

Psychological growth and emotional strain: A phenomenological study of orphaned adolescents in Ghana's care homes

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Abstract

Residential care in Ghana presents both opportunities and challenges for orphans, with evidence indicating dual impacts on their well-being. Adolescence, a pivotal stage for emotional and psychological stability, may be significantly influenced by the residential care environment, shaping long-term mental health outcomes for residents. Hence, this study employed an interpretive phenomenological design that offers insights into participants' perspectives of the meanings made from experiences in care settings. Through in-depth individual interviews, 30 adolescents aged 13 to 19 years were purposively selected. The data were analysed using interpretive phenomenological analysis. Two themes emerged: psychologically stimulating and emotionally depriving experiences. These contrasting themes underscore the subjective interpretations orphans assign to their experiences. This indicates that despite access to growth-enhancing opportunities in care homes, emotional challenges persist. These findings have implications for the mental health and well-being of adolescent orphans. Creating awareness of these impacts among stakeholders in residential care is essential.

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Introduction

The experiences of orphaned adolescents in residential care homes (RCHs) reflect a nuanced convergence of individual sociocultural and subjective cognitive dynamics (Yendork, 2020). Some individual orphans often report positive outcomes of their stay in residential care homes because of access to basic needs and peer support (for example, Roche, 2023, (Nsabimana et al., 2019). Others recount negative experiences, such as loneliness (Boadu et al., 2020a). Nonetheless, negative situations, such as overcrowding, maltreatment, malnutrition, lack of emotional stimulation, and attachment to caregivers, serve as challenges for orphans in care settings ((Boadu et al., 2020; Onayemi & Hapunda, 2023). Residential care homes are established as alternative protective environments for children who have lost one or both parents due to death, abandonment, disease, or economic hardship (Nar, 2020; Roche, 2020). They play a critical role in providing shelter, education, and other basic necessities. However, the psychological and emotional impact of institutionalisation on adolescents in these settings is complex, and existing policies often overlook the lived perspectives of the children themselves.

Globally, orphanhood has been shaped by events such as the COVID-19 pandemic, armed conflict, and entrenched poverty (Allen & Nakonechnyi, 2022; Hillis et al., 2022). In sub-Saharan Africa, many countries including Ghana, continue to rely on institutional care despite international movements advocating for deinstitutionalisation (Frimpong-Manso et al., 2017). Estimates suggest that over 3,500 children currently reside in residential care settings in Ghana (Sayeed, 2021). While such institutions can offer protection, evidence from across the region suggests negative outcomes such as emotional distress due to loneliness, feelings of entrapment, and an autocratic parenting approach (e.g., Alhassan, 2017; Boadu et al., 2020; Ngidi & Mayeza, 2023; Moen et al., 2024). Evidence from the African sub-regions, such as South Africa, Tanzania, Nigeria, and Zimbabwe, reveals both resilience and vulnerability within institutional environments, suggesting unique individual meanings made from lived experiences (Abejirinde et al., 2024; Kyaruzi, 2024; Mawila & Munongi, 2025). Meaning-making involves the evaluation and interpretation of an experience or phenomenon (Park, 2017). The meanings made by individuals are influenced by diverse individual and sociocultural factors, such as values, reflections, daily affects, and personal decisions (Gotlieb et al., 2024; Maddi, 2013). This suggests a level of diversity in the meanings attributed to situations, based on broader contextual and individual dynamics. Although some studies have revealed resilience and vulnerability among orphans in residential care settings (e.g., Boadu et al., 2020; Ngidi & Mayeza, 2023; Moen et al., 2024), the specific meanings individual orphans make of their experiences remain unclear. Understanding the meaning of their experiences can shape mental health, education, and support programs in care homes.

Therefore, this study explored the meanings that orphaned adolescents in Ghana make of their lived experiences within residential care. The meaning-making model

(Park, 2010) provides a lens for appreciating the meanings participants make of their experiences in residential care homes. This model posits that individuals make two main meanings of their experiences - situational and global meanings, shaped through core beliefs, values, expectations and goals in life (Park, 2010, 2017).

