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Original article

A COMPARATIVE STUDY ON THE PERSONALITY TRAITS OF INSTITUTIONALIZED CHILDREN AND OF DANCING CHILDREN WHO COME FROM FAMILIES

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Abstract

Aim. The aim of this research is to carry out a comparative study between institutionalized children and children who come from families, and who practice dance, in terms of their emotional state and personality traits.

Methods. Fifty-four children, aged 11-12 years, participated in this research, of which 29 children from foster care centers and 25 dancers coming from organized families, who are constantly practicing. The subjects were tested using the Millon Pre-Adolescent Clinical Inventory, thus identifying the differences between the two categories in terms of personality type and dominant clinical signs.

Results. The personality type which dominates the category of institutionalized children is the *insubordinate/unruly* one, where the highest number of subjects in this group falls, i.e., 37.9%. The *sociable/outgoing* personality type characterizes 12 children out of the total number of dancers participating in the study, and only two children from the foster care centers. The clinical sign most frequently detected among both the institutionalized children and the dancers is the reality distortions, dominant for nine children from the centers (31%), respectively eight dancers (32%).

Conclusions. The statistical calculations show that there are significant differences between the two groups only in terms of personality type. Institutionalized children are characterized by insubordination and instability, whereas sociability is evidenced in almost half of all dancing children who participated in this study.

Keywords: institutionalized children, personality type, dance, Millon M-PACI.

Introduction

Institutionalization involves the care of children who were abandoned in state institutions, and it varies widely in terms of the quality of the provided care (van IJzendoorn Marinus *et. al.*, 2020).

The state becomes responsible for the upbringing and development of the institutionalized child, and it must provide support so that he/she can enjoy the rights that any other person has: education, health, proper nutrition, emotional and behavioral development, rehabilitation, reintegration, communication, safety, self-confidence and trust in others (Esponda, Sharma & Upadhyay, 2015).

The chances of success once they leave the care center are low, due to insufficient mental development to cope with the current social environment. The common problems these young people are facing are, as follows: high level of unemployment, lower educational qualifications, poverty, homelessness, low physical and mental health status, leading to a high rate of premature death, likelihood of involvement in crime, high rates of teenage pregnancy, and alcohol and drug use (Cantwell, Gale, McGhee & Skinner, 2018).

Parents' behavior towards their children and the environment in which they develop have a huge influence on their mental health, which contributes to their development into adults. Thus, behavior within the society and educational and professional success depend on the education received during childhood (Verhaar, Mattheweson & Bentley, 2022).

Social skills can be divided according to two main aspects: empathy and interpersonal skills (Hanafi, 2015). Children raised in organized families pick up positive memories, as a result of which they learn how to behave in society and to form an identity acceptable to those around them (Celani, 2016). Institutionalized children experience depression, which causes them to selectively analyze their environment, so that negative perceptions are highlighted (Cozolino, 2017). When they are rejected by the other children, anger arises and their emotional brain takes over, placing the rational brain in the background (Corneanu, 2017).

The issues of adaptability and integration into society in the case of institutionalized children are also influenced by the timing of their adoption. The earlier they are integrated into a family, the better their emotional state. Using the Child Behavior Checklist (CBCL), a study conducted on a group of 1,937 post-institutionalized children revealed differences between the children adopted before and after a one-year period spent in a foster care center (Gunnar, van Dulmen & The International Adoption Project Team, 2007). The result of the test established the fact that those who were adopted after

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a period longer than 24 months show greater, more noticeable behavioral problems than those who were welcomed into a family earlier, predominantly in the case of boys, who experience attention and social adjustment problems.

