



THE EFFECT OF THERAPEUTIC GROUP THERAPY ON THE DEVELOPMENT OF ADOLESCENT SELF IDENTITY IN ORPHANAGE

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Research Report

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ABSTRACT

Introduction: Adolescents living in orphanages experience a lack of self-confidence, withdrawal, lack of interest in learning, lack of communication, and a closed attitude so that it will have a negative impact on cognitive, emotional, and social development. This study aims to determine the effect of Therapeutic Group Therapy (TKT) on the development of adolescent self-identity in orphanages. **Methods :** The study design was a Quasy experimental pre-post test control group design. The population was 104 children living in orphanages A and B. The research sample was 30 intervention groups and 32 control groups that met the inclusion criteria obtained through purposive sampling. The independent variable is Therapeutic Group Therapy while the dependent variable is self-identity. Data obtained using a questionnaire and analyzed using the Wilcoxon Sign Ranks Test and Mann-Whitney U Test with a significance level $\alpha < 0.05$. **Results :** The results of the analysis of the intervention group showed the effect of TKT on self-identity ($p = 0.0001$). The results of the Mann-Whitney U Statistical Test of self-identity test showed a value of $p = 0,0001$ ($\alpha < 0.05$) meaning that there was an effect of TKT on self-identity between the two groups. **Conclusion :** TKT is done by health workers can help identify identity status teenagers and can improve self-identity teenager who lived in the orphanage through health education.

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INTRODUCTION

Adolescence is a period of transition from childhood to adulthood marked the development of aspects of biology, psychology, and social and faced with the process of cognitive change emotional, moral, and psychosocial (Santrock 2007 ; IDAI, 2013 ; WHO, 2017 ; Mönks, Knoers, & Haditono, 2009 ; Indonesian Ministry of Health, 2013). According to the Ministry of Social Affairs Number 178 / HUK / 2016 data on nursing homes in the East Java region there are 1,137 homes and 35,367 abandoned children (Ministry of Social Affairs, 2017). Data from the Mojokerto Regency Social Service in 2018 there were 45 orphanages with 2,370 foster children (Dinsos Kab.Mojokerto, 2018).

Based on interviews with 15 adolescents in Panti Asu ha n Muhammadiyah 2 Meri on September 1, 2018

to get the data 60% of children experienced a crisis of identity. 80% of children and adolescents living in orphanages experience mental health problems (Mohammadzadeh, Awang, Shahar, & Ismail, 2017). Behavioral problems of adolescents living in orphanages are difficult to establish social relationships with others compared to adolescents who live with families (Pramono & Astuti, 2017 ; Ahmad et al., 2005 ; Workye, 2015). Adolescent orphanages are cared for by caregivers who work as surrogate parents, protectors, mentors, and coaches who can provide protection and guidance to foster children in the hope of becoming human beings who are mature, independent, useful, and responsible for themselves or others. (Indonesian Ministry of Social Affairs, 2006) .

According to Erikson (1968) adolescence is a critical period for identity formation. In fact, in this phase individuals try to build a sense of similarity and continuity about themselves and try to determine positions in society (Papalia, Olds, & Feldman, 2011). The orphanage provides educational facilities and collective physical needs. While the emotional needs associated with the psychological needs of foster children have not been fulfilled (Save The Children, Ministry of Social Affairs, & UNICEF, 2015). The development of adolescent self-identity is accompanied by high and clear self-goals in life, knowing one's own strengths and weaknesses, but rather the identity of self-changing increases feelings of anxiety and involvement in their negative behavior (Hatano, Sugimura, & Crocetti, 2016).

Adolescents who live in the Orphanage experience obstacles to find their identity, because the role of the nuclear family has been replaced by caregivers (Napitupulu, Nashori, & Kurniawan, 2007). It is not uncommon for adolescents who live in orphanages to experience confusion as obstacles in achieving self-identity. When the search for this identity is not carried out properly, it arises a feeling of doubt or lack of confidence in his own existence.

Therapeutic group therapy is an ideal choice and it is important to group together the life of a teenager. Peers can also have a positive influence on adolescents. They become able to learn from one another according to their development (Wood, 2009), can help adolescents in meeting their needs positively, meaningfully for peer groups and the formation of self-identity (Stuart & Laraia, 2009).

The study design was a Quasy experimental pre-post test control group design. The population in this study were 104 children living in Abdulloh Latief Orphanage and Al Muqorrobin Orphanage. The study sample was 62 teenagers who met the inclusion criteria and 30 in the group who received TKT and 32 did not get TKT. The research sample was obtained by the nonprobability sampling method, namely purposive sampling. The inclusion criteria are as follows: adolescents aged 12-19 years, adolescents living in orphanages (orphans, orphans, orphans, and poverty), are willing to become respondents.