Various perspectives on meaning-making highlight the deliberate efforts humans make to restore psychological balance after encountering experiences that contradict their core beliefs and expectations. The Meaning Maintenance Model (MMM) (Heine et al., 2006) suggests that individuals intentionally derive meaning from experiences that disrupt their beliefs and expectations through five compensatory behaviours: assimilation, accommodation, affirmation, abstraction, and assembly. Assimilation involves integrating the new situation into the existing mental framework, aligning it with Parks' concept of global meaning. This is followed by accommodation, in which individuals adjust their existing beliefs and mindsets to embrace the new contradictory situation, subsequently reinforcing their stable beliefs and values. Abstraction occurs when there is a shift towards broader structures of meaning to facilitate meaning-making, leading to the assembly of new understandings as individuals establish relationships between experiences and broader meaning structures. Maddi (2013) reveals that meanings are embedded in individuals' daily decisions, fostering personal meanings. Meaning-making in adult populations is shaped by support systems, beliefs, and personal motivations (Randall et al., 2022; Sørensen et al., 2021). Beyond eudemonic and hedonic perspectives guiding meanings made in life, curiosity, openness to experience and willingness to defy systems are highlighted as shaping the meanings individuals assign to their experiences (Oishi & Westgate, 2022). According to Gotlieb et al. (2022), meaning-making among adolescents involves both concrete and abstract dimensions. While concrete meaning-making includes advice-giving and context-dependent feelings, abstract meaning-making involves reflections, values, subjective perspectives, and curiosity that transcend adolescents' experiences.

Thus, the way adolescents create concrete meanings influences their social connections and emotional experiences. This indicates that offering young people daily experiences that boost positive emotions such as joy and peace can cultivate genuine meaning in life, whereas negative emotions such as sadness may lead to a sense of meaninglessness. Adolescents who engage in abstract meaning-making often exhibit stronger skills in areas such as working memory, executive function, long-term memory, social understanding, and creative thinking. These aspects of meaning-making align with adolescents' mastery, social, and performance goals in accordance with their developmental context (Dawes, 2017; Mansfield, 2012). Park identified global meanings as comprising belief systems, values, and assumptions about the world (Park, 2010). Global beliefs encompass views on oneself, others, and the world (Park, 2010; Reker & Wong, 1988), including assumptions about controllability and fairness (Martel & Steger, 2016). Mattering in life alongside experiencing a sense of coherence and purpose shapes the meanings assigned to experiences in life (Costin & Vignoles, 2020). However, the allocation of meanings to

experiences is usually fluid and can be shaped through multiple subjective and contextual factors such as curiosity and willingness to explore opportunities in experiences (e.g., Oishi & Westgate, 2022). Overall, subjective viewpoints of adolescent orphans and prevailing social norms in the broader society and care home can influence the meanings adolescent orphans make of their lived experiences.

Some studies highlight that individuals experience growth when situational attributions align with mental frameworks, whereas incongruence may cause distress (Ostafin & Proulx, 2020; Park, 2010). Young people exposed to emotional and sexual trauma can experience resilience through meaning-making, highlighting the efficacy of meaning-making in addressing distress (Hakkim & Deb, 2021). Similarly, Religion offers a pathway for meaning-making in stressful life situations (Park, 2020).

Matos et al., (2023) examined how 33 Syrian Muslims created meaning 8 years after the war began. Islamic-informed cognitive reappraisal helped make sense of displacement, contributing to resilience. This shows the influence of the Islamic religion and the need to integrate faith into psychological intervention for refugees. The Meaning Making Model provides insights into meaning development but questions arise about cultural universality (George & Park, 2016). Meaning remains subjective despite cultural influences, with processes varying across individuals and contexts. Park's meaning-making model (2010) helps understand meaning-making dynamics and exposes potential variations between Western and African cultures. While the theory offers perspective on how individuals interpret experiences, it assumes universal processes, limiting understanding across cultural settings. This study examined adolescent orphans' meaning-making outcomes in care homes to promote their mental health. These meanings can yield both positive and negative outcomes (Huang et al., 2021).

