GROUP WORK TO ENHANCE EMOTIONAL INTELLIGENCE IN VULNERABLE CHILDREN IN MIDDLE CHILDHOOD

by

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# TABLE OF CONTENTS

## CHAPTER 1: GENERAL INTRODUCTION

1.1 **INTRODUCTION** ................................................................. 1
1.2 **PROBLEM FORMULATION** .................................................. 6
1.3 **GOAL AND OBJECTIVES OF THE STUDY** .............................. 8
   1.3.1 THE GOAL OF THE STUDY ...................................................... 8
   1.3.2 THE OBJECTIVES OF THE STUDY .......................................... 8
1.4 **RESEARCH QUESTION** ........................................................ 9
1.5 **RESEARCH APPROACH** ....................................................... 9
1.6 **TYPE OF RESEARCH** .......................................................... 10
1.7 **RESEARCH POPULATION, SAMPLE AND SAMPLING METHOD** .... 11
   1.7.1 POPULATION ........................................................................... 11
   1.7.2 SAMPLE .................................................................................. 11
   1.7.3 SAMPLING METHOD .............................................................. 11
1.8 **DEFINITION OF KEY CONCEPTS** ......................................... 12
   1.8.1 ENHANCE .............................................................................. 12
   1.8.2 EMOTIONAL INTELLIGENCE .................................................... 12
   1.8.3 VULNERABLE CHILD .............................................................. 13
   1.8.4 MIDDLE CHILDHOOD .............................................................. 13
   1.8.5 GROUP WORK .......................................................................... 13
1.9 **LIMITATIONS OF THE STUDY** ............................................. 14
1.10 **SUMMARY** ........................................................................ 14

## CHAPTER 2

**GROUP WORK WITH CHILDREN IN MIDDLE CHILDHOOD** ............... 16
2.1 **INTRODUCTION** ................................................................. 16
2.2 **GROUP WORK WITH CHILDREN** .......................................... 16
2.3 **INTERVENTION WITH GROUPS** ............................................. 18
   2.3.1 THE NATURE OF GROUP WORK ........................................... 18
   2.3.2 TYPES OF GROUPS ............................................................... 18
   2.3.3 STANDARDS FOR GROUP WORK ........................................... 19
      2.3.2.1 Core values ..................................................................... 19
      2.3.2.2 Core knowledge ............................................................. 20
3.4.2 EMOTIONAL DEVELOPMENT AND THE BRAIN ........................................ 57
3.4.3 CORE EMOTIONS AND RELATED EMOTIONS ........................................ 59
  3.4.3.1 Anger ................................................................................................ 60
  3.4.3.2 Fear ................................................................................................ 61
  3.4.3.3 Sadness .......................................................................................... 61
  3.4.3.4 Happiness ..................................................................................... 62
3.5 THE ROLE OF RELATIONSHIPS WITH REGARD TO EMOTIONAL
DEVELOPMENT .................................................................................................................. 62
  3.5.1 PARENT-CHILD RELATIONSHIPS ......................................................... 63
  3.5.2 PEER RELATIONSHIPS ........................................................................... 64
3.6 EMOTIONAL DEVELOPMENT AND PLAY .................................................. 65
3.7 EMOTIONAL INTELLIGENCE ............................................................................ 65
  3.7.1 THE NATURE OF EMOTIONAL INTELLIGENCE ...................................... 65
  3.7.2 RECOGNISING EMOTIONAL STATES .......................................................... 66
  3.7.3 UNDERSTANDING EMOTIONS ................................................................. 68
  3.7.4 REGULATION OF EMOTION ........................................................................ 68
3.8 EMOTIONAL INTELLIGENCE, STRESS, COPING AND ADAPTATION .. 69
3.9 SOCIAL SKILLS TRAINING TO ADVANCE THE EMOTIONAL
INTELLIGENCE OF CHILDREN IN MIDDLE CHILDHOOD ................................. 71
3.10 THERAPEUTIC PROCESSES FOR UTILISATION WITH CHILDREN TO
ADVANCE THEIR EMOTIONAL INTELLIGENCE ................................................. 75
3.11 SUMMARY ..................................................................................................... 77

CHAPTER 4 .................................................................................................................... 79
EMPIRICAL RESEARCH ................................................................................................. 79
4.1 INTRODUCTION ................................................................................................... 79
4.2 ETHICAL ISSUES .................................................................................................. 79
  4.2.1 AVOIDANCE OF HARM ............................................................................. 80
  4.2.2 INFORMED CONSENT ............................................................................. 80
  4.2.3 DECEPTION OF PARTICIPANTS ................................................................. 81
  4.2.4 VIOLATION OF PRIVACY / ANONYMITY / CONFIDENTIALITY .......... 81
  4.2.5 ACTIONS AND COMPETENCE OF THE RESEARCHER ...................... 82
  4.2.6 RELEASE OR PUBLICATION OF FINDINGS .......................................... 83
  4.2.7 DEBRIEFING OF PARTICIPANTS ............................................................. 84
4.3 RESEARCH METHODOLOGY ................................................................. 84
  4.3.1 RESEARCH DESIGN ........................................................................... 84
    4.3.1.1 Research design: A quantitative approach ..................................... 85
  4.3.2 PILOT STUDY ............................................................................... 85
    4.3.2.1 Feasibility of the study ............................................................. 86
    4.3.2.2 Testing of questionnaire ......................................................... 87
4.4 BIOGRAPHICAL INFORMATION OF RESPONDENTS ...................... 88
4.5 DATA-COLLECTION METHOD/S ......................................................... 89
  4.5.1 PLANNING PHASE ............................................................................. 89
  4.5.2 BEGINNING PHASE ............................................................................ 91
  4.5.3 MIDDLE PHASE ................................................................................ 93
  4.5.4 TERMINATION .................................................................................. 104
  4.5.5 POST GROUP PHASE ....................................................................... 106
4.6 DATA-ANALYSIS .................................................................................. 107
4.7 QUANTITATIVE RESEARCH RESULTS ............................................... 107
  4.7.1 INDIVIDUAL RESPONSES TO ACTIVITIES ...................................... 108
  4.7.2 COMPARISON OF THE GROUP’S PRE-TESTS AND POST-TESTS 127
4.8 SUMMARY ............................................................................................. 135

CHAPTER 5 ........................................................................................................ 136
CONCLUSIONS AND RECOMMENDATIONS ..................................................... 136
  5.1 INTRODUCTION ....................................................................................... 136
  5.2 CHAPTER SUMMARIES, CONCLUSIONS AND RECOMMENDATIONS 137
    5.2.1 CHAPTER 1: GENERAL INTRODUCTION ........................................ 137
    5.2.2 CHAPTER 2: GROUP WORK WITH CHILDREN IN MIDDLE CHILDHOOD ........................................................................................................................................ 138
    5.2.3 CHAPTER 3: EMOTIONAL DEVELOPMENT OF CHILDREN IN MIDDLE CHILDHOOD ........................................................................................................................................ 140
    5.2.4 CHAPTER 4: EMPIRICAL STUDY ..................................................... 141
  5.3 USABILITY OF THE RESEARCH ACTIVITIES ........................................ 144
  5.4 CONFIRMATION OF FACTS AND LITERATURE .................................... 144
  5.5 RECOMMENDATIONS AT THE HAND OF THE STUDY ......................... 145
    5.5.1 PRACTICE ......................................................................................... 145
    5.5.2 TRAINING ....................................................................................... 146
5.5.3 FUTURE RESEARCH ................................................................. 146

5.6 RESEARCH GOAL, OBJECTIVES AND RESEARCH QUESTION .......... 147

5.6.1 GOAL OF THE RESEARCH .......................................................... 147

5.6.2 OBJECTIVES OF THE RESEARCH ............................................. 148

5.6.3 RESEARCH QUESTION ............................................................. 148

5.7 CONCLUSION .................................................................................. 149

LIST OF REFERENCES........................................................................ 150

LIST OF TABLES

Table 1: Developing emotions .............................................................. 59
Table 2: Comparison of Individual Group Members' Responses to Activity 1 ... 108
Table 3: Pre-Test Comparisons of Individual Group Members' Responses to Activity 2 ................................................................. 109
Table 4: Post-Test A Comparisons of Individual Group Members’ Responses to Activity 2 ................................................................. 109
Table 5: Post-Test B Comparisons of Individual Group Members’ Responses to Activity 2 ................................................................. 110
Table 6: Pre-Test Comparisons of Individual Group Members’ Responses to Activity 3 ................................................................. 111
Table 7: Post-Test A Comparisons of Individual Group Members’ Responses to Activity 3 ................................................................. 112
Table 8: Post-Test B Comparisons of Individual Group Members’ Responses to Activity 3 ................................................................. 113
Table 9: Pre-Test Comparisons of Individual Group Members’ Responses to Activity 4 ................................................................. 115
Table 10: Post-Test A Comparisons of Individual Group Members’ Responses to Activity 4 ................................................................. 116
Table 11: Post-Test B - Comparisons of Individual Group Members’ Responses to Activity 4 ................................................................. 117
Table 12: Comparison of Individual Group Members’ Responses to Activity 5 .. 119
Table 13: Pre-Test Comparisons of Individual Group Members’ Responses to Activity 6 ................................................................. 124
Table 14: Post-Test A Comparisons of Individual Group Members’ Responses to Activity 6

Table 15: Post-Test B Comparisons of Individual Group Members’ Responses to Activity 6

Table 16: Comparisons of the Group’s Responses to Activity 1

Table 17: Comparisons of the Group’s Responses to Activity 2

Table 18: Comparisons of the Group’s Responses to Activity 4

Table 19: Comparisons of the Group’s Responses to Activity 5

Table 20: Comparisons of the Group’s Responses to Activity 6

Table 21: Aspects to consider whether the child has advanced in emotional intelligence

LIST OF FIGURES

Figure 1: Pre-Test Comparisons of the Group’s Responses to Activity 3

Figure 2: Post-Test A Comparisons of the Group’s Responses to Activity 3

Figure 3: Post-Test B Comparisons of the Group’s Responses to Activity 3

APPENDIXES

Appendix 1: Parental Consent Form
Appendix 2: Children Assent Form
Appendix 3: Pre-test/post-test Questionnaire
Appendix 4: Organisational Consent Form
Appendix 5: Proof of editing
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ABSTRACT

GROUP WORK TO ENHANCE THE EMOTIONAL INTELLIGENCE OF VULNERABLE CHILDREN IN MIDDLE CHILDHOOD

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The researcher has identified an aspect of the practical implementation of the social services rendered to vulnerable children that required attention. This was that a child's emotional wellness is influenced by the circumstances in which the child is raised. Children removed from the care of their primary caregiver and placed in alternative care tend to be emotionally needy. Without efficient stimulation, the cycle of unhealthy emotional intelligence will continue from one generation to the next, as children cannot stimulate their own children appropriately when they become parents, if they were never stimulated appropriately themselves. This study dealt with the influence that group work may have on the emotional intelligence of vulnerable children in middle childhood.

A literature study was conducted, which contains information regarding group work and the emotional development of children in middle childhood. This information also formed the basis of a questionnaire. The empirical study involved group work with five vulnerable children in middle childhood placed in places of safety under the auspices of Tsenang Homes of Safety. The study was conducted in the one-group-pre-test-post-test context of the quasi-experimental design. Therefore a pre-test was conducted to gain an understanding of the group members’ pre-existing emotional intelligence. After eight group work sessions, two post-tests, utilising the same questionnaire as was used during the pre-test, were conducted by each group member. The pre-test and post-tests results were compared and illustrated in the findings.
The empirical data obtained in this study revealed that group work can be utilised to enhance the emotional intelligence of vulnerable children in middle childhood. Therefore, from this study conclusions and recommendations for future studies and practice were formulated.
KEY WORDS

- Group work
- Emotional intelligence
- Vulnerable children
- Middle childhood
- Place of safety
1.1 INTRODUCTION

Goleman (in Robson, 2006:48) and De Klerk and Le Roux (2003:8) define emotional intelligence as the capacity to recognise and understand own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and our relationships. Children with healthy emotional intelligence enjoy better physical health since intense emotions such as stress can lower immunity levels (De Klerk & Le Roux, 2003:11). These children have better peer relationships and fewer behavioural problems, are less prone to acts of violence, become more resilient, have improved self-worth and acceptance, can establish relationships, make better decisions, and have better survival and coping skills.

Skills required by children to be emotionally intelligent include being aware of their feelings as well as the physical connection thereof, recognising feelings of others, directing expression of feelings through vocabulary, sensitivity towards the thoughts and feelings of others, as well as the ability to consider alternative problem solving mechanisms (De Klerk & Le Roux, 2003:12).

Social and emotional education of children is of the utmost importance, as feelings are part of the daily rhythm of life. The more children are able to name, recognise and think about feelings, the more pro-social their behaviour will be. Children will discover that what people think shape their feelings and influence their behaviour (Hantler, 2008:25). Oaklander (1988:122) mentions that some children are not familiar with what feelings are. Louw, van Ede and Louw (1998:203) identify that emotions form the basic element of a person’s personality. Louw et al. (1998:203) and Oaklander (1988:122) agree that emotions also have a physical, or bodily, connection.

Damasio (2004) in Hantler (2008:25) mentions that “even just naming the emotion can calm the amygdale”. Intense painful feelings activate stress chemicals in the brain and body. Without a language of feelings, these will vent in some way –
perhaps undesirably. The child may begin to fear feelings rather than valuing them as signals of needs.

From professional experience as a social worker, the researcher has identified that many biological parents, place of safety parents and foster parents seek assistance when dealing with the children in their care, with regard to emotional wellbeing. Parents comment that they cannot control the child, that the child is disruptive, and that the child keeps on throwing temper tantrums, to name but a few examples. The researcher observed that children often move in and out of the places of safety, which may influence their social interaction and ability to express their emotions. This is often described by the place of safety parents and/or school as a child with behavioural and/or emotional problems. According to Hertzog (2009), place of safety parents do not receive sufficient training in dealing with the emotional needs and well-being of the children in their care.

Childline South Africa experienced a significant increase in reported emotional abuse in the past three years. Calls to the Childline Crisis Line with regard to emotional abuse increased from 2065 calls in 2006 to 4827 calls in 2008 (Van Niekerk, 2009:4). It is from these experiences and statistics that the researcher has decided to undertake a study with regard to enhancing vulnerable children’s emotional intelligence in order to improve relationships between children, their caregivers and their peers.

The researcher posed the following questions to a place of safety parent, a social worker, a Commissioner of Child Welfare and an educational psychologist:

• What is your perception and observations with regard to the emotional intelligence of vulnerable children?
• In your opinion, is there a need to stimulate the emotional intelligence of vulnerable children in middle childhood?

With regard to the first question, the professionals were of the opinion that children tend to not always be able, willing or given appropriate opportunity to deal with and express their emotions and they do not necessarily have the skills to do so in a
socially acceptable manner. Due to this, children’s lack of emotional intelligence tends to manifest through challenging behaviour such as withdrawing from their environment or by acting out (Ntoyi, 2009; Koverjee, 2009; Hitchcock, 2009; Venter, 2009).

Emotional intelligence is not sufficiently attended to by the social workers working with the children, and parents/guardians caring for these vulnerable children. The lack of stimulation of emotional intelligence in children tends to be because of the examples set by the family, parents and/or guardians as well as a lack of appropriate knowledge, training and/or the availability of resources (Koverjee, 2009; Hitchcock, 2009; Venter, 2009). However, Ntoyi (2009) is of the opinion that with the assistance of social workers or therapists children can be empowered to express and deal with their emotions more appropriately.

With regard to the second question, all the professionals are of the opinion that there is a need for the enhancement of emotional intelligence. Venter (2009) and Koverjee (2009) agree that children who are emotionally intelligent are generally more stable and healthy individuals with improved functioning and relationships within the child’s life. Ntoyi (2009) is of the opinion that if the children are able to express and deal with their emotions more effectively it will help the place of safety parents to better run the households and assists the children in different ways. Furthermore, the enhancement of the emotional intelligence of vulnerable children needs to be implemented on a large scale to render a more sufficient service to both the vulnerable children and those who care for these children in order to break the cycle of emotionally less intelligent individuals from one generation to the next (Hitchcock, 2009).

Schaffer (2004:177-179) identifies that, according to Piaget’s cognitive theory, children in middle childhood find themselves in what he refers to as the concrete operational stage. During this stage, children are able to reason only about those things with which they have had direct, personal experience. Children begin to reason systematically and try to work out problems logically. Thinking becomes more flexible and effective, and the child’s thinking about the world moves from a reliance on perception to a reliance on logic. Despite what their eyes might tell
them, children in the concrete operational stage can logically imagine what would happen. They can conserve and reverse, they can understand the logic of a series of objects from smallest to biggest and they can group objects on the basis of a specific quality.

Hustan and Ripke (2009:7) mention that because children in middle childhood have increased cognitive capabilities and self-awareness without the strong pressures of adolescence, it may be a good time to maximize the potential for positive growth and to introduce support and opportunities that help children along successful pathways to adulthood. De Klerk and Le Roux (2003:23) agree that, according to Bowlby’s attachment theory, children in middle childhood develop a strong need to belong to a group. This illustrates that by conducting the research in a group context, the researcher would be able to address the need to belong to a group.

