

“I am doing okay”: Intrapersonal Coping Strategies of Children Living in an Institution

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In this case study, we utilized a Resilience framework and Sense of Coherence theory to understand how a group of children coped while living in an institution as a consequence of HIV/AIDS. We followed a qualitative and interpretivist approach. The experiences of nine children (5 girls and 4 boys) aged between 11 and 15 years is highlighted. The primary data generation strategy was informal interviews. However, we based these interviews upon participatory task-based and multimodal activities incorporating visual (drawings, pictures), auditory (stories, conversation), tactile (clay modeling) and kinaesthetic (role play) activities to stimulate conversation and discussion. All interviews were voice recorded and the contents thereof, thematically analysed. Children living in this institution use the following intrapersonal coping strategies: a sense of spiritual connectedness, disengagement (fantasy, denial and detachment), and positive intrapersonal characteristics. Intrapersonal sources of resilience help children to establish meaningfulness and comprehensibility in their lives on a continuum of engagement or disengagement. They use spiritual connectedness and socially responsible behaviour to engage and fantasy, denial and detachment to disengage.

Keywords: intrapersonal coping strategies, engagement, disengagement, institutionalised children, resilience, sense of coherence

The life situations of orphaned and vulnerable children as a result of HIV/AIDS-related deaths present significant challenges. For instance, increasing numbers of adolescents are currently heading households (Chabilall, 2004; Foster, 1997, 2000; Townsend & Dawes, 2004) and coping approaches are being determined by country, region and community. Thus far, coping responses include incorporation of children within extended families, orphanages, shelters, institutions, foster care and adoption (Foster, 2000; Nyambedha, Wandibba & Aagaard-Hansen, 2003).

In Africa, the common belief that extended families would eventually care for orphaned children has been challenged (Kodero, 2001). Caring for orphaned children increases the vulnerability of families and communities as it reduces household income and food security, stretches social services and undermines community cohesion (Alcorn, 2004; Atwine, Cantor-Graae, & Banjunirwe, 2005; Booysen & Arntz, 2002; Bray, 2003). Thus, Kodero (2001) maintains that the educational, psychological and psychosocial needs of orphaned children are best met by orphanages (institutions), followed by guardians' homes, and are least met by extended families. The implication is that extended families may no longer be able to care adequately for orphaned children, as this group of children increasingly work more, attend school less and fall sick more often (Kodero, 2001).

As a result, there has been a call from some sectors for an increase in institutionalised care for children. Gilborn, Nyonyintono, Kabumbuli, and Jagwe-Wadda (2001) and Ntozi (1997) maintain that placing orphaned children in the care of institutions is not entirely new in most African settings. Some of these institutions are highly desired because they provide the children with important fa-

cilities such as boarding schools and medical care (hospitals and clinics). However, others (Dunn, Jareg, & Webb, 2003; McCreery, 2003; Tolfree, 2003; Zimmerman, 2005) argue that institutional care is not only expensive, but also detrimental to children. Those who are against this form of care insist that institutional care does not adequately socialise young adults for a productive life outside the institution.

Among others, children in institutions present with a range of emotional and psychological difficulties related to self-concept development, maternal deprivation, attachment disturbances and mother-child interaction (Cluver & Gardner, 2006; Dunn et al., 2003; Tolfree, 2003).

A Strengths-Based Approach

Despite this context of adversity, there appears to be a need to consider children affected by the HIV/AIDS pandemic from a different perspective; one that acknowledges human strengths despite challenges. Although some studies (Bhargava, 2005; Cluver & Gardner, 2006; Foster, 2000; Makame, Ani, & Grant-ham-McGregor, 2002) have examined the predictors of psychological wellbeing in orphaned children, a gap in the literature remains in terms of examining the way children cope in adverse circumstances. Thus, in this article we utilise a strengths perspective to explore children's lived experiences in an institution. Specifically, we draw from Resilience and Sense of Coherence theories to examine intrapersonal coping strategies¹ of children who are living in an institution.² A strengths approach implies confronting the range of adversities that face individuals, as well as mobilizing their strengths, resources and capacities to address negativity (Ebersöhn & Eloff, 2003, 2006). Moreover, Miller and Harvey (2001) propose that a psychology of loss (as