Meaning-making is applied in various contexts such as education, trauma recovery, and sustainability transformations. For example, in community college environments, the concept of "equity sense" arises from how practitioners interpret equity during policy implementation (Ching, 2023). In sustainability, meaning-making is connected to personal knowledge and group transformations, illustrating how individuals and groups adjust foundational beliefs in response to new stimuli (Odii et al., 2024). Trauma recovery facilitates a deeper understanding of the traumatic situation (Park, 2022). This study also aims to elucidate meaning adolescents orphans made from living in the residential care homes in Ghana.

Methods

Research design, settings and participants

This study explored the meanings adolescent orphans make of their lived experiences in the care homes of adolescent orphans in residential care homes (RCH) in Ghana, using a qualitative approach underpinned by interpretive phenomenology design. This approach allows adolescents to describe their meaning-making processes in the RCH.

Interpretive phenomenology facilitates the exploration of unique subjective experiences and meanings extracted from these experiences within a specific context (Creswell & Poth, 2016). A semi-structured interview guide was used to obtain detailed information from participants.

The study included 30 adolescent orphans (16 females, 14 males) aged 13–19 years. All participants had some level of education, with the majority (16) being at the Junior High School. A significant number of the orphans had no knowledge about their parents, 12 had at least one parent alive. Participants were recruited from four RCHs in Ghana. The majority of participants ($n = 12$) were selected from RCH1, which has the highest population of orphans, whereas the smallest number was recruited from RCH3, with the least orphan population. These RCHs were selected based on ownership status, resident population, and resource availability. Inclusion criteria included: loss of one/both parents, minimum six-month RCH residency, age 13-19 years, and ability to communicate in English or a Ghanaian language. Exclusion criteria were the opposite of these requirements.

Most participants (12 out of 30) came from RCH 1 because of its large population. Studies using interpretive phenomenological analysis focus on ensuring depth of engagement and information richness rather than strict sample sizes. The data had high information power to address the research question adequately (Malterud et al., 2016 ; Pietkiewicz et al., 2014).

Procedure

The study was granted ethical approval, referenced - (ECH 136/ 22-23), from the Ethics Committee of Humanities, University of Ghana. Institutional approval was obtained from the Department of Social Welfare and the RCHs. Subsequently, the lead author scheduled two visits to each of the RCHs on Saturdays to familiarise herself with the residents (adolescents and staff of the home). Dates for the interviews were scheduled in collaboration with the administrative staff assigned to assist the researcher from each site. On the scheduled dates, the participants were interviewed following written consent procedures from the guardians and adolescent orphans aged 18 years and above. Every participant verbally consented to participation. At each RCH, eligible participants were invited to a quiet place assigned for the interview to ensure privacy. A total of 30 participants were purposively recruited from four different care homes, anonymised as RCH1, RCH2, RCH3 and RCH4. Interviews were recorded with participants' and guardians' consent, lasting 45 to 60 minutes. Psychological support was arranged for participants as a contingency, and contact information was provided to the home directors.

Data analysis

Interview audios were transcribed verbatim. Interpretative phenomenology analysis (IPA) was employed to analyse the data, allowing for a deeper interpretation of participant narratives (Alase, 2017; Pietkiewicz & Smith, 2014). This approach allowed a deeper exploration of meaning-making processes. Each transcript was coded with unique numbers to anonymise the data and reviewed for accuracy. Notes are made on the significant narratives of each transcript. These notes were then extracted into codes and organised into emergent themes on a case-by-case basis. Recurrent themes were identified through an iterative process, with transcripts frequently referenced for deeper insight. Experiential themes were abstracted for each case by examining similarities and differences in participant narratives. At a higher level of analysis, abstraction was conducted across cases, resulting in group experiential themes. This iterative process continued through bi-weekly meetings with the co-authors until a consensus was reached on the emergent themes.

Findings

Participants assigned meaning to their lived experiences in RCHs in similar but unique ways. Analysis of their narratives revealed two main overarching themes to capture the meanings made of lived experiences in RCH. These are psychologically stimulating and emotionally depriving experiences, as described below. The introduction of the manuscript on adolescent orphans in Ghanaian care homes can be structured as follows.

Psychologically stimulating experiences

Stimulating experiences are positive interpretations of lived experiences that inspire positive thoughts about the RCH and oneself and enhance feelings of hopefulness in life. Three (3) subthemes were deduced to explain these experiences: a sense of family and support, adultification, and self-discovery.