Geldard and Geldard (2008:90) are of the opinion that because groups can mirror the wider social environment, they are often able to promote change which may be difficult to achieve through individual counselling. This may include some of the following advantages for children:

- Children may realise that other children encounter similar experiences or problems, which may enable children to talk more freely.
- The children are able to share with each other and learn from each other.
- The group provides a social setting in which children can learn from their social interactions with the group, receive feedback, and learn social skills through practicing and experimenting with new behaviours.
- The group can fulfil a supportive role.

According to Gouws (1987) in Blom (2006:19), play therapy can be defined as a psychotherapeutic technique whereby the therapist attempts to give the child the opportunity to express feelings both verbally and non-verbally. Through play, the child is able to express emotions more effectively by acting out problems in a symbolic manner. This will aid in the building of relationships, establishing trust, as well as help to normalise previous devious behaviour.
Planning with regard to the study and the group work sessions is of utmost importance. Geldard and Geldard (2008:164) identify factors that should be taken into consideration when selecting the appropriate media or activity for play therapy:

- The child’s developmental age;
- Whether the child is being counselled individually or in a group; and
- The current counselling goals for the child.

During group work in middle childhood, Geldard and Geldard (2008:166) suggest the use of clay, drawing, finger painting, games and puppets or soft toys as the most suitable for engaging and enabling children to tell their stories.

According to the Annual Report for the year ended 31 March 2007 (Department of Social Development, 2007:16), the Department of Social Development’s mission statement is:

[...] to ensure the provision of comprehensive social protection services against vulnerability and poverty within the constitutional and legislative framework, and create an enabling environment for sustainable development. The Department further aims to deliver integrated, sustainable and quality services, in partnership with all those committed to building a caring society.

Furthermore, the Department of Social Development formulated and committed itself to strategic priorities and include that the Department undertakes to establish social protection initiatives to build the capacity of vulnerable groups (Department of Social Development, 2007:16).

From the researcher’s frame of reference, this includes the protection and capacity building of children, most specifically the vulnerable children found to be in need of care. According to the Department of Justice and Constitutional Development’s Annual Report 2006/2007, 5991 children in Gauteng alone were found to be in need of care. This, as clarified by Hitchcock (2008), includes all children who could not be returned to parental care for various reasons, and include children in places of safety as well as children placed in child and youth care centres (children’s homes). Despite this number, an additional 6710 children were placed in foster care in Gauteng (Department of Justice and Constitutional Development, 2007:58).
The researcher is of the opinion that the research study of utilising group work to enhance the emotional intelligence of vulnerable children in middle childhood will contribute to the field of social work in that the cycle of unhealthy emotional intelligence may be broken. This may lead to fewer behavioural problems and acts of violence. It may lead to individuals who are more resilient, have improved self-worth and acceptance, can establish relationships, make better decisions, and have better survival and coping skills.

1.2 PROBLEM FORMULATION

Research is undertaken to gain more knowledge, discover new facts and to find solutions to problems (Ahmad & Ali, 2003:2). Graziano and Raulin (2000), in Fouché and De Vos (2005a:100), identify that the research process always begins with the identification of an area of interest. Vague ideas are not sufficient, and should be clear and refined as the goal is to produce one or more clearly posed questions based on knowledge of previous research, theory, and the researcher’s own ideas and speculation.

Goleman (1995) in Santrock (2001:354), views emotional intelligence as involving four main areas, namely:

- Developing emotional self-awareness, such as the ability to separate feelings from actions.
- Managing emotions, such as being able to control anger.
- Reading emotions, such as taking the perspective of others.
- Handling relationships, such as the ability to solve relationship problems.

According to Erikson’s ego psychological theory, development in middle childhood is characterised by the development of industry versus inferiority. A healthy balance is reached through the ego strength of competence. Developing a sense of proficiency or competence is one of the conditions for participating successfully in the cultural processes of productivity, and later, for maintaining a family (Meyer, Moore & Viljoen; 2003:200-201).
If the neural connections in the brain that play a part in emotional intelligence are not stimulated, the child is likely to lose almost half of the connections the child had at age three by the late teens (Hantler, 2008:11). Therefore, Hantler (2008:11) is of the opinion that middle childhood is a crucial, if not the final phase during which healthy emotional intelligence can be attained and stimulated.

The Department of Social Development (2004), in Loffell (2008:86), include South Africa in numerous international children’s rights instruments, such as the United Nations Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child, and a host of conventions and agendas addressing issues affecting and surrounding children. However, Loffell (2008:86) identifies that this encouraging scenario coexists with a separate reality, in that children referred for services due to maltreatment can in general be assured neither immediate support or protection, nor longer-term services. Social welfare services are fundamental to development, and prevention cannot be achieved without simultaneous attention to protection services (Loffell, 2008:89).

Expenditures on children’s nutrition or on their social, emotional and cognitive welfare are not only an investment in a more humane and equitable society, but also an investment in a healthier, more literate and ultimately more productive nation (Skweyiya, 2006).

According to De Klerk and Le Roux (2003:12), a child’s emotional wellness is influenced by the circumstances in which the child is raised. Children removed from the care of their primary caregiver and placed in alternative care tend to be emotionally needy (Spang, 2005:31). Hitchcock (2009) is of the opinion that without efficient stimulation, the cycle of unhealthy emotional intelligence will continue from one generation to the next. Children cannot stimulate their own children appropriately when they become parents, if they were never appropriately stimulated themselves. These consequences may be seen when vulnerable children do not cope in their placements and are moved from one substitute care or situation to another, and re-traumatising occurs. Through the enhancement of the emotional intelligence of vulnerable children the researcher aimed to ultimately improve relationships between children, their caregivers and their peers, and in so doing prevent the re-traumatising of these children in some way.
1.3 GOAL AND OBJECTIVES OF THE STUDY

1.3.1 THE GOAL OF THE STUDY

Fouché and De Vos (2005a:106) explain that studies may have multiple goals, but one goal is usually dominant. Research can be described as either basic or applied with the objective of describing, exploring, explaining, correlating or evaluating. According to Bless and Higgson-Smith (1995) in Fouché and De Vos (2005a:106), exploratory research is conducted to gain insight into a situation, phenomenon, community or individual. The need for exploratory research could arise due to a lack of basic information in a new area of interest, or to get acquainted with a situation so as to formulate a problem or a hypothesis. The goal of this study is exploratory. The goal of a research study can be defined as what the research is trying to find out, or do or achieve (Punch, 2005:22). It can also be defined as “the end toward which effort or ambition is directed” (Webster’s third international dictionary, 1961, in Fouché & De Vos, 2005a:104).

In this study, the goal was:

To enhance the emotional intelligence of vulnerable children in middle childhood through group work.

1.3.2 THE OBJECTIVES OF THE STUDY

An objective of a research study can be defined as how the research proposes to answer its questions and which methods will be followed to do so (Punch 2005:22). Fouché and De Vos (2005a:104) identify the objective of a research study as the steps to be taken, systematically and realistically, within a certain time span, in order to reach the goal.

The objectives of this research study can be set out as follow:

- Conduct a literature study to gain knowledge regarding the emotional development of children in middle childhood, play therapy techniques to promote and facilitate emotional intelligence of children in middle childhood and group work with children in middle childhood.
• Investigate **empirically** the influence of group work on the emotional intelligence of vulnerable children in middle childhood.

• Draw **conclusions and recommendations** regarding the influence of group work on the emotional intelligence of vulnerable children in middle childhood, in order to promote social services delivery to these vulnerable children.

### 1.4 RESEARCH QUESTION

Various authors (Bless & Higgson-Smith, 1995; De Vos, 2002; Cresswell, 2003) in Blunden (2005:5) mention that a research question is posed when there is very little or no information regarding a specific topic. General research questions refer to abstract and usually not directly answerable questions. Specific research questions are more detailed and concrete (Punch, 2005:25). According to Mouton (2001) in Fouché and De Vos (2005a:106), when exploratory research is conducted the research is looking to answer the “what” question. The research question for this study was: **Can the emotional intelligence of vulnerable children in middle childhood be enhanced through group work?**

### 1.5 RESEARCH APPROACH

De Vos (2005:357) mentions that research can be conducted utilising a qualitative research approach, a quantitative research approach or a mixed-method study utilising aspects of both qualitative and quantitative research approaches in the study.

Qualitative research is more flexible than the quantitative approach, in that it allows research procedures to evolve as more information is gathered, and typically permits the use of subjectivity to generate deeper understanding of the meaning of human experience (Rubin & Babbie, 2007:23). Mouton and Marais (1990) in Fouché and Delport (2005:74) view qualitative research as adopting a more philosophical mode of operation. Procedures are not as strictly formalised as when using the quantitative approach and the scope is likely to be undefined.
Garwood in Jupp (2006:250) defines quantitative research as involving the collection of data in numerical form for quantitative analysis. The numerical data can be durations, scores, counts of incidents, ratings or scales and can be collected in either controlled or natural environments, laboratories or field studies, special populations or from samples of the general population. Neuman (2000) in Fouché and De Vos (2005b:133) identifies the quantitative research approach as including experiments, surveys and content analysis.

Hewson in Jupp (2006:179) defines mixed-method research as the combined use of both quantitative and qualitative methodologies within the same study in order to address a single research question. De Vos (2005:357) specifies that the mixed-method study is one in which the researcher uses multiple methods of data collection and analysis.

The researcher utilised the quantitative research approach to conduct this study. This approach appeared to be most relevant in that the researcher aimed to better understand if the emotional intelligence of vulnerable children in middle childhood can be enhanced through group work. Throughout the process the researcher utilised data-collection and data-analysis methods from the quantitative approach, which will be explained in the empirical research chapter (Chapter 4).

1.6 TYPE OF RESEARCH

According to Fouché and De Vos (2005a:105), there are two major categories with regard to the typology of research, namely basic or pure, and applied. Applied research is concerned with scientific planning of induced change in a troublesome situation. Applied research focuses on the use of knowledge rather than the pursuit of knowledge for its own sake (Newton in Jupp, 2001:8). A motivation behind applied research is to engage with people, organisations or interests beyond the academic discipline, and for knowledge to be useful outside the context in which it was generated. The researcher intended to determine if group work could be utilised to enhance the emotional intelligence of vulnerable children in middle childhood. The research study was conducted in the context of applied research, and the results may be directly applied to practice.
1.7 RESEARCH POPULATION, SAMPLE AND SAMPLING METHOD

1.7.1 POPULATION

A population can be defined as a term that sets boundaries on the study unit. It therefore refers to specific individuals within the universe who have specific characteristics (Strydom, 2005a:193). In this study, the population refers to all the vulnerable children in middle childhood placed in places of safety under the auspices of Tsenang Homes of Safety.

1.7.2 SAMPLE

A sample is a smaller section or a set of individuals selected from a population (Gravetter & Forzano, 2003, in Strydom, 2005a:193). The New Dictionary of Social Work (1995:55) defines a sample as a “number of units which are representative of the total number of units in the population concerned”. The sample in the study comprised of five vulnerable children in middle childhood placed in places of safety under the auspices of Tsenang Homes of Safety.

1.7.3 SAMPLING METHOD

Gravetter and Forzano (2003) in Strydom (2005a:201), define non-probability sampling as not knowing the odds of selecting a particular individual, because the researcher is not aware of the population size or know the members of the population. The New Dictionary of Social Work (1995:51) defines purposive sampling as the “process whereby the sample is chosen in such a way that it will be representative of the relevant population”. Singleton et al. (1988) in Strydom (2005a:202), view purposive sampling as a sample based entirely on the judgement of the researcher, composed of elements that contain the most characteristic, representative or typical attributes of the population.

The researcher utilised purposive sampling. Respondents adhered to the following criteria:

- The respondent must be a vulnerable child placed in a place of safety under the auspices of Tsenang Homes of Safety;
• The respondent must be a child in middle childhood between the ages of 6 and 9 years;
• The respondents must participate voluntarily. The researcher must obtain the assent from the respondents and the consent from the parent/s and/or guardians that indicate the willingness to participate in the research voluntarily. Without the assent and consent forms respondents will not participate in the research process.

1.8 DEFINITION OF KEY CONCEPTS

1.8.1 ENHANCE

To enhance is to augment, to make something greater or to improve something by adding features (Wiktionary, 2009). The New Webster's Dictionary (1993:131) defines enhancing as to increase, to add to, or to intensify. In light of the aforementioned and in terms of the research study, to enhance is to improve vulnerable children’s emotional intelligence through group work by adding features.

1.8.2 EMOTIONAL INTELLIGENCE

According to Goleman (1999), as cited in Robson (2006:48), emotional intelligence refers to the capacity of recognising our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and our relationships. A definition of emotional intelligence generated from The New Webster's Dictionary (1993:128,215) is the ability to perceive logical relationships and use one’s knowledge regarding emotions to solve problems. Therefore, emotional intelligence can refer to the ability to recognise one’s own feelings and those of others, and utilising the knowledge regarding emotions to manage relationships and solve problems.
1.8.3 VULNERABLE CHILD

The *New Dictionary of Social Work* (1995:66) defines vulnerable groups as groups in the community that are at risk of not having needs met due to inadequate or inaccessible resources, and as a result are susceptible to deprivation or relative deprivation. The *New Dictionary of Social Work* (1995:17) defines deprivation as a state characterised by the lack of physical, social or emotional supports, such as income, housing, education and parental care, which are generally accepted as essential for human existence. The *New Webster's Dictionary* (1993:67;505) defines a vulnerable child as a boy or girl at any age between infancy and adolescence who is open to attack, hurt or injury.

From the above, it is clear that a vulnerable child is a boy or girl at any stage between infancy and adolescence, who is at risk of not having physical, emotional and/or social needs met due to inadequate or inaccessible support, and/or resources.

1.8.4 MIDDLE CHILDHOOD

Middle childhood is the developmental period that extends from about six to eleven years of age, approximately corresponding to the elementary school years (Santrock, 2001:16). Berk (2000:5) defines middle childhood as the period between six and twelve years of age; the school years. Middle childhood thus refers to the ages between six and twelve years, or the primary school going years, as explained from a South African perspective.

1.8.5 GROUP WORK

According to Toseland and Rivas (2009:12), group work refers to a goal directed activity with a small group aimed at meeting socio-emotional needs and accomplishing tasks. This activity is directed at individual members of the group, as well as the group as a whole within a system of service delivery. The *New Dictionary of Social Work* (1995:65) defines group work as a method in social work
whereby individual and group objectives are realised within the group context by purposefully applying the group work process.

Therefore, group work can be defined as purposefully applying a process in a group context, whereby activities are aimed at meeting socio-emotional needs of both the individual group members as well as the group as a whole in order to realise objectives.

1.9 LIMITATIONS OF THE STUDY

The researcher found that there is not an abundance of information with regard to group work with children in middle childhood. Therefore the researcher was only able to utilise limited resources in this regard.

The researcher conducted the pilot test of the pre-test/post-test utilising children from multiple ethnic groups. However, the group work was only conducted with a group consisting of one ethnicity namely African. Therefore the researcher cannot conclude whether or not the emotional intelligence of all ethnic groups may be enhanced through group work. This may be tested in further studies.

The researcher had to conduct the group work sessions in the afternoons after the children came from school and/or their extramural activities or whenever all the children were available. Consequently the children did not always have high energy levels to participate in the group work and some of the sessions also had to be scheduled only a few days apart.

1.10 SUMMARY

The researcher has identified an aspect of the practical implementation of the social services rendered to vulnerable children that required attention and planned the study accordingly. The goal of the study was to determine if the emotional intelligence of vulnerable children in middle childhood can be enhanced through group work.
A child’s emotional wellness is influenced by the circumstances in which the child is raised. Children removed from the care of their primary caregiver and placed in alternative care tend to be emotionally needy. Without efficient stimulation, the cycle of unhealthy emotional intelligence will continue from one generation to the next, as children cannot stimulate their own children appropriately when they become parents, if they were never stimulated appropriately themselves. Through the enhancement of the emotional intelligence of vulnerable children utilising group work the researcher aimed to ultimately improve relationships between children, their caregivers and their peers, in so doing preventing the re-traumatisation of these children in some way.

Despite the limitations associated with the study, the researcher was able to complete the study and obtain usable results.
CHAPTER 2
GROUP WORK WITH CHILDREN IN MIDDLE CHILDHOOD

2.1 INTRODUCTION

Because humans are social beings, they spend a great deal of time interacting with others and much of that interaction takes place in groups (Van Velsor, 2009:276). The intellectual, emotional, and social development of individuals may be furthered through group activities (Zastrow, 2009:49). Group work is a valuable form of intervention in all phases of the life cycle.

Dwivedi and Mymin (2003:48) identify that research findings have indicated the relatively small impact that formal research has on clinical practice. Colson and Horowitz (1983) in Dwivedi and Mymin (2003:48) emphasise that researchers in the various modalities of group work are aware of the fact that their studies have seldom become influential in group practice. It is for this reason that the researcher conducted this study, which could form the basis of further research to design a programme for place of safety parents to enhance the emotional intelligence of vulnerable children in their care. The researcher is of the opinion that all the books in the world would not mean anything if the content thereof is not implemented practically. Therefore, the research study would mean a possible advancement in social service delivery to vulnerable children as more children could be reached through the then empowered, place of safety parents with whom they are in contact daily.

