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APPENDICES

- Appendix A: University of Pretoria Ethics Clearance Certificate
- Appendix B: McCord Ethics Clearance Certificate
- Appendix C: Letter of invitation to caregiver of Sinikithemba Paediatric Clinic
- Appendix D: Letter of invitation to child patient of Sinikithemba Paediatric Clinic
- Appendix E: Letter of invitation to social worker of Sinikithemba Paediatric Clinic
- Appendix F: Letter to HIV Coordinator
- Appendix G: Letter of Explanation to HIV Coordinator
- Appendix H: Caregiver Consent Form
- Appendix I: Participant Assent Form
- Appendix J: Declaration of Responsibility (Social Worker)
- Appendix K: Letter of Code of Ethics to Translator
- Appendix L: Social Worker Interview Questions
- Appendix M: Roberts-2 Picture Cards
- Appendix N: Roberts-2 Coding Protocol
- Appendix O: Example of Completed Scoring Protocol
- Appendix P: Description of Roberts-2 Objective Scales
- Appendix Q: Feelings Drawing Test During Standard of Care Therapy
- Appendix R: Content Analysis of Hlonipho's Narrative Results According to TAT
- Appendix S: Structural Narrative Analysis According to Dynamic Assessment Method
- Appendix T: Example of Therapy Transcript with Colour and Theme Coding
- Appendix U: Example of Field Notes



ETHICS CLEARANCE CERTIFICATE



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Education

RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE	CLEARANCE NUMBER : EP 10/02/02
<u>DEGREE AND PROJECT</u>	PhD The use of Masekitlana as a therapeutic technique for children affected by HIV/AIDS
<u>INVESTIGATOR(S)</u>	Sally John
<u>DEPARTMENT</u>	Educational Psychology
<u>DATE CONSIDERED</u>	27 March 2012
<u>DECISION OF THE COMMITTEE</u>	APPROVED
 Please note: <i>For Masters applications, ethical clearance is valid for 2 years</i> <i>For PhD applications, ethical clearance is valid for 3 years.</i>	
CHAIRPERSON OF ETHICS COMMITTEE	Prof L Ebersohn 
DATE	27 March 2012
CC	Jeannie Beukes Dr. Kesh Mohangi

This ethical clearance certificate is issued subject to the following conditions:

1. A signed personal declaration of responsibility
2. If the research question changes significantly so as to alter the nature of the study, a new application for ethical clearance must be submitted
3. It remains the students' responsibility to ensure that all the necessary forms for informed consent are kept for future queries.

Please quote the clearance number in all enquiries.

McCord Research Ethics Committee



28 McCord Road,
Overport,
Durban 4001.
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P.B.O. No : 18/11/13/4121
Fundraising Authority : 06 600386 000 9

Medical Superintendent : Dr Helga Holst
Financial Director : J E Carroll
Senior Nursing Service Manager : Mrs Z E Mageba

7 May 2010

Dear Ms John

Re: The use of Masekitlana as a therapeutic technique for children affected by HIV/AIDS

This study was reviewed by the McCord Research Ethics Committee (MREC) on the 30th April. Full approval for the study has now been granted. Please see accompanying clearance certificate for study number.

We wish every success with your research.

Sincerely

Dr CL Kerry

**Research Coordinator
McCord Hospital**



McCORD RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE

DATE: 7 May 2010

STUDY NUMBER: 300410/6.2 sj

PROJECT TITLE: The use of Masekitlana as a therapeutic technique for children affected by HIV/AIDS

INVESTIGATOR (S): S John

MREC DATE APPROVED: 7 May 2010

DECISION OF COMMITTEE: Full approval

**Dr Claire Kerry
Research Coordinator McCord Hospital**

APPENDIX C

LETTER OF INVITATION TO CAREGIVER OF CHILD PATIENT OF SINIKITHEMBA PAEDIATRIC CLINIC TO PARTICIPATE IN THE RESEARCH PROJECT

My name is Sally John and I am a Counselling Psychologist. I am a PhD student at the University of Pretoria and I work as a psychologist in McCord Hospital. I would like you and the child in your care to be part of a research project. I am interested in finding out more about Masekitlana as a cultural form of play with the purpose of using it as a therapeutic method for children affected by HIV/AIDS.

If you agree, I would like to be able to use some of the information that you and your child will be asked to give me during the sessions. The social worker will have a discussion with you about your child and will ask you to bring any documents about your child, such as school reports and your child's clinic file for us to read. Your child will be required to come to the clinic for 8 sessions, one each week if possible. During these sessions, your child will be asked questions about him/her and will be shown how to play Masekitlana. This is a game whereby the child will use two or more stones to bang or rub together while he talks to the social worker about his life.

The sessions will be in Zulu and will be between the social worker and your child. They will be video-recorded by me. You will remain anonymous throughout the research. Your child can choose another name for him/herself to protect his/her identity. All documents and videoed material will be kept in a locked cupboard and will also be shared with my supervisor, Dr. Mokgadi Moletsane. She will also keep it safe at the University of Pretoria.

If you have any questions about this study or would like to receive a final copy of the report of this study, please contact me on 082 9260147 or (031) 2685825. You may also contact my supervisor, Dr. Mokgadi Moletsane, at (012) 4202767.

Regards

Sally John, Counselling Psychologist Caregiver Date

APPENDIX D

LETTER OF INVITATION TO CHILD PATIENT OF SINIKITHEMBA PAEDIATRIC CLINIC TO PARTICIPATE IN RESEARCH

My name is Sally John. I am a PhD student at the University of Pretoria. I am busy with a research project that aims to find out about Masekitlana. I am hoping that you will be willing to play Masekitlana with a social worker while I watch you. Before we begin this game you will be asked questions about yourself and will be shown pictures about which I want you to tell stories.

I am asking you to allow me to ask these same questions and show you the same pictures four times during this study. The study will also include one normal therapy session like the sessions you have in the clinic sometimes when you visit the social worker. Masekitlana is a game where you hit two stones together and talk about your life. This game is a form of therapy and will happen over three sessions in the clinic.

This project will involve you in 8 sessions in all and each session will last for about one hour.

Your caregiver has given permission for you to take part in the project. She has signed a form to say this. You will also be asked to sign a form to show you agree to take part in this study. You may also stop at any time and your medical care will always be the same whether you are part of the project or not.

The information that you share with the social worker and me will stay with me in a locked cupboard and will also be kept by my supervisor, Dr. Mokgadi Moletsane. All the sessions will be recorded and filmed by a camera held by me. You can choose another name for yourself to be used in the sessions so if anybody else hears the recording, they will not know your name.

If you have any questions about this project, you can talk to me, or Dr. Mokgadi Moletsane. My telephone number is 082 0260147 or (031) 2685825. Dr. Moletsane's telephone number is (012) 4202767.

Regards

Sally John

Participant (child)

Date

APPENDIX E

LETTER OF INVITATION TO SOCIAL WORKER OF SINIKITHEMBA PAEDIATRIC CLINIC TO PARTAKE IN RESEARCH

As a PhD student at the University of Pretoria, I am conducting a research project relevant to the field of research I am pursuing which is indigenous psychology. This degree involves not only theoretically acquainting oneself with the field of study but also carrying out a research project to explore a particular aspect relevant to the field and that will make a contribution to the field of study.

This project will undertake to investigate Masekitlana as a projective and narrative play technique for children between the ages of 7 and 9 years who are affected by HIV/AIDS. I anticipate that the findings of this research could contribute to more culturally appropriate forms of therapy in the African context. In the context of the paediatric clinic, I hope that this research project will improve the standard of psychological care for the patients.

Please be advised that all information revealed in this project will be stored in a safe place and the identities of the individuals involved will remain confidential and anonymous through a process of coding and pseudonyms. You are further advised that should you wish to withdraw from the project at any time, you may do so. Assistance in this research project is voluntary and obligation-free.

This research project expects you identify three HIV positive patients between the ages of 7 and 9 years who have lost a parent/s to AIDS or are affected by HIV/AIDS. Their caregivers will also be involved in that they will be expected to offer information on the children in their care.

Furthermore, the research project expects you to act as a therapist to the participants in that you will ask the participants questions about themselves, you will be conducting therapy in the normal manner of the clinic, and you will be playing Masekitlana with the participants.