is the case with children living in institutions) may help to illuminate a central theme of positive psychology, showcasing human skills that emphasize human strengths and optimal functioning. However paradoxical the interface of positive psychology and a psychology of loss might seem, it could lead to a new way of discovering and understanding for both these areas (Miller & Harvey, 2001). We surmise that resiliency and vulnerability appear to exist on a continuum in the lives of children (Mohangi, 2008). Since children are vulnerable to different life events at different stages of their lives, locating and understanding key protective factors within vulnerability could be an access point for predicting development to buffer risk and further vulnerabilities.

Resilience, Coping and Sense of Coherence

Features of resilience may be used to understand coping. Resilient coping, comprising a sense of self-worth, hope and optimism, and a sense of security, comfort and belonging, is described as a form of emotional giftedness (Ebersöhn, 2007). Rutter (2000) described rational appraisal, self-esteem, social support, positive life events and a sense of control as potential protective factors typically needed to deal with stressors. Thus, stress reactions and coping abilities may be directly related to children's social development, their adjustment and their wellbeing.

Sense of Coherence

Antonovsky (1987, p.19) defined sense of coherence as: "a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that: (i) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable; (ii) the resources are available to one to meet the demands posed by these stimuli; and (iii) these demands are challenges, worthy of investment and engagement". It is characterized by comprehensibility, manageability and meaningfulness. *Comprehensibility* is a belief that things happen in an orderly and predictable fashion and a sense that you can understand events in your life and reasonably predict what will happen in the future. *Manageability* is a belief that you have the skills or ability, the support, the help, or the resources necessary to take care of things, and that things are manageable and within your control. *Meaningfulness* is a belief that things in life are interesting and a source of satisfaction, that things are really worth it and that there is good reason or purpose to care about what happens.

When an individual is confronted with acute trauma and stress, it is likely that one's belief in the world as comprehensible, meaningful and manageable may help alleviate stress. Thus, sense of coherence is also considered a mediator of the effect of life stressors on an individual's sense of wellbeing. Research has demonstrated the positive effects of such mediation on adolescents (Tram & Cole, 2000), and the mental health of refugees (Ying & Akutsu, 1997; Ying, Akutsu, Zhang, & Huang, 1997). In addition, sense of coherence has been found to mediate against certain depressive indications in college students (Ying et al., 1997)

Goal of the Study

The goal of this study was to explore how children living in an institution as a consequence of HIV/AIDS, coped. In this study, we were directed by the following primary research question: How do children affected by HIV/AIDS negotiate pathways to well-being?

Method

Participants³ and Setting

Participants were nine children (males=4, females=5; mean age=12) who lived in an urban residential care setting (institution), located on the outskirts of a South African city (see Table 1). The site was purposefully selected as it appeared representative of other similar institutions in the province. While the district within which the institution is situated is characterised by middle socioeconomic level, the children themselves grew up in communities characterised by poverty and the proliferation of HIV/AIDS. The children in the study faced wide-ranging vulnerabilities-from orphanhood and abuse to personal and family HIV/AIDS infection and its effects.

Of the nine child participants, seven children were HIV positive and were receiving anti-retroviral treatment. At the time of the study, as reported by the nurse who cared for the children, they appeared medically well and healthy.