2.2 GROUP WORK WITH CHILDREN

Dwivedi and Mymin (2003:47) have found that empirical data with regard to the outcome of group work, specifically with regard to children and adolescents is rare. Rittner (2004:251) found that most empirically supported groups with children focus on adolescents rather than on children in early and middle childhood. Dwivedi and Mymin (2003:48) are also of the opinion that there is an urgent need
for theoretically broader and methodologically sounder outcome research in group work with this population.

Van Velsor (2009:283), Malekoff (2009:202) as well as Colton, Sanders and Williams (2001:55) identify that group work with children calls for a highly structured setting with an emphasis on containment, support and positive regard at the expense of interpretation. The group worker has to work harder than in a group consisting of adults to not abuse his or her omnipotent and omniscient role. Mutual aid can follow and members can find new ways to express what they have to offer, something of value to contribute to the group.

Various authors (Fisher, 1953; Hinds & Roehlke, 1970; House, 1971; Thombs & Muro, 1973) in Dwivedi and Mymin (2003:47) mention the positive effect of groups, utilising play, activities, behaviour modification and verbal therapy techniques as being effective in improving problems such as disruptive behaviour, academic performance, increasing social acceptance, and in enhancing self acceptance.

Malekoff (2009:205-206) has sound advice with regard to group work with children:

> If you want to make a career of working with children and teenagers, don’t expect the work to look or to be perfect or polite. My advice to you is not to expect it to be perfect and don’t sweat it if you sometimes look and feel awkward and amateurish. It is their job to make us feel that way. And, annoying as it is, it is the job of the gatekeepers and gatecrashers to keep us on our toes and to demand that we know our stuff.

The researcher regards Malekoff’s advice as the essence of group work. It (group work) may not always look or be perfect, but it is the role of the group members and other role players to ensure that the group worker is knowledgeable, skilful, and in touch with their inner child at heart.
2.3 INTERVENTION WITH GROUPS

2.3.1 THE NATURE OF GROUP WORK

According to Johnson and Johnson [sa] in Zastrow (2009:3) a group may be defined as two or more individuals in face-to-face interaction, each aware of positive interdependence as they strive to achieve mutual goals, each aware of his or her membership in the group, and each aware of the others who belong to the group. Preston-Shoot (1987) in Evans and Cook (2003:281) defines a group as a collection of people who spend some time together, see themselves as members of a group and are identified as such by others outside the group.

2.3.2 TYPES OF GROUPS

Different groups meet different needs of the group. Various authors identify that there are a variety of groups that occur in social work including; social conversation, recreation/skill building, educational, task, problem-solving and decision making, focus, self-help, socialisation sensitivity and encounter training, and treatment (Toseland & Rivas, 2009:461; Zastrow, 2009:3; Scheidlinger (1982) in Dwivedi, 2003a:4). Treatment groups in social work intervention include growth groups, support groups, therapy groups, educational groups and socialisation groups. A growth group according to Toseland and Rivas (2009:24) and Johnson and Johnson (2009:501), offer group members opportunities to become aware of, expand, and change their thoughts, feelings, and behaviour regarding themselves and others. Growth groups focus on capacity building and promoting socio-emotional health rather than remediate socio-emotional illness. Furthermore, structured growth groups focus on an interpersonal problem or skills. Exercises may be used to help group members practice targeted behaviour and skills (Johnson & Johnson, 2009:505).

Johnson and Johnson (2009:502) identify that the goals of growth groups include:

- Decreasing self-defeating patterns and change them into patterns that promote the ability to maintain themselves, grow and flourish.
To increase one’s ability to be aware of and effectively manage interdependent interactions with others.

Increasing self-actualisation which involves both self-development and self-utilisation where an individual moves towards the full use of their talents, capacities and potentialities.

2.3.3 STANDARDS FOR GROUP WORK

The standards described below as found in Toseland and Rivas (2009:458-469) are endorsed and implemented by the Association for the Advancement of Social Work with Groups, Inc., an International Professional Organization (AASWG), as to guide group workers to ensure professionally sound and effective social work practice with groups.

2.3.2.1 Core values

- **Respect for persons and their autonomy**
  This value refers to the equality of all people and that all people are to be treated with dignity and respect. The group worker helps each member to appreciate the contributions of other group members in order to hear and consider every group member’s ideas. Group workers, by virtue of their position or expertise, might have a significant influence, which they use sensibly and transparently. This value also implicates that the group worker has a great deal of respect for and a high value placed on diversity in all its dimensions including, cultural, gender, age, and ethnicity.

- **The creation of a socially just society**
  The group worker always has to be mindful to present to the group whenever it is appropriate and reinforce whenever members articulate it, the quest for society to be democratically organised, and ensure that the basic human needs of all its members are met. It occurs in the group context when members can take ownership of the group as they seek and value each member’s contribution to the group.
2.3.2.2 Core knowledge

• **Knowledge of individuals**
  o Knowledge regarding the nature of individual growth and behaviour, utilising a bio-psycho-social perspective is important.
  o The familial, social, political, and cultural contexts that influence members’ social identities, concerns, opportunities, and the attainment of their potentials. The group worker needs an understanding and appreciation of the influence these differences or similarities between themselves and the group members may have on practice.
  o Members’ capacity to change and to help one another.
  o The members’ capacity to contribute to social change in the community beyond the group.
  o Competency-based assessment.
  o The group worker not only focuses on the members’ concerns but also places an emphasis on their strengths. The group worker also needs an understanding of the members’ ability to act and the protective and risk factors that influence individuals’ needs for services.

• **Knowledge of groups and small group behaviour**
  o The group has its own dynamics, culture, and other social conditions, separate and distinct from the individual members including multiple helping relationships in order to achieve individual and group goals.
  o The group can develop in such a way that the members are empowered, individually and collectively, to act on their own as well as on the group’s behalf and seek changes in the social environment.

• **Knowledge of the function of the group worker**
  o Practice should be based on currently available knowledge and research, and represent contemporary practice principles.
  o The worker should maintain appropriate records of group processes and outcomes and ensure the confidentiality of these.
The worker should have a commitment to supporting research on group work and to disseminating knowledge about effective practices through professional meetings, education, and scholarship.

Other aspects with regard to the knowledge and function of the group worker will be discussed in more detail below (2.4).

2.4 THE GROUP WORKER

2.4.1 THE GROUP WORKER AS A PERSON

Some personal characteristics are related to being an effective group worker. Their absence or presence can facilitate or inhibit the group process.

**Presence** has to do with “being there” for group members and involves genuine caring and a willingness to enter their psychological world. Being emotionally present means being moved by the joy and pain that others experience. Group workers’ ability to draw on these experiences makes it easier for them to empathise with and be compassionate toward group members. Being present means that group workers are not fragmented when they come to a group session, that they are not preoccupied with other matters, and that they are open to their reactions in the group (Corey & Corey, 2006:29).

**Personal power** involves self-confidence and an awareness of one’s influence on others. If a group worker does not feel a sense of power in their own lives, it is difficult for the group worker to facilitate group members’ movement to empowerment. Group workers promote a sense of empowerment by encouraging group members to become “client colleagues”. Personal power is accompanied by the recognition that one does not need to keep others in an inferior position to maintain one’s own power (Corey & Corey, 2006:31).

**Courage** is displayed by the group worker by taking risks in the group, admitting mistakes, by being occasionally vulnerable, by confronting others and revealing their own reactions to those they confront, by acting on intuitions and beliefs, by discussing with the group their thoughts and feelings about the group process, and
by being willing to share their power with the group members. Group workers can demonstrate, through their own behaviour, the willingness to move ahead in spite of being uncertain about the terrain and somewhat fearful (Corey & Corey, 2006:29).

**Willingness to confront oneself** refers to the fact that group workers do self-investigation as they expect the group members to do during the group work process. Self confrontation is an ongoing process, and the main issue is the willingness to continually raise questions to determine how honest you are with yourself about your motivations for being a group worker (Corey, 2000:30). Toseland and Rivas (2009:462) are of the opinion that workers should have a commitment to engage in reflective practice and seek supervision and/or consultation in order to enhance their practice.

**Sincerity and authenticity** refers to the group worker’s sincere interest in the well-being and growth of others. Because sincerity involves being direct, it can also involve telling members what they don’t want to hear. Authenticity is the willingness to appropriately disclose oneself and share feelings and reactions to what is going on in the group (Corey, 2000:30-31). According to Toseland and Rivas (2009:462) this is applied when the worker adheres to professional, ethical, and legal requirements generally associated with social work practice as well as those specifically associated with social work with groups.

**Sense of identity** refers to group workers knowing what values and internally derived standards they live by, not by what others expect in order to assist group members to discover who they are. It means being aware of own strengths, limitations, needs, fears, motivations and goals (Corey, 2000:30-31).

**Belief in the group process and enthusiasm** by the group worker is essential to the success of the group. The enthusiasm group workers bring to the group can have an infectious quality. A group worker’s lack of enthusiasm is generally reflected in members’ lack of excitement about coming to group sessions and in their resistance to doing significant work (Corey & Corey, 2006:30).
One of the main advantages of group work is that the group worker can be open to new experiences and to lifestyles and values that differ from their own through **inventiveness, creativity, sensitivity and flexibility** in the worker’s assessment and interventions (Toseland & Rivas, 2009:461; Abels & Garvin, 2006:8; Corey, 2000:32; Oaklander, 1988:286).

2.4.2 SPECIAL PROBLEMS AND ISSUES FOR GROUP WORKERS

**Initial anxiety** refers to the group worker’s fear to getting the group started and about keeping it going. It is essential for group workers to identify and examine their internal dialogue. Even the most effective group workers may find themselves slipping into distorted ways of thinking and engaging in negative thinking. Corey, Ellis and Cooker (1998) in Corey (2000:33) are of the opinion that by being willing to continue challenging the grounds for our beliefs, it is certainly possible to avoid being controlled by negative internal dialogue.

**Self-disclosure** is an aspect of group work that group workers tend to struggle with regardless of their number of years experience. The group worker has to consider too little self-disclosure, too much self-disclosure, as well as appropriate and facilitative self-disclosure. If a group worker hides behind a professional façade, allowing for too little self-disclosure, the group worker can lose his/her personal identity in the group (Corey, 2000:34). Considering the reasons for disclosures, the impact the group worker’s sharing of intimate details might have on the group, as well as the degree to which the group worker’s disclosures are relevant to the here-and-now process of the group should go hand-in-hand with self-disclosure (Corey, 2000:34-35).

With regard to appropriate and facilitative self-disclosure, a group worker’s self-disclosure must be instrumental in helping the members attain their goals. Selective disclosure should provide members with acceptance, support, and encouragement (Yalom, 1983, 1995 in Corey, 2000:35). Corey (2000:34) agrees with Yalom (1983, 1995) that the most productive form of sharing is when group workers disclose in the here-and-now reactions rather than detailed personal events from their past facilitate the movement of the group.
Dealing with difficult group members who may display resistance and the many forms it may take, including asking too many questions, being overly silent, giving advice or reassurance when it is inappropriate, is a central challenge for group workers. Although the group worker should not assume complete responsibility for intervening to stop members who are disrupting the group, workers should notice the situation and work with the group in such a way that one member does not sap group energy and make it difficult for the others to do productive work (Corey, 2000:36).

Dealing with own reactions to member resistance asks that the group worker be aware of the tendency to respond with strong feelings. If the group worker ignores own reactions, they are leaving themselves out of the interactions that occur in the group. The group worker’s responses, whether it is thoughts, feelings, or observations, are often the most powerful resource to their disposal in effectively handling resistant behaviour (Corey, 2000:36).

2.4.3 GROUP WORKER SKILLS

Various authors discuss different skills required by the group worker when conducting group work. However, Geldard and Geldard (2008:151-154) specify some skills with regard to group work with children. The researcher includes other skills thought necessary when conducting group work with children as identified by various authors.

Observation refers to not only observing current behaviours and social skills, but also changes in these over the life of the group. This skill is vital in making adjustments in the group programme if necessary and to meet changes in the perceived needs (Geldard & Geldard, 2008:151).

Active listening involves attending to both verbal and non-verbal aspects of communication without judging or evaluating and acknowledging contributions. Through active listening the group worker can encourage trust and the self-disclosure and exploration of group members (Geldard & Geldard, 2008:151; Evans & Cook, 2003:286; Corey, 2000:38).
**Summarising** is pulling together important elements of interaction or a session to avoid fragmentation and give direction to the session to have continuity and meaning (Geldard & Geldard, 2008:151; Corey & Corey, 2006:35).

**Giving feedback** is a way of expressing concrete and honest reactions based on observation of members’ behaviours to offer an external view of how the person appears to others as well as to increase group members’ self-awareness (Johnson & Johnson, 2009:515; Geldard & Geldard, 2008:152; Corey, 2000:42-43).

**Questioning** refers to asking open-ended questions that lead to self-exploration of the “what” and “how” behaviour to elicit further discussion, to get more information, to stimulate thinking, as well as to increase clarity and focus (Geldard & Geldard, 2008:152-153; Corey & Corey, 2006:37).

**Confronting** is the group worker’s ability to challenge group members to look at discrepancies between their words and actions or their verbal and non-verbal messages; to interpret and analyse group dynamics and challenge and stimulate when required through pointing to conflicting information or messages. By using this skill the group worker aims to encourage honest self-investigation, promote full use of potential, and bring about awareness of self-contradictions (Johnson & Johnson, 2009:515; Geldard & Geldard, 2008:153-154; Corey & Corey, 2006:37; Evans & Cook, 2003:286).

**Giving instructions** refers not only to the group worker’s ability to give clear instructions, direction and taking control when necessary but also to provide the group members with clarity regarding group rules and issues relating to confidentiality to establish a sense of safety built on trust (Geldard & Geldard, 2008:154; Oaklander, 1988:290).

**Processing skills** refer to deliberate verbal exploring what each child, and the group as a whole, experienced while engaged in an activity, interaction or discussion. This will bring into focus what has occurred in the group, and to raise group members’ awareness of emotions, thoughts, opinions, and beliefs with regard to what has occurred (Geldard & Geldard, 2008:154).
Clarifying is used to help group members sort out conflicting and confused feelings and thoughts to arrive at a meaningful understanding of what is being communicated by simplifying what was communicated by the group member and focussing on the core of the message (Corey & Corey, 2006:35).

Resolving issues in the group are best resolved through communication, discussion of issues, negotiations, compromise or even voting. The open sharing of experiences that allow for emotional release in a safe environment can allow for questioning and feedback whilst providing reassurance of group members (Evans & Cook, 2003:289).

Reflecting feelings is used to let group members know that they are being heard and understood beyond the level of words through the group worker communicating his/her understanding of the content of feelings to the group (Corey, 2000:40-41; Oaklander, 1988:290).

The various meanings of silence are another aspect that a group worker needs to understand. It is a very powerful form of expression indicating a wide range of feelings, including resistance and disinterest, to positive feelings or reflections of calmness of thought. This requires a diagnostic understanding and group work skill (Evans & Cook, 2003:289).

Supporting refers to the provision of encouragement and reinforcement by creating an atmosphere that encourages group members to continue desired behaviours, to provide help when group members face difficult struggles. Finally, group workers need to demonstrate empathy and genuine warmth, to create a safe, trusting environment (Corey & Corey, 2006:38; Evans & Cook, 2003:286).

Empathising is identifying with group members by assuming their frames of reference in order to foster trust in the therapeutic relationship, communicate understanding, and encourage deeper levels of self-exploration (Evans & Cook, 2003:286; Corey, 2000:41).
Facilitating is done to promote effective communication among group members, and to help group members reach their own goals in the group by opening up clear and direct communication within the group, as well as helping group members assume increasing responsibility for the group’s direction (Corey, 2000:41-42). The worker should allow the group to take responsibility and not rely just on the worker for decisions, whilst retaining some structure, by thanking contributors and through body language or a more directing approach, saying the worker wishes to hear from other members as to relate equally to all members without a particular focus on individuals (Abels & Garvin, 2006:4; Malekoff, 2003:235; Evans & Cook, 2003:286,289). This will promote individual and group autonomy (Toseland & Rivas, 2009:461).

Challenges and limits refer to group worker’s ability to demonstrate the ability to challenge, keep time, boundaries and most important, resist manipulation (Evans & Cook, 2003:286).

Modelling refers to demonstrating desired behaviour through actions by providing examples of desirable behaviour, and to inspire group members to develop their potential (Johnson & Johnson, 2009:515, Corey & Corey, 2006:39; Oaklander, 1988:290).

Blocking is a manner in which to protect members and enhance the flow of the group process by intervening to stop counterproductive group behaviour that may include scape-goating, group pressure and group interrogation (Corey, 2000:44-45). Dealing with the avoidance by members of certain tasks or issues may take the form of distracting the group, challenging the value of the group and avoiding pressing issues which may lead to misunderstanding, not listening, a lack of trust and withdrawal (Evans & Cook, 2003:289).

Colton et al. (2001:55-65) identify additional skills required by the group worker, specifically when working with children, namely:

- The ability to recall the experience of being a child and to relate that to the work at hand.
• The ability to get children to talk or express themselves.
• The ability to feel comfortable in the presence of children and to have them feeling comfortable with you.
• The ability to facilitate children’s play.
• The ability to decentre from an adult perspective to engage the child.