A group of researchers analyzed the externalizing and internalizing behavior of 419 abandoned children (9-18 years old) using the Developmental Psychopathology Checklist assessment of the standardized clinical examination (Diagnostic and Statistical Manual of Mental Disorders, IV - Revised Text). The percentage of children who externalize is 47.3%, with the remaining 52.7% compressing their emotions internally. The conclusion of this study is that institutionalized youth need to receive mental and emotional health services (Mishra, Khan, Sen & Patani, 2017). Cognitive impairment (low IQ) in maltreated children, under 12 years of age, is a subject of study, following PRISMA and HILL guidelines. A slow, decreased cognitive development was noticed, leading to negative social effects (Young-Southward, Eaton, O'Connor & Minnis, 2020): they are either shunned or rejected by those around them, or they are afraid to get close to anyone (Subodini, 2019).

Every person feels the effects of trauma differently, and sensitivity to certain stimuli can manifest itself differently. Sperry (2018) describes the personality types that are specific to human nature and the disorders that can arise for subjective reasons. Five broad trait dimensions are specified in a dimensional and continuous manner. These traits are derived from the *5-Factor Model of Personality* (Big-Five) and personality psychopathology (American Psychiatric Association, 2016): Negative Affectivity vs. Emotional Stability, Detachment vs. Extraversion, Antagonism vs. Agreeableness, Disinhibition vs. Conscientiousness, Psychoticism vs. Lucidity.

Certain intervention programs or physical and artistic activities can protect institutionalized children from certain negative consequences and contribute to a harmonious physical development comparable to that of children who come from organized families (Engle *et. al.*, 2011).

Recent studies have demonstrated the effectiveness of introducing educational dance programs, which permit a better holistic education of the pupils, as well as benefits in the psychological sphere (López-Serrano, Ruiz-Ariza, Suarez-Manzano & De La Torre Cruz, 2017). They have potential in terms of cognitive and academic development, stimulating the practice of sports and artistic activities, increasing school motivation and the integration into society.

Methods

Fifty-four children, aged 11-12, participated in this research, of which 29 children are from foster care centers (cc) and 25 are dancers (d) who come from organized families. They practice constantly, twice a week, and each practice lasts 90 minutes. The institutionalized children do not participate in systematic physical activities outside the physical education classes included in the school curriculum.

Millon Pre-Adolescent Clinical Inventory (M-PACI) measures *sociability, the ability to adapt, the concentration ability, the level of introversion, the personality type, depression, and anxiety*. It takes the form of a questionnaire with 97 questions, in which the subject ticks whether the correct version is True or False. Each item is scored differently, so that the personality type and the dominant clinical sign can be determined from the answers.

It is a self-assessment tool that allows the specialists to identify psychological problems in children aged 9 - 12, providing an integrative perspective that summarizes the main personality styles and obvious clinical syndromes.

It is addressed to children with clinical problems, such as depression, anxiety, ADHD, reality distortions and conduct disorders. It contains 97 items grouped into 14 scales and two validity indicators, the subjects' response possibilities being True/False (according to: <https://testcentral.ro/test/millon-pre-adolescent-clinical-inventory>).

In the case of preadolescents, the developing personality may undergo obvious changes due to the environment in which they live and to the experiences that they go through. For this reason, the label *emerging personality patterns* is used in order to refer to the following scales:

Table 1. *Personality types* (Millon, Tringone, Millon, Grossman, 1993)

<i>SCALE</i>	<i>PERSONALITY PATTERN</i>	<i>NUMBER OF ITEMS</i>	<i>DESCRIPTION</i>
1	CONFIDENT	11	High sense of self, great self-confidence, they consider themselves valuable and special, appreciated and want to make the most of their talents. With a relaxed and positive mood, even though sometimes they expect more from others than they can give.
2	OUTGOING	10	They easily establish friendships, they like to be the center of attention, they are energetic and take part in fun activities. They constantly seek multiple figures of attachment and stimulation from multiple people.