Data Generation

We primarily made use of informal interviews as data generation strategy. However, we based these interviews upon multiple activities aimed at generating thick, rich, detailed descriptions of the children's experiences (Terre Blanche & Durrheim, 1999). Table 2 describes the approach we adopted in our interviews with the children. Considering the sensitivity of the main subject under exploration, we adapted the interview process to include participatory task-based interviews and stories (post-modern narrative techniques), based on multimodal mediums such as visual (drawings, pictures), auditory (stories, conversation), tactile (clay modeling) and kinaesthetic (role play) to generate data. Although the researchers are psychologists, we did not attempt to analyse these activities from either a research or psychological perspective. The main aim in this regard was to create data generation sessions (interviews) that were non-threatening and stimulating for the participants as a means to possibly reduce anxiety and to encourage a safe research environment for the children. Multiple media also ensured that rigour in terms of data generation was maintained and that the risk of misinterpretation or distortion of material was avoided. All sessions were tape-recorded and transcribed.

We also took notes of the children's interaction with each other as well with their caregivers and other visitors to their home. These informal observations formed a valuable part of this study and served to confirm the children's utterances in terms of their observed behaviour. Owing to the qualitative nature of the study, we did not adhere to a formal observation schedule; instead, informal observations were documented in a research diary.

The Process of Data Analysis

Data generation proceeded until the point where saturation of themes was reached (Merriam, 1998, p. 164), with the children's experiences being embedded in the data that had been generated across a spectrum of sources. All transcriptions of the interviews with the children were thematically analysed. It is important to note that, considering that descriptive techniques (stories, role play, clay modeling and drawings) were primarily utilised as stimulus for conversation, these sources were not analysed but rather, the conversations arising from these sessions were subjected to analysis.

Table 1

Participants' Personal Background

A brief description of participants' personal background¹

Participant 1 was 13 years old and is HIV negative. Both parents are deceased. It is alleged that she was sexually abused by her stepfather.

Participant 2 was 15 years old and is HIV negative. She was institutionalized when her mother was imprisoned. It is alleged that she was sexually abused by her mother's brothers.

Participant 3 was 12 years old and is HIV positive. He is receiving antiretroviral treatment. He has been living at the institution since he was three years old. His mother is deceased and his father unknown. He has no contact with his siblings.

Participant 4 was 12 years old and is HIV positive. She is receiving antiretroviral treatment. Both parents are deceased.

Participant 5 was 12 years old and is HIV positive. She is receiving antiretroviral treatment. Her mother is deceased and her father's whereabouts are unknown.

Participant 6 was 12 years old and is HIV positive. He is receiving antiretroviral treatment. Both parents are deceased.

Participant 7 was 11 years old and is HIV positive. He is receiving antiretroviral treatment. He has four brothers who live independently in a child-headed household. He has limited contact with his brothers.

Participant 8 was 11 years old and is HIV positive. He was abandoned by his mother when he was six years old. He has limited contact with his father.

Participant 9 was 12 years old and is HIV positive. She is receiving antiretroviral treatment. It is believed that her mother and sister died of AIDS-related illnesses. Her father is unknown to her.

Table 2

Activities that Supported the Interviews

Activity	Description and rationale	Cue / prompt
Session 1: Free painting activity	We eased the children into the research situation with an unstructured group painting activity with the intention of reducing anxiety and encouraging rapport. Thereafter, we engaged the children in private, individual conversations about their paintings.	<i>Make a picture of something that makes you happy</i>
Session 2: Drawings	We chose drawings as stimuli to encourage children to verbalise thoughts, feelings and opinions in an indirect and projected way. The purpose of discussion and conversation was not to elicit answers to questions or to test hypotheses; rather it was to explore and seek an understanding of the experience and the meaning the children made of that experience.	<i>Drawing 1: Make a picture of a person; Drawing 2: Make a picture of a child in the rain; Drawing 3: Make a picture of a person and then write down what he/she thinks, what he/she feels and what he/she needs</i>
Session 3: Clay modeling	Clay modeling was used to give expression to the children's non-verbalized emotional issues and to encourage the sharing of feelings, thoughts and views in a non-directed way. Since play is the language of childhood as well as a language for a client of any age who is unable or unwilling to verbalize the clay modeling session was intended to provide a safe medium for non-verbal expression.	
Session 4: Incomplete sentences	In this session, the children filled in a schedule which consisted of incomplete sentences. The use of an "Incomplete Sentence" schedule usually taps into the participant's unplanned responses and requires them to respond spontaneously and unconsciously.	
Session 5: Collage	We used the children's individually constructed picture collages, as a talking point for various aspects of their lives. We engaged the children in private and individual conversations during subsequent sessions.	<i>Choose pictures and make a collage to show me and tell me about yourself.</i>
Session 6: Role play	Role play was used in this study to encourage children to express feelings about illness and its impact on the family. This generally appeals to some children and taps into their unconscious minds while they are maintaining a safe distance from the acted-out situation which might be disturbing to them.	<i>Show me with toys what happens when there is a sick person in the family</i>
Informal conversations during play	Throughout, we engaged in informal conversations with the children during which time we explored topics ranging from their relationships with their friends and the volunteers at their home as well as their thoughts regarding their lives in the children's home. Highlights of these conversations were recorded in field notes. We found that the children engaged willingly and spontaneously in these conversations.	