Exclusion criteria namely adolescent illness / disability, teenagers who have a history of mental illness severe. The drop out criteria in this study were teenagers who did not follow from beginning to end with the excuse of being sick or going home during the activities until the end.

The independent variable in this study is TKT and the dependent variable is adolescent self-identity. Data collection instruments for independent variables, namely TKT guidelines developed by Maritime, Keliat, and Gayatri, (2010), consisting of 7 sessions, the material of each session refers to adolescent development according to Hockenberry & Wilson, (2018); Ali & Asrori, (2018) each session was conducted for 60-120 minutes. The instrument measures self-identity using the Functions of Identity Scale (FIS) measurement scale developed by Serafini & Adams, (2002) and Serafini & Maitland, (2013) consisting of 5 indicators of identity function namely structural, harmony, purpose, future and self control. Data were analyzed using the Wilcoxon Sign Ranks Test and Man-Whitney U Test with a significance level of 0.05.

MATERIALS AND METHODS

RESULTS

Table 1. Shows the characteristics of respondents by sex in the intervention group and the control group was mostly male, namely 60% in the intervention group and 53.1% in the control group. The characteristics of the most vulnerable age group are 15-17 years in the intervention group 40% and the control group 46.9%. Educational characteristics of the respondents were mostly at the high school stage in the intervention group 53.3% and the control group 53.1%. The reason for living in an orphanage is poverty status in the intervention group 66.7% and the control group 65.6%.

Table 1. Characteristics of respondents (n = 62)

<i>p</i>	Intervention Group (30)		Control group (32)	
	<i>n</i>	%	<i>n</i>	%
Gender				

Men	18	60	17	53.1	.334
Woman	12	40	15	46.9	
Total	30	100	32	100	
Age					
12-14	9	30	11	34.4	0.668
15-17	12	40	15	46.9	
18-19	9	30	6	18.8	
Total	30	100	32	100	
Education					
Middle School	14	46.7	15	46.9	0.503
High school	16	53.3	17	53.1	
Total	30	100	32	100	
Reasons to Live at an Orphanage					
Orphans	10	33.3	11	34.4	0.865
Duafa	20	66.7	21	65.6	
Total	30	100	32	100	

Table 2. Self-identity of the intervention group and the control group before and after being given TKT in the orphanage of Mojokerto Regency

Personal identity		Intervention				Control			
		Pre		Post		Pre		Post	
		n	%	N	%	n	%	n	%
Passive	16	53.3	1	3,3	21	65.6	20	62.5	
Active	14	46.7	29	96.7	11	34.4	12	37.5	
Total	30	100	30	100	32	100	32	100	
Mean	52,17		60,03		52,09		52,63		
Δ Mean			7,86				0,54		
Standart Deviation	4,778		4,930		4,868		4,950		
		Wilcoxon Signed Rank Test				Wilcoxon Signed Rank Test			
		0,0001				0,0001			
P value Mann Whitney difference = 0.0001									

Table 2. At the beginning of the measurement the intervention group and the control group were mostly passive self-identity status. The intervention group after being given TKT almost entirely (96,7%) showed a change in the status of self-identity to active and the control group almost half (37,5%) showed a change in the status of self-identity. Based on the increase in Δ mean the intervention group is higher than the control group.

The test results *Wilcoxon Signed Ranks Test* in the intervention group showed a p-value = 0,0001 (p < 0,05) means that there are significant differences in identity status before and after TKT. Value Δ mean showed a significant increase of 7,86.

The test results *Wilcoxon Signed Rank Test* in the control group showed a p-value = 0,0001 (p < 0,05) means that there are significant differences in identity status before and after the intervention in accordance with routine activities at the orphanage. The mean reflects a significant increase of 0,54.

The intervention group and control group both showed a significant increase, but the intervention group increased more quickly due to the influence of TKT, while the control group increased slower. Results of test *Mann Whitney* increment in the pre-post problem of identity indicates the value p = 0,0001 (α < 0, 05) means that there is the influence of TKT against identity between the two groups.

Table 3 Indicators of Self-Identity of the Intervention Group and Control Group

Indicator	Intervention			Control		
	Increase	Permanent	Mean	Increase	Permanent	Mean
Structure	19	11	10:00	3	2 9	2.00
Harmony	9	21	5.00	2	30	1.50
Aim	27	3	2:00 p.m.	3	29	2.00
Future	30	0	15.50	4	2 8	2.50
Personal Control	16	14	8.50	5	2 7	3.00

Table 3. Indicators of self-identity *mean* values in the intervention group are higher than the *mean* values of the control group. The intervention group structure, goals, and future indicators experienced a higher increase compared to harmony and personal control. Whereas in the control group based on indicators almost all experienced an increase but smaller than the intervention group.