The ***sense of family and support*** subtheme describes the participants' lived experience in RCH as a place of encountering a sense of family and support. They perceived access to basic needs and interactions with caregivers and peers in RCH as a means of receiving family support (nurturance, emotional support, and physical care). Some participants revealed feeling motivated toward academic and vocational pursuits through caregivers' counsel. Although the level of emotional intimacy shared with the caregivers was limited in most of the RCHs, the participants expressed some degree of satisfaction with the support they received from them, considering the limited number of caregivers in care homes. However, almost all participants indicated that solidarity and peer emotional and physical support were enjoyed in the RCH, which enhanced positive emotional experiences. While participants whose biological parents and siblings were unknown referred to the caregivers as their mothers and other children as siblings, those with prior

living experience with biological parents also experienced a sense of family/support in the RCH. Participant 18 said the following:

“I have experienced that the orphanage is just like a family; they make us feel like we are with our real families, and they teach us what is right and what is good” (Participant 18, 12 years, male).

The participant recounted her life experience in RCH and restructured her thoughts to embrace other residents as family members. This cognition provides psychological protection against anxiety and stress. It also allows her to relate amicably to caregivers and other orphans. Moreover, her openness to experience facilitated her access to emotional, social, and physical support from other residents in the home.

Another participant positively interpreted the physical support received in the RCH, contradicting past assumptions prior to placement in the RCH. He said:

“When I came, I thought I would starve here, but the kind of food they gave me was even better than what I had been eating {wow} and the clothes too, when I came here, less than one week my mother had bought me plenty cloths to wear” (Participant 18, 12 years, male).

Participants perceived the RCH as a family setting because they had access to their basic needs. The expression “wow” indicates surprise and the contradiction between his assumptions and the reality of the lived experience in the RCH. This finding suggests that experiencing a sense of family is influenced by access to supportive care and material resources. Hence, resource availability in RCHs is integral to experiencing psychologically stimulating experiences.

Emotional support from significant others, such as teachers and visitors from the community, contributes to a sense of family and support among adolescent orphans in RCHs. For instance, one participant said,

“People come here to advise us about what we want to do and how we can achieve it; they tell us that for us to achieve our dreams, there are things we must do and not do, like respecting the elderly, doing what you are tasked to do, not insulting others, and giving respect to those who are older than you Those of us here we are happy, we see ourselves as one family, so we are happy all the time” (Participant 5, 14 years, female).

The narrative reveals the contributions community members make towards the upbringing of adolescent orphans in RCHs. The participant recounted the parental counsel, coaching, and affection received from the visitors to the home. This gesture promotes positive restructuring of mindsets towards other children and their own experiences at home, a situation that can foster cohesiveness and mutual support.

Additionally, opportunities to go out in the company of other children and interact with people in the community provide a rich experience of family

connections for adolescents. For instance, one participant said, “They organise tours for us to go outside and associate with other people” (Participant 18, 12 years, male).

The narrative explains participants’ appreciation of outing opportunities in the company of other children in the care home. The expression “associate with” indicates that such outings strengthen social bonds and emotional attachment, especially in a setting of happiness and shared interests. Thus, outings can support psychological well-being and a sense of connectedness, enriching meaning-making outcomes.

Adultification refers to the tendency to assume adult responsibilities as adolescents. Participants proactively developed skills to take up multiple adult responsibilities, which they perceived as opportunities to live independently and prepare for the future. Most participants interpreted their experiences as preparatory, leading to compliance and determination to perform the assigned roles. For instance, participant 26 shared:

When you start (being responsible) early and grow up with it, it is not every day you will need a house help to do something for you; you can do things for yourself so the man will know that you were brought up well/you were well trained” (Participant 26, 17 years, female).

The participant perceives being a responsible adult because of her lived experiences in the RCH and describes the long-term benefits of taking on adult responsibilities. She anticipated building a sense of independence and alignment with the broader sociocultural context later in life. This mindset potentially allows participants to appraise experiences positively while anticipating future benefits. Eventually, taking up responsibilities promotes psychologically stimulating experiences for adolescent orphans in RCH.