During the initial reading stages we noticed patterns of meaning and issues of potential interest. Moving on to the open coding phase, we used a bottom-up approach (inductive approach) to work out naturally occurring commonalities in words, phrases, and themes. We then sorted and organised the codes elicited in the previous stage into categories that seemed to share or reflect similar thoughts, feelings or behaviours. During this process we found that the analysis and interpretation process was not simply linear, but rather more recursive in nature (Braun & Clarke, 2006). We aligned the raw data with the actual codes that were used, and then grouped the codes into categories and possible themes. In this way, we discovered relationships between and across categories and themes, which encouraged us to make linkages and offer plausible explanations.

Ethical Considerations

We obtained written informed consent from the children's primary caregiver and obtained written informed assent from the children. Our child participants voluntarily agreed to be a part of this research after we had explained the research in detail to them on an age-appropriate level and in language with which they were familiar. To enhance the ethicality of this study, we engaged the cooperation of the social worker (as guardian to the children) to act as a child advocate and a witness to the informed assent process, and to ensure that adequate protection was provided for the children in the study (Schenk & Williamson, 2005).

Results and Discussion

The children in this study employed different coping mechanisms (both intrapersonal and external) to cope with the adversities they experienced living in an institution. Their intrapersonal coping strategies were: *a sense of spiritual connectedness, disengagement (fantasy, denial and detachment), and positive personal characteristics*. Although they also noted *positive systems supporting coping efforts (community, school, friendships)* as part of their coping repertoire, this external coping strategy falls outside the scope of this article. We chose to integrate our results with the relevant literature in order to understand and make sense of the children's experiences.

A sense of Spiritual Connectedness

Throughout this study, the children referred to their spiritual and religious connectedness. They incorporated religious rituals and routines to their daily lives. The following vignette demonstrates one child's faith in God. Her belief was that the power of prayer could help to heal anyone who is sick: *This here, it's all about HIV. This is the family. This boy's father heard that the boy has HIV. Then the family went to church. Then they prayed for the boy. Then they prayed for this boy and they said he must stay a little bit in the church. Then he slept in the church (participant 9).*

Other children referred to reading the Bible every day: *At night in my bed, I pray (participant 3); at night in my bed, I read Bible stories (participant 5); I think of God (participant 5); At night in my bed I read my Bible and I do my praying (participant 9).* As a result of his faith, one child did not fear death: *I'm not scared of dying because I will go to heaven (participant 7).* Further evidence of faith is illustrated in these words: *He thinks he wants to go to heaven. He thinks heaven is a nice place and God said to the whole family your child will be fine in heaven,*

you don't need to worry anymore because in heaven it's a safe place. No one can die (participant 9).

