$ R <sup>2</sup>					.02	

Note: N=140

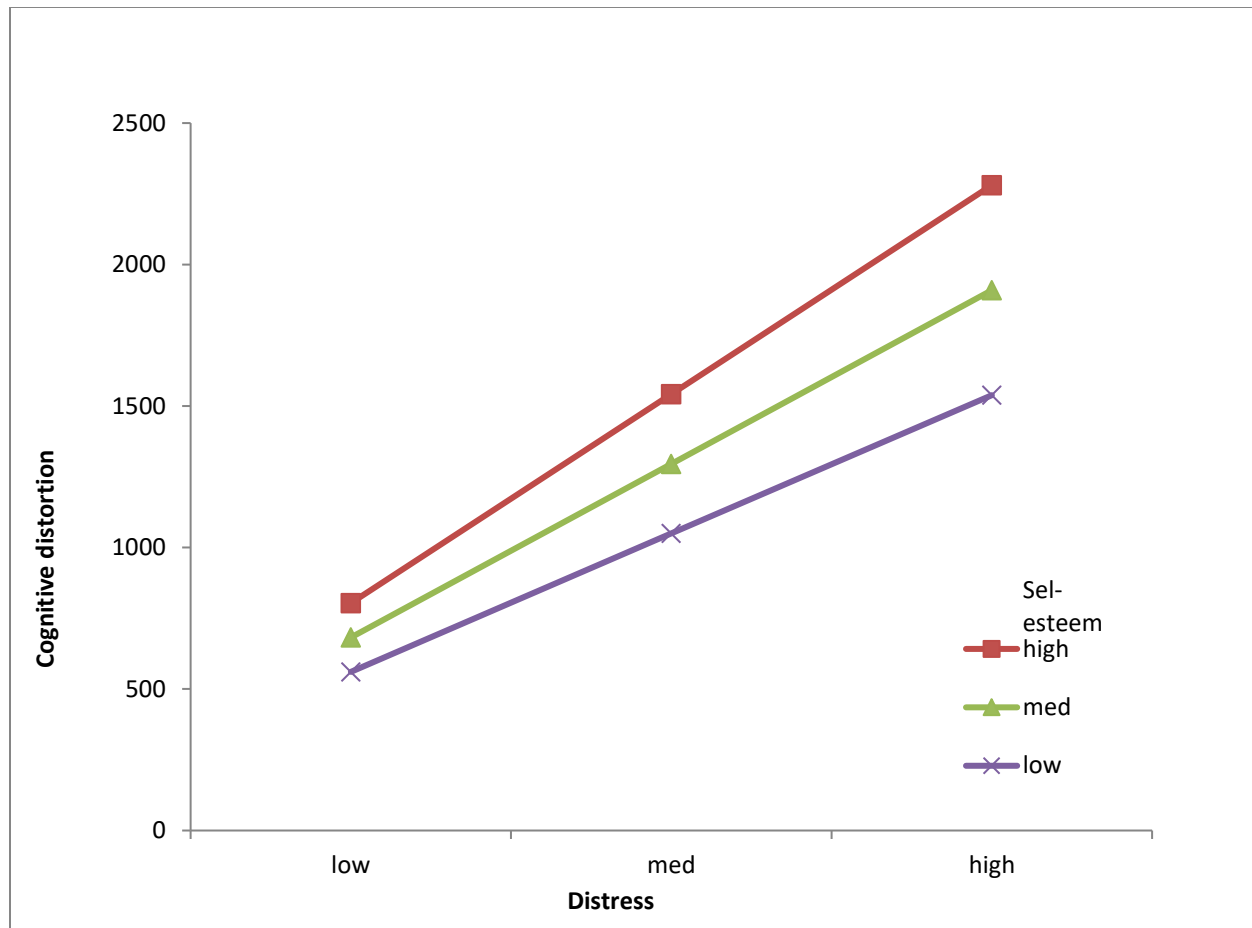
\*\* p < 0.01 level

\*p < 0.05 level

Table no. 3 shows the moderation of self-esteem between distress and cognitive distortion. In Model 1, the R<sup>2</sup> value of .22 revealed that the predictors explained 22% of variance in the outcome with  $F(2, 137) = 19.43$ ,  $p < 0.01$ . The findings revealed that self-esteem negatively predict cognitive distortions ( $\beta = -0.42$ ,  $p < 0.01$ ) and distress positively predict cognitive distortions ( $\beta = .60$ ,  $p < 0.05$ ). In Model 2, the R<sup>2</sup> value of .24 revealed that the predictor explained 24% variance in the outcome with  $F(3, 136) = 14.96$ ,  $p < 0.01$ . The findings revealed that the self-esteem negatively predict the cognitive distortions ( $\beta = -0.393$ ,  $p < 0.01$ ), distress positively predict the cognitive distortions ( $\beta = .186$ ,  $p < 0.05$ ) and self-esteem\*distress positively predict cognitive distortions ( $\beta = .196$ ,  $p < 0.05$ ). R<sup>2</sup> value of .02 revealed 2% variance of Model 1 and Model 2 with  $F(1, 136) = 4.922$ ,  $p < 0.05$ . Findings show that self-esteem moderates between distress and cognitive distortions.

**Figure 2: Mode-Graph with Moderating Effect of Self-Esteem between Distress and Cognitive Distortions.**





### Discussion:

In this present study, descriptive analysis was carried out to verify that the orphans differ from non-orphans on the level of self-esteem, distress and cognitive distortions. It was found that orphans show low self-esteem when compared to non-orphans. This finding is consistent with the previous findings (Lone & Ganesan, 2017; Erango & Ayka, 2015; Ganga & Maphalala, 2013).

Self-esteem of orphans is affected by all the different types of social support, low SES, loss of parents particularly due to AIDS (Erango & Ayka, 2015) this might be because the social support is assumed as a powerful tool to face difficulties and when no or little social support is available then it is difficult for children to fight against the adversity. The death of parents due to AIDS is highly stigmatized by society and it is enough to mentally harass and reduce self-esteem. Orphans also reported to encounter inferiority complex, loneliness, stress and attention related problems in their academics (Ganga & Maphalala, 2013). The first attachment in life is with the caregivers and removal of this attachment in the form of death of the parents and separation from siblings can cause loneliness, whereas attention problems can cause drop out in early age. High self-esteem is said to be a major predictor of some positive outcomes like happiness, satisfaction, optimism (Rogers, 1959; Smith & Mackie, 2007). When anyone does a positive evaluation of themselves, they



feel competence in most of the works in social, occupational and educational life and this motivates them to achieve a better condition than their present one.

If we discuss about the distress, this study also concludes that orphans show high level of distress as compared to normal children. This finding is again consistent with the findings of previous researches (Nyamukapa et al. 2008; Ruiz-Casares, 2009; Doku and Minnis 2016;).

Doku & Minnis (2016) reported that orphan-hood caused due to HIV/AIDS and children living with their HIV/AIDS caregivers are on more risk of developing mental issues and psychiatric disorders than non-orphans and orphan-hood caused due to other reason orphans. HIV/AIDS affected and orphaned children are at higher risk of developing mental problems it might be due to the high intensity of stigma imposed by society on HIV/AIDS. Nyamukapa et al. (2008) reported that orphans show more psychosocial distress when compared to normal children and poverty was found to be associated with psychosocial distress it may be because poverty can magnify the adversity of orphan-hood and force them to engage in earning for their livelihood at very early age. Ruiz-Casares (2009) reported that 1 out of every 6 child is psychologically distressed in Namibia and orphan-hood is associated with poor mental health. Orphan-hood affects every aspect of life. High rate of distressed children and adolescents in Namibia might be due to the economical and geographical condition of the country.

This study also identifies the level of cognitive distortions among orphans and non-orphans and concluded that orphans show significantly high level of cognitive distortions when compared to normal children. This finding is also consistent with the finding of existing literature (Ibrahim et al., 2012; Talepasand et al., 2010; Asif, 2017; Cluver et al., 2011).