3	CONFORMING	11	They repress their need for independence and act responsibly and consciously. They are disciplined and reserved in terms of their emotional state, they follow the rules, and they are respectful of the persons around them. They are reliable and responsible.
4	SUBMISSIVE	12	Quiet and shy, submissive in interactions, they need support and special attention. They show secure attachment to certain significant others, ensuring that that they receive affection and protection.
5	INHIBITED	11	They are hypersensitive, anticipating the pain which might come as a result of an event and they are limited in experiencing pleasure. They are anxious, withdrawn and have difficulty integrating, being aware of these problems. They have low self-esteem, and they are depressed, finding it very difficult to trust those around them, being sure they will be hurt.
6	UNRULY	12	Independent style, seeing those around them as uncaring and ungenerous, seeking security in themselves. They do not trust others and are trying not to get hurt. They want to satisfy their desires through reckless actions, their logo being "Seize the day". They are impulsive and do not respect social norms.
7	UNSTABLE	12	They exhibit severe chronic stress, instability and emotional lability, which can also cause suicidal thoughts or self-mutilation. They manifest mental pain and cannot cope effectively with the demands of life. They are impulsive and cannot control their emotional swings, although they are aware of this. Social alienation and bad decisions affect their whole life.

The child's personality is correlated with certain clinical signs, which arise as a result of some events which had an impact on personality development or as a biological condition. These clinical symptoms may affect the child's life within society, at school or in the family, and they are the target of the treatment administered by specialists in order to improve the mental and emotional health status of the preadolescent.

The seven scales provided by the M-PACI test assess the presence of specific signs of clinical symptoms, as follows:

Table 2. *Clinical signs* (Millon *et. al.*, 1993)

SCALE	CURRENT CLINICAL SIGNS	NUMBER OF ITEMS	DESCRIPTION
A	ANXIETY/FEARS	9	They show somatic (headaches, stomach aches), affective (agitation, nervousness), cognitive (fear of being hurt or of disappointing the loved ones) and behavioral (running away from home or from school) symptoms.
B	ATTENTION DEFICITS	7	They have low attention span, they are impulsive, hyperactive, agitated, which affects their school performance and integration into society. They are aware

			that they are more nervous or tired than the others, however, they cannot control their state of restlessness.
C	OBSESSIONS/COMPULSIONS	8	It is an anxiety disorder, obsessions being persistent thoughts, which the subject recognizes as being inappropriate. Compulsions are mental acts which the individual performs repetitively in order to relieve stress.
D	CONDUCT PROBLEMS	10	Antisocial, violent, and hostile behavior in their relationships with friends, colleagues, or family. They may manifest anger and disrespect for the rights of others, any punishment seeming as ineffective. They do not learn from their mistakes, although they know right from wrong, and they have a dysfunctional way of thinking.
E	DISRUPTIVE BEHAVIORS	9	Difficulty in terms of controlling emotions, inability to delay an emotional reaction or to think before acting. They are impulsive, hyperactive and have attention problems.
F	DEPRESSIVE MOODS	10	Self-imposed pressures or pressures triggered by others, causing feelings of loneliness, sadness, despair, suicidal ideation, and emotional immaturity.
G	REALITY DISTORTIONS	8	Assessing auditory and visual hallucinations, paranoid ideation, and other behaviors that cause confusion, fear and fear of losing one's mind. These delusions are caused by unusual, frightening perceptions and beliefs which are related to certain past events and experiences.

Results

Following the administration of the Millon test, the results of the two groups participating in the study, institutionalized children and dancers who come from family backgrounds, were compared. The results were processed with the help of the statistical indicators *chi-square* (X^2) and *Phi* (Pearson's coefficients), used in order to explore the significance of the differences between the institutionalized children (cc) and the dancing children (d), who come from family backgrounds.