Embracing God

A few children expounded the view that if you embraced religion (God), then your life could be better. This view is illustrated in these words: *These are the ones who wanted nice lives but they didn't get it because they didn't turn to God, my mum, except my mum and dad (participant 1).* The children's faith in God is further exemplified in: *She must trust God to protect her, Today I modelled but I didn't win but still God blessed me (participant 1)* – implying that her faith in God would protect and buffer her from misfortune and adversity. In addition, another child believed that: *The happiest time is when I am at the church (participant 2).* From the children's verbatim accounts, it seems reasonable to assume that the children have embraced religion as a safe haven and have found solace and comfort in their faith in God. Results suggest that children in this study used spiritual connectedness as a means of coping, possibly implying that spirituality, as a coping style, seems to offer hope. Consequently, through spiritual connectedness children seemed to appropriate some stability and a resource from which to draw their strengths. It is possible that the Christian ethos of the institution where the children live could have contributed to their implicit faith and religious beliefs.

Findings from other studies (Folkman & Moskowitz, 2004, p. 759; Hill & Pargament, 2003) also claim that some people use religion or their spiritual beliefs to help cope with the immediate demands of stressful events, especially in finding the strength to endure and find purpose and meaning in circumstances. It also seems that religion and spirituality can be expressed differently in the process of coping. These expressions include private forms of spiritual coping (faith, prayer) and social forms (getting more involved in church activities, discussing problems with one's minister). We found that the children in our study used both private and social forms of coping at different times. The familiar and daily routine of prayer appeared to provide structure, consistency and discipline for the children. We regard the spiritual connectedness demonstrated by the children in this study to be a form of spiritual coping to enhance resilience.

Sense of Optimism

In addition to the potential physical health benefits for adults on a day-to-day basis, the mental health benefits stemming from spiritual coping have also been documented in situations of poverty among children. Werner (2000, p. 125) notes that resilient children are generally descended from families that held religious beliefs, which provided stability and meaning in their lives especially in times of hardship and adversity. Werner (2000) refers to Antonovsky (1987) when explaining that such faith gives resilient children a sense of rootedness and coherence, a conviction that their lives have meaning. Furthermore, people who are committed to religious beliefs and practices experience higher levels of wellbeing, since religious or spiritual coping can also include a sense of optimism or hope that is fostered by religious beliefs (Compton, 2005).

An examination of the role of religion and spirituality in adjustment to HIV/AIDS illness has only recently begun among HIV/AIDS adult patients. Boeving (2006) has identified a lack of research into spiritual and religious coping in children and adolescent populations, thereby implying a need for research into an aspect that appears to be increasingly significant in understanding and supporting children and adolescents through adversity.

Disengagement (Fantasy, Denial and Detachment) as Coping Styles

Another intrapersonal coping strategy was disengagement where disengagement refers to the act of disconnecting and detaching oneself, as opposed to being involved and engaged. Children in this study allowed themselves to disengage: to dream, fantasise and imagine, possibly as another means of coping with the challenges allied with adversity. The ways in which children in this study disengaged included fantasy, denial and detachment.

Fantasy as a coping style. Living in a world of fantasy and make-belief appears to be one of the ways in which the children in this study coped with challenges in their lives. They appeared to have embraced the life of heroes and superheroes, queens and princesses, as well as famous sporting personalities: *He dreams about flying in the sky and going to save people and telling the soldiers not to be bad and the soldiers became good people; changing into green like the real Hulk and he will save his people from the soldiers because the soldiers want to change the city (participant 3)*. Girls, on the other hand, fantasized about being royalty and the implied a life of glamour, luxury and privilege, exemplified by the following words: *Sometimes I imagine that I am a queen in the world (participant 1); I am wishing I could be a queen (participant 4)*.