The self-discovery subtheme describes the participants’ inner motivations, coping strategies, abilities, interests, and sense of identity. Participants’ narratives revealed that the circumstances leading to their placement in RCH interactively influenced the meaning of lived experiences. Through their daily encounters in these homes, participants discover opportunities and develop unique goals, ranging from religious and educational pursuits to career objectives, to increase their value and importance in society. They have also developed strategies to cope with challenging situations in care facilities. Participant 1 shared as below:

As per my experiences here, I would like to go into human rights, study human rights and fight for human rights and against corruption ...being called to the bar is going to be an honesty between me and God, and I hope that God helps me to become what I want to become” (Participant 1, 18 years, female).

Participant 1, an 18-year-old female, spells out her aspirations based on experiences in the care home. She envisions herself becoming a lawyer, advocating for human rights, and combating corruption. She believes discovering her motivations and ambitions through the pursuit of career goals will benefit society and align with God’s plan for her existence

(existential relevance). Overall, experiences in the RCH shape adolescent orphans' future goals, aspirations and feelings of significance in society while finding meaning in life. Participant appreciates supernatural support from God as fulfilling her dreams in life.

Participants intentionally adopt strategies to deal with challenging experiences in both adaptive and maladaptive ways. For instance, a participant shared how she manages the reality of not knowing her biological parents to optimize her functioning in the RCH.

“Sometimes I ask myself whether my parents are alive or dead... sometimes I remember, other times I forget.” (Participant 26, 17 years, female).

This narrative reveals a deliberate effort to use avoidant coping to deal with the trauma associated with parental loss as an orphan. Although the participant is worried about the lack of information about her parents, avoidant coping is used to provide temporary relief from reality, as expressed: “Other times I forget”.

In conclusion, psychologically stimulating experiences in RCH promote resilience in the RCH, with tendencies to foster flourishing outcomes such as mental health, beneficial to the psychosocial development of adolescent orphans.

Emotionally depriving experiences

These are negative meanings assigned to the lived experiences that deprive participants of the necessary physical care, emotional support, and material resources to promote holistic physical, social, and psychological development. Two subthemes emerged: hard staying in the home and no one cares, as highlighted below.

Hard Staying in the Home is a subtheme indicating participants' description of life in the RCH as a challenging experience. They indicated that life in the orphanage is restrictive, requiring mental toughness and an attitude of resilience to endure. Experiences such as limited freedom and material and financial resources contributed diversely to participants' interpretation of lived experiences in all four RCHs. Although participants from the four RCHs alluded to this negative appraisal of some experiences, adolescents from RCH 1 and RCH3 aligned mostly with this negative appraisal. For instance, a participant revealed:

“...They (caregivers) don't allow us to go to their place. Even when someone comes to hold a party for us here, the boys will sit on one side, and the girls will sit on the other side. When we go to talk to them, our mothers will ask us to come and sit down. They will be following us wherever we go, they don't want us to feel free” (Participant 26, 17 years, female).

The participant perceives restrictions in the RCH as discriminatory because females have limited access to recreational opportunities. Her narrative reflects a discriminatory approach to care in the home in favour of male orphans. The expression “they don't allow” implies a deeply held belief about caregivers and authority figures in the RCH as restrictive. These meanings can provoke aggressive behaviour, feelings of entrapment,

and helplessness. Furthermore, it potentially disrupts fostering self-esteem, establishing friendships and interest in self-development. Hence, the participant perceives life in the home as hard to endure.

Another participant described living in the RCH as a form of imprisonment. She narrated:

“Living in this residential home, I see it to be that I am being imprisoned. I don’t want to say it, but I am being forced to. I see it to be a punishment because I think it is unfair” (Participant 1, 18 years, female).

The participant reveals her suppressed negative emotions, particularly unhappiness, due to her stay in the RCH. She expressed displeasure with her situation, perceiving life in the RCH as a punishment and unfair treatment. The use of the word “unfair” further suggests that the participant’s experience in the home contravenes her earlier expectations, worsening the tendency to experience chronic emotional distress. The psychological impact may include feelings of anger, anxiety, depression, and exposure to trauma, compromising the mental health of orphaned adolescents.