2.4.4 BECOMING AN EFFECTIVE MULTICULTURAL GROUP WORKER

Workers will need to demonstrate the ability to work in an anti-discriminatory way. Dominelli (1988) in Evans and Cook (2003:287) suggests that the worker should be able to work with anyone, across racial divides and sexes, and have empathy based on knowledge of differences between various races and their significance rather than the pretence that all people are the same. The range of problems, needs and abilities of children need to be considered. Arredondo and McDavies (1992) in Evans and Cook (2003:287) identify that working in a multicultural setting the group worker has to consider the following aspects.

Beliefs and attitudes of culturally skilled group workers refer to the group worker recognising and understanding own values, biases, ethnocentric attitudes, and assumptions about human behaviour. With this knowledge as a basis, he/she does not view the culture, beliefs, opinions, language or race of group members as inferior. The researcher agrees with the authors in that the group worker should embrace these differences as an asset to enhance and enrich the group work process (Corey & Corey, 2006:42-43).

Knowledge of culturally skilled group workers include knowledge of the group worker’s own racial and cultural heritage and how it affects them personally and professionally, as well as the dynamics of oppression, racism, discrimination, and stereotyping that may be associated with various cultures. The group worker should have knowledge regarding group members’ strengths, their capacity to help one another as well as their capacity not only to bring about change in themselves and one another, but also the wider community (Toseland & Rivas, 2009:463; Abels & Garvin, 2006:5-6; Corey & Corey, 2006:43; Corey 2000:49).
Skills and intervention strategies of culturally skilled group workers refer to when the group worker uses methods and strategies, and defines goals consistent with the life experiences and cultural values of the group members. This requires the ability to modify and adapt interventions in a group to accommodate cultural differences. The effective group worker is not limited to one approach in helping and recognises that helping strategies may be culture bound. The group worker does not force group members to fit within one approach, but takes responsibility in informing group members about the way the group process works, including goals, expectations, legal rights, and alternative resources for continued growth (Corey & Corey, 2006:44).

Recognising own limitations allow the group worker to function realistically. It is not possible for a person to know everything about all cultures. The group worker should recognise and appreciate own efforts toward becoming a more effective person and professional (Corey & Corey, 2006:45-46).

2.5 THE PHASES OF THE GROUP WORK PROCESS

According to Toseland and Rivas (2009:461) and Abels and Garvin (2006:7-8), the phases of group development influence changes throughout the life of the group. These authors also agree that group processes and structures encompass all transactions that occur within the group, give meaningfulness to the life of the group and can determine whether and how the group will accomplish its purpose. Toseland and Rivas (2009:461) also emphasise that the worker should have a clear understanding of the phases of group development and the related group character, members’ behaviours and tasks, and the group worker’s tasks and skills specific to each phase.

2.5.1 PHASE 1: THE PREPARATION PHASE

During the preparation phase of the group work process the group worker has to consider the objectives/purpose of the group, size, age of potential group members, open-ended versus close-ended groups, duration of the group as well as the follow-up and evaluation procedures (Toseland & Rivas, 2009:462-464;
Recruitment

Zastrow (2009:12-13) and Toseland and Rivas (2009:462) identify that during the recruitment phase the presenting concerns and needs of prospective members are identified. Judgements that prospective members could benefit from a group approach, is made. An agreement is often formulated between the group members and the group worker regarding tentative group goals. This stage may also be referred to as the contract stage as the group worker and the members make a commitment to pursue the situation to the next step. Abels and Garvin (2006:11) and Corey (2000:88) are of the opinion that recruitment is best done when the group worker personally approaches prospective group members in order to clarify any aspects if necessary and obtain consent.

Selection of members

Selection of group members requires attention to both descriptive and behavioural factors to determine if the group will be homogenous or diverse. Age, sex and level of education are descriptive factors that may create homogeneity or foster diversity within the group. In groups of children and adolescents, the age span among members must be relatively small because levels of maturity and interest can vary greatly. Similarly, same sex groupings may facilitate achieving group goals for pre-adolescents, but for middle adolescent groups there may be specific advantages to having representation from both sexes. The behavioural attributes expected of a group member will also have a major effect on the attainment of group objectives. For example, placing several hyperactive children in a particular group may be a prelude to failure (Toseland & Rivas, 2009:462; Zastrow, 2009:13).

Purpose of the group

destination, the end towards which the group is formed. In this study, the objective/purpose of the group is to gather data regarding the enhancement of the emotional intelligence of vulnerable children in middle childhood. This indicates that the group will be a problem solving and decision making group and with this data being gathered, the group may be used in future research as a vehicle either to develop a programme or influence existing social welfare agencies to provide services (Zastrow, 2009:4).

- **Practical concerns**

The duration of a group has two related components; the number of sessions and the length of each session. Zastrow (2009:12) identifies that many groups meet for one or two hours once or twice a week for a specific number of weeks, while Dwivedi (2003a:17) is of the opinion that specifically for children in middle childhood, sessions of between forty-five to sixty minutes is sufficient as fatigue may set in around this time. In this study each session was approximately an hour and the group met twice or three times a week for four weeks.

Zastrow (2009:11-12), Toseland and Rivas (2009:464), Dwivedi (2003a:17-18) and Corey (2000:91) define open-ended groups as groups whereby new members can join a group as other members leave while a closed-ended group has a constant population, operates within a specific time frame and can often function more effectively because of these reasons. Closed-ended groups may ensure that group members can build and maintain a certain degree of trust and comfort with each other. For the purpose of this study a closed-ended group was utilised.

Zastrow (2009:11), Toseland and Rivas (2009:464), Silovsky (2005:253), Malekoff (2004:71), and Corey (2000:93) agree that the size of the group affects members’ satisfaction, interaction, and the amount of output per member and depends on factors such as the age of the members, the type of group, and the purpose of the group. Slater [sa] in Zastrow (2009:11) found in his research regarding group size, that groups of five people were considered most satisfactory by the members themselves and most effective in dealing with an intellectual task involving the collection and exchange of information about a situation; the coordination, analysis, and the evaluation of this information; and a group decision regarding the
appropriate administrative action to be taken. Oaklander (1988:285) suggests that a group consisting of between three and six members is most effective when working with children in middle childhood. On the other hand, Dwivedi (2003:15) is of the opinion that eight is usually considered a good size for a small experiential group. Because this study involves children in middle childhood the group consisted of five group members.

On setting the age limit for the group, the group worker should also consider the actual level of functioning of the potential group members (Evans & Cook, 2003:287-288). As middle childhood includes the ages between six and twelve years of age, the researcher views it as being too big of an age spectrum and would therefore focus on six to nine years within middle childhood in terms of the potential group members of this study.

Oaklander (1988:286) agrees with Mayerson (2000) in Van Velsor (2009:283) in that for all children, group workers need to provide more structure early in the group’s development. Group workers optimise children’s experiences in groups when they provide a safe environment for children to try out behaviours, and the appropriate level of structure helps provide that safe space.

- **Assessment and Planning**
  A more in-depth assessment, statement of goals and plans for action occurs during this phase. In reality, this step is completed only when the group ends because the dynamic nature of most groups requires an ongoing adjustment of goals and intervention plans. Goals should be time limited with a reasonable chance of attainment. The leader should ensure that goals are clear to aid in later evaluations. Clarification of goals eliminates hidden agendas (Zastrow, 2009:13). Toseland and Rivas (2009:463) identify that the group worker should consider the use of activities, supplies needed and resources required obtaining the goals and appropriate methods to track group progress.
• **Pre-group meeting**

Malekoff (2004:83) and Corey (2000:93-94) are of the opinion that the pre-group meeting is an essential part of the group work process during which the group worker prepares the group members for the group work experience. The group worker provides the prospective group member with an opportunity to ask any questions, clarify aspects that may be necessary, and hear their concerns, expectations and fears. In this study, the pre-group meeting consisted of obtaining the consent and assent from the parents and/or guardians and the prospective respondents and providing all the parties with an opportunity to ask questions and clarify aspects not clear to them.

### 2.5.2 PHASE 2: THE BEGINNING PHASE

Primary tasks of the beginning phase are inclusion and identity. During the beginning phase the group worker helps the group to identify and appreciate group norms which may include that one does not have the right to hurt anybody, it is in order not to always know all the answers, everybody has the right to be heard and to speak. Individuals begin to identify with each other and group roles start to develop. This phase enables the development of group identity, adaptation to the group worker’s style, establishment of group goals and some exploration of intimacy (Toseland & Rivas, 2009:188; Dwivedi, 2003a:2; Corey, 2000:98-99).

Children will re-enact the early maternal relationship when joining a group just as adults do (Dwivedi, 2003a:20). There is a high dependency level on the group worker and a need for the group worker to provide a structure and help create a group culture. Boundaries and limits are set in the beginning phase of the group work process. Toseland and Rivas (2009:205-206) and Evans and Cook (2003:285) agree that this may be achieved by means of a group activity whereby all the members draw up a contract stating the group rules, together, which may assist the group members in owning the group. The contract can be referred to in subsequent sessions if and when necessary. It is important not to set a too permissive culture, allowing the child’s every need to be met. This would not allow the children to grow emotionally but would leave them regressed and out of touch with reality. Group settings must not be too removed from everyday life as
unnecessary guilt may arise when the group worker allows the child to do something that the child knows will not be tolerated elsewhere.

In this phase, the individual and group interaction patterns are examined as they develop. Van Velsor (2009:283) identifies that group members may already have formed relationships outside of the group; the group leader therefore, will need to develop activities focused on building interdependent relationships and identifying appropriate norms of behaviour. Disruptive behaviours exhibited at this point are often a way of avoiding belonging to the group. These can include aggressive or impulsive behaviour, attention-seeking or showing off behaviour, chattering and refusing to participate in an activity. Underlying motives and needs, such as fear of being consumed by the group, fear of rejection, unwillingness to trust the group, the need to remain separate, based upon their previous experiences of peer groups are often responsible for such disruptive behaviours (Dwivedi, 2003a:20-21).

- **Foundation of the group: Trust**
  Establishing trust is vital to the continued development of the group. Without trust, group interaction will be superficial, little self-exploration will take place, constructive challenging of one another will not occur, and the group will operate under the handicap of hidden feelings. The decision of group members depends in part on the group worker’s ability to demonstrate that the group can be a safe place in which to be oneself and reveal who one is. By encouraging members to talk about any factors that inhibit their trust, the group worker supports the therapeutic atmosphere necessary for openness and risk taking on the part of the group members (Malekoff, 2004:99; Corey, 2000:99).

### 2.5.3 PHASE 3: TRANSITION PHASE

- **Characteristics of the transition phase**
  This phase is generally characterised by increased anxiety and defensiveness. Anxiety may grow from fear of being judged, misunderstood, the need for more
structure and lack of clarity regarding expected behaviour. These feelings normally give way to genuine openness and trust in the phases to follow (Corey, 2000:106). Yalom (1995) and Schutz (1973) in Corey (2000:106) and Malekoff (2004:161) are of the opinion that conflict and struggle for control between group members as well as group members and the group worker, characterises the transition phase of the group. Group members seek proof that the group worker cares about and accepts the group, and will protect them. Before conflict can be dealt with constructively, it must be recognised (Corey, 2000:106). Recognising that conflict is inevitable and that it can strengthen trust is likely to reduce the probability that group members and the group worker will try to avoid the conflict that forms a natural part of the group’s development.

Challenging the group worker is often the group member’s first significant step to autonomy. A group worker will be challenged in the group process either professionally or personally. It is important that the group worker keeps communication with the group open and deals with these challenges directly and honestly through modelling appropriate behaviour (Corey, 2000:108).

Corey (2000:109) refers to resistance as behaviour that keeps oneself or others from exploring personal issues or painful feelings in depth. Resistance is not merely something to overcome. As an integral part of humans’ typical defensive approach to life, resistance must be recognised as a protective force that reduces anxiety. Malekoff (2004:290) agrees with Corey (2000:109) that the group worker should respect resistance by group members, but the group member should also be willing to recognise and discuss their resistance. This is conducted more effectively in a group environment which is open and encourages group members to acknowledge and work through hesitations and anxieties.

2.5.4 PHASE 4: THE MIDDLE PHASE

- The development of group cohesion

By this phase, the members may have established some role differentiation but there can still be a jostling of relationships between themselves. In the initial phases, children tend to pair according to their perceived similarities, needs and
motives. During the middle phase, they realise that these pairings no longer meet their true emotional needs. This leads to regrouping to form different relationships and may arise from certain behaviours and disclosures (Toseland & Rivas, 2009:465; Abels & Garvin, 2006:16; Dwivedi, 2003:21-22).

Many patterns of behaviours and interactions have become familiar to the group and members begin to identify and model themselves upon those they admire. As a group worker demonstrates frustration, tolerance, and ability to respond to the varying demands without losing control or undue restrictiveness, punishment or strictness, the possibility of identification is allowed. In this way, children experience alternative responses from adults and learn more acceptable behaviours (Dwivedi, 2003a:22).

Exercises encouraging sharing of experiences and interchange of feelings about each other are encouraged at this phase, members begin to share intimate details and experience a sense of group cohesion (Van Velsor, 2009:283; Dwivedi, 2003a:22; Corey, 2000:115-116). They can accept difficult feedback from the group and the group worker. Linking can be used to promote member-to-member interactions to encourage the development of cohesion through connecting the work that members do to common themes in the group (Corey, 2000:44).

2.5.5 PHASE 5: THE FINAL PHASE – TERMINATION

Termination refers to preparing the group to close a session or its existence in order to help members assimilate, integrate, and apply in-group learning in everyday life (Corey, 2000:45). By this phase of the group’s development, it has the potential to be a rich source of warm, honest and intense feelings. A degree of closeness develops and an improvement in the group members’ self-esteem. There is always the potential for any issue from previous phases to emerge at any given time. Although different relationships in the group are still being tested, norms and beliefs are firmly established (Dwivedi, 2003a:22).

Toseland and Rivas (2009:467), Dwivedi (2003a:22) and Corey (2000:128) agree that in the case of closed groups where members are aware of leaving dates,
issues of dependency and individuality will reappear. Individuality can be a great cause of anxiety in children and destructive behaviours may re-emerge at this point. Thorough interpretation and giving the child permission to feel like this about the ending will help support them. Modelling honest feelings by the group worker and the ability to contain those feelings will be a great source of encouragement for the group members. Each individual will require support to separate from the group and continue in their normal social network.

- **Effective ways to terminate a group**

  It is important to deal with the feelings of the group members and the feelings of the group worker. Emphasising the importance of being specific, helping members conceptualise, encouraging open expression of feelings about endings and the meaning of the group can increase the chances that members will retain and use what they learned (Corey, 2000:130).

  Toseland and Rivas (2009:468) and Corey (2000:130) identify that giving and receiving feedback are crucial during the final phases of the group work process. This can serve as a soundboard during which group members have the opportunity to discuss various aspects such as individual experiences, turning points during the process and future hopes and fears. The group worker may also present the group members with the question regarding their future hopes and fears and how the group members may implement what they have learned in their everyday life.

**2.5.6 PHASE 6: POST GROUP PHASE – EVALUATION AND FOLLOW-UP**

- **Individual follow-up sessions**

  Individual follow-up sessions provide the group worker and the group members with an opportunity to discuss the level of effectiveness of the group, how future groups may be improved upon and whether the group member may feel that additional individual therapy may be required (Corey, 2000:133).
• **Evaluating results**

Abels and Garvin (2006:14) agree with Malekoff (2004:69) that the evaluation of outcomes is an ongoing process and can be done in a variety of ways, including a pre-test, post-test measurement tool, observing individual functioning in the group, and formal and informal feedback received by the group members to promote better self-awareness and understanding of group movement.

Dwivedi and Mymin (2003:48) found that group evaluation and self-evaluation can provide valuable and constructive feedback when built into the group work programme itself. Regular documentation of group processes and contents of sessions provides valuable material not only for evaluating the progress of the group but also for making sense of the various group experiences, consultation, supervision, planning and preparation of next steps (Dwivedi & Mymin, 2003:49).

Ryle (1976) in Dwivedi and Mymin (2003:50) emphasises that an ideal research record of a group should include:

- A satisfactory categorisation of members in terms of relevant dimensions, symptomology, social adjustment, psychodynamic status and personality.
- Members’ definitions of their problems, aims and self-ratings in terms of these definitions repeated at intervals throughout and after group work.
- Similarly, definition of the group worker’s aims for each member with ratings and achievements at appropriate intervals.
- An objective account of the group process and relevant content.
- Accumulated subjective accounts of the group experience from the group members.

• **Evaluation and Termination**

The evaluation of the group and the group work process should be an ongoing process. Evaluation is fundamentally educative in that it enhances the effectiveness of the researcher because the results can serve as valuable, constructive and therefore corrective feedback, reinforcing the good practices and reducing the bad. Various observations of group members, written records, feedback from group members, supervisors and colleagues are all sources of

The decision to terminate a group may be based on the accomplishment of group or individual goals, the expiration of a predetermined period, the failure of the group to achieve desired ends, the relocation of the leader of the group, or a shortage of funds to keep the group going. The termination of a group often produces the same reactions that characterises the termination of other significant relationships, including the feeling of rejection. Zastrow (2009:13) emphasises that the group leader must be aware of these potential feelings and help group members terminate with a minimum of difficulty.