Denial of loss as a coping style. In this study, the category of denial of loss is used to report on the affective and cognitive behaviour of children who speak of their dead parents as though they were still alive. To do this seems to deny the parent's absence or death. There were instances where children's utterances and the written words in this study could have implied a denial of their parents' death (or perhaps an aspect of fantasy). In this regard, denial could be regarded as a form of coping with the loss of a significant person. We provide evidence of the children's descriptions of their parents as though they were still living to exemplify our suggestion: *My father is a soldier (participant 3); I can depend on mom (participant 2); My father is so beautiful he is so special (participant 5); My mother is at home (participant 6); My father is the best (participant 6); My father is a police and he catches robbers (participant 9); My mother is a lawyer she helps people (participant 9); My mum woke me up (participant 1)*. One child described her family thus: *I think they are nice to me and they are the ones that make me feel nice and they protect me and I like them (participant 1)*.

Detachment as a coping style. The desire for escape and freedom from the context of adversity was implied in a metaphorical sense as well as in physical detachment by the children in this study. One child especially used the metaphor of wings extensively in the study, perhaps symbolising a desire for flight, freedom and emancipation: *I pasted the wings because I would like to fly to see the world; wings take you places (participant 1)*. The apparent desperation for escape and freedom is emphasised in, *I badly want to have wings to fly in the sky (participant 1)*.

Besides a metaphorical disengagement, children also physically and consciously detached themselves from their surroundings when they felt a need to. We often observed one child removing herself from difficult situations by climbing, and sitting, in a tree. Here she was able to think about her life and, *that life is difficult and I am just an orphan child and I just think of my life; I don't feel comfortable because sometimes I just feel like going away, and that, I don't know, just to go out through the big gate and to walk (participant 1)*. Another child described his desire to

be a bird *because a bird flies free*, possibly implying escape and emancipation from adversity (*participant 6*).

Pivnick and Villegas (2000) found that denial and repression are defence mechanisms used by orphaned and non orphaned children. These researchers explain that the defence mechanisms of denial and repression are adopted in order for children to function normally in the context of a caregiver's HIV-related illness and impending death. In the context of our study, we submit that in the face of cumulative stressors and adversities the possibility of children utilizing denial, repression and other defence mechanisms to cope with the trauma may be increased. Fantasizing was another way in which the children seemed to disengage from reality. This finding is illustrated in another study exploring disease awareness in HIV-affected children. In this case, Willemssen and Anscombe (2001) found that HIV-positive children used more fantasy figures in their play.

Positive Personal Characteristics

In the final instance, positive personal characteristics (positive self-concept and maturity) were also shown to be intrapersonal coping strategies of the children in this study.

A positive self-concept. A positive self-concept and self-image was depicted in children's reported feelings of self-worth, pride in their abilities, confidence, assertiveness, self-awareness, independence, competence and having a sense of responsibility. A positive self-concept also seemed to arise from perceptions of strength. A few children's positive self-concept were espoused in the following words: *I am beautiful; My greatest strength is because I am responsible (participant 7); I am nice (participant 7); I am good at taking care of things (participant 9); I'm good at writing my schoolwork; I'm good at saving money (participant 3)*.

Two girls in the study seemed to draw strength from their physical beauty: *My greatest strength is that I am beautiful (participant 9); I think I am beautiful, nice and pretty (participant 7)*. While one boy described how he took care of his body, thereby possibly reflecting a positive self-image: *I wash my body when I am dirty and I must look after my body by exercising and by washing so you smell fresh and clean morning and evening (participant 3)*. Another child demonstrated positive emotions such as happiness and pride in her abilities regarding her home and school: *I feel happy because I am in a safe house and school (participant 5)*. Her self-awareness and positive self-concept are exemplified in the following quotations: *I think I am a very good girl and I am so helpful (participant 2); My greatest strength is when I help people (participant 2)*. Other indicators of the presence of a positive self-image were the children's displays of self-confidence and independence. This view is supported by the following direct quotations from the children: *I can depend on myself; I think life is easy, nice (participant 5); I am doing okay (participant 5); I think life is good (participant 2)*.