No one cares subtheme describes limited affection and emotional support from caregivers in the RCH. Participants interpret experiences such as a lack of individualised care and invalidation of feelings and some needs as no one cares. For instance, one participant said,

“... sometimes I feel lonely, and sometimes I feel no one is around me; I can’t talk with someone; if you ask them something, they will not mind you, they will just walk away. Because of my sickness, they will not mind you anytime” (Participant 29, 18 years, male).

Participant’s expressions reflect a sense of neglect, “I feel lonely”, especially regarding his health and emotional needs. Furthermore, he feels undervalued and ignored, contributing to moments of loneliness and isolation. The participant feels stigmatised and discriminated against due to a health situation, further deepening a vulnerability to mental health problems and worsening his physical health. Thus, the participant has a higher risk of suffering poor mental health, with limited motivations to pursue goals in life due to unresponsiveness to emotional and health needs.

This same participant expressed feelings of helplessness and hopelessness, indicative of depression and suicidal ideations, due to the experiences in the RCH. He said:

“My mother, who takes care of me, asked me if I wanted to die, and I said yes, I want to end my life; I am tired. I am tired; nothing I do works. When work comes, I do the work, but when food comes, I am not part” (Participant 29, 18 years, male).

The participant’s quote provides insight into potential conflict situations occurring in the RCH, leading to the contemplation of suicide. Although the participant had a foster mother, the narrative indicated a lack of responsiveness to the emotional pain.

Participants perceived life as not worth living due to a lack of emotional support and deprivation of basic needs such as food. The narrative suggests exploitation, persistent rejection, helplessness, and feelings of hopelessness. The participants' emotional expressions reflected depression, with implications for severe mental health. These experiences contribute to his perception that no one cares about him in the RCH.

In conclusion, participants find two central and overlapping meanings in their experiences in residential care settings. These are psychologically stimulating and emotionally depriving experiences, with psychosocially flourishing and distressing outcomes for adolescent orphans in the RCH.

Discussion

The study revealed that adolescent orphans mutually interpret experiences in two ways: psychologically stimulating and emotionally depriving, reflecting two contrasting but overlapping meanings. While psychologically stimulating experiences involve a sense of family and support, adultification and self-discovery, emotionally depriving experiences consist of emotional unresponsiveness and entrapment. These appraisals shape the cognitions, emotions and behaviours of adolescent orphans in the residential care home, with both positive and negative implications for their mental health, resilience and subjective experience of wellbeing.

Concerning psychologically stimulating experiences in care homes, there is a scarcity of literature evaluating the experiences of orphans. Nonetheless, related studies by Uptin and Hartung (2023) have shown that feeling a sense of family within the care home influences the overall meanings orphans derive from their experiences in a Thai care home, which is consistent with the current findings. A sense of family fosters feelings of security, emotional connections, and access to support, potentially enhancing resilience and hope. In an empirical review, Oishi and Westgate, (2022) found that openness to experience, curiosity, and a willingness to engage with prevailing situations foster meaning in life. This suggests that adolescent orphans who are open, willing, and curious can assign positive meanings to their realities in care homes. This corroborates the current findings that self-discovery promotes a positive appraisal of lived experiences in care homes. Various interrelated contextual and personal factors shape these two meanings derived from lived experiences. First, the appraisal of situations is primarily rooted in the participants' cultural background (including Christian religion and collective self-construal), which is reflexive (Leerssen, 2021), experiences, and subjective values (Costin & Vignoles, 2020; Sagiv et al., 2017). Thus, meaning-making is a subjective endeavour shaped by contextual and subjective factors. The current findings also highlight the subjective expectations that participants have of caregivers and life in the RCH, alongside internalised values and aspirations in life. Theoretically, Park's meaning-making model