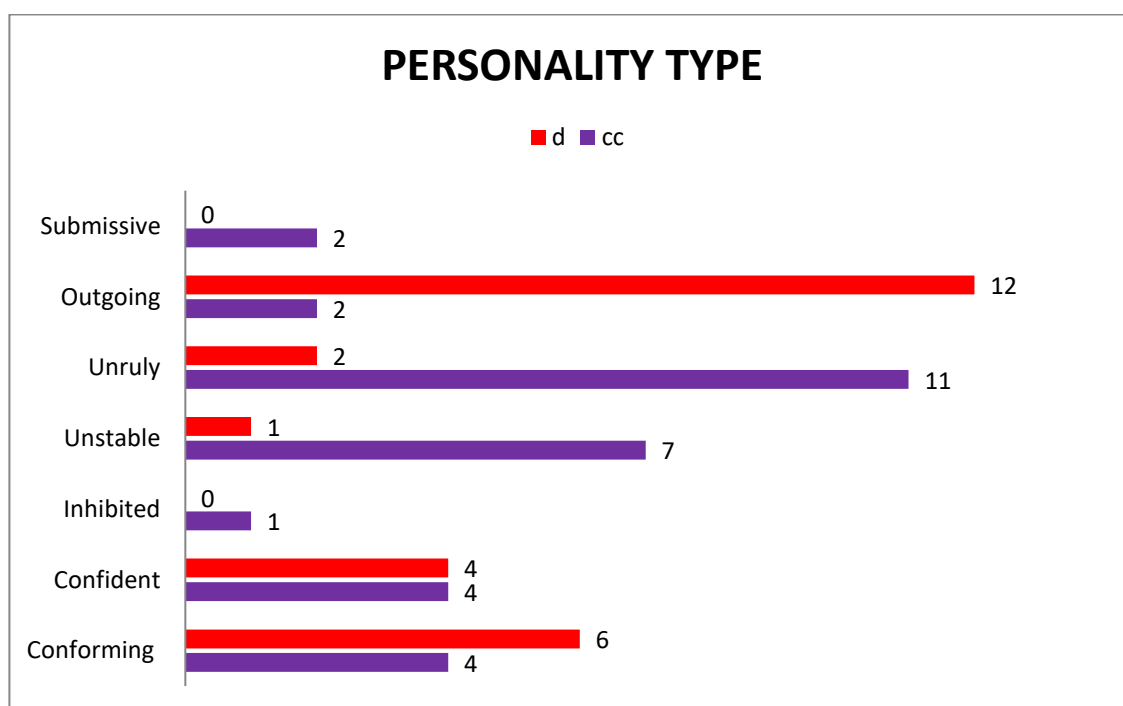
Table 3. The statistical description of Millon test's results, in terms of personality type

PERSONALITY	Category		Total	
	cc	d		
Conforming	<i>No.</i>	3	6	9
	<i>percent</i>	10,3%	24,0%	16,7%
Confident	<i>No.</i>	3	4	7
	<i>percent</i>	10,3%	16,0%	13,0%

Confident / Conforming	<i>No.</i>	1	0	1
	<i>percent</i>	3,4%	0,0%	1,9%
Inhibited	<i>No.</i>	1	0	1
	<i>percent</i>	3,4%	0,0%	1,9%
Unstable	<i>No.</i>	6	1	7
	<i>percent</i>	20,7%	4,0%	13,0%
Unruly	<i>No.</i>	11	2	13
	<i>percent</i>	37,9%	8,0%	24,1%
Outgoing	<i>No.</i>	2	12	14
	<i>percent</i>	6,9%	48,0%	25,9%
Submissive	<i>No.</i>	1	0	1
	<i>percent</i>	3,4%	0,0%	1,9%
Submissive / Unstable	<i>No.</i>	1	0	1
	<i>percent</i>	3,4%	0,0%	1,9%
Total	<i>No.</i>	29	25	54
	<i>percent</i>	100%	100%	100%

According to Table no. 3, the personality type that dominates the category of institutionalized children (cc) is the *unruly* one, where the highest number of subjects in this group falls, i.e., 37.9%. Behavioral problems are evident, considering that 20.7% of these children are characterized as being *unstable*.

The personality types with positive characteristics, such as *outgoing*, *confident* or *conforming*, are predominantly found among the dancers (d), with 48%, 16%, respectively 24%. As regards *unstable* and *unruly*, only one, respectively two dancers fall into these categories.



Graph 1. *Personality types diagram*

By including in the seven personality types the children who scored the same in two of them, it appears that most institutionalized children are defined by *insubordination* and *instability*, the categories where we find 11, respectively 7 children.