Maturity in the form of social responsibility. In this study, three children's sense of responsibility and appropriate cognitive and reasoning skills demonstrated their developmental and social maturity (participants 2, 5 and 6). This view is illustrated in, *This time I did think a lot and I think that the best thing that I have to do now is to stay here and go to school and I will see what is going on with my life and then, if I am ready to go home and then I will (participant 2)*. We posit that certain children in the study showed maturity in understanding the role of self-efficacy and the need to show responsibility towards themselves. The result suggests that being affected by adversity could have made the children in the

home sensitive to the needs of others and it may have nurtured a sense of social responsibility within them.

When coping with their challenges on a daily basis, many of the children in the study displayed social and emotional maturity in terms of a sense of responsibility that was often beyond their chronological ages. One child described why she thought that doctors performed an important job, the most important one being to disclose HIV status to infected people: *If you are sick and if you don't know you have HIV you (the doctor) must tell them. Because sometimes people don't know they have HIV-doctors just give them medicine they (the people) don't know what for and they don't take them and then they die (participant 5).*

In a conversation about how he coped with bullying by other children, one child said that he *feels like hitting them but does not hit them, because we must forgive and forget (participant 6).* There seems to be recognition of a strong moral character. This child also emphasised his desire to be socially responsible and his need to help others because, *when he grows up he will be a powerful man and he will help poor people (participant 6).* Thus, social maturity in children could inform their coping attempts and resilience.

Children's resilience in facing adversity has been ascribed to their internal (personal and individual) attributes, such as autonomy and high self-esteem (Masten & Garmezy, 1985), and an internal locus of control, as well as an achievement orientation within and external to the school together with factors that are external to the child. In addition to the internal and personal characteristics of the child, researchers delineate other factors that they regard as implicated in the development of resilience in children. These include aspects of their families and characteristics of their wider social environments (Bolg & Weddle, 1988; Masten & Garmezy, 1985; Werner & Smith, 1982). The suggested resilience-enhancing systems align with the pillars of strength that a positive psychology approach encourages in order to support and buffer individuals and families (Seligman & Csikszentmihalyi, 2000). While resilience most likely differs from one person to the next, it seems to be made up of different mixtures of dispositional and situational characteristics that may enhance resilience and coping or further adversity (Bolg & Weddle, 1988; Lemay & Ghazal, 2001).

The children's positive individual attributes may be considered protective in the face of adversity. Their personal qualities, the experiences they have encountered and the way they have processed those experiences are important in understanding children's resilience processes (Gilligan, 2000, p. 39). The important components of resilience include having a sense of a secure base, self-worth and self-esteem, and a sense of self-efficacy (Gilligan, 2000, p. 39; Williams, 2001). As a dispositional factor, a component of resilience is self-worth and self-esteem (Gilligan, 2000). According to Rutter (2000), self-esteem comprises two important experiences: secure and harmonious love relationships and success in accomplishing tasks that are identified by individuals as being central to their interests. We refer to these coping mechanisms as a form of *resilient psychosocial coping*.

Independence and task accomplishment are considered elements of self-efficacy and may be viewed as a form of resilience, which has implications for self-control, responsiveness and decision-making capacity within one's own life (Gilligan, 2000, p. 41). Hence, self-efficacy should be viewed developmentally and nurtured through consistency, warmth, praise, support and encouragement for children to engage in their envi-

ronment. Makame et al. (2002) support Gilligan's (2000) view of self-efficacy and have further conjectured that receiving a reward or praise for good behaviour reduces the internalisation of problems, reinforces desired behaviour and promotes good self-esteem. Based on informal observations of the children and their caregiver relationships in the children's home, we believe that caregivers who praise and affirm desirable behaviour and achievements are more likely to have a warm reciprocal relationship with a child that could possibly lead to positive self-esteem and self-concept. Bearing in mind that a person's self-concept is not innate, but learnt (Mwamwenda, 2004), self-concept should be enhanced by giving a child opportunities to contribute to discussions and to express and logically substantiate his or her views and to be treated equally.