With regards to emotionally depriving experiences, studies in various African contexts, such as in Uganda, by Bunyan (2021) identified shared experiences of deprivation, including marginalisation, abuse, and loss of agency, alongside stimulation

through access to basic needs like shelter and food. These findings align with those of the current study. Similarly, orphans in Tanzania face neglect and abuse, which they perceive as threats, leading to negative mental health outcomes such as depression. Consequently, individual orphans broadly interpret their experiences as emotionally depriving, where their well-being is threatened, and stimulating, where they receive support to survive. In the current study, the personal histories of orphaned adolescents, such as bonding with a parent, abuse, or abandonment, influenced these evaluations. The findings indicate that orphaned adolescents without knowledge of their parents generally viewed their lived experiences as stimulating, despite interpreting certain aspects, like verbal and emotional abuse, as depriving. This highlights the complexities of meaning-making among orphans from challenging or unknown backgrounds. This can be attributed to the absence of past emotional experiences with a biological parent, limiting options for possible comparisons. It also suggests that orphans without knowledge of their parents can experience positive emotions. Access to education and peer support contributed to positive interpretations of lived experiences, regardless of the orphans' parental status (unknown, deceased, or alive). Education fosters achievement and goal attainment, especially among young people, as they discover their identities irrespective of cultural context (Zhou et al., 2022).

Moreover, deliberately restructuring thoughts about experiences can activate coping strategies and foster resilience (Hakim & Deb, 2021). This implies that orphans who choose to remain in the care home can direct their focus toward other benefits available there. The presence of peer support and material resources such as food, clothing, and education in RCHs can positively influence orphans' perceptions of their experiences in these homes. However, participant narratives indicated that caregivers' transparency regarding the distribution and management of donated resources helped foster positive interpretations. Reports of pilfering in all four RCHs led to suspicions about the administrative staff and caregivers, resulting in a negative perception that no one cares. Participants felt disrespected and neglected, which contributed to feelings of anger, hopelessness, and entrapment—experiences appraised as emotionally depriving. Previous studies have highlighted the significant role of personal, cultural, and contextual factors in shaping lived experiences (e.g. Corner et al., 2023), suggesting that implementing culturally grounded programmes in care homes can foster reappraisal of challenging experiences of affected orphans.

Theoretically, the findings suggest that various individual and environmental factors influence the meanings individuals attribute to their lived experiences, aligning with Park's situational and global meanings, respectively. This suggests that emotionally depriving experiences and stimulating opportunities, such as a sense of family support, adultification, and self-discovery, shape the global meaning framework of adolescent orphans, shaping how they interpret such experiences. Hence, intentional effort to mitigate deprivations while maximising stimulating situations in the care homes can facilitate positive and flourishing outcomes in Ghanaian residential care settings for orphans.

Implications for institutional care and mental health of adolescent orphans

The findings of this study revealed both positive and negative outcomes of living in RCH. Adolescent orphans' interpretation of experiences in the care setting as stimulating potentially shapes their inner motivation to intentionally focus on and seek opportunities in the home, such as relationships, self-awareness, and support, which can contribute to fostering resilience and adaptive coping with potential adversarial experiences. This can promote overall mental health and well-being outcomes. However, adolescent orphans who focus primarily on the negative aspects and interpretations of their lived experiences, despite acknowledging some positive components, can be exposed to feelings of neglect and loneliness, contributing to emotional disconnection, which can result in depression, anxiety and behavioural problems. Hence, mental health services such as psychoeducation and mental health screening should be prioritised in care homes to ensure prevention, case identification, and management of potential emotional distress in a timely manner. Moreover, training caregivers, social workers and owners of care homes in child development, trauma prevention and mental health sensitisation is imperative to prevent emotional and psychological problems among residential orphans.

Limitations

Although the study reveals shared meanings – psychologically stimulating and emotionally depriving experiences, the findings are limited in quantifying the level of positive and negative meanings associated with each participant's lived experiences. Hence, future studies can adopt a mixed-method approach to explore these meanings and ascertain the quantity and quality of meanings made. While there is a growing understanding of the meanings orphans derive from their experiences, the findings remain non-generalizable. Conducting similar studies across various care homes can improve the generalizability of these findings and shape intervention programs.

Conclusion

The study provides insights into the positive and negative interpretations that orphans derive from their daily experiences in residential care homes. While exposure to psychologically stimulating situations enhances their emotional, social, and psychological well-being, encounters with emotionally depriving experiences can adversely affect their well-being and overall development, potentially leading to poor mental health outcomes. Therefore, it is imperative for care homes to collaborate with mental health professionals to deliver education and mental health support to affected orphans. Furthermore, regular sensitisation of caregivers regarding adolescent development and trauma is crucial for creating a responsive care environment that supports the growth of orphans.

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