Please be advised that the outcomes of the research will be shared and discussed with a supervisor, following which the findings of the research will be presented in writing and

orally to a review board as part of an evaluation process. With the exception of the above-mentioned persons and the translator of the data, no other person apart from those directly participating in the research will be granted access to the research material. The findings of the research could be made available to the participants if requested. At a later stage, at the discretion of the reviewers and supervisors, the research might be published and made available to other scholars. Should this occur, the names and identifying details, including name of institution, of the participants will not be revealed and the faces of the participants will be blanked out.

You need to understand the ethical code of conduct when taking part in research and you need to take the necessary steps to abide by this code to protect the rights of all participants involved in this research project. You will be requested to treat all the data and information during this project as confidential and ensure that all participants remain anonymous.

I thank you in advance for your time and participation in this project and I hope it will be a meaningful learning experience for you. I hope that it will provide a form of intervention that will be of use in the paediatric clinic of Sinithemba in the future.

Regards

Sally John
Counselling Psychologist

Lungile Shangase
Social Worker

Date

LETTER TO HIV CO-ORDINATOR

2nd February 2010

Attention: Dr. Peninah Thumbi: HIV Coordinator

McCord Hospital
McCord Road,
Overport, Durban
4001

Dear Doctor Thumbi

Letter of invitation to participate in research in McCord Hospital

I, hereby, request permission to conduct a research project in the Sinikithemba Paediatric Clinic of McCord Hospital. The research project is in the process of being evaluated by the Ethics Committee of the University of Pretoria. Should it be accepted, I shall submit a Research Ethics Proposal Form to the McCord Research Ethics Committee.

This project will form part of a thesis that I am writing for a PhD degree in Educational Psychology through the University of Pretoria. The subject of my research is Indigenous Psychology. The purpose of the project in McCord Hospital is to investigate the use of an authentic African game, Masekitlana, as a therapeutic technique for children traumatized by HIV/AIDS. I will be ascertaining whether this game, traditionally played by Sotho children, can be as useful for Zulu children. Another purpose of this research is to establish whether this form of therapy can become standard of care in an HIV clinic where children are regularly counseled for stress-related mental health concerns resulting from HIV. A broad purpose of this research is to encourage psychologists to be aware of the fact that traditional or indigenous forms of psychology might be beneficial to black South African children, either in complement to more Western forms of therapy or in replacement of Western forms of therapy.

The research will use quasi-experimental, mixed methods, qualitative and quantitative, research paradigm consisting of pre- and post- test measures and the intervention of Masekitlana on three HIV positive patients between the ages of 7 and 9 years. Their caregivers will be interviewed and patient files and any documentation pertaining to their lives and their mental health and welfare, such as school reports, social worker, psychologist or counsellor reports will be reviewed. The project will be explained to the caregivers and the participants in language relevant to their age and cultural understanding. Consent and assent forms will be presented to the participants and their caregivers. These forms will be explained adequately and will be signed by the participants and caregivers. It will be explained clearly that participation is voluntary and will not affect the medical care of the children in any way. There will be no inducement offered for them to participate. There will be 8 sessions per Hlonipho and the sessions, during which measures and the interventions will be performed, will be conducted by the Head Social Worker of the Paediatric Clinic, Ms. Lungile Shangase. She will be adequately trained for this purpose and will understand the ethical requirements of a research assistant. All sessions will be conducted in Zulu and will be videoed by the researcher. Data will be locked up safely and identities of participants will be protected by coding, pseudonyms and blanking out of faces.

I will endeavour to comply with all ethical constraints necessary for this type of research and required within the environment of McCord Hospital.

I thank you for your consideration.

Yours truly

(Mrs.) Sally John

Counselling Psychologist

Head of Psychology Department, McCord Hospital.

LETTER OF EXPLANATION TO HIV CO-ORDINATOR

Head of HIV Business Unit
Sinikithemba Clinic
McCord Hospital

19th April 2010

Dear Dr. Thumbi

Re.: Research study: The use of the projective play game, Masekitlana, as a form of therapy for children affected by HIV/AIDS.

I, hereby, request permission to conduct a research project in the Sinikithemba Paediatric Clinic of McCord Hospital. The research project has been accepted by the Ethics Committee of the University of Pretoria. It has been reviewed by the McCord Hospital Research Forum and is to be submitted to McCord Research Ethics Committee.

This project will form part of a thesis that I am writing for a PhD degree in Educational Psychology through the University of Pretoria. The subject of my research is Indigenous Psychology. The purpose of the project in McCord Hospital is to investigate the use of an authentic African game, Masekitlana, as a therapeutic technique for children traumatized by HIV/AIDS. I will be ascertaining whether this game, traditionally played by Sotho children, can be as useful for Zulu children. Another purpose of this research is to establish whether this form of therapy can become standard of care in an HIV clinic where children are regularly counselled for stress-related mental health concerns resulting from HIV. A broad purpose of this research is to encourage psychologists to be aware of the fact that traditional or indigenous forms of psychology might be beneficial to black South African children, either in complement to more Western forms of therapy or in replacement of Western forms of therapy.

As discussed with you in our meeting of 19/04/2010, I will lay out the logistical details of conducting the above study in Sinikithemba Clinic, McCord Hospital.

The research will use quasi-experimental, mixed methods, qualitative and quantitative, research paradigm consisting of pre- and post- test measures and the intervention of Masekitlana on three HIV positive patients between the ages of 7 and 9 years. Their caregivers will be interviewed and patient files and any documentation pertaining to the participants' lives and their mental health and welfare, such as school reports, social worker, psychologist or counsellor reports will be reviewed. The project will be explained to the caregivers and the participants in language relevant to their age and cultural understanding. Consent and assent forms will be presented to the participants and their caregivers. These forms will be explained adequately and will be signed by the participants and caregivers. It will be explained clearly that participation is voluntary and will not affect the medical care of the children in any way.

Ms. Lungile Shangase, Social Worker and Head of Sinikithemba Paediatric Clinic has agreed to carry out the therapy sessions with the three participants. She will be adequately trained for this purpose and will understand the ethical requirements of a research assistant. All sessions will be conducted in Zulu and will be videoed by the researcher. Data will be locked up safely and identities of participants will be protected by coding, pseudonyms and blanking out of faces.

The study will comprise of, in total counting all three participants, three consenting sessions, where the caregivers will also take part in a semi-structured interview, and twenty-one therapy sessions, four of which will involve measurements using the Revised Robert's Apperception Test. Each participant will undergo seven therapy sessions in all, one per week for six weeks and then a final session three months later. It is proposed that Ms. Shangase will conduct three therapy sessions in total per week, should the participants arrive at the clinic as planned.

Ms. Shangase will not be remunerated for her time. It is felt that she will benefit from the experience of performing therapy under the guidance of a registered Counselling Psychologist. She will also be learning a new form of therapy that, it is hoped, will continue to be used on children in the clinic in future. It is also felt that the three participants from the clinic, chosen for being traumatized, will obtain the benefit of eight hours of therapy which is considered medium to long term therapy. Sally John will track the hours spent doing research in the Clinic and will do the equivalent amount of hours for McCord in her private time.

The researcher will endeavour to comply with all ethical constraints necessary for this type of research and required within the environment of McCord Hospital.

I thank you for your consideration and interest in this study.

(Mrs.) Sally John
Counselling Psychology
Head of Psychology Department, McCord Hospital

CAREGIVER CONSENT FORM

Letter to Parent/s or Caregiver/s

My name is Sally John and I am a student at the University of Pretoria where I am reading for a PhD degree. This degree involves a research project that I am doing at McCord Hospital. I am also employed by McCord Hospital as a Counselling Psychologist.

I would like you and your child to be part of the research project.

I am interested to find out whether Masekitlana, a Sotho cultural game, might be useful as a form of therapy for children affected by HIV.

Being part of this research will mean bringing your child to Sinikithemba Paediatric Clinic for sessions, one per week, with each session lasting for one hour. Then after a three-month break, I will ask you to bring your child again to the clinic for one more session. At the beginning of the first and at the end of the eighth session, a Zulu-speaking social worker will be asking you questions about your life with your child. In four of the sessions, the social worker will be asking your child questions about how he/she is feeling about his/her life with the use of tests or questionnaires. In the other four sessions, the social worker will be talking to your child and will be playing the stone game, Masekitlana, with him/her.