DISCUSSION

Based on the results of the study the intervention group showed changes in the status of self-identity from passive to active. Changes can be seen from indicators of structure, goals, future, harmony, and personal control. the improvement due to TKT shortly stimulation of biological development, psychosexual, moral, spiritual, cognitive, language, psychosocial, emotional, talents, and creativity, so it can provide a significant effect in improving the ability of adolescent identity development.

Self-identity is a self-awareness that arises from observation and judgment (Stuart & Sundeen, 2013). Marcia (1993) in Papalia et al (2011) said that self-identity is an important component that shows the personal identity of individuals. The better the structure of one's self-understanding to develop, the more aware the individual will be about the uniqueness, strengths, and weaknesses of individuals in living life. Santrock, (2007) argues that Erikson's theory of identity development consists of four identity states: *diffusion*, *foreclosure*, *moratorium*, and *achievement*. The formation of self-identity begins with the emergence of attraction (*attachment*). Teenagers in the orphanage show their identity with good personalities, likes or dislikes, aspirations, and future orientation goals.

Most adolescent who live in orphanages experience passive self-identity. When *pre-test* nearly half of teens feel doubt that he knows himself, a small percentage of teens feel happy with themselves and what is in him. TKT stimulation session 2 biological and psychosexual development gives the individual a subjective feeling towards himself. Youth commitment to take action to maintain a healthy body, live healthy, clean, regular exercise. After stimulation of TKT session 2, most of them experienced an increase in self-identity on self-understanding

indicators. The stimulation of biological development increases knowledge and abilities on how to maintain healthy behaviors in daily activities.

Mostly in indicators harmony is not increased. The values that adolescents possess are never compatible with their other friends. After the implementation of TKT stimulation session 4 almost half experienced an increase in harmony indicators. Based on the sex characteristics of almost all men, almost half of them are vulnerable to middle-aged adolescents aged 15-17 years, most of their education is still in high school and almost all of them are living in orphanages because of poverty. TKT that has been done should be able to make adolescents identify and imitate moral values that apply in groups. But what has been done during adolescence can still change at any time.

The results of this study are the same as the opinion of Bahari et al., (2010) showing that self-identity on harmony indicators does not increase, although in TKT activities adolescents have been taught how to stimulate moral and spiritual development. That is because moral and spiritual change requires a process of identification that is not short of the environment, both from the family and the place where teens engage in relationships. The process of identifying moral and spiritual values will be better if there is a good role model from the family in their daily lives.

The results of the initial assessment of the goal indicators indicate adolescents have not clearly determined their future goals. That teens never make personal goals. In the next stage the nurses do the stimulation of cognitive and language development in TKT session 3. The results show there is an increase after TKT stimulation of cognitive and language development. Based on the sex characteristics of most men, nearly half of them are vulnerable to middle-aged adolescents aged 15-17 years,

most of their education is still in high school and most of the status of living in orphanages is due to poverty.

According to Piaget, adolescents have changed their thinking patterns concretely into formal operations. Formal operational thinking include the ability to think abstractly, think hypothetically, use future perspectives, be able to imagine a variety of possibilities, the consequences of events that may arise, the development of the ability to make decisions (Hockenberry & Wilson, 2018 ; Ali & Asrori, 2018). The goals and direction of adolescent identity that has been achieved will try to think of decision strategies that are more planned, rational, and logical compared to adolescents who have not thought about their goals. Teenagers in the orphanage are still lacking to make goals and direction because of the limited role of orphanage administrators as providers of social support.

Stimulation of cognitive and language development can improve goal indicators on self-identity. TKT conducted by researchers can improve the ability to express opinions, improve logic skills, abstract thinking by providing games to stimulate thinking power, the ability to ask questions, and solve problems in daily activities.

The results of the initial assessment of future indicators indicate that adolescents have not recognized their potential academically and career planning. Judging from the answer to the question that teenagers rarely have good ideas about their future and do not understand the goals of the future and rarely think of good ideals to hold on to the future. The next stage the nurses do the stimulation of emotional and psychosocial development at TKT session 5. The results of the study showed that all the orphanage adolescents experienced an increase in future orientation before and after the TKT stimulated emotional and psychosocial development. Based on the sex characteristics of most men, nearly half of them are vulnerable to middle-aged adolescents aged 15-17 years, most of their education is still in high school and most of the status of living in orphanages is due to poverty.