2.6 GROUP WORK WITH CHILDREN IN RESIDENTIAL CARE

Rittner (2004:251) identifies that children who come into child welfare services often experienced multiple levels of abuse and neglect, and these experiences predispose them to social and emotional problems. Various authors (Zanarini et al., 2002; Heffernan & Cloitre, 2000) in Rittner (2004:251) identify that the earlier maltreatment occurs, the more likely the child is to develop associated behavioural and emotional problems that may well persist into adulthood.

The New Dictionary of Social Work (1995:45) defines a place of safety; as such in which the children who form part of the group reside in, as residential facility established under the Child Care Act, 1983 (Act 74 of 1983) or any other suitable place for the temporary admission, care and treatment of children or other persons involved in court proceedings pending a final ruling. The New Dictionary of Social Work (1995:54) defines a residential facility as a facility for the temporary or permanent care or treatment of persons with specific needs. Evans and Cook (2003:281) view the purpose of residential establishments as to cater for the needs of society or of an individual that they cannot meet themselves.
Evans and Cook (2003:282) find that children in care often suffer from many different forms of deprivation, which may include emotional, social and educational and recommend that it is the task of the residential unit to erase some of these effects through appropriate channels. Evans and Cook (2003:283) and Hertzog (2009) concur with the researcher’s opinion that residential workers often have no or little training of conceptual models to guide them. Evans and Cook (2003:283) emphasise that it is the responsibility of a few specialist workers to create a clear conceptual and practiced approach for all workers to implement.

Residential workers undoubtedly face difficulties when attempting group work with the children in their care. As mentioned before, many of these workers have little or no training as confirmed by Hertzog (2009); often coming from a work background that bears limited resemblance to their present employment. The result of this situation is that children who are deprived or disturbed are cared for and treated by individuals who, despite showing motivation and commitment, have little theoretical base work for implementing treatment programmes, or trying to understand the attitudes and behaviours of children in their care (Evans & Cook, 2003:283).

Research findings in social psychology (Sherif & Sherif in Evans & Cook, 2003:282) mention that an individual’s behaviour and attitudes are positively influenced by groups that mainly occur through informal group work. Residential care may, however, induce institutionalisation and not encourage children to develop their own personality to the full. For some the lack or loss of opportunity to do what most people do for themselves can hinder their social skills as they may not be given the opportunity to gain confidence and ability in their own lives, and exercise choices wisely. One approach to combat this is to increase the level of participation of residents in the daily running and routines of the unit (Evans & Cook, 2003:282). Another approach is to provide the children with opportunities to develop a certain degree of independence such as allowing them to make simple choices and do some things themselves, for example choose and pour their own juice or pick the clothes they want to wear.

According to Evans and Cook (2003:287), within the context of residential care, smaller groups of between six and eight members, including the worker, tend to be
most effective. These groups are large enough for stimulation, and small enough for participation and recognition.

2.7 GROUP WORK VERSUS INDIVIDUAL WORK

Children in middle childhood as a function of their particular stage in life are significantly group orientated. School children spend most of their time in group settings, they are taught in groups and play in groups (Dwivedi, 2003a:5). Dinkmeyer and Muro (1971) in Dwivedi (2003a:5) are of the opinion that:

The group is a particularly effective approach with children because the child is a social being and is generally interested in interaction. Children like to be part of a group and a group can be the most effective process to assist in the learning of developmental tasks... The group worker and the group become part of a social laboratory in which the child tries new patterns of relating aggression, anger, love, and test reality.

Dwivedi (2003a:9) mentions that group work can also help children to learn delaying gratification, managing feelings, exploring abstractions and values, and cultivating creativity and giving of oneself to others. Abels and Garvin (2006:4-5) agree with Dwivedi (2003a:9) that it also helps to overcome narcissism and improve the sense of interdependence, as well as autonomy.

Johnson and Johnson (2009:509-512), Geldard and Geldard (2008:90), Dwivedi (2003b:119) and Corey (2000:7) agree with Oaklander (1988:288), in that groups can mirror the wider social environment. They are often able to promote change that may be difficult to achieve through individual counselling. This may include some of the following advantages for children:

- Children may realise that other children encounter similar experiences or problems, which may enable children to talk more freely.
- The children are able to share with each other and learn from each other.
- The group provides a social setting in which children can learn from their social interactions with the group, receive feedback, and learn social skills through practicing and experimenting with new behaviours.
- The group can fulfil a supportive role.
According to Gouws (1987) in Blom (2006:19), play therapy can be defined as a psychotherapeutic technique whereby the therapist attempts to give the child the opportunity to express feelings both verbally and non-verbally. Through play, the child is able to express his or her emotions more effectively by acting out problems in a symbolic manner. This will aid in building relationships, establishing trust, as well as help to normalise previous devious behaviour.

2.8 THE DEVELOPMENT OF CHILDREN IN MIDDLE CHILDHOOD AS CONSIDERATION FOR GROUP WORK

Abels and Garvin (2006:14) are of the opinion that the impact of human development on potential group members’ needs, abilities and the group goals should be considered when planning group work. Nash et al. (1990) in Harper (2003:61) is of the opinion that development is a lifespan process involving physical, behavioural, cognitive and emotional changes over time.

Harper (2003:61) has found that psychological literature is permeated with models of development, representing varied perspectives of numerous theorists. However, common to the models is the consensus that:

- Development is an interactive, creative, ever changing and dynamic process.
- The parent is not the exclusive, or even the primary source of a growing child’s construction of reality or development of coping strategies.
- Significant growth and change can occur during any stage of life.

Hustan and Ripke (2009:7) mention that because children in middle childhood have increased cognitive capabilities and self-awareness without the strong pressures of adolescence, it may be a good time to maximize the potential for growth and to introduce support and opportunities that help children along successful pathways to adulthood. The child’s value system is frequently augmented from sources outside the family, and teachers and peers begin to play an increasingly prominent role (Harper; 2003:68).
Harper (2003:68) identifies that children in this age group have access to a developing sense of humour and this often paves the way for the successful integration of success, failure and the awareness that there are a multitude of different ways in which outcomes can be achieved. “Doing experiences”, the opportunity to argue constructively, and taking responsibility are important growth experiences. Unhelpful parental behaviours include situations in which parents become competitive with their offspring or those in which they are either dogmatic and authoritarian or permissive and overly relaxed.

Successful negotiation of the developmental tasks results in a sense of pride at accomplishments, with an associated sense of the individual’s capability and personal adequacy. The fundamental technology of the culture is firmly established during this stage. Difficulties in negotiation of the developmental tasks may be reflected in a preoccupation with issues of competition and anxieties over performance. Lying, cheating and stealing may result. Difficulties at school and school phobias may also appear, or behaviour problems may manifest. Not completing tasks and “giving up”, or excessive rebellion are indicators that there are difficulties in the negotiation of the developmental tasks. Somatic symptoms most frequently include headaches and a “nervous stomach”. Depressive equivalents may be noticed and the child may be excessively self-critical (Harper, 2003:68-69).

2.9 GROUP WORK AND PLAY

Malekoff (2003:233) is of the opinion that the group worker should learn to relax and abandon the strange and bizarre belief that the only successful group is one that consists of people who sit still and speak politely and insightfully.

Dwivedi (2003b:117) identifies that the most significant mode of communication in children is often non-verbal and is usually loaded with feelings and actions, unlike that of adults who tend to transform these into language and concepts. Young children tend to express their feelings through play, children in middle childhood through constructive and destructive activity, although play and activity are usually accompanied by language as well. It is for this reason that Geldard and Geldard
Dwivedi (2003b:117) and Colton et al. (2001:55) agree that group work with children and youth should incorporate both verbal and nonverbal activities such as play, activities, games and exercises in their living and relational contexts. Children tend to gradually move from egocentric, solitary, exploratory motor (playground type play), oral (e.g. cooking) and anal (messy) levels of play during early childhood to more social, representational and constructive play, expressing their conscious and unconscious needs, fantasies, ideas, thoughts, feelings and conflicts during middle childhood (Dwivedi, 2003b:118; Hughes, 1991:203). Various characters, toys, dolls, animals, become endowed with feelings, intentions and relationships representing those from the world of the child. Social play allows the child to experiment with new ways of relating, with improved ego strength, attitudes and insight gained during the group work.

The aim of play (activity) in group work with children is to generate interaction between them so that the games and the materials may serve to stimulate the unconscious strivings towards a resolution (Dwivedi, 2003b:119). Activity groups involve emotional re-education based upon social interaction of group members around the use of play, material and food, rather than from the primary method of interpretation, group discussion and reflection. Epstein and Altman (1972) in Dwivedi (2003b:119) found that these activities provide a setting for socialisation, as children are encouraged to engage in a selective variety of activities that serve as a springboard for eliciting feelings and encouraging interactions. When children get the opportunity to express feelings in and through activities, the resultant catharsis results in a breakthrough of repressed impulses and feelings with subsequent changes in behaviour, and that peer interactions lead to corrective changes in interpersonal relationships and modes of behaviours.

Games provide opportunities for exercising creativity and imagination, and can be transformed in various creative and imaginative ways to meet particular needs. As activities and games are often great sources of fun, play and enjoyment, these can help in creating interest and improving motivation. This increases the attraction of the group and provides opportunities for experiencing the group members and group worker in a pleasantly playful context (Dwivedi, 2003b:120; Hughes, 1991:203; Oaklander, 1988:290).
Dwivedi (2003b:120) mentions that it is important for the group worker to “join in” the group culture as the phase of engagement is the basic foundation of any treatment. If the group members are not engaged in the group it is difficult to proceed further. Group exercises and games provide a rich opportunity for indirect observation of interactions under different levels of stress and situations. They reveal various resources, coping skills, deficiencies and needs, and offer possibilities for learning and practicing new roles, relationships and skills, with an immense impact on the self-image and self-esteem of the group members (Dwivedi, 2003b:121).

Silovsky (2005:247-248) agrees with Dwivedi (2003b:122) in that games are useful for a variety of purposes as they can help group members to relax, act as a catalyst for developing self-expression, new identity, interpersonal relationships, co-operation, communication, emotional sensitivity, feedback and insight. Therefore, Dwivedi (2003b:121) is of the opinion that it is important to be careful in selecting games and exercises for the group and in planning and preparing various aspects beforehand. Factors such as the children’s level of competence, their concentration span, and the stage of the group, relevant emotional and interactional issues and themes, and the availability of space, time, materials and equipment should all be taken into consideration. Evans and Cook (2003:285) are of the opinion that groups who play together, stay together. According to Benson (1987) in Evans and Cook (2003:285) it is important to celebrate activities and achievements and take time to enjoy each other within the group sessions.

2.10 DEVELOPMENTAL THEORIES OF PLAY

Hughes (1991:14-22) identifies various theories of play that can be used as frameworks within which child development and behaviour can be understood.

**Spencer’s Surplus Energy Theory**

The reason for play is to discharge the natural energy of the body and has great physical benefit.
Patrick’s Renewal of Energy Theory
Play is undertaken to avoid boredom while the natural motor functions of the body are restored, with the greatest benefit being physical development.

Hall’s Recapitulation Theory
The greatest benefit of play is physical development. The reason for play, according to this theory is to relive periods in the evolutionary history of the human species.

Groos’ Practice for Adulthood Theory
Play has physical benefits as well as intellectual benefits, in that children can develop skills and knowledge necessary for functioning as an adult.

S. Freud, A. Freud and Erikson’s Psychoanalytical Theory
These three theorists are of the opinion that play is used to reduce anxiety by giving a child a sense of control over the world and an acceptable way to express forbidden impulses, which in turn has social and emotional benefits.

Bruner, Piaget and Sutton-Smith’s Cognitive Development Theory
Play has intellectual and social benefits as play facilitates general cognitive development. Play consolidates learning that has already taken place while allowing for the possibility of new learning in a relaxed atmosphere.

Berlyne, Fein and Ellis’ Arousal Modulation Theory
A reason for play is to avoid or relieve boredom; it keeps the body at an optimal state of arousal and reduces uncertainty. This in turn has physical and emotional benefits for the child.

2.11 TECHNIQUES APPROPRIATE FOR UTILISATION IN GROUP WORK WITH CHILDREN IN MIDDLE CHILDHOOD
Planning for group work sessions is of utmost importance. Geldard and Geldard (2008:164) identify factors that should be taken into consideration when selecting the appropriate media or activity for play therapy:
• The child’s developmental age;
• Whether the child is being counselled individually or in a group; and
• The current counselling goals for the child

Many children need to develop social skills in order to feel and behave more appropriately. This often involves learning different ways of relating to others so that they can make friends, get their needs met, be appropriately assertive, identifying and living within sensible boundaries, and cooperating with others. In order to develop adaptive social skills a child needs to understand and experience the consequences of social behaviour.

During group work in middle childhood, Geldard and Geldard (2008:166-167) suggest the use of clay, drawing, finger painting, games and puppets or soft toys as the most suitable for engaging and enabling a child to tell their story. However, the most appropriate media and activities to develop children’s social skills that include their emotional intelligence, according to Geldard and Geldard (2008:169), may be achieved with:

• An activity such as playing a game with a child and then giving feedback.
• Imaginative pretend play, which can help younger children to learn about and practice social skills.
• Puppets and soft toys, which can help children to learn about and practice socially acceptable behaviours.
• Worksheets, to address specific social skills issues.

2.12 STRUCTURE OF INDIVIDUAL GROUP WORK SESSIONS

Huth-Bocks, Schettini and Shebroe (2001:25) suggest that each session be structured in such a way that it follows the same process, while Malekoff (2004:232) suggests that groups with children and youth should “welcome the whole person, not just the troubled parts”. In doing this the group worker will provide the group members with a sense of security and provide the structure required when conducting group work with children.
According to Huth-Bocks et al. (2001:25), it is beneficial to start each session with an ice-breaker activity to allow the group members to get together, settle down and make contact with each other and the group worker in order to start with the group work process. Ten or fifteen minutes is usually allocated to this activity, followed by the therapeutic intervention that can last between twenty and thirty minutes. Malekoff (2004:47) suggests that in group work with children and adolescents, group workers decentralise authority by giving control for decisions back to its members, and may be done during this part of the group work session by allowing group members to choose which material, for example, crayons or pencils, or which colour paper they would like to use. After the intervention aspect of the session, the group members are made part of the process by getting involved through anything from a discussion session regarding a theme to free play.

Huth-Bocks et al. (2001:26) also suggest that the group worker makes a poster which indicates the number of sessions to be conducted. At the end of each session, the number of that specific session is coloured in or scratched out in order to allow the group members to see how many session remain.

2.13 SUMMARY

Different groups meet different needs of the group members. Treatment groups in social work intervention include growth, support, therapy, educational and socialisation groups.

Growth groups offer group members opportunities to become aware of, expand, and change their thoughts, feelings, and behaviour regarding themselves and others. Growth groups also focus on capacity building and promoting socio-emotional health rather than remediating socio-emotional illness. Structured growth groups focus on an interpersonal problem or skills. Exercises may be used to help group members practice targeted behaviour and skills.

With regard to group work with children in middle childhood, there are many aspects to consider as working with children differs considerably to working with adults. Despite this, data with regard to the outcome of group work specifically with regard to children and adolescence is rare.
Children require structure and group work sessions that consist of verbal and non-verbal, play, activities, games and exercises appropriate for their developmental age and with regard to their living and relational contexts. In order to conduct appropriate and effective group work for children the group worker requires skills, characteristics and knowledge. This is even more relevant when working with children in residential care, such as the vulnerable children that participated in this study, and in a multicultural context.

Ultimately, more group work with children has to be conducted, empirical data collected and actively implemented in practice as to deliver more appropriate social services to those who really needs it. The researcher agrees with Skweyiya (2006) in that expenditures on children’s nutrition or on their social, emotional and cognitive welfare are not only an investment in a more humane and equitable society; but also an investment in a healthier, more literate and, ultimately, more productive nation.
CHAPTER 3
EMOTIONAL DEVELOPMENT IN MIDDLE CHILDHOOD

3.1 INTRODUCTION

An emotion can be defined as a feeling or affect that involves a mixture of physiological arousal (a fast heartbeat, for example) and overt behaviour (a smile or grimace, for example). Psychologists divide emotions in two categories: (a) Positive affectivity refers to the range of positive emotions, from high energy, enthusiasm, and excitement to being calm, quiet, and withdrawn; and (b) Negative affinity refers to emotions that are negatively toned, such as anxiety, anger, guilt, and sadness (Ahola & Kovacik, 2007:172; Santrock, 2001:340). Various authors have found that all humans share emotions and the facial expressions depicting the basic emotions of happiness, anger, sadness, and fear are universal to, and displayed and interpreted similarly in all cultures (Hantler, 2008:8; Ahola & Kovacik, 2007:174; Davies, 2004:28; Berk, 2000:401; Camras et al., 1992; Izard, 1982, 1993; Malatesta et al., 1989 in Shaffer, 1999:393).

A number of developmentalists view the nature of emotions differently today than their predecessors, and the new view proposes that emotion is a relation rather than an intra-psychic. Therefore it refers to the link between emotions and what a person is trying to do. Emotional expression can serve as social signals, and the physiology of emotions involves much more than homeostasis and the person’s interior. In this view, the person and the environmental event constitute a whole. Emotions thus involve person-event transactions and are therefore modes of adaptation to the environment (Santrock, 2001:340-341).