Participation is voluntary and you and your child are allowed to withdraw from this research project at any time. Whether you are part of this project or not, or if you withdraw from it, you will be receiving the normal medical treatment in the clinic.

You and your child will each be paid R70 every time you come for a session. This is to pay for your bus or taxi fare or the petrol cost to come to the clinic and return home.

The sessions will be videotaped. You and your child's names may remain anonymous throughout the research project. You may choose to change your names for the recordings. Should the tapes be shown at a later stage, your faces will be blanked out. All documents and tapes will be kept in a safe place and the information that you share will be kept by me, Sally John, and my supervisor, Dr. Mokgadi Moletsane.

If you have any questions about this study or should you like to receive a final copy of the report, please contact me on 082 926 0147 or (031) 2168 5703.

This letter will serve as a consent form for you and your child. If you have any questions about this research project, please call Dr. Mokgadi Moletsane on 083 4617638.

Signed at McCord Hospital, Overport, Durban on2010.

Sally John (Researcher)

Parent/Caregiver

Parent/Caregiver

APPENDIX I

PARTICIPANT ASSENT FORM

Letter requesting assent from a child to be part of the Masekitlana research project

My name is Sally John. I am studying for a PhD degree at the University of Pretoria. I am also a Counselling Psychologist at McCord Hospital. I am busy with a research project that aims to find out whether a stone game, called Masekitlana, helps children to talk more easily about their lives. I am hoping that you will be willing to answer questions about your life and whether you will be willing to play Masekitlana. A Zulu-speaking social worker will be asking you questions and will be playing the game with you.

Answering these questions and playing the game will take place over eight sessions lasting about one hour each session. Sessions will be once a week, so you will need to come to the clinic each week for seven weeks. Then there will be a break for three months after which there will be one last session.

I would like your permission to use the answers to my questions in my research report. You will also be videotaped. Should the tapes be played to anyone else beside my teacher/supervisor and me, your face will be blanked out. You may choose to call yourself by another name during the research project. The information that you share with the social worker and me will be kept safely by my teacher, Dr. Mokgadi Moletsane and me. Nobody else will know your name.

Your parent/s or caregiver/s has/have given permission for you to take part in the project. You may also stop at any time. Your medical care in the clinic will not be affected by taking part in this project.

If you have any questions about this project, you can talk to me, or Dr. Mokgadi Moletsane. My telephone number is (031) 268 5703 or 082 926 0147. Dr. Moletsane's telephone number is (012) 420 2767.

Signed at McCord Hospital, Overport, Durban on2010

Sally John (Researcher)

Participant (child)

APPENDIX J

DECLARATION OF RESPONSIBILITY (SOCIAL WORKER)

I,, do hereby declare that I will conduct myself in this research in a responsible and professional manner. I shall endeavour to conduct therapy on the participants in a manner that will do as little harm as possible and as much good as possible, that is, will as much beneficence and as little maleficence as possible.

At all times, I will keep all information presented to me in confidence. I declare that I shall not discuss any information from the sessions with any person outside of the research unless it becomes my professional responsibility to reveal a situation to the necessary authorities that might be damaging the participants.

Signed on2010, at McCord Hospital, Overport, Durban.

.....

(Mrs.) Lungile Shangase

Social Worker

Manager Paediatric Clinic, Sinikithemba Clinic, McCord Hospital.



APPENDIX K

LETTER OF CODE OF ETHICS TO TRANSLATOR

Dear Makhosi

I thank you for agreeing to translate the data of this study from Zulu into English. I ask you hereby to understand the ethical code of conduct when taking part in research. As researchers, we need to take the necessary steps to abide by this code to protect the rights of all participants involved in this research project. For this reason I request you to treat all the data and information during this project as confidential and ensure that all participants remain anonymous. All data must only be in your possession or in my possession. When translation is complete, I request you to delete any data in your possession as it can only be used for the purposes of this project. As discussed, please do not type out the names of participants as you might hear them in the recordings but note down Participant A to Participant D instead.

I thank you for your diligence in this respect.

Signed on 28/02/2012 at DURBAN

MNDlalisa

Signature

SOCIAL WORKER INTERVIEW QUESTIONS

Questions to the social worker in Children's Home

- What is your relationship to the child in your care?
- If you are not a parent, where is the parent/s or what has happened to the parent/s and how did the child come to the Home?
- How long has the child lived in the Home?
- How is the health of your child?
- Have you disclosed to your child about his status?
- What do you feel the child knows about HIV?
- How do you feel the child feels about having HIV?
- How does the child feel about not living with, or not having a mother/father or not having either parent still in his life?
- Does the child as far as you know suffer any form of problems such as anxiety, anger, depression, conduct or learning problems?
- Do you have any communication problems with this child or any other challenges?
- How does your child get on with the other children in the Home?