Talepasand et al. (2010) reported that childhood negative experience make individual more vulnerable for depression if individual is using maladaptive schema. Maladaptive schema did not allow individual to find anything pleasant and positive even in a positive event. Ibrahim et al. (2012) also reported that orphan frequently score high on cognitive distortions and develop maladaptive schema. The miseries that the orphans frequently encounter tear their schema and they start blaming themselves for all the negativity in their life. Gindis (2005) reported that duration of institutionalization, native language loss and less cultural involvement in childhood is significantly associated with cognitive deficit even after their adaptation. The more time orphans spent in orphanage can lead to hopelessness and distort their thinking process while native language loss can create an identity crisis and all these leads to depression. Asif (2017) found in his study that significant difference was found on the level of depression among orphans and normal children. Cluver et al. (2011) also reported that orphan-hood caused due to AIDS show more depression, anxiety and PTSD than non-orphans and orphan-hood caused due to other reason.

This study also analyzed the relationship between self-esteem, distress and cognitive distortions and the findings reveal that self-esteem is negatively correlated with distress and this finding is supported by previous studies (Mohammadzadeh et al., 2017; Peteet et al., 2015; Marcussen, 2006; Feng et al., 2019).

Mohammadzadeh et al. (2017) reported that more than 80% of their orphan participants show high level of depression, anxiety and stress and approx 70% male and female show low self-esteem. This shows the strong association between the components of distress and low self-esteem. Peteet et al. (2015) reported that those college students who show more impostor phenomenon report more distress and low self-esteem. The impostorism decreases the belief of self-competency and adequacy which cause problem in psychological functioning and decrease in performance. Marcussen (2006) found in his study that aspiration related discrepancy is related with low level of depression and high level of self-esteem. It can be interpreted that individual with high aspiration level will show high level of self-esteem and will show low depression. Feng et al. (2019) reported

that students show high level of psychological distress, perceived prejudice and low self-esteem, if they have not chosen nursing as their major paper. Here we can see that students show high level of distress and feel low self-esteem if they are not provided their desired subjects. This can adversely affect their performance and academic achievement.

Self-esteem is again found to be negatively correlated with cognitive distortions and this finding is also consistent with the previous findings (Yavuzer, 2015; McGrath & Repetti, 2002).

Yavuzer (2015) reported that participants will show high level of cognitive distortions and self-handicapping if individual is low on self-esteem. It can be explained as the low self-esteem participants were prone to negative thought processing and engage in more self-handicapping tendencies. McGrath & Repetti (2002) reported that negative self-evaluation of school children by themselves can be predicted by the depressive symptoms they exhibit. Children when show depressive symptoms because of any cause can start evaluating themselves on a negative conation which creates a cycle of hopelessness and cover them by more severe level of depression.

The finding of this study reveals positive association between distress and cognitive distortions. This finding is also consistent with the previous findings (Hammen, 2005; Dobson, 1985; Stroud, 2008).

After an intensive review of the literature, it was concluded that stress and depression positively correlate with each other on some of its symptoms, their construct and their clinical diagnosis criteria that's why they were also positively associate on their screening tools (Dobson, 1985). Significant association between stress and depression was found while gender differences in exposure and response to stressor, biological process and other personality traits were also found to be associated with naturally occurring depression and stress (Hammen, 2005). Strong relationship between stress and depression was found and it was also concluded that first onset of first episode of a mood disorder is mostly occurred due to major psychological stressors or events then it is proceeded by its different episodes (Stroud, 2008).

The major question of this study was whether self-esteem moderates between distress and cognitive distortions relationship. The finding of the study reveals that self-esteem significantly moderates between distress and cognitive distortions relationship. The negative score of moderating variable or self-esteem reveals that it plays an important buffering role in distress and cognitive distortions relationship. It can be said that self-esteem negatively impact the effect of distress on cognitive distortions.

### **Conclusion:**

All hypotheses were accepted. Orphans show significantly low level of self-esteem, significantly higher level of distress and cognitive distortions when compared to non-orphans. Significant negative correlation was found between self-esteem, distress and cognitive distortions while significant positive correlation was found between distress and cognitive distortions. Self-esteem was found to be significantly moderate between distress and cognitive distortions.