Social and emotional education of children is of the utmost importance, as feelings are part of the daily rhythm of life. The more children are able to name, recognise and think about feelings, the more pro-social their behaviour will be. Children will discover that what people think shape their feelings and influence their behaviour (Hantler, 2008:25). Oaklander (1988:122) mentions that some children are not familiar with what feelings are. Louw, van Ede and Louw (1998:203) identify that emotions form the basic element of a person’s personality. Davies (2004:27), Louw
et al. (1998:203) and Oaklander (1988:122) agree that emotions also have a physical, or bodily, connection.

Damasio (2004) in Hantler (2008:25) mentions that “even just naming the emotion can calm the amygdale”. Intense painful feelings activate stress chemicals in the brain and body. Without a language of feelings, these will vent in some way – perhaps undesirably. The child may begin to fear feelings rather than valuing them as signals of needs. The researcher agrees with Ahola and Kovacik (2007:170) that emotions greatly influence development, and therefore ultimately all aspects of a child’s growth and well-being.

In this chapter the researcher will focus on the development of children in middle childhood, with the main focus being the emotional development as the respondents in the research study is currently in that phase of development.

### 3.2 HUMAN DEVELOPMENT

Nash et al. (1990) in Harper (2003:61) are of the opinion that development is a lifespan process involving physical, behavioural, cognitive and emotional changes over time. Harper (2003:61) identifies that psychological literature is filled with models of development, presenting various perspectives of numerous theorists. He has found, however, that common to the models is the consensus that:

- Development is an interactive, creative, ever changing and dynamic process;
- The parent is not the exclusive, or even the primary, source of the growing child’s construction of reality or development of coping strategies; and
- Significant growth and change can occur at any stage of life.

### 3.3 DEVELOPMENT DURING MIDDLE CHILDHOOD

Colton, Sanders and Williams (2001:42) identify three life tasks that according to Fahlberg (1988), has to be achieved by children in middle childhood, namely:

- Mastering problems experienced outside the family.
- Increased academic learning.
• The acquisition of gross motor skills.

Various theorists play a significant role in understanding the development of children in middle childhood. Even though the focus of this chapter falls on the emotional development of children in this developmental phase, it is necessary to understand the child as a whole. Therefore the child’s cognitive, behavioural and social cognitive development as well as psychoanalytical theories will be discussed.

3.3.1 PSYCHOANALYTIC THEORIES

Freud’s theory
Every phase of Freud’s psychosexual development provides an occasion for emotional maturation. However, the latency period tends to induce maximum growth in the acquisition of various skills related to emotional maturation. Children in this period tend to suppress their sexual interest and focus on the development of their cognitive abilities (Louw & Louw, 2007:274; Dwivedi, 2003b:72; Colton et al., 2001:27).

Erikson’s theory
Louw and Louw (2007:241), Harper (2003:68), Meyer, Moore and Viljoen (2003:200-201), Colton et al. (2001:28), as well as Hughes (1991:101-102) agree that accomplishments and a sense of industriousness are the central tasks of this age group, as in reference to Erikson’s ego psychological theory. Children’s development in middle childhood is characterised by the development of industry versus inferiority. Stimulating experiences and challenges make for growth and healthy balance is reached through the ego strength of competence. Developing a sense of proficiency or competence is one of the conditions for participating successfully in the cultural processes of productivity, and later, for maintaining a family. Failures should be accepted as learning opportunities and the inevitable disagreements accepted as characteristic of this phase.
3.3.2 COGNITIVE THEORIES

Piaget’s theory
According to Piaget’s cognitive theory, children in middle childhood find themselves in what he refers to as the concrete operational stage. During this stage, children are able to reason only about those things with which they have had direct, personal experience. Children begin to reason systematically and try to work out problems logically. Thinking becomes more flexible and effective, and the child’s thinking about the world moves from a reliance on perception to a reliance on logic. Despite what their eyes might tell them, they can logically imagine what would happen if, for example, water was poured from specific containers back into the original glasses in that the amount of water would stay the same despite being poured in different shaped containers. They can thus conserve and reverse, can understand the logic of a series of objects from smallest to biggest and can group objects on the basis of a specific quality (Louw & Louw, 2007:217-218; Schaffer, 2004:177-179; Harper, 2003:68, Colton et al., 2001:28; Hughes, 1991:99).

Vygotsky’s Theory
Vygotsky is of the opinion that children actively construct their knowledge, emphasising the influence of culture and social interaction on cognitive development, which involves learning to use the inventions of society, such as language, mathematical systems and memory strategies. Through children’s social interaction with more skilled adults and peers, they learn to use the tools that will help them adapt and be successful in their culture (Santrock, 2009:26).

3.3.3. BEHAVIOURAL AND SOCIAL COGNITIVE THEORIES

Skinner’s theory
Skinner’s operant conditioning model proposes that consequences teach children to obey moral rules. Adults reward children for morally acceptable behaviour with praise and morally unacceptable behaviour with punishment. As a result acceptable behaviour increases with age (Louw & Louw, 2007:268; Colton et al., 2001:26).
Bandura’s theory
Albert Bandura believes, contrarily to Skinner, that children learn more from observing others than from either rewards or punishment. If children see someone rewarded for a particular behaviour, they believe that they too will be rewarded if they behave in the same way, therefore the behaviour is imitated. Similarly, if they see someone being punished for a particular act, they assume that they will also be punished if they imitate the particular behaviour and therefore decide to avoid it (Louw & Louw, 2007:268; Colton et al., 2001:27).

Eisenberg’s theory
According to Eisenberg, environmental as well as emotional factors such as parenting and empathy affect the development and use of pro-social reasoning. Children in middle childhood are concerned with the needs of others, even if they conflict with their own needs. These children also need to be accepted by others and gain approval. Decisions about helping or not helping others are often based on stereotyped views of what good or bad people do (Louw & Louw, 2007:272).

Bowlby’s theory
Harper (2003:68), De Klerk and Le Roux (2003:23) and Hughes (1991:99-101) agree that, according to Bowlby’s attachment theory, children in middle childhood develop a strong need to belong to a group. Harper (2003:68) is of the opinion that children in this developmental phase tend to cluster in same sex groups and tend to exclude members of the opposite sex from their activities. In terms of attachment, according to Freud, children in middle childhood tend to associate with the parent of the same sex, which he refers to as the Electra and Oedipus complexes. The researcher is of the opinion that children in middle childhood can function appropriately in a group that consist of both sexes, but may associate more with group members of the same sex.

Kohlberg’s theory
According to Kohlberg’s theory, children’s moral development is based on cognitive development and relevant social experiences. Kohlberg distinguishes three levels of moral development, namely the pre-conventional, conventional and post-conventional. Each level is divided into two stages and during middle
childhood the conventional level can be observed. This implies that children in middle childhood experience stage three and four of this theory. During the third stage of mutual interpersonal expectations, relationships and interpersonal conformity, children are concerned with living up to others’ expectations. Being good is important and it means having good interactions, being concerned about others and being loyal and trustworthy. During stage four, which is the social system and conscience, the child defines what is right in terms of duties he/she has agreed to carry out and abides by laws except in extreme cases. Moral actions are those that the larger society has determined are right (Louw & Louw, 2007:271; Colton et al., 2001:29).

During the developmental phase of middle childhood, children experience various changes. The influence that others have on their development is of utmost importance, and in some aspects shapes the child’s development, such as the moral, social and behavioural development. The researcher is of the opinion that the significant others in a child’s life, specifically the adults, are not always aware of the influence they have on the development of a child whether positive or negative through appropriate stimulation or the lack thereof.

3.4 EMOTIONAL DEVELOPMENT

3.4.1 PHASES OF EMOTIONAL DEVELOPMENT

The emotional states of delight and distress experienced during infancy are the two precursors of a huge variety of specific emotions that evolve in the course of maturation (Dwivedi, 2003b:73). Blom (2006:208) identifies that the emotional development of children in middle childhood is characterised by emotional flexibility and differentiation, while their expression of emotions like anger and aggression is closely related to their psycho-social development. Louw and Louw (2007:244) and Buckley and Saarni (2006:58) identify that children in middle childhood become more skilled at talking about their own and others’ emotions. These authors agree however, that during this phase children learn to express emotion, control it, and suppress or hide it to meet social standards.
Various authors (Ahola & Kovacik, 2007:177; Louw & Louw, 2007:244; Kuebli, 1994; Wintre & Vallance in Santrock, 2001:347; Saarni, 2000:77; Berk, 2000:347) identify the following as a few of the important developmental changes in emotions during middle childhood:

- An increased ability to understand such complex emotions as pride and shame. These emotions become more internalised and integrated with a sense of personal responsibility.
- Increased understanding that more than one emotion can be experienced in a particular situation or towards one person.
- An increased tendency to take into account the events leading to emotional reactions.
- Marked improvements in the ability to suppress or conceal negative emotional reactions.
- The use of self-initiated strategies for redirecting feelings.
- Use expressive behaviour to modulate relationship dynamics.
- Capacity for empathetic and sympathetic involvement in others’ emotional experiences develops.

The aforementioned developmental changes that occur may lead to the achievement of the following emotional development milestones of middle childhood as identified by Berk (2009:416):

- Self-conscious emotions become integrated with inner standards for right action.
- Ability to consider multiple sources of information when explaining others’ emotions, appear.
- Strategies for engaging in emotional self-regulation increase in variety, become more internal, and are adjusted to situational demands.
- Awareness that people can have mixed feelings and that their expression may not reflect their true feelings, emerge.
- Conformity to and conscious awareness of emotional display rules, rules that specify when, where, and how it is culturally appropriate to express emotions, improve.
- Empathy increases as emotional understanding improves.
3.4.2 EMOTIONAL DEVELOPMENT AND THE BRAIN

Anatomy of the brain

Hantler (2008:9-10) identifies that the brain consists of three major interconnected parts namely the lower, reptilian or primitive brain which is instinctive and automatic and controls the heart beat and survival instincts such as when to breathe, eat, sleep and the flight, fight or freeze instinct; secondly the mammalian, limbic or mid brain where emotional reactions develop and memory is housed; and thirdly, the higher neocortex or prefrontal lobes which give us our unique human thinking capacity. Left and right brain integration is fundamental to developing empathy, compassion and concern, and through attunement to a child, this bridge can be strengthened.

Humans are born with the lower brain fully intact and the remaining connections make it work as a whole. The neocortex is 85 percent of the brain mass, and wraps around the older lower and limbic parts of the brain (Hantler, 2008:9).

Development of the brain

Two months prior to birth the foetal brain begins to make connections among its billions of brain cells. The most rapid growth of the brain takes place during the first 18 months of a child’s life. Reliant on adults to regulate feelings of distress or contentment, the infant adapts to fit the environment. Children in middle childhood have a pattern already set in motion. Fortunately the brain remains able to be “reprogrammed” for most of childhood, which maintains the possibility of awakening new ways of being in the child (Hantler, 2008:10).

By the age of three years, practically every brain cell has a connection with another. A refining process starts to select some of these connections by ignoring the weakest. Around seven years of age, this pruning slows down, but it continues until the late teens, by which time half the connections a child had by the age of three would be lost. The lost neural connections are almost impossible to revive but the remaining connections can be strengthened. During the pruning process the emotional limbic and lower brains are the stronger force. The child is at the mercy of these without support. The two brains may be overwhelmed by a sudden
flood of emotion. It is not intentional naughtiness, but biological reaction. Not helping children with big feelings leaves them over reactive; they act first and think later (Hantler, 2008:11).

**Bio-chemicals, the brain and emotional well-being**

Two systems play a significant role with regard to emotional well-being namely the sympathetic nervous system and the parasympathetic nervous system (Hantler, 2008:11). The sympathetic nervous system brings about a state of arousal and awareness, priming humans for protection or motivation. When over activated, too many stress hormones are released which in turn has a physical reaction that may include increased heart rate and shortened breath (Hantler, 2008:11).

The parasympathetic nervous system brings relief and rescue through the release of opioids, oxytocin, serotonin and cortisol. Although oxytocin is gone in moments, a steady flow is activated through touch. A hug, embrace or friendly pat, or even a friendly word can ease or lower arousal. When opioids flow we have a general sense of well-being and security. Psychological strength is linked to opioids being strongly activated in the brain and can assist us in rising above our worries and anxiety. Low levels of serotonin (the happy hormone), may result in impulsive behaviour, low or bad moods, and getting upset or overanxious. It can be activated by having fun together, laughter or even mild exercise. Cortisol, a biological fuel for metabolism, helps to regulate the immune system and mobilises the body in emergency. Too much, though, may result in a risky condition of vigilance or over activity (Hantler, 2008:12).

**Nature versus Nurture with regard to the brain and emotions**

Perry (1998) in Ahola and Kovacik, 2007:170) is of the opinion that in a nurturing, predictive environment the child develops the circuits in the brain to effectively modulate outside stimuli that causes emotional reactions, and thus the child learns to react appropriately. Likewise, children in a responsive, developmentally stimulating environment develops the circuitry to allow them to focus, manage impulses, and attend to what is important. This occurs because the brain develops according to usage, and if the child is continually activating the higher regions of the brain while reacting to outside stimuli, those cortical regions of the brain
eventually take over and the child will be governed by thoughtful emotional responses.

However, Ahola and Kovacik (2007:171) found that if a child is developing in a chaotic, unpredictable, and/or developmentally impaired environment the brain circuitry will develop differently. The concept of use-dependent development, whereby the development of the brain is dependent on stimulation, is a key concept in this case, because the more exposure the child has to the chaotic and violent environment the more permanently the brain is affected. The researcher is of the opinion that because the brain is dependent on stimulation, positive stimulation may enhance children’s brain circuitry and bring about positive change with regard to emotional development.

3.4.3 CORE EMOTIONS AND RELATED EMOTIONS

Izard (1991) (in Ahola & Kovacik, 2007:175) identifies that from the four basic emotions namely fear, sadness, anger and happiness, all other emotions will develop. Some of these developing emotions are depicted in the graph below.

Table 1: Developing emotions

<table>
<thead>
<tr>
<th>FEAR</th>
<th>SADNESS</th>
<th>ANGER</th>
<th>HAPPINESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wariness</td>
<td>Dejection</td>
<td>Frustration</td>
<td>Joy</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Unhappiness</td>
<td>Jealousy</td>
<td>Delight</td>
</tr>
<tr>
<td>Suspicion</td>
<td>Distress</td>
<td>Disgust</td>
<td>Contentment</td>
</tr>
<tr>
<td>Dread</td>
<td>Grief</td>
<td>Annoyance</td>
<td>Satisfaction</td>
</tr>
<tr>
<td>Dismay</td>
<td>Shame</td>
<td>Defiance</td>
<td>Pride</td>
</tr>
<tr>
<td>Panic</td>
<td>Guilt</td>
<td>Fury</td>
<td>Pleasure</td>
</tr>
</tbody>
</table>

However, Goleman and Biddulph (in Hantler, 2008:25) identify that children need help with these four basic emotions. This indicates to the researcher that if these four basic emotions are not attended to, the child may experience great difficulty in advancing with regard to emotional intelligence in terms of these developing, more
complex emotions. The four basic emotions and their neurobiology will be discussed below.

3.4.3.1 Anger

The ability to express anger healthily, in an assertive and non-threatening manner, is a sign of good mental health and skill that should be encouraged. Anger is a natural emotional response to mobilise, protect or help people cope with threats, hurt, violation and frustration. It can allow people to stand up for themselves or others when undermined, belittled or treated unfairly. However, it needs allies: calm rational thought, self-awareness and empathy; and control tactics (Hantler, 2008:31).

According to Hantler (2008:31) anger is accompanied by physiological and biological changes. For some, these are first signs that they feel angry, arriving after the arousal has begun to impact on their physical and mental health:

- Heart rate increases.
- Blood pressure raises.
- Energy surges as chemicals such as adrenaline and non-adrenaline flow.
- Cortisol, slow to release and also slow to go, stresses the body and brain more, inhibiting clear thinking.

If prolonged, all this hyper arousal causes undue stress on the body, and impedes thinking and learning capacity in children (Hantler, 2008:31). The raw emotional state of anger is first triggered in the lower brain as an instinct and impulse to threat. Humans are born with this capacity. As an infant grows and is nurtured and soothed in times of distress, the higher brain develops. The connection is vital to emotional competency in human beings. Without an internalised emotionally calming presence, the development of the higher brain is impeded and a child cannot think his/her way out of rage. The brain pumps adrenaline and non-adrenaline and the child moves rapidly into a state of hyper arousal. The child is likely to become aggressive to the self or another (Hantler, 2008:31-32).
3.4.3.2 Fear

Children tend to present with a range of anxious behaviours to alleviate their own fears and conceal from others their fear of being humiliated or, worse, being unprotected. Fear is strongly somatic and many symptoms appear within the body: stammering, tummy-aches, bedwetting or nail biting (Hantler, 2008:41).