In terms of *self-confidence*, the number of institutionalized children is equal to the number of dancers, but there is a big difference in social terms. Of the dancing children, 12 children have an outgoing personality type, while only two children in the centers are characterized as such. The environment in which they grew up, the education they received and the activities they performed in their free time influence the children's behavior, therefore there are no dancers who fall into the *submissive* and *inhibited* personality type.

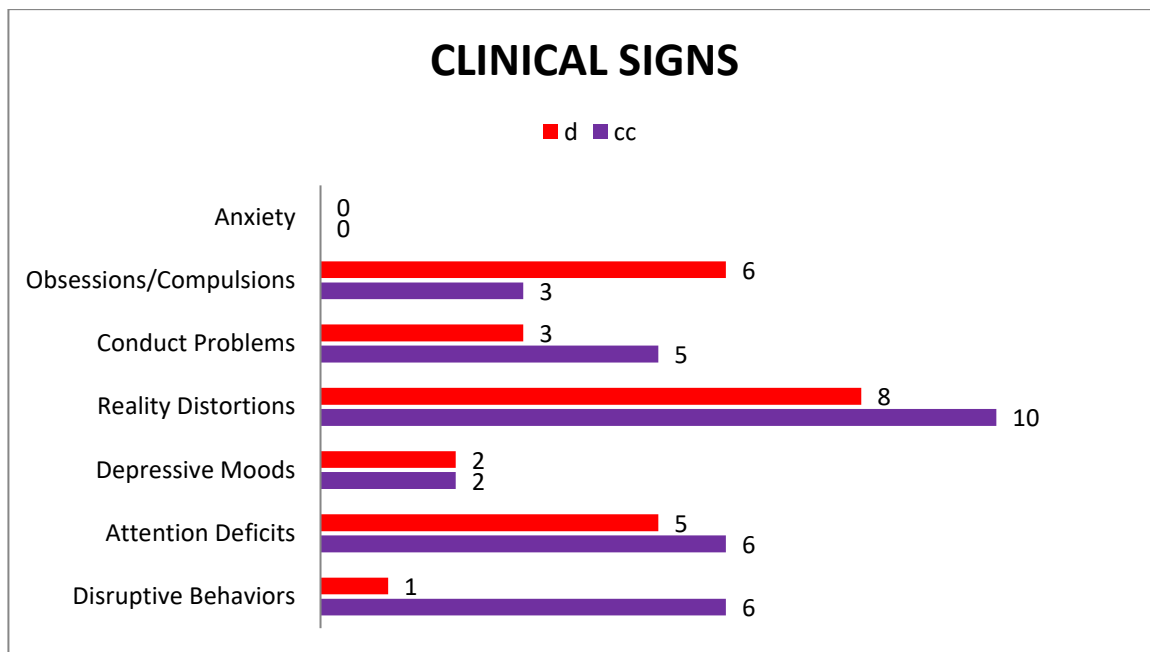
The following table highlights the dominant clinical signs that the children in the two groups experience. There are also subjects who scored the same for two characteristics, which means that more behavioral problems are observed in their case (Disruptive Behaviors - Reality Distortions; Conduct Problems - Attention Deficits; Obsessions/Compulsions - Attention Deficits).

Table 4. *The statistical description of Millon test's results, in terms of clinical signs*

CLINICAL SIGN	Category		Total	
	cc	d		
Disruptive Behaviors	No.	5	1	6
	percent	17,2%	4,0%	11,1%
Disruptive Behaviors / REALITY Distortions	No.	1	0	1
	percent	3,4%	0,0%	1,9%
Attention Deficits	No.	4	5	9
	percent	13,8%	20,0%	16,7%
Depressive Moods	No.	2	2	4
	percent	6,9%	8,0%	7,4%
Reality Distortions	No.	9	8	17
	percent	31,0%	32,0%	31,5%
Conduct Problems	No.	4	3	7
	percent	13,8%	12,0%	13,0%
Conduct Problems / Attention Deficits	No.	1	0	1
	percent	3,4%	0,0%	1,9%
Obsessions/Compulsions	No.	2	6	8
	percent	6,9%	24,0%	14,8%
Obsessions/Compulsions / Attention Deficits	No.	1	0	1
	percent	3,4%	0,0%	1,9%
Anxiety	No.	0	0	0
	percent	0,0%	0,0%	0,0%
Total	No.	29	25	54

Of the seven clinical signs highlighted by the Millon Test, only six stand out within this research. None of the children in the two participating groups showed signs of anxiety.