### **Implications:**

The government as well as private policy maker needs to plan programs that include mental health as an important factor with physical health, education and occupation. Mental health professional should plan interventions to maintain optimal level of self-esteem to avoid distorted perception. Moreover, cognitive therapies like CBT and REBT should be administered to clarify orphans maladaptive and negatively biased thinking processing and lower the distress and cognitive distortions. High self-esteem including positive self-evaluation, believe in their own self

competency is essential to enhance several positive psychological outcomes. While distress and cognitive distortions increases the chances of several negative psychological outcomes which further lead to several mental health related problems. These issues are matter of concern because it can be a major cause of psychological disorders in adulthood.

### **Limitations and further suggestions:**

The major limitation of this study was that is consists of only male participants. A detailed gender differences was not analyzed due to this. In further related study this limitation will be tried to resolve to have more accurate generalization.

### **References:**

- Asif, A. (2017). Self-Esteem and Depression among Orphan and Non Orphan Children. <https://www.semanticscholar.org/author/Ammara-Asif/9111590>
- Auerswald, Colette. L., Piatt, Amber. A., & Ali, M. (2017). Research with Disadvantaged, Vulnerable and/or Marginalized Adolescents, Innocenti Research Briefs no. 06, UNICEF Office of Research - Innocenti, Florence. <https://www.unicef-irc.org/publications/878-research-with-disadvantaged-vulnerable-and-or-marginalized-adolescents.html>
- Bano, Z., Fatima, S., & Naz, I. (2019). Stigma as a Predictor of Psychological Issues among Orphans Resides in Orphanage. Pak Armed Forced Medical J, 69(3), 631-637.
- Beck, A., T. (1972). Depression; Causes and Treatment. Philadelphia: University of Pennsylvania Press. ISBN 978-0-8122-7652-7.
- Burns, D. D. (1993). Ten Days to Self Esteem. Harper Collins Publishers, Inc.
- Chitiyo, J., Chitiyo, A., & Chitiyo, M. (2016). Psychosocial Support for Children Orphaned by HIV/AIDS in Zimbabwe. Childhood Education, 92(6), 465-469. <https://doi.org/10.1080/00094056.2016.1251795>
- Cluver, L., Operario, D., & Gardner, F. (2009). Parental illness, care-giving factors and psychological distress among children orphaned by acquire immune deficiency syndrome (AIDS) in South Africa, Vulnerable Children and youth Studies, 4(3), 185-198.
- Cluver, L. D., Orkin, M., Gardner, F., & Boys, M. E. (2011). Persisting mental health problems among AIDS-orphaned children in South Africa. Journal of Child Psychology and Psychiatry, 53(4), 363-370. <https://doi.org/10.1111/j.1469-7610.2011.02459.x>
- Dobson, K. S. (1985). The relationship between anxiety and depression. Clinical Psychology Review, 5(4), 307-324. [https://doi.org/10.1016/0272-7358\(85\)90010-8](https://doi.org/10.1016/0272-7358(85)90010-8)
- Doda, Y. (2017). Level of Depression among Institutionalize Orphan Children: SOS Children's Village [Masters Dissertation, Addis Ababa University]. AAU Institutional Repository. <http://localhost/xmlui/handle/123456789/16966>
- Doku, P. N., & Minnins, H. (2016). Multi informant perspective on psychological distress among Ghanaian orphans and vulnerable children within the context of HIV/AIDS. Cambridge University Press, 46(11), 2329-2336. <https://doi.org/10.1017/S0033291716000829>
- Drapeau, A., Marchand, A., & Beaulieu-Pre`vost, D. (2012). Epistemology of Psychological Distress. In L. L'Abate (Ed.), Mental Illness –Understanding, Prediction and control (pp 105-134). IntechOpen. <https://www.intechopen.com/books/mental-illnesses-understanding-prediction-and-control/epidemiology-of-psychological-distress>
- Erango, M., & Ayka, Z. A. (2015). Psychosocial support and parent's social life determine the self esteem of orphan children. Risk Management and Healthcare Policy, 8, 169-173. <http://dx.doi./10.2147/RMHP.S89473>