ROBERTS-2 PICTURE CARDS

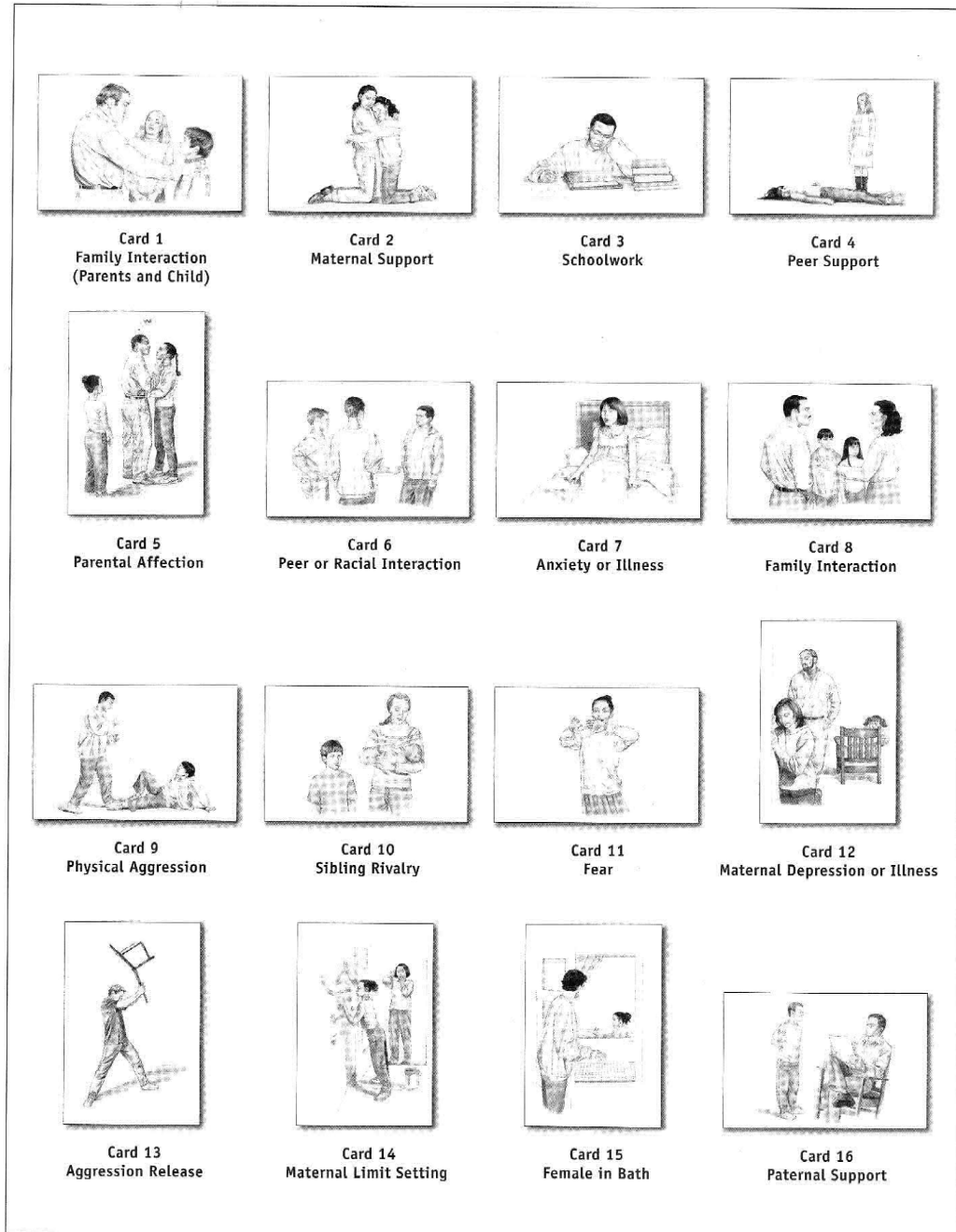


Figure 4
The Roberts-2 Picture Cards



ROBERTS-2 CODING PROTOCOL

CODING PROTOCOL	
<p style="font-size: 1.2em; margin: 0;">Roberts-2</p> <p style="font-size: 1.2em; margin: 0;">Record Form</p> <p style="font-size: 0.8em; margin: 0;">Glen E. Roberts, Ph.D., and Dorothea S. McArthur, Ph.D.</p> <div style="text-align: center; margin-top: 10px;"> <small>Test with Confidence</small> </div>	<p>Child's Name or ID: _____ Administration Date: _____</p> <p>Age: _____ Gender: _____ Grade: _____ Date of Birth: _____</p> <p>Assessment Administrator: _____ School or Agency: _____</p> <p>Reason for Assessment: _____</p> <p>_____</p> <p>_____</p>

	CARD NUMBER																Total Count
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Theme Overview Scales																	
Popular Pull																	
Complete Meaning																	
Available Resources Scales																	
Support Self—Feeling																	
Support Self—Advocacy																	
Support Other—Feeling																	
Support Other—Help																	
Reliance on Other																	
Limit Setting																	
Problem Identification Scales																	
1—Recognition																	
2—Description																	
3—Clarification																	
4—Definition																	
5—Explanation																	
Resolution Scales																	
1—Simple Closure or Easy Outcome																	
2—Easy and Realistically Positive Outcome																	
3—Constructive Resolution																	
4—Constructive Resolution of Feelings and Situation																	
5—Elaborated Process With Possible Insight																	
Emotion Scales																	
Anxiety																	
Aggression																	
Depression																	
Rejection																	
Outcome Scales																	
Unresolved Outcome																	
Nonadaptive Outcome																	
Maladaptive Outcome																	
Unrealistic Outcome																	
Unusual or Atypical Responses																	
Refusal																	
No Score																	
Antisocial																	
Unusual (total count for all three categories)																	
Atypical Categories (total count for each card)																	

W-383D Additional copies of this form (W-383D) may be purchased from WPS. Please contact us at 800-648-8857, Fax 310-478-7838, or www.wpspublish.com.
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APPENDIX O

EXAMPLE OF COMPLETED SCORING PROTOCOL

SIPHELELE 1

23/6/10

CODING PROTOCOL

Roberts-2
Record Form

13 cards

	CARD NUMBER													Total Count		
	01	02	03	04	05	06	07	08	09	10	11	12	13			
Theme Overview Scales		✓				✓	✓		✓	✓		✓	✓	✓		
Popular Pull		✓				✓	✓		✓	✓		✓	✓	✓		
Complete Meaning																
Available Resources Scales		✓														✓
Support SAH - Feeling		✓														✓
Support Self - Advocacy																
Support Other - Feeling																
Other Help							✓									✓
Reliance on Other							✓									✓
Limit Setting							✓									✓
Problem Identification Scales		✓		✓		✓	✓	✓		✓	✓	✓	✓	✓		
1 - Recognition		✓		✓		✓	✓	✓		✓	✓	✓	✓	✓		
2 - Description																
3 - Clarification																
4 - Definition																
5 - Explanation																
Resolution Scales		✓						✓					✓			
1 - Simple Closure or Easy Outcome		✓						✓					✓			
2 - Easy and Realistically Positive Outcome																
3 - Constructive Resolution																
4 - Constructive Resolution of Feelings and Situation																
5 - Elaborated Process With Possible Insight																
Motion Scales																
Anxiety						✓	✓	✓	✓		✓	✓	✓	✓		
Aggression						✓	✓	✓	✓		✓	✓	✓	✓		
Depression						✓	✓	✓	✓		✓	✓	✓	✓		
Self-Hatred						✓	✓	✓	✓		✓	✓	✓	✓		
Outcome Scales				✓		✓	✓		✓				✓	✓	✓	
1 - Resolved Outcome				✓		✓	✓		✓				✓	✓	✓	
2 - Nonadaptive Outcome		✓														
3 - Maladaptive Outcome						✓	✓	✓		✓						
4 - Realistic Outcome																
Unusual or Atypical Responses																
Refusal														✓	✓	✓
No Score	✓	✓		✓									✓	✓	✓	✓
Antisocial																
Unusual (total count for all three categories)																
Atypical Categories (total count for each card)		A1	A2	A3		A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	
		A1	A2	A3		A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	

APPENDIX P

DESCRIPTION OF ROBERTS-2 OBJECTIVE SCALES

The Roberts-2 comprises seven groups of scales, each with from two to six sub-scales:

1. Theme overview scales

- **Popular Pull** (how the majority of non-referred children perceive the picture)
- **Complete Meaning** (the ability of the participant to construct a story that is complete)
If a participant offered no stories with completeness of structure might indicate that the Nana did not understand instructions to achieve the task of telling a complete story, or that he was unable to develop a successful outcome. In this study and taking into account the life experiences of the participants, it is thought that the latter explanation is the more likely one.

2. Available resources scales

- **Support Self – Feelings** (when a character experiences positive feelings, happiness, pride, love, admiration, and pleasure)
- **Support Self – Advocacy** (the ability of character to be resourceful and gain insight from experience)
- **Support Other – Feelings** (where the participant experiences the support system or environment as positive, protective, loving, helpful and responsive)
- **Support Other – Help** (where the participant experiences help and support or offers help and support to someone else)
- **Reliance on Other** (this scale addresses the tendency of characters to seek help or reach out to their support system for help with problems)
- **Limit Setting** (includes all types of consequences or punishment, enforcing a boundary, or the setting or establishment of rules)

3. Problem identification scales (scales form a hierarchy of problem-solving skills)

- **Problem Identification 1 - Recognition** (simple recognition of feeling or behaviour in the present situation without explanation of preceding factors and without clear definition of problem or reason for feeling or behaviour)

- **Problem Identification 2 – Description** (this level includes an explanation for the situation with feelings sometimes defined and described. There is a definite description of the situation but an internal process is not achieved and preceding factors are not well defined)
 - **Problem Identification 3 – Clarification** (this is characterized by a simple statement of present internal conflict, with limited description of preceding factors. The description of the problem situation might be elaborated)
 - **Problem Identification 4 – Definition** (a conflict or problem is defined, the reason for it or prior circumstances are described, and internal processes are elaborated)
 - **Problem Identification 5 – Explanation** (the problem situation is identified fully with the preceding factors and reasons for the problem situation well articulated, and the resulting internal conflict adequately described. The present feelings of the character are fully identified and related to the causes and conditions preceding the situation in the picture)
4. **Resolution scales** (form a hierarchy of increasing and more adaptive problem-solving skills and indicate the participants' ability to develop a positive outcome for the story)
- **Resolution 1 – Simple Closure or Easy Outcome** (this involves a simple or abrupt ending to situations without a logical or realistic closure; there is no mention of process or mediating steps)
 - **Resolution 2 – Easy and Realistically Positive Outcome** (the ending is related to the content and a positive outcome is achieved but there is no description of process or how the solution was achieved)
 - **Resolution 3 – Process Described in Constructive Resolution** (some process is included and described in the constructive resolution of the present problem situation but feelings may not be addressed or resolved unless the story is focused only on the problem feelings)
 - **Resolution 4 – Process Described in Constructive Resolution of Feelings and Situations** (the process is included in the constructive resolution of the present problem situation, and the related feelings are addressed and resolved)
 - **Resolution 5 – Elaborate Process With Possible Insight** (the process is fully elaborated in the constructive resolution of both feelings and the problem situation, and frequently insight is developed and applied to learning in future situations)