The lower brain is primed with two primary survival hormones – cortisol and adrenaline – to gear the body for fight or flight. The fear system can be overpowered by the neocortex that can send messages of comfort and confidence to the rebounding amygdale to quieten and calm the nervous system. If the parasympathetic system is blocked and we have no one to calm our arousal level, the cardiovascular system will remain activated. Even if the fearful feelings are suppressed, anxiety festers within. These results are seen in children who are hyper vigilant (Hantler, 2008:42).

3.4.3.3 Sadness

Hantler (2008:45) identifies that children may experience a variety of different losses, which may include the loss of a pet, family member, loss of a parent through divorce, or of a teacher or friend when moving classrooms or grades. Kubler-Ross (in Hantler, 2008:45) identifies the process of grieving regardless of the loss which include the following stages:

- Denial, during which an individual is in shock and cannot come to terms with what has happened. Reality is ignored and there is a search for explanations.
- Anger, during which the injustice and abandonment of loss is felt.
- Guilt, which refers to mind bargaining by asking oneself “if only I’d…”
- Acceptance refers to when one moves on with the loss as part of life.

Loss and disappointment activate pain centres which is the same part that activates the feeling of physical pain. This can be overwhelming for children but through acknowledging how hurtful and painful it is, a sense of immediate relief is
provided (Hantler, 2008:46). When loss is experienced, the separation distress system kicks in, and chemicals go awry. There is a withdrawal of opioids (anti-aggressive chemicals) and acetylcholine is released. This chemical naturally supports concentration and alertness, but in high doses it causes extreme agitation, making humans prone to angry and impulsive outbursts, poor concentration and mood swings (Hantler, 2008:46).

3.4.3.4 Happiness

Happy children are more energetic, persistent, creative, focused and cooperative with other children and adults. Happiness is a by-product of certain qualities present in life, not necessarily all at once, but some in abundance. Research indicates good health, good friends and above all good family relationships are keys to a happy life (Hantler, 2008:50).

Happiness is not simply a subjective state. Brain activity can be measured showing that sustained forms of positive feelings are good. Happy people tend to have more robust immune systems, less stress and less cortisol, better recovery rates from illness and enhanced longevity. Body chemistry responds well to good experiences; blood pressure and heart rate are lower and stabilises arousal levels. Certain activities will bring about positive change in brain chemistry, including exercise, humour and laughter, having a winning experience and music (Hantler, 2008:50).

3.5 THE ROLE OF RELATIONSHIPS WITH REGARD TO EMOTIONAL DEVELOPMENT

Just like the skills of walking, talking and sphincter control, the development of emotional skills also requires appropriate help from parents or guardians (Dwivedi, 2003:73). The two main environments in which the development of relational emotion takes place are the parent-child relationships and peer relationships, which will be discussed below (Santrock 2001:341).
3.5.1 PARENT-CHILD RELATIONSHIPS

Maccoby in Santrock (2001:341) states that expression of emotion is the first language with which parents and infants communicate before the infants require speech. Infants react to the tone of the parent’s voice and facial expressions and the parents “read” what the infant is trying to communicate, responding appropriately when the infant is either distressed or happy.

The initial aspects of infant attachment to parents are based on affectively toned interchanges, such as when the infant cries and the caregiver responds sensitively. By the end of the first year, a caregiver’s facial expression – either smiling or fearful - influences whether or not the infant will explore an unfamiliar environment. When children hear their parents quarrelling, they will often react with distressed facial expression and inhibited play (Cummings in Santrock 2001:342).

Bidirectional interactions between children and adults refer to the child modifying his/her behaviour and affective displays on the basis of their appreciation of their parent’s affective displays and behaviour. This coordination has lead to the characterisation of terms such as “reciprocal” and “synchronous” in an attempt to capture the quality of interaction when all is going well. Dwivedi (2003b:73) identifies that this capacity develops through identification with the caring persons and their active encouragement of the child to self-regulate. A skilful parent allows the child to experience emotions, but if the emotion begins to exceed the child’s tolerance in terms of intensity or duration, the parent intervenes to protect the child from being overwhelmed. Such intervention may include the mere presence of the parent or guardian, various distractions, compensations such as feeding or a dummy, and rituals that enable the child to employ self-soothing functions. As they grow, children can identify with the parent or guardian and initiate such interventions, as soon as their emotions begin to go beyond their limits of tolerance.

There are two ways in which parents communicate to their children regarding emotions. Dwivedi (2003b:73) agrees with Katz as cited in Santrock (2001:342) that it is either having an emotion-coaching or emotion-dismissing philosophy.
Various authors (Gottman in Hantler, 2008:26; Dwivedi, 2003b:73; Katz in Santrock, 2001:342) outline five key steps to emotional coaching:

- Being aware of the child’s emotion.
- Recognising the emotion as an opportunity for intimacy and teaching.
- Listening empathetically and validating the child’s feelings.
- Helping the child label the emotions verbally.
- Setting the limits while helping the child solve the problem.

Emotion dismissing parents view their role as needing to deny, ignore or change negative emotions. Researchers have found that emotion-coaching parents were less rejecting, used more scaffolding and praise, and were more nurturing than emotion-dismissing parents when interacting with their children. The children of emotion-coaching parents were better at physiologically soothing themselves when they got upset, were better at regulating their negative effect, could focus their attention better, and had fewer behaviour problems than the children of emotion-dismissing parents (Gottman, Katz & Hooven in Santrock 2001:342).

### 3.5.2 PEER RELATIONSHIPS

Emotions play an important role in whether a child’s peer relationships are successful or not. Numerous authors (Cummings & Cummings, 1988; Workman & others, 2000 in Santrock 2001:342) regard emotional regulation as an important aspect of getting along with peers and others. Sroufe and others (1983); Stocker and Dunn (1990) in Santrock (2001:342) are of the opinion that moody and emotionally negative children experience greater rejection by peers while emotionally positive peers are more popular. A study by Richard Fabes and his colleagues (1999) conducted in the natural setting of everyday peer interactions, revealed that self-regulatory skills enhance children’s social competence. Thus, the ability to modulate and control one’s emotions is an important self-regulatory skill that benefits children in their relationships with peers (Santrock 2001:342).
3.6 EMOTIONAL DEVELOPMENT AND PLAY

Oaklander (1988:122) identifies a variety of games and activities that children can engage in, in order to come into contact with and express their emotions. Russ identifies that pretend play is a way for children to experience and talk about a variety of feelings in a safe and fun environment. It allows them to think about and try to express how others are feeling. Play offers a way for children to learn adaptive skills, including understanding social cues from playmates, negotiating what is fair, and expressing feelings to peers and caregivers in a thoughtful way. Play also allows children to label their feelings.

3.7 EMOTIONAL INTELLIGENCE

3.7.1 THE NATURE OF EMOTIONAL INTELLIGENCE

Berk (2000:354) and Louw and Louw (2007:244) mention that Salovy and Mayer (1990) initially proposed that emotional intelligence was a form of social intelligence that involves the ability to monitor one’s own and others’ feelings and emotions, to discriminate among them, and to use this information to guide one’s thinking and action.

Goleman (in Robson, 2006:48), Buckley and Saarni (2006:70), Davies (2004:2), Dwivedi (2003b:73), as well as De Klerk and Le Roux (2003:8) define emotional intelligence as the capacity to recognise and understand own feelings and those of others, for motivating ourselves, and for regulating and managing emotions well in ourselves and our relationships. De Klerk and Le Roux, (2003:11) agree with Poulou (in Van Velsor, 2009:277) that children with healthy emotional intelligence enjoy better physical health since intense emotions such as stress can lower immunity levels. These children have better peer relationships and fewer behavioural problems, are less prone to acts of violence, become more resilient, have improved self-worth and acceptance, can establish relationships, make better decisions, and have better survival and coping skills.
Skills required by children to be emotionally intelligent include being aware of their own feelings as well as the physical connection thereof, recognising feelings of others, directing expression of feelings through vocabulary, sensitivity towards the thoughts and feelings of others, as well as the ability to consider alternative problem solving mechanisms (De Klerk & Le Roux, 2003:12). Goleman (1995) in Santrock (2001:354) as well as Louw and Louw (2007:245), view emotional intelligence as involving four main areas, namely:

- Developing emotional self-awareness, such as the ability to separate feelings from actions.
- Managing emotions, such as being able to control anger.
- Reading emotions, such as taking the perspective of others.
- Handling relationships, such as the ability to solve relationship problems.

Children learn to express, understand, and regulate their emotions in interactions with their parents, siblings and peers. Parents are the primary educators in emotional intelligence, but they often lack the ability to cope with the intense negative feelings of their children. Children’s feelings are frequently ignored because parents often see children as less rational and inexperienced. As children enter school, teachers become increasingly important in emotion regulation. It is important that both parents and teachers should be emotionally intelligent in order to raise emotionally intelligent children. Parents have to be aware and in control of their own feelings and nonverbal communication. Parents and teachers should be good role models regarding the recognition and expression of emotions. Listening, paying attention and respecting a child’s emotions are valuable skills in emotional training (Louw & Louw, 2007:245; Scharfe, 2000:244).

### 3.7.2 RECOGNISING EMOTIONAL STATES

Davies (2004:18) identifies the accurate recognition of emotional states as the most fundamental skill to acquire in becoming emotionally intelligent. The inability to recognise an emotion for what it is, or correctly distinguishing one emotion from another, essentially makes all the other skills meaningless. There are however,
two different emotional states to be aware of, namely own emotions and the emotions in others.

Recognising emotional states is important for three reasons according to Davies (2004:21-23). Firstly, emotions give information about judgements. Because emotions can be a form of evaluating people, things, situations or ideas, an accurate understanding of emotions provide more accurate information about the evaluation. Secondly, emotions provide clues regarding appropriate behaviour. And thirdly, emotions provide further benefits. This, according to research, may include better health and the ability to cope better under stress provoking situations.

Davies (2004:23-24) agrees with Scharfe (2000:251) that emotions are information. As within ourselves, the emotional state of others provide us within their likes and dislikes, which if interpreted incorrectly may leave one with useless or even misleading information. However, Davies (2004:24-26) also identify that emotions are useful for the pursuit of goals. It may not only occur during one-on-one encounters with others but also in the more general social terrain. In the latter, information may be gathered through the observation of social encounters and making an accurate assessment of what people are genuinely feeling as they interact with each other.

Methods of estimating the emotional states with regard to oneself, entails focussing on the communication by one’s body, in other words, being aware of the physical changes that occur with the different emotions, which may include sweaty palms, increased heart rate and tensed muscles. With regard to others, facial expressions appear to be the key method of estimating others’ emotional states. The person’s tone of voice, posture, physical movements may also be used to estimate the emotional state more accurately (Davies, 2004:27; Scharfe, 2000:247).
3.7.3 UNDERSTANDING EMOTIONS

This component of being emotionally intelligent, not only refers to being able to recognise different emotional states, but also to having some meaningful knowledge about emotions (Davies, 2004:36; Scharfe, 2000:249).

With regard to understanding emotions, Davies (2004: 37-44) identifies three aspects. The first important thing to understand is what causes emotions. In this regard, one needs to ask “why do I/he/she feel this way?” Understanding the consequences of emotions is the next important aspect to understand. This refers to the impact that the person’s emotional state may have on the person who is experiencing it, be it mentally or with regard to their behaviour, in terms of themselves or those around them. Thirdly, understanding how emotions work is important. This entails having a theory about emotions in general and less about specific cases. This may be helpful when faced with new situations involving people with whom one may not be familiar. A person that is able to understand emotional causes, their consequences and how emotions work is generally able to see the ‘big picture’ more clearly than one who does not have such an understanding (Davies, 2004:44).

3.7.4 REGULATION OF EMOTION

Davies (2004:73) and Scharfe (2000:255) are of the opinion that regulating own emotions refers to the mastery of controlling desires, wishes, impulses and emotions rather than being controlled by them. Davies (2004:74-78) found that being able to retain this degree of self-control may be beneficial in that one will be able to control the arousal levels in order to maximise performance, persist despite frustration and temptation, inhibit destructive responses to provocation as well as to act correctly despite pressure to do otherwise.

Regulating emotions in others, according to Davies (2004:82-83), involves trying to influence people indirectly through one’s words and deeds. This can be achieved by soothing or comforting others or by encouraging them to reduce negative
emotions or increase positive emotions as well as increase their eagerness to work hard and tackle a challenge.


- With increasing age in infancy and early childhood, regulation of emotion shifts gradually from external sources in the world (example, parents) to self-initiated, internal sources. Caregivers soothe young children, manage young children’s emotions by choosing the contexts in which they behave, and provide children with information (i.e. facial cues, narratives) to help them interpret events. With age and advances in cognitive development, children are better equipped to manage emotions themselves.
- Cognitive strategies for regulating emotions, such as thinking about a situation in a positive light, cognitive avoidance, the ability to shift the focus of one’s attention, increases with age.
- With greater maturity, children develop greater capacity to modulate their emotional arousal (such as controlling angry outbursts).
- With age, individuals become more adept at selecting and managing situations and relationships in ways that minimise negative emotions.
- With age, children become more capable of selecting effective ways to cope with stress.

3.8 EMOTIONAL INTELLIGENCE, STRESS, COPING AND ADAPTATION

Proponents of emotional intelligence have embraced the notion of adaptive coping as “emotional intelligence in action”, supporting mastery of emotions, emotional growth, and both cognitive and emotional differentiation, allowing individuals to evolve in an ever changing world (Zeidner, Matthews & Roberts, 2006:104).

It is not only stressful environmental demands that call for coping resources, but also the emotions evoked by external demands (Zeidner et al., 2006:105). Coping strategies that perpetuate negative moods and cognitions may serve to turn a
minor hassle into a major source of upset. Thus, maladaptive coping may be a consequence of difficulties in processing emotional material. On the other hand, clarity of thought and experience seems to promote well-being and active regulation of mood, while emotional disclosure may promote adaptive self-transformation.

Improving one’s emotional intelligence, in order to adapt, cope and deal with stress may be achieved in a number of ways. Some of these aspects as identified by Davies (2004:137-155) will be discussed below.

With regard to recognising emotional states an honest personal appraisal is the first step in becoming more emotionally intelligent. Considering how one feels, how one acts as well as how often emotions are experienced. The frequent monitoring of one’s emotions should lead towards recognising a feeling as it happens, and subsequently, to thoughtful and deliberate responses. Learning about emotions and their facial and physical cues that distinguish them is important with regard to recognising the emotional states of others (Davies, 2004:137-143).

In terms of understanding emotions personal appraisal may also be beneficial as described during the recognition of emotional states above. Perspective taking is the process of putting oneself in another person’s place and imagining what that person is thinking or feeling. Through this process one can come to understand the causes and effects of others’ feelings and ‘experiencing” the emotional world of others (Davies, 2004:144-145). The researcher is of the opinion that role play may be an appropriate way in which to practice this aspect.

The ability to regulate and control own emotions and those of others, is central to maintaining effective social relationships. One of the simplest methods of emotional control is to delay one’s response. This does not mean avoiding the problem or others but rather giving oneself time to choose the right response by delaying the initial impulse. This can be done by concentrating on one’s breathing and slow deep breaths, which will delay one’s responses as well as calm the physiological reactions. Another way is with silence which allows one to steady oneself while observing the other person in order to understand their perspective.
Active listening, which makes people feel understood and allows them to speak freely is a way in which to regulate emotions in others. Humour may also be a way to defuse a tense moment, lighten a sad moment or distract attention to something less distressing. (Davies, 2004:146-156).

As the ability to regulate and control emotions, is central to maintaining effective social relationships, the researcher will now discuss social skills training as a way to advance the emotional intelligence of children in middle childhood.

3.9 SOCIAL SKILLS TRAINING TO ADVANCE THE EMOTIONAL INTELLIGENCE OF CHILDREN IN MIDDLE CHILDHOOD

Geldard and Geldard (2008:251) emphasise that many emotionally disturbed children whom they have worked with had poor social skills. These children tend to have dysfunctional interpersonal relationships, and often engaged in socially unacceptable behaviours which have resulted in painful consequences for them. A study by Mostow, Izard, Fine and Trentacosta (2002) in Ahola and Kovacik (2007:178) demonstrate that the path to social acceptance relies on developing emotional knowledge defined by the ability to understand, predict, and interpret the emotions of others.

Geldard and Geldard (2008:251) are in agreement with Hitchcock (2009) that poor social skills in children tend to be due to the lack of appropriate knowledge or modelling from parents or guardians, and/or the availability of resources. Louw and Louw (2007:245) suggest that parents listen, pay attention to and respect a child’s emotions as valuable skills in emotional training.

Poor social skills not only contribute to problems during childhood, but if not attended to, may extend into adulthood. For this reason it is very important to assist children to improve their skills and enjoy appropriate social interaction and improved self-esteem (Hitchcock, 2009; Geldard & Geldard, 2008:251).
Geldard and Geldard (2008:251) identify the following characteristics of children with poor social skills:

- They do not adapt their behaviour to accommodate the needs of others.
- They tend to choose less socially acceptable behaviours.
- They have difficulty in predicting the consequences of their behaviour.
- They misunderstand social cues.
- They are unable to perform social skills required for particular situations.
- They often have an inability to control aggressive or impulsive behaviour.