- Erikson, E. H., & Erikson, J. M. (1997). *The life cycle completed*. New York: Norton
- Farooqi, N., & Intezar, M. (2009). Differences in self-esteem of orphan children and children living with their parents. *Department of applied psychology. University of Punjab, Lahore, Pakistan*, vol 46(2).
- Feng, D., Kong, W., Zhao, W., Li, Z., & Wang, L. (2019). The mediating role of perceived prejudice in the relationship between self-esteem and psychological distress among Chinese male nursing students. *Journal of Professional Nursing*, 35(6), 505-511. <https://doi.org/10.1016/j.profnurs.2019.05.003>
- Ganga, E., & Maphalal, M. C. (2017). Cognitive Learning: A Life-Line Challenge for Orphans and Vulnerable Children in Child-headed Households. *Journal of Social Science*, 36(1), 49-58. <https://doi.org/10.1080/09718923.2013.11893172>
- Ganga, E., & Maphalala, M. C. (2013). Double Orphan-hood: A Psychological Barrier to Assimilation of Learning Schemes in child-Headed Households. *Mediterranean Journal of Social Science*, 4(13), doi: 10.5901/mjss.2013.v4n13p499.
- Gindis, B. (2005). Cognitive, Language and Educational Issues of Children Adopted from Overseas Orphanages. *Journal of Cognitive Education and Psychology*, 4(3), 291-315. DOI: 10.1891/194589505787382720
- Hadish, E. (2015). *The Level of Depression and Self Esteem among Institutionalize and non Institutionalize Children* [Masters Dissertation, Addis Ababa University]. AAU Institutional Repository. <http://localhost/xmlui/handle/123456789/11120>
- Hammen, C. (2005). Stress and depression. *Annu. Rev. Clin. Psychol.*, 1, 293-319. <https://www.soschildrensvillages.ca/india-now-home-20-million-orphans-study-finds>  
[https://www.unicef.org/media/media\\_45279.html](https://www.unicef.org/media/media_45279.html)
- Ibrahim, A., El-Balisha, M. A., El-Gilany, A. H., & Khater, M. (2012). Prevalence and predictors of maladaptive cognitive schema among orphans in Dakahlia governorate orphanages, Egypt. *Middle East Journal of Psychiatry and Alzheimers*, 3(4), 15-25. eISSN 18389627
- Kumar, A. (1988). *Manual for Indian Adaptation of Battle's Self Esteem Inventory for Children (SEIC)*. Prasad Psychological Corporation: Varanasi.
- Lone, M. A., & Dr. Ganesan, P. (2017). A study of self esteem of family reared and institutionalized orphan children in Anantnag district of Jammu and Kashmir. *International Journal of Advance Research and Development*, 2(4), 254-257.
- Lovibond, SH., & Lovibond, PF. (1995). *Manual for the Depression Anxiety Stress Scales (DASS)*. Psychology Foundation Monograph. University of New South Wales, Australia; New South Wales.
- Marcussen, K. (2006). Identities, Self-Esteem, and Psychological Distress: An Application of Identity-Discrepancy Theory. *Sociological Perspectives*, 49(1), 1-24. <https://doi.org/10.1525/sop.2006.49.1.1>
- McGrath, E. P., & Repetti, R. L. (2002). A longitudinal study of children's depressive symptoms, self-perceptions, and cognitive distortions about the self. *Journal of Abnormal Psychology*, 111(1), 77-87. <https://doi.org/10.1037/0021-843X.111.1.77>
- Mohammadzadeh, M., Awang, H., Shahar, H. K., & Ismail, S. (2018). Emotional Health and Self esteem among Adolescents in Malaysian Orphanage. *Community Mental Health Journal*, 54, 117-125. <https://link.springer.com/article/10.1007/s10597-017-0128-5>
- Mutumba, M., Bauermeister, J. A., Harpor, G. W., Musiime, V., Lepkowski, J., Resnicow, K., & Snow, R. C. (2016). Psychological distress among Uganda adolescents living with HIV: examining stressor and buffering role of general and religious coping strategies. *Global Public Health*, 12(12), 1479-1491. <https://doi.org/10.1080/17441692.2016.1170871>