5. **Emotion scales** (these scales group together, in four general categories according to certain commonalities, a variety of basic human emotions which represent the wide range of feelings that children and adolescents experience in life)
 - **Anxiety** (represents in general the reaction to or apprehension about the demands of the environment and includes content of illness, accidents, the death of people both depicted and not depicted in the card, feelings of guilt, self-doubt, worry, embarrassment, and regret)
 - **Aggression** (includes the various states of anger such as rage and frustration, and numerous expressions of aggression such as arguing or making fun of (verbal aggression) and attack or destruction of property (physical aggression))
 - **Depression** (includes presence of emotional responses such as sadness, depression, sorrow, unhappiness, crying, disappointment, and physical symptoms such as apathy, tiredness and the inability to handle a situation)
 - **Rejection** (identifies content representing separation or distancing from a person, family, and peer group, ethnic or social group. The predominant theme is one of abandonment or loss of attachment figures such as during divorce situation but feelings of jealousy, discrimination, making fun of someone or refusal of needs or requests is also included)

6. **Outcome scales** (represents the ability or inability of the participants to solve problems or feelings in a positive or successful manner)
 - **Unresolved Outcome** (when the story is left in the present situation and the situation or feelings remain unprocessed)
 - **Nonadaptive outcome** (an outcome that does not contribute towards resolving the problem successfully nor does it contribute additionally to the problem; an ineffective outcome)
 - **Maladaptive outcome** (outcomes scored on this scale tend to make the situation worse or more problematic and often represent acting-out behaviour, such as destructive behaviour, giving up or failing. Death of a person or violence is also scored here)
 - **Unrealistic outcome** (the outcome of a story involves an ending that may be positive but is unrealistic, irrational and represents fantasy and wishful thinking; there is usually no process involved in reaching the outcome)

7. Unusual or atypical responses (scales which tend to identify responses that denote a disturbance in functioning or serious pathology)

Unusual:

- **Unusual – Refusal** (identifies the inability or the unwillingness of the participant to respond to the task of constructing a story or responding to the card; it can represent a delay in cognitive functioning)
- **Unusual – No Score** (cards cannot be scored as participant has only demonstrated concrete physical descriptions of the picture without any abstract content, therefore a lack of abstract thinking involving emotions or interpretations of interactions)
- **Unusual – Antisocial** (involves behaviour that is against or breaks family, school, or community rules, laws or principles; failure to conform to social norms)

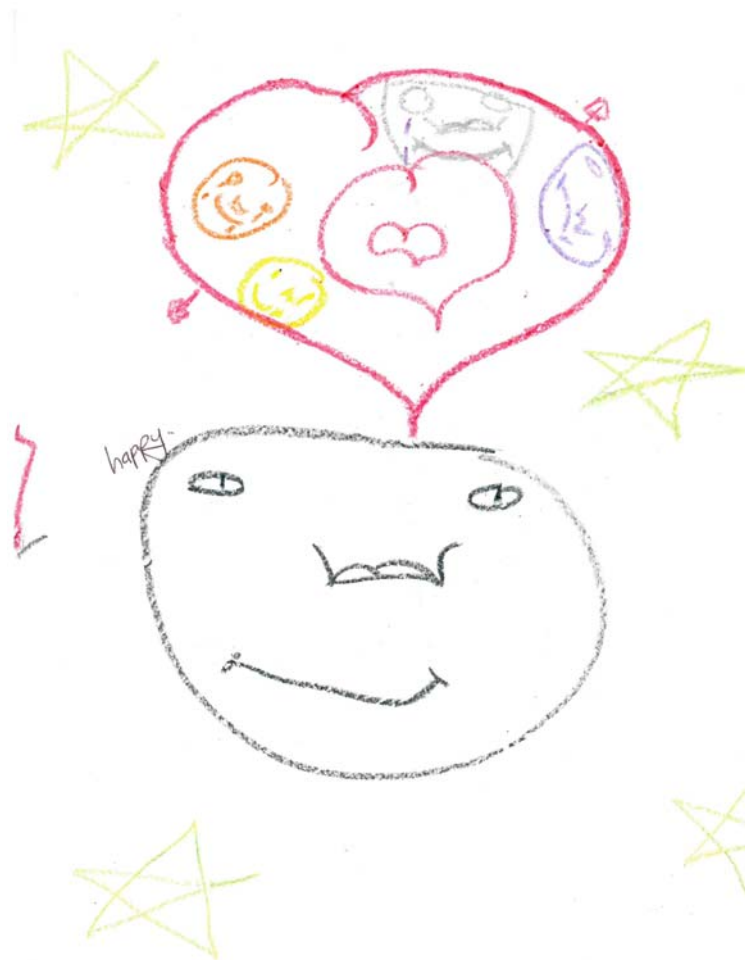
Atypical (these scales identify content that deviates significantly from the usual perceptions of nonreferred children and adolescents; material scoreable in this area is comparatively rare)

- **Atypical 1** (illogical content, including cognitive distortion and looseness of thought)
- Third session – two such responses
- **Atypical 2** (Misidentification of theme, including obvious denial of picture theme)
- **Atypical 3** (Misidentification of person)
- **Atypical 4** (Violence or excessive aggression)
- **Atypical 5** (Abuse, including physical, sexual or deprivation)
- **Atypical 6** (Imaginary content, such as monsters or ghosts)
- **Atypical 7** (Death of main figure depicted in card)
- **Atypical 8** (Sexual content of any nature)
- **Atypical 9** (Other unusual content or clinically significant material; includes perseveration of a theme, overreaction to the content of the card, unusually long pauses, and any other unusual verbalization or behaviour)

APPENDIX Q

FEELINGS HEART DRAWING TEST USED DURING STANDARD OF CARE THERAPY

This is a test devised by counselling psychologist, Dixon, C. (2000, unpublished), to help children express their emotions. The child is asked to draw a large heart on a piece of paper with four faces below depicting expressions of happiness, sadness, anger and fear. The child is then asked to put each face in the place in his heart where he feels it the most. While he does this, the psychologists probes him for the reasons why he is placing the heart where he chooses to and the reasons why he feels in his life like the face depicted. In this study, the researcher found that this was an easy exercise for the participants to begin their first session with. It appeared to relax the participants before they were asked to talk about the picture cards.



APPENDIX R

CONTENT ANALYSIS OF Hlonipho'S NARRATIVE RESULTS ACCORDING TO TAT

In addition to thematic analysis, I scored the content of Hlonipho's narrative according to the scoring principles of the Thematic Apperception Test (TAT) (Murray, 1943). This was used to validate the findings of the Roberts-2 test and to confirm my qualitative analysis.

SCORING CONTENT ACCORDING TO MURRAY (1971) TAT PRINCIPLES AND GUIDELINES

I performed a *content* analysis of Hlonipho's descriptions of the pictures according to the scoring principles of the Thematic Apperception Test (TAT) (Murray, 1943) as described by Henry A. Murray, M.D., and staff of the Harvard Psychological Clinic (1971). I felt that the scoring procedure as laid out by Murray *et al.* was more detailed and intricate than that of Roberts-2 test (2009) and therefore might reveal more about the personality and needs of Hlonipho. Murray (1943) called The TAT was described as a projective test which exposes the underlying inhibited tendencies which the subject/participant/patient is not willing to admit, or can not admit because he is unconscious of them; it also reveals dominant drives, emotions, sentiments, complexes and conflicts of personality (Murray, 1971:1).

ANALYSIS OF MEASURE: ROBERTS-2 ACCORDING TO MURRAY ET AL. (1943) SCORING MANUAL

The following steps were followed for the content analysis of each picture card:

- 1) Identifying the hero and
 - a) The forces or forces emanating from the hero and
 - b) The force or forces emanating from the environment
- 2) Motives, trends and feelings of the heroes
- 3) Forces of the heroes' environment
- 4) Outcomes
- 5) Themes
- 6) Interests and sentiments
- 7) Assumptions (application of projections to participant's life)

The detailed explanation of the above stages of analysis is explained below:

The first step in analysis of each successive event described by the participant is to identify the hero and then analyze (a) the force or forces emanating from the hero, and (b) the force or forces emanating from the environment. An environmental force is called a *press* (plural *press*). The hero is usually the person who most resembles the Hloniphond whose story is the most interesting to him. The hero's story usually shares the participant's sentiments and aims, and point of view. Some stories have multiple heroes, partial heroes and object heroes, as opposed to subject heroes, with whom he does not identify but has observed almost as strangers.