According to Marcia (1980, 1994) in Santrock, (2007b) the achievement of the *moratorium* and *achievement identity* is not the end of the formation of adolescent self-identity. Having achieved identity is associated with healthy self-esteem and self-acceptance, a good self-image. Future orientations regarding identity choices recognize teenage academic potential and have career planning. Teens are developing well that the planning carry r greater

and a sense of continuity between past, present, and future. Teenagers in the orphanage have future plans but are still limited to planning, they are less able to explore.

TKT has been done to train teenagers to express feelings, control emotions, and assess their strengths and weaknesses. Improved future orientation because adolescents are able to develop psychosocial attitudes after TKT. TKT stimulation activities teach adolescents to interact, discuss, and cooperate with all members of the group both of the same sex and the opposite sex. They are required to ask each other questions, answer, and give an assessment, so that they exchange experiences and opinions related to their development. The choice of hesitant answers shows that teenagers in the orphanage have not been able to control themselves independently. Personal control can be enhanced through honing talent and creativity. The next stage, nurses stimulate the development of talent and creativity in TKT session 6. The results showed that most adolescents experienced an increase after TKT stimulated the development of talent and creativity. Based on the sex characteristics of most men, almost half are vulnerable to middle-aged adolescents aged 15-17 years, most of their education is still in junior high school and most of the status of living in orphanages is due to poverty.

Marcia (1993) also mentioned, that the formation of self-identity requires two important elements, namely exploration (crisis) and commitment. The level of exploration and commitment one achieves is greatly influenced by the results of developments achieved in the previous period. Achieving a successful identity during adolescence depends on the successful resolution of problems at the previous developmental stage. If someone fails through their developmental tasks then the next stage of development will be a problem (Stuart & Sundeen, 2013 ; Ali & Asrori, 2018). Self-identity formation of adolescents who live in orphanages is at risk of experiencing an identity crisis and is less able to make a commitment to the actions to be undertaken.

After the TKT session 6 did not experience more improvement because the development of talent requires optimal time and needs to be stimulated through training. Talent creativity adolescents demonstrated in front of friends - friends like singing, poetry, storytelling. But the problem is that not all respondents want to perform and some talents are not possible, such as playing soccer and badminton.

TKT stimulation helps clarify the identity status of adolescents living in orphanages. The development of a suitable identity status (*identity achieved*) after being given a TKT stimulation does not mean the end of achieving an entity's id status. Research findings show that the implementation of teenage TKT in orphanages can help change the status of self-identity. This result is in line with research by Bahari et al., (2010) which shows that adolescent's developmental abilities and self-identity significantly increase after TKT. The results of this study are in accordance with the opinion of Wood, (2009) & Stuart & Laraia, (2005) that TKT can help adolescents in the formation of self-identity and can lead towards awareness of the future.

While the control group showed significant changes in self-identity by carrying out routine activities in the orphanage. The intervention group and the control group statistically both showed a change in identity status from passive to active but the control group was more direct.

The orphanage is a *therapeutic* environment that helps teens change their self-identity from passive to active. The results of the *post-intervention* evaluation regarding routine activities carried out at the orphanage, such as the obligation to perform the midnight prayer, the morning prayer in dhikr and dhikr, to memorize prayers. The caregiver orphanage makes a hygiene picket schedule, this is to teach children about cleanliness, togetherness and discipline. Activities to help sewing and cooking are also taught to equip skills. Positive findings from the study of Yendork & Somhlaba, (2014) that adolescents living in orphanages show good behavior, social support for caregivers of orphans can improve the psychological well-being of orphans.

During his stay at the orphanage provides psychological experience, to determine alternative choices to make decisions. Parenting will affect independence, behavior and emotional formation of adolescents (Stuart & Laraia, 2005). Teenagers try to find alternatives and commitments to these choices. Not only that, but adolescents also show being able to seek information and in-depth understanding of their lives, look for alternatives in solving the problems they face, show commitment to live by feeling satisfied and never lamenting their fate.

An increase in the status of self-identity after TKT is done because teenagers are taught to understand their developmental tasks. TKT

stimulation provides a safe psychological atmosphere to express and develop their own thoughts to create openness, warmth (Ali & Asrori, 2018). An understanding of the overall dimensions of development through a deep exploration of the strengths and weaknesses of self makes adolescents aware of all aspects that exist in themselves. This understanding is very important to give influence in determining the goals or ideals they set.

CONCLUSION

Based on the research and discussion on the influence of TKT -based *Health Promotion Model* to identity development of adolescents, it can dit scrambled the conclusion that therapy can improve the therapeutic group teenage identity living in orphanages. Efforts need to be made by health workers to conduct TKT so that it can help identify the status of adolescent self-identity and can improve the identity of adolescents living in orphanages through health education.

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