- Nyamukapa, C. A., Gregson, S., Lopman, B., Saito, S., Watts, H. J., Monasch, R., & Jukes, M., C. H. (2008). HIV Associated Orphan-hood and Children Psychosocial Distress: Theoretical Framework Tested with Data from Zimbabwe. *American Journal of Public Health*, 98(1), 133-141. <https://ajph.aphapublications.org/doi/10.2105/AJPH.2007.116038>
- Onuoha, F. N., & Munakata, T. (2010). Inverse association of natural mentoring relationship with distress mental health of children orphaned by AIDS. *BMC Psychiatry*, 10(6). <https://doi.org/10.1186/1471-244X-10-6>
- Park, W., & Epstein, N. B. (2013). The longitudinal causal directionality between body image distress and self-esteem among Korean adolescents: The moderating effect of relationships with parents. *Journal of Adolescence*, 36(2), 403-411. <https://doi.org/10.1016/j.adolescence.2013.01.002>
- Peteet, B.J., Brown, C.M., Lige, Q.M., & Lanaway, D. A. (2015). Impostorism is Associated with Greater Psychological Distress and Lower Self-Esteem for African American Students. *Curr Psychol* 34, 154–163. <https://doi.org/10.1007/s12144-014-9248-z>
- Piaget, J. (1983). Piaget's Theory. In W. Kessen (Eds.), *Handbook of child psychology*, 1, Theoretical model of human development, 103-128. New York: Wiley.
- Ridner, S. H. (2004). Psychological distress: concept analysis. *J Adv Nur*, 45, 536-545.
- Ruiz-Casares, M., Thombs, B. D., & Rousseau, C. (2009). The association of single and double orphanhood with symptoms of depression among children and adolescents in Namibia. *Eur Child Adolesc Psychiatry*, 18, 369-376. <https://doi.org/10.1007/s00787-009-0739-7>
- Selye, H. (1976). Stress without Distress. In Serban G. (Ed.), *Psychopathology of Human Adaptation* (pp. 137-146). Springer, Boston, MA. [https://doi.org/10.1007/978-1-4684-2238-2\\_9](https://doi.org/10.1007/978-1-4684-2238-2_9)
- Segal, J. (1988). Teachers have enormous power in affecting a child's self-esteem. *The Brown University Child Behaviors and Development Newsletter*, 4, 1-3.
- Sisler, A., & Lttel, A. (2014). *Sibling in Adolescence: Emerging individuals, lasting bonds*. Psychology Press.
- Sisodia, D. S., & Sharma, D. (2005). *Manual for Cognitive Distortion Scale CDS-SDSD*. National Psychological Corporation, Agra.
- Singh, B., Singh, A. R., Prabhuappa, K. P., & Eqbal, S. (2013). Depression, anxiety and stress scale: Reliability and validity of Hindi Adaptation. *International Journal of Education and Management*, 3(4), 446-449.
- Smith, E. R., & Mackie, D. M. (2007). *Social Psychology*. New York: Psychology Press.
- Stroud, C. B., Davila, J., & Moyer, A. (2008). The relationship between stress and depression in first onsets versus recurrences: A meta-analytic review. *Journal of abnormal psychology*, 117(1), 206-213. <https://doi.org/10.1037/0021-843X.117.1.206>
- Talepasand, S., Alijani, F., & Rezaie, A. (2010). Exploring factors structure of the dysfunctional attitudes scale. *Proceda Social and Behavioral Sciences*, 5, 1400-1408.
- Tucker, M. (1990). *Out there: Marginalization and contemporary cultures* (Vol. 4). MIT Press.
- Türkçapar, M. H. (2009) *Klinik Uygulamada Bilişsel Davranışçı Terapi: Depresyon*. Ankara: Hekimler Yayın Birliği.
- Yasin, M. G., & Iqbal, N. (2012). Resilience, self esteem and Delinquent Tendencies among Orphans and Non Orphans Adolescents. *Research Gate Publication*. [https://www.researchgate.net/publication/328233634\\_Resilience\\_Self\\_esteem\\_and\\_Delinquent\\_Tendencies\\_among\\_Orphan\\_and\\_Non-Orphan\\_Adolescents](https://www.researchgate.net/publication/328233634_Resilience_Self_esteem_and_Delinquent_Tendencies_among_Orphan_and_Non-Orphan_Adolescents)

Yavuzer, Y. (2015). Investigating the Relationship between Self-Handicapping Tendencies, Self-Esteem and Cognitive Distortions. *Educational Sciences: Theory and Practice*, 15(4), 879-890.