After identifying the hero, the interpretation requires observing what the heroes feel, think or do noting down anything unusual, unique, or common, and unusually high or low intensity of frequency. In analyzing or formulating the reactions of the heroes the interpreter is free to use any set of variables he chooses (Murray, 1971:8). He can interpret depending on what he wants to know about the participant. He may be looking for constructs such as anxiety and guilt or he may want to 'trace deep-rooted sentiments to their source'. A comprehensive list of needs or drives, and inner states and emotions are provided by the authors. No scoring was performed as the stories told by the participant were found not to be long enough to yield enough variable points.

In analysis, note must also be taken of how the environment affects the hero, the press of his environment or other humans mentioned in connection with the story he is telling. The absence of required beneficial press (e.g. deprivation, loss) and bodily disturbances to which the personality must adjust (e.g. disease, physical pain) must also be noted. The scoring structure of the above is the same as for the scoring of needs and emotions, that is, a scale of 1 to 5, and compared to standardized averages for male college students.

Further analysis involves the *outcomes*, which is the comparative strength of the forces emanating from the hero and the forces emanating from the environment.

The interaction of the hero's need or fusion of needs and an environmental influence or press, or fusion of the latter, together with the outcome (success or failure of the hero) constitutes a *simple thema*. Combinations of simple themas, interlocked or forming a sequence, are called *complex themas* (*otherwise described as abstract dynamical structure of an episode, plot, motif, theme, and principal dramatic feature of a story*). *Interests or sentiments* are analyzed

by noting in particular the value or appeal to the participant of the older women, older men, same-sex females and same-sex males (some may be sibling figures).

Finally two tentative assumptions are made, to be corrected later if necessary. The first is that the attributes of the heroes (needs, emotional states and sentiments) represent tendencies in the participant's personality, albeit symbolic or unconscious. These tendencies belong to his past or to his anticipated future, and hence stand presumably for potential forces which are temporarily dormant, or they are active in the present. The second assumption is that the press variables represent forces in the subject's apperceived environment, past, present or future. Roughly they are the participant's view of the world, the impressions he is likely to project into his interpretations of an existing situation and into his anticipations of future situations.

EXAMPLE OF ANALYSIS OF HLONIPHO'S DESCRIPTION TO ONE OF ROBERTS-2 PICTURE CARDS

PICTURE CARD OF BOY IN PUNCHING POSITION WITH ANOTHER BOY LYING ON FLOOR

The heroes are other boys. Hlonipho is not the person who fights. Identification with the subject did shift during the description. Two forces of the participant's personality might be represented here, a law abiding person and a person who fights.

The needs or feelings of the hero are indicated by expressions of submission, being blamed when it is not his fault. Traits reflected in the conversation are abasement, intraggression (feelings of remorse, inferiority), lack of nurturance and understanding of the situation, passivity, lack of seeking for succorance, intranurturance (to comfort himself with some self-pity), blame avoidance, conflict (opposition between need to fight and defend himself and need to keep out of trouble), dejection. Another inner state is distrust and melancholy.

Forces of the hero's environment expressed are *affiliation*: absence of adult mediating figures, lack of association with friends, *aggression*: lack of emotionality, emotional aggression shown by others in his environment, physical aggression has an effect on him, *dominance*: coercion (he cannot fight because he will be blamed), *restraint* (he is blamed if he fights or defends himself), lack of nurturance: by someone else of his needs, *rejection*: (he is rejected if he fights), *lack*: he lacks being able to express himself naturally like a boy of his

developmental age, *physical danger*: nothing overt, *physical injury*: he lives with the potential of being hurt by others.

Outcomes: In the face of opposition, the hero does not strive with renewed vigour or counteraction. Things happen to him rather than him making things happen. He is manipulated by the opposing forces rather than them manipulating him. He does show some form of moral significance to the scene.

Themes: There is an unusual amount of passivity and disempowerment.

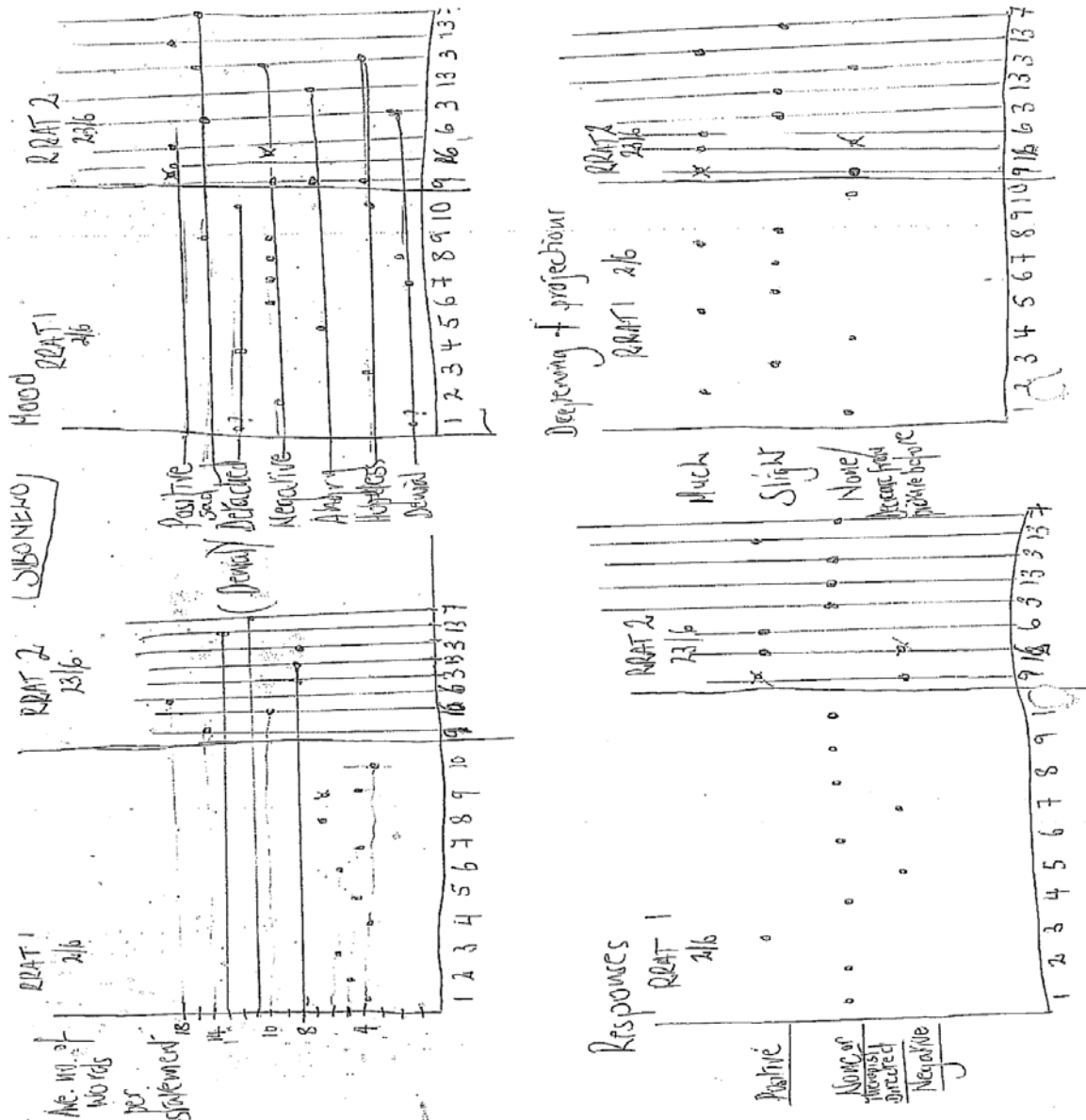
Interests and sentiments: He shows a negative cathexis (value, appeal) of association with other boys around him.