Conclusion

From the findings it is apparent that the children in this study attempt, on the one hand, to escape their reality via disengagement and, on the other hand, try to engage with their situatedness through spiritual and interpersonal connectedness. We posit that comprehensibility [1], meaningfulness [2] and manageability [3], as constructs of Sense of Coherence [4] (Antonovsky, 1987), are inherent in these coping strategies. Based on Sense of Coherence theory (as a positive psychology, strengths-based theory) we theorize that children facing adversity will conceivably use coping strategies to understand (comprehensibility) their lives; by using strategies to create meaning (meaningfulness), as well as to feel in control (manageability) of their lives. In this regard, children facing the adversity of living in institutional care cope intrapersonally by establishing meaningfulness, comprehensibility and manageability (i.e., a sense of coherence) by means of a positive self-concept, spiritual and relational connectedness and also disengagement.

As a result, we conjecture that children cope with the discordant realities of institutional care by sometimes explicitly choosing not to think about adversity (disengagement), at other times disparately engaging with meaning-making in their lives (spiritual connectedness), and in other instances again acting meaningfully in the lives of others (social responsibility). In this way coping with their lives is a result of various meaningfulness and comprehensibility strategies. We suggest that the meaningfulness and comprehensibility strategies exist on a continuum of engagement and disengagement, depending on children's evaluation of manageability in their lives. In addition we argue that a conduit for coping in terms of sense of coherence is a positive self-concept.

By using a positive psychology lens to study children's coping with living in institutional care we have come to appreciate children's tenacity. We argue that the intrapersonal sources of their resilience are the result of children with positive self-concepts attempting to establish meaningfulness and comprehensibility in their lives on a continuum of engagement or disengagement (as directed by the degree to which they feel able to manage their lives – manageability). In this regard children use spiritual connectedness, social responsible behaviour to engage and fantasy, denial and detachment in particular in order to disengage.

The findings of this study bears relevance to policy on the care of institutionalized children. Specifically, the findings point out that institutionalized children need to be supported in their coping attempts. In addition, future research could be conducted to understand how orphaned and non orphaned children as well as HIV positive and HIV negative children could possibly differ in their coping approaches. Furthermore, this study could

be replicated in other children's institutions in order to corroborate findings.

Challenges of the Study

The challenges of this case study include the limited sample size as well as the sensitivity with which this study had to be conducted. We report on the experiences of nine children who live in a specific context and, as this is a purposefully selected case study, we acknowledged that findings cannot be generalized to other children's institutions. Furthermore, for the purpose of this specific case study with a limited sample size, no distinction was made in the analysis of data between the children who were HIV positive and treated with medication and those children who were HIV negative. In addition, we chose not to distinguish between the orphaned children and the nonorphaned children in our analysis of data.

However, we believe that this study provides a rich description of the subjective experiences of institutionalized children and gives an insight into the complexities that may be applicable to many children living in similar circumstances.

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- [1] Comprehensibility means that, whatever happens to individuals, they are able to make sense of it and understand it, as the challenge is in some way structured, predictable and explorable (Antonovsky, 1987).
- [2] Meaningfulness is the extent to which one feels that life makes sense emotionally, that problems and demands are worth investing energy in, are worthy of commitment and are welcome challenges (Antonovsky, 1987).
- [3] Manageability is the extent to which one perceives that resources are at one's disposal and they are adequate to meet the demands presented by the life situation (Antonovsky, 1987).
- [4] According to Antonovsky (1987) a sense of coherence is required for coping and is associated with the presence of comprehensibility, meaningfulness and manageability.

Author Notes

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Footnote

¹ In this article "intrapersonal coping strategies" refer to the child's inner personal qualities and characteristics that buoy coping attempts

² The "institution" refers to the children's home in which this study occurred.

³ The words "participant" and "children" are used interchangeably.

Endnote

Owing to space constraints in writing this article, we did not report on or integrate all the data from the study in this article.