The clinical sign most frequently found both among the institutionalized children and among the dancers is Reality Distortions, prevailing for nine children in the centers (31%), respectively eight dancers (32%). Past experiences of institutionalized children cause fear and misperceptions regarding the environment, which leads to emotional disorders. Thus, 17.2% of institutionalized children display Disruptive Behaviors, while 13.8% have attention deficits and conduct problems.



Graph 2. Diagram of clinical signs

This graph also includes children who are characterized by two clinical signs, so that *Reality Distortions*, *Attention Deficits* and *Disruptive Behaviors* are the most important problems faced by institutionalized children. The similarity between the two groups is represented by the large number of children who have the same clinical sign - Reality Distortions (eight dancers and 10 institutionalized children) and the absence of anxiety. There are, however, two participants in each group who exhibit depressive moods.

Table 5. Chi-Square test results for the Millon test

	Chi-Square	p	Phi
Personality	21,91	0,005	0,63
Clinical sign	7,72	0,461	0,37

Statistical calculations show that there are significant differences between the two groups only in terms of personality type, where $\chi^2 (3) = 21.91$ ($p < 0.005$). Regarding the clinical signs, there are no obvious differences: the Chi-Square indicator has a value of 7.72 ($p < 0.461$), this result being insignificant in terms of confirming a significant difference between the two categories of children.

Discussion and Conclusions

The abandonment impact is reflected in the children's physical, intellectual, emotional and social level of development. In a study by Deambrosio, Gutierrez de Vazquez, Aran-Filippetti & Roman (2018), the situation of disadvantaged and abused children was analyzed in comparison with that of non-institutionalized children. The results revealed the fact that the institutionalized children had significantly lower IQ test scores, early stressful experiences causing slow neurodevelopment, with major cognitive and emotional deficits.

The educational interventions designed and implemented within programs for institutionalized children confirm the effectiveness of complex training means capable of multidimensionally influencing their personality. Among these means, dancing has been identified as a form of nonverbal expression through body movements (Woodley K., 2014).

A study by Leigh (1994) aimed to integrate children of color into a group and to combat racism through dance. This sport encourages the expression of thoughts and feelings, it develops the respect for others, and it increases self-confidence with the acceptance of personal ideas from others within the group. Dancing changes the way people think about the world and the environment, and it encourages participants to think freely.

Through this approach, we were able to highlight the emotional differences between institutionalized children and children coming from families, who are practicing dance. From a behavioral point of view, the percentage of institutionalized children with an "outgoing" personality type is only 6.9%. They are characterized by insubordination and instability, while personality types with positive characteristics, such as *outgoing*, *confident* or *conforming*, are predominantly found among the dancers, i.e., 48%, 16%, respectively 24%. In another comparative study, it was found, through the Interest Assessment Questionnaire, that dancers have better emphasized social interests than institutionalized children, and they are more concerned with social relationships and extracurricular activities (Tomescu, Stănescu & Aivaz, 2022). Emotional disorders of institutionalized children are also evidenced by clinical signs: 17.2% of institutionalized children display Disruptive Behaviors, and 13.8% show Attention Deficits and Conduct Problems.

Based on the idea that dancers are more socially developed, these aspects open up new research perspectives on how dancing positively influences children's development and integration into society. We believe that dancing can help institutionalized children deal with emotional and social problems by educating them about the freedom of thought and the freedom of expression of thoughts and feelings.

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