Assumptions: First assumption is that Hlonipho has developed a way of responding passively to forces around him in order to avoid trouble. The second assumption is that forces in his environment are such that he will not be able to empower himself in the present situation based on the experiences of his past. His response to this plate is assumed to be more a reaction to his past than to his present situation in the home.

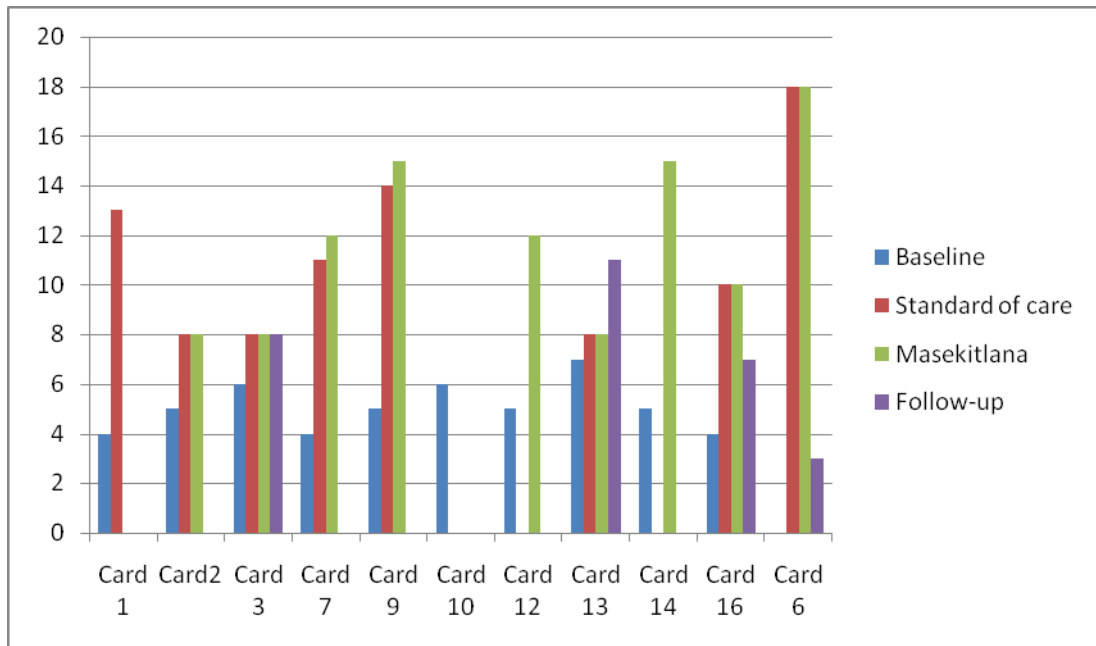
STRUCTURAL NARRATIVE ANALYSIS ACCORDING TO DYNAMIC ASSESSMENT METHOD (MATTHEWS & BOUWER, 2009)

As the Roberts-2 technique of administration of the picture cards to children was similar to the method of Dynamic Assessment as described by Matthews & Bouwer (2009), a *structural* analysis, as pioneered and described by Matthews and Bouwer (2009), of one participant, Hlonipho, was done. This is represented in graphic form below.

ROUGH SCORING OF RESPONSES

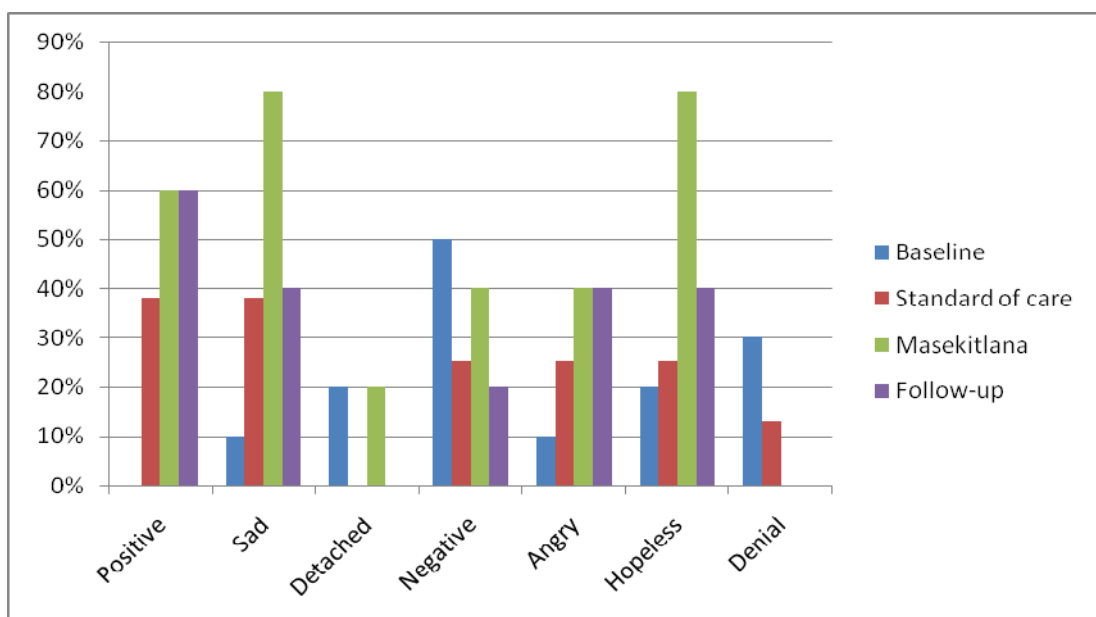


AVERAGE NUMBER OF WORDS PER STATEMENT



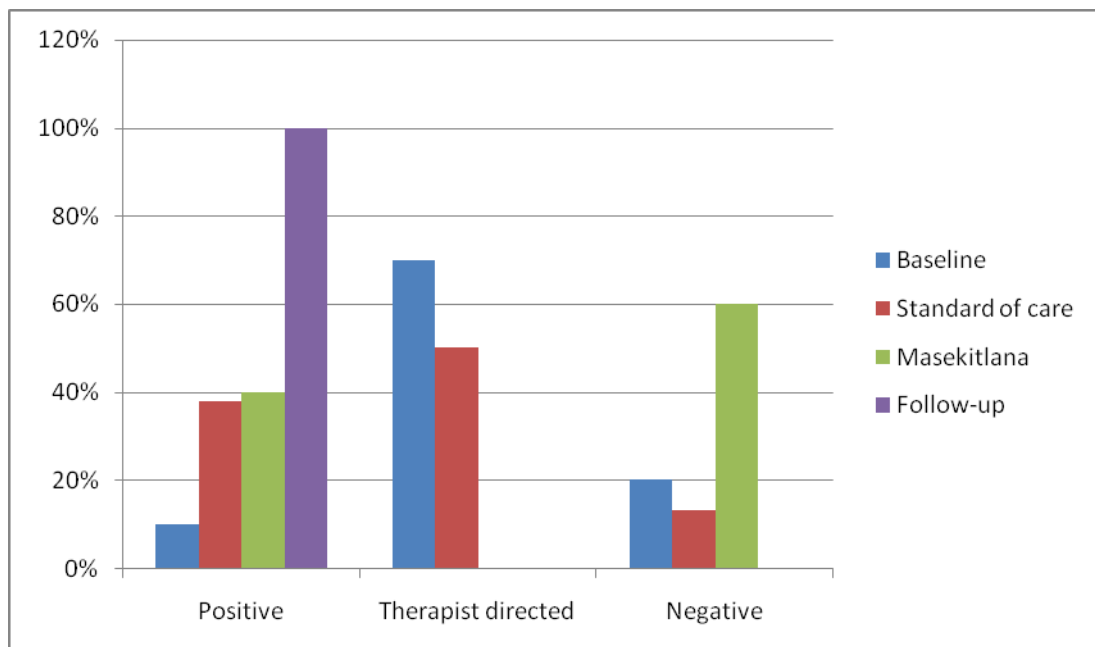
Hlonipho's explanation statements increased in length after standard of care therapy and to an even greater extent after Masekitlana. This might indicate that he was more confident in himself and his expressions of events. However, he seemed to lack interest in giving detailed descriptions of the picture cards at the follow-up session (it was at this session that he appeared more interested in writing a letter to his mother).

