Psycho-Emotional and Socio-Spiritual Behaviors and coping mechanisms of Adoptees in La Trinidad, Benguet

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Abstract

Generally, the study focused on the behaviour and coping mechanisms of the adoptees in LTB. It precisely, assessed the prevalence of their psycho-emotional and socio-spiritual behaviour, and coping mechanisms.

The study made use of a structured questionnaire based on the Child Behaviour Checklist by Dr. Achenbach (1996) in obtaining the significant data from the fifteen participants. It was conducted in LTB on January to February 2013.

Statistical procedures as the weighted mean, T-test for one sample case, chi-square test, and the frequency count and percentage were used to evaluate the collected raw data.

The following were disclosed as the result of the study: (1) the prevalence of psycho-emotional and socio-spiritual behaviours shown by the adoptees in LTB is perceived to be sometimes; (2) variables age, and informant have no significant effect on the prevalence of the adoptees' psycho-emotional behaviours; on the socio-spiritual aspect, only the variable informant has a significant relation; (3) the prevalence of the coping mechanisms used by the adoptees is assessed to be displayed sometimes; (4) there is no significant relationship between the variables age, gender, and informant and the prevalence of coping mechanisms utilized by the adoptees in LTB; (5) there is a significant relationship between the prevalence of the

adoptees' psycho-emotional and socio-spiritual behaviours and the prevalence of their coping mechanisms.

Based on the results, the following conclusions were derived: (1) adoptees usually manifest occasional psycho-emotional and socio-spiritual behaviours which commonly take place every 1-4 weeks; (2) on the psycho-emotional aspect, the prevalence of the adoptees' behaviours is not influenced by their age, gender, and informant: on the socio-spiritual aspect, only the variables informant has a significant relation on the prevalence of the adoptees' behaviour; (3) the adoptees' coping mechanisms are usually displayed occasionally every after 1-4 weeks; (4) commonly, adoptees utilize various coping mechanisms in different frequencies; and (5) the prevalence of the adoptees' psycho-emotional and socio-spiritual behaviours has significant effects on the prevalence of their coping mechanisms.

Anchored on the conclusions derived, the following are then recommended: (1) group therapy or psychotherapy, specifically Carl Roger's Model, should be organized to further support the adoptees and change maladaptive or undesirable behaviour of the said population; (2) counselling, as well as referrals, should be offered to the adoptees; (3) adoptive family, especially the parents, should serve as advocate(s) of the adoptees by attending seminars and counselling; through this way, they may help in providing the adoptees better coping mechanisms; (4) comparative study between young and adult adoptees should be carried out; (5) further studies requiring larger samples and including some variables such as age upon adoption and type of adoption, should be conducted; and, (6) further study on the effects of the therapeutic models as coping mechanisms among adoptees is encouraged.

Conclusions

Based on the results, the following conclusions were derived:

1. Adoptees usually manifest occasional psycho-emotional and socio-spiritual behaviours which commonly take place every 1-4 weeks.
2. On the psycho-emotional aspect, the prevalence of the adoptees' behaviours is not influenced by their age, gender, and informant: on the socio-spiritual aspect, only the

variables informant has a significant relation on the prevalence of the adoptees' behaviour.

3. The adoptees' coping mechanisms are usually displayed occasionally every after 1-4 weeks.
4. Commonly, adoptees utilize various coping mechanisms in different frequencies.
5. The prevalence of the adoptees' psycho-emotional and socio-spiritual behaviours has significant effects on the prevalence of their coping mechanisms.

Recommendations

Anchored on the conclusions derived, the following are then recommended:

1. Group therapy or psychotherapy, specifically Carl Roger's Model, should be organized to further support the adoptees and change maladaptive or undesirable behavior of the said population;
2. Counselling, as well as referrals, should be offered to the adoptees;
3. Adoptive family, especially the parents, should serve as advocate(s) of the adoptees by attending seminars and counselling; through this way, they may help in providing the adoptees better coping mechanisms;
4. Comparative study between young and adult adoptees should be carried out;
5. Further studies requiring larger samples and including some variables such as age upon adoption and type of adoption, should be conducted; and,
6. Further study on the effects of the therapeutic models as coping mechanisms among adoptees is encouraged.

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