MOOD DURING ASSESSMENTS



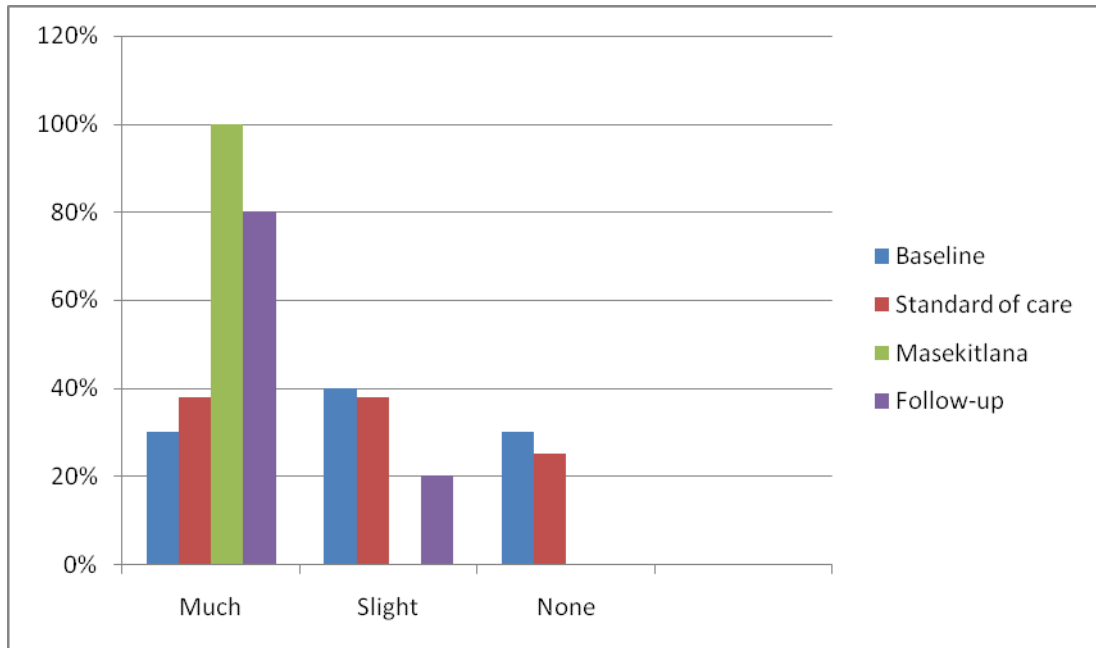
Hlonipho was not positive at baseline but this improved to 38% after standard of care therapy, to 60% after Masekitlana and remained at 60% at follow-up. He appeared saddest after Masekitlana, probably because he explained in detail the situation around his mother’s death. Negativity decreased as therapy progressed, despite an increase of 15% between standard of care therapy and Masekitlana. He appeared to become more hopeless and angrier after Masekitlana, probably because he also became more expressive of his emotions at this stage. His anger might have been an ‘acting-out’ form of expression which masked an underlying depression and hopelessness due to being a child without a family. Hlonipho’s denial of true feelings or situations was not maintained after standard of care therapy or after Masekitlana. Being allowed to talk in therapy might have enabled him to see beyond his denial.

RESPONSES TO THE THERAPIST



Although Hlonipho’s statements and explanations were more therapist-guided at baseline and after standard of care therapy, this changed after Masekitlana. Immediately after Masekitlana, Hlonipho’s statements appeared to be his own expressions but they also seemed negative (60%). Perhaps this was because he was more open with his feelings of sadness and regret at this stage. At follow-up, he appeared to be expressing himself more positively to the prompts of the therapist.

DEEPENING OF PROJECTIONS



A deepening of projections can be noted in Hlonipho's narrative after Masekitlana and at follow-up.

APPENDIX T

EXAMPLE OF THERAPY TRANSCRIPT WITH COLOUR AND THEME CODING

UNIT 632-640

P: my mother was sick and she used to see animals. but eventually she died. and I don't know if that is what made her die (Theme: African child's worldview of animals and ancestry, animation and human connection to animals and the natural world)

I: Sally, he is concerned because his mother was sick and she was seeing things that we couldn't see. She was seeing animals. What kind of animals?

P: She used to say it's something scary. When you come into her room, she would say they are going away

I: There are different things that could cause that according to my thinking. Maybe you find that your mind doesn't work well anymore. Then maybe you have this thing called schizophrenia. It's being disturbed in your brain. Or your brain shows you things that are not there or sometimes you find that there is something inside your brain. But we can't be too sure about that. But there are a lot of things that cause people to see things that are not there.

I2: If she was seeing the animals, maybe her mind was not working properly because she was sick (Theme: Western responses to African perceptions of illness)

P: She used to say there was a snake that used to come in and sit on her bed and do nothing, it would just sit there

I: Did you also see the snake or was she the only one who was seeing the snake?

P: We used to see it

I: How big was the snake?

P: It was green

UNIT 641 - 663 SESSION 4 MASEKITLANA

I: How big was it?

P: It was long and big

I: When did it come in during the day or at night?

P: It came in during the day

I: Were you also there?

P: I was there in the house eating

I: Where did it go?

P: It went on the bed and its mouth began moving

I: Did it fold itself or was it just long?

P: It was long, it lifted its head and its mouth was moving. I don't know what it was doing

I: Do you think it was talking? Was your mother there in that house?

P: Yes

I: Who chased the snake away eventually?

P: No one

I: So what did it do?

P: It went to the bed. It sat there. After it had finished moving its mouth it went out

I: You didn't hit it?

P: No, my dad told us to leave it because maybe the ancestors were telling my mother that she needs to do Zulu rituals. So we left it and it went out. The next day my mother left

I: She went to her relatives and that is where she died?

EXAMPLE OF FIELD NOTES

26th May 2010

It is interesting to me that I am becoming used to the disorganization of doing research in a busy clinic. When I heard that my participant had arrived, I was not unduly distressed that I was not prepared. I knew that I would have to take extensive notes instead of electronic recording. I realized that I would have to deviate from ethical procedure and would have to obtain written consent after the process of therapy had already begun.

The session with the child was conducted in Lungi's office with the door open. Painters, student from the Durban University of Technology, were painting the walls all around the clinic with colourful murals. The frequently passed the door. Other staff members popped in and the phone rang a few times and Lungi answered it. All of this did not seem to distract from the therapy process. The child appeared able to continue to engage no matter what else was going on. He sat calmly and quietly.

I did though notice tears welling up in his eyes at one stage. I also noticed that he expressed himself minimally with little details. He stated happiness was questioned by me. I felt that he just was not able to express his innermost feelings and was just saying what he felt he was meant to be feeling (YEAH SAYING AS MENTIONED IN LITERATURE). When I spoke to him on his own, he appeared more honest. When Lungi asked what he would like that would make him happy at the next session, he was not able to answer. I have the feeling that children do not actively contemplate their own happiness at this stage.

2nd June 2010

I was anxious that my technology was not working. I discussed this with Lungi on the way to the home in the car. I said that in this study, technology had been my challenge. She said that expressing herself clearly in English was always her challenge. She asked me how I would do if I had to write up my study in Zulu. We laughed at that. I shared how Nerine was also second language writer in her masters research and I had helped to edit her work. I explained to Lungi that I would also have to make use of the services of professional editor for my final dissertation.

What I found was that it was harder for me to relate to the boys as I was not doing the therapy. When I said goodbye to them, I felt that they did not really know me and they did not know me. I felt it hard for them and me to be out 'on a limb' recording them but not being part of the therapy. I would have wanted to ask them some questions but had to leave this to Lungi.

Lungi and I discussed afterward some of the details of the boys' lives and questioned the validity of what they had said. I would have like to have sat longer discussing the boys but both of us had to return to family and lifts home. It was after 17h00 when we left the home. It was so good to peep into the hall and see the boys and nuns practicing for the AGM concert the next day. I was so impressed to see a lot of the boys carrying violins. Lungi said that she would love to play the violin or the recorder. I encouraged her into playing the recorder and explained that she could teach herself at home. On the way home, we discussed the difference between how she had to relate to the father of her child and how my daughters and my culture views and conducts relationships before marriage. Her partner has paid partial lobola, has been going out with her for 10 years and yet they still cannot live together.