Geldard and Geldard (2008:251) identify three aspects of enhancing social skills that are essential if these skills are to be obtained effectively and applied usefully by the child, namely:

- The child has to gain a clear understanding about what constitutes socially adaptive behaviour.
- The child has to discover how to use appropriate social skills.
- The child has to learn to generalise the skills learnt so that they can put into practice in various social situations of the child’s own environment.

Group work will provide children with an opportunity to identify and discuss acceptable and unacceptable social behaviours, and practice new behaviours. After the children have attempted to carry out new behaviour, group members can be invited to evaluate the success of the behaviour and modify it if necessary (Johnson & Johnson, 2009:505; Geldard & Geldard, 2008:251-252).

Three major areas that need to be addressed when training children in social skills, according to Geldard and Geldard (2008:252), are:

- Identifying and expressing feelings.
- Communication with others.
- Self-management.

It is important for a child to be able to identify their own and other people’s feelings if they are to relate adaptively. They need to communicate effectively in ways which validate their own needs and are respectful of others’ needs. They must also
learn to manage own behaviour effectively so that it is socially acceptable (Geldard & Geldard, 2008:252). Each of these aspects will be discussed in more detail below.

**Identifying and expressing feelings**

To function adaptively so that they can relate easily with others, children need to be able to identify their own feelings, the feelings of others, as well as express their own feelings (Geldard & Geldard, 2008:252). Geldard and Geldard (2008:252) as well as Oaklander (1988:122) often found that children are unfamiliar with, and unable to label the feelings which they are experiencing. For some children this may be because they were given conflicting information about feelings and the behaviour expressed regarding these feelings by the adults or guardians in their lives. Hantler (2008:25) agrees with Geldard and Geldard (2008:254) in that only once children are able to identify and express their own feelings are they able to identify other people’s feelings more accurately and effectively. After this the child needs to learn how to express their own feelings clearly and appropriately in such a way that both the child and the other party involved is comfortable, and the more pro-social the child’s behaviour will be.

**Communicating with others**

Geldard and Geldard (2008:256) identify that social communication involves an exchange between two or more people. Children’s interaction during middle childhood tends to move from being physical with a focus on actions, and towards friendships with increased awareness of the feelings of others. Additionally, children need to learn to deal with the emotional consequences of situations that inevitably occur in childhood such as being left out, solving conflicts and making friends. Davies (2004:44) identifies that a person who is able to understand emotional causes, their consequences and how emotions work is generally able to see the ‘big picture’ more clearly than one who does not have such an understanding. Through addressing these aspects children can identify the reasons why conflicts occur, understand own responses thereto, explore own reactions to being left out, and how to initiate and continue conversation through sharing interesting and exciting information with other people (Geldard & Geldard, 2008:256).
Self-management

Geldard and Geldard (2008:275) agree with Goleman (1995) in Santrock (2001:354) in that to be socially competent a child must be able to identify and express feelings, develop skills to communicate effectively with others, and at the same time be aware of and manage own behaviour. Geldard and Geldard (2008:257) identify that being aware of own behaviour helps to be sensitive to feedback cues from others and to be aware of the timing and pace of their own behaviour during interactions. In managing their own behaviour they need to be able to understand and recognise consequences, to recover after social errors, to present themselves in a socially acceptable way, and reinforce own social behaviours in a positive way.

Some ways in which to apply self-management include ‘chilling out’ which is the opposite of being impulsively reactive (Geldard & Geldard, 2008:257). De Klerk and le Roux (2003:62) suggest the robot technique for emotional control. Through this the child is able to not respond reactively and withhold action, take time to assess the situation and work out what appears to be the most appropriate way of reacting and then finally to practice the way in which he wishes to behave and then do it.

According to Geldard and Geldard (2008:258) the main aim of exploring self-management is about restricting outbursts of inappropriate behaviour, which according to various authors is a trend in regulating emotions that children develop with greater maturity (Buckley & Saarni, 2006:58; Eisenberg 1998) in Santrock, 2001:342-343; Saarni, 2000:76; Berk, 2000:343). However, it should be emphasised that it also means the child self rewards own positive achievements and values themselves as a unique individual. This includes that children need to learn that each behaviour and the appropriateness or lack thereof, has consequences as well as being able to stick up for themselves (Geldard & Geldard, 2008:258-259).

Ahola and Kovacik (2007:179) identify that emotionally competent children adapt and regulate their emotional expression to match social expectations. They employ self-regulatory strategies to reduce stress and increase coping behaviours. Ahola
and Kovacik (2007:179) identify a number of aspects to consider whether the child has advanced in emotional intelligence, namely:

- Does the child demonstrate awareness of own emotions?
- Does the child talk about own abilities?
- Is the child beginning to manage own emotional responses?
- Does the child understand global ideas of what is right or wrong?
- Does the child engage in new ideas or activities?
- Does the child strive to achieve new goals?
- Does the child persist even when experiencing setbacks?

3.10 THERAPEUTIC PROCESSES FOR UTILISATION WITH CHILDREN TO ADVANCE THEIR EMOTIONAL INTELLIGENCE

Geldard and Geldard (2008:69-72) have developed a five phase multi-theoretical-approach model with regard to the therapeutic process which may be utilised in the advancement of the emotional intelligence of children which will be discussed below.

Phase 1
This phase is based on the client-centred psychotherapeutic approach and Geldard and Geldard (2008:69) agrees with Moore (2003: 385) that it refers to the child joining with the group worker and beginning to tell his story. As this is the relationship-building phase it is important to focus on enabling the child to talk freely about issues and feel comfortable, safe, valued and respected.

In the client-centred approach significant emphasis is placed on the use of specific therapeutic micro-skills, particularly the skills of reflection, summarising, giving feedback and the use of open-ended questions. Reflection of content and open-ended questions is particularly important in this phase so that the child believes with confidence that he is being heard and understood. The child is encouraged to tell his/her story and get in touch with his/her feelings of how he/she perceives the current situation either directly or indirectly utilising play and/or activities using a variety of media (Geldard & Geldard, 2008:69).
Phase 2
After having disclosed information with regard to specific troubling issues in phase 1, the child’s awareness of issues needs to increase as he/she tells a story so that he/she may get in touch with emotions and experience some catharsis. In emphasising raised awareness, Gestalt therapy enables the child to get in touch with his/her current experiences with regard to bodily sensations, emotional feelings and thoughts which enables the child to experience catharsis (Geldard and Geldard, 2008:70; Blom, 2006:18-19).

In this phase the child may deflect or withdraw, which will lead to the group worker addressing resistance and consequently the expression of emotions. Pierce et al. (1983) in Geldard and Geldard (2008:70) identify that when feelings are expressed fully, they lead to new ways for the child to view himself/herself and the world, preparing the child for phase 3 of the change process.

Phase 3
In phase 3 the child needs to develop a different perspective of him/her so that his/her self-image and self-esteem improve. The most appropriate approach in this regard is the narrative approach which is mainly based on storytelling. Stories are told about how the child’s problems have influenced his/her life and are retold by creating an alternative story which the child prefers (Geldard & Geldard, 2008:71).

Phase 4
All human beings, including children, develop patterns of thinking and behaving which over time become deep-rooted. In particular, when children are emotionally disturbed they find ways of thinking and behaving as a response to the disturbance which is often dysfunctional or maladaptive. The most appropriate theoretical approach during this phase is the cognitive behavioural approach which directly addresses thoughts and behaviours (Geldard & Geldard, 2008:71). Geldard and Geldard (2008:71) agree with Corey and Corey (2006:252) in that this may include that the child learn new ways of thinking so that self-destructive beliefs do not continue to cause emotional distress and/or maladaptive behaviour. The child also needs to be encouraged to explore options with regard to behaviours which might lead to more adaptive functioning, as without the cognitive restructuring the child is
likely to continue to repeat past behaviours which may result in new or repeated emotional trauma.

**Phase 5**
During this phase children need to rehearse, practice and experiment with new behaviours as well as evaluate their effectiveness before these behaviours can become established. It is in this that behaviour therapy can be used to help children to obtain skills needed to extinguish old behaviours and engage in new behaviours. This may also be encouraged and emphasised through motivational and incentive strategies which will allow the child to change and generalise new skills to the wider social environment (Geldard & Geldard, 2008:72; Corey & Corey, 2006:273).

### 3.11 SUMMARY

Human development is an ongoing, complex process which involves changes in physical, cognitive, social and emotional development of individuals. To gain a better understanding of a person as a whole, the works of various theorists need to be considered.

Emotions give information about judgements. Because emotions tell us how we are evaluating people, things, situations or ideas, an accurate understanding of our emotions mean that we have more accurate information about our evaluation. Thus, accurately knowing emotions gives us better insight into what we like, dislike or are ambivalent about. Secondly, emotions give us clues on how to behave. Many emotions are signals to us about where to direct our energies. If we do not accurately identify emotions, we will not act in the most appropriate manner. And thirdly, emotions provide further benefits. This, according to research, may include better health and the ability to cope more effectively under stress provoking situations.

Emotional intelligence was viewed as a form of social intelligence and therefore, when working to enhance the emotional intelligence of children, one cannot ignore the social skills training aspect thereof as to ensure that the development occurs in
such a way that it will better the relationships between the children, their peers, their caregivers and any other adults with whom they may come in contact with. This requires that children need to be able to identify and acknowledge their own emotions, the emotions of others and then using this information to guide their thinking and action.

Only once children are able to identify and express their own feelings are they able to identify other people’s feelings more accurately and effectively. After this the child needs to learn how to express their own feelings clearly and appropriately in such a way that both the child and the other party involved is comfortable.

A multi-theoretical-approach model also appears to be the most appropriate when working to enhance the emotional intelligence of vulnerable children in middle childhood, as it addresses all aspects of enhancing and practically implementing the new skills learnt to ultimately ensure that the child is able to adapt to, and function within the wider society and their culture.
CHAPTER 4
EMPIRICAL RESEARCH

4.1 INTRODUCTION

The question being explored in this study is whether or not the emotional intelligence of vulnerable children in middle childhood can be enhanced through group work. In order to answer the question the researcher had to consider aspects such as the development of children in middle childhood, more specifically the emotional development as described in chapter three, as well as various aspects regarding group work as discussed in chapter two.

In this chapter the researcher will describe the ethical aspects related to the study, the research design, the methodology used to practically implement this study and a comparison of the pre-test and two post-tests.

4.2 ETHICAL ISSUES

Sumner in Jupp (2006:96) describes ethics as a field of moral philosophy dealing with the standards by which behaviour should be regulated. In terms of the ethical issues faced by social researchers, most learned societies and relevant professional bodies publish codes of ethics, providing rules, standards or guidance on what is and what is not acceptable practice. As a qualified social worker, the researcher is obliged to uphold the general code of ethics, as set out under the auspices of the South African Council for Social Services Professions (1986). The code binds the researcher to continuous professional behaviour towards all people with whom she meets in her profession. This includes the participants and contributors of this study.

Strydom (2005b:56-57) identifies the necessity to address ethical issues that may arise during the study and that the researcher must anticipate some of these issues in order to address them appropriately. Some of the ethical issues identified
by Strydom (2005b:57-67) and which was identified to be applicable to this study by the researcher, will now be discussed.

**4.2.1 AVOIDANCE OF HARM**

Strydom (2005b:58), as well as Rubin and Babbie (2007:39), identify that harm to participants should be avoided at all costs. Strydom (2005b:58) refers to any physical and/or emotional harm that may be endured by any of the participants during a study. The *New Webster's Dictionary* (1993:312) defines physical as “pertaining to the body (in contrast to the mind)”, emotional (1993:128) as “relating to the emotions, ruled by emotion rather than by reason” and harm (1993:185) as “injury, hurt or moral wrong”. This illustrates that any injury to the participants’ body and/or emotions/feelings should be avoided.

The researcher utilised play related communication techniques applicable to and suitable for children in middle childhood. If any respondent required further therapy or any other services, the respondent was referred to Mrs Hertzog, the manager at Tsenang Homes of Safety, to address the need which may have arisen according to the working agreement between the organisation and the statutory organisations handling each individual child’s case.

**4.2.2 INFORMED CONSENT**

Informed consent, as discussed by Strydom (2005b:59-60) and Davies, in Jupp (2006:149), implies that the researcher informs the prospective respondents of a study of all possible advantages, disadvantages, dangers, procedures, goals and the credibility of the researcher involved with the specific study. This will allow for an informed decision regarding the possibility of future participation within the study.

The researcher obtained permission from the relevant organisation, informed consent from the place of safety parents, as well as assent from the respondents, i.e. the children in middle childhood. The researcher informed the children as well as the place of safety parents of all aspects of the study through the letters of
informed consent and provided them with an opportunity to ask questions, answered the questions to the best of her ability, and respected their decision whether or not to participate in the study. In doing so, the researcher ensured that the respondents are voluntary participants and not forced in any way to participate.

4.2.3 DECEPTION OF PARTICIPANTS

Judd *et al.* (1991), in Strydom (2005b:61), identify three reasons why participants in a study may be deceived. These reasons are to:

- disguise the real purpose of the study,
- hide the real function of the actions of the participants, and
- hide the experiences that participants may undergo.

No form of deception should ever take place. The researcher undertook to not intentionally deceive any prospective respondents prior to, for the duration of or following the study (Rubin & Babbie, 2007:41; Strydom, 2005b:61). All respondents were fully informed regarding the research in the consent and assent forms. The children were informed about the completion of the pre-test and post-test questionnaire, as well as the group work. The place of safety parents were informed of the purpose and process of the research. Both the children and the parents were free to ask questions or withdraw from the study during any stage of the process.

4.2.4 VIOLATION OF PRIVACY / ANONYMITY / CONFIDENTIALITY

Strydom (2005d:61-62) discusses the significance for researchers to uphold the respondents' privacy and anonymity throughout the study, as well as the aspect of confidentiality. The *New Webster’s Dictionary* (1993:333) defines privacy as “freedom from intrusions” and anonymity as “the state of being anonymous, without a known or disclosed name”. Sieber (1982), in Strydom (2005b:61), views confidentiality as a continuation of privacy, “which refers to agreements between persons that limit others’ access to private information”. Rubin and Babbie
(2007:40-41) define anonymity as when the researcher is unable to identify any given response with any given respondent.

The researcher was not able to ensure complete anonymity due to:

- the implementation of the group work sessions by the researcher,
- the completion of the pre-test/post-test questionnaires under the researcher's supervision, and
- the fact that the University of Pretoria policies require the storage of all the data collected during the research process to be stored in a secure location on the university premises for the duration of fifteen years after the completion of the study.

Rubin and Babbie (2007:40-41) define confidentiality as when the researcher is able to identify the respondent but essentially promises not to do so publicly. The researcher upheld all aspects of privacy and confidentiality as discussed above, by means of the consent and assent letters in which the researcher stated that no names will be used in the research report.

### 4.2.5 ACTIONS AND COMPETENCE OF THE RESEARCHER

With regard to the actions and competence of the researcher, Strydom (2005b:63-64) believes that the ethical obligation rests on the researcher to ensure that he or she is competent and adequately skilled to undertake the proposed study. This is especially true when sensitive issues, such as cross-cultural boundaries, are studied (Strydom, 2005b:63-64). The researcher should remain unbiased throughout the study.

The researcher has worked cross-culturally during her working experience as a social worker and has additional training in play therapy, which enabled her to conduct the study. The researcher was well prepared for each group work session and the completion of the pre-test/post-test sessions which assisted the respondents to feel safe and comfortable and strived to remain objective, and
report honestly and objectively regarding all results arising from the research study. The researcher undertook this study under the guidance of a supervisor.

4.2.6 RELEASE OR PUBLICATION OF FINDINGS

Strydom (2005b:66) and Rubin and Babbie (2007:41) identify a number of aspects which should be taken into consideration with regard to the release or publication of the findings made during a study. Some of these aspects are discussed as follows:

- Plagiarism is a serious offence and therefore recognition should be given to all sources consulted and people who collaborated. The University of Pretoria emphasises that if not adhered to, can lead to the suspension of a student, as stipulated in the General Regulations and Information booklet (2008:17).
- Shortcomings and errors must be admitted.
- The final written report must be accurate, objective, clear, and unambiguous and contain all essential information.
- Participants should be informed about the findings in an objective manner, without providing too much information, and in so doing, maintain confidentiality. This feedback can be utilised in such a way to thank the participants for the part they played in the study.

The researcher ensured that the aforementioned aspects were adhered to, as this assisted in adhering to the general requirements for obtaining her Master’s degree. The researcher informed respondents and their place of safety parents of the publication/release of the true findings of the research in the consent and assent forms prior to the onset of the project. The researcher informed them that the publication/release will be in the form of a mini-dissertation, according to the guidelines of the Department of Social Work and Criminology, University of Pretoria.
4.2.7 DEBRIEFING OF PARTICIPANTS

Strydom (2005b:67) identifies that debriefing participants as part of the termination of the study can serve the following purposes:

- The researcher can rectify any misperceptions that may have arisen in the minds of participants after the completion of the project.
- The participants get an opportunity to share their experiences regarding their involvement in the study. In so doing, the effect that possible harm may have on the participant can be minimized.

The researcher included the discussion and expression of feelings in every session during the group work. A specific time of approximately 10 minutes was allocated at the end of the sessions, during which the children could engage in a colouring in activity and general discussion, so that the children could leave each session feeling positive. The last session served as a basis to receive feedback regarding the research and group work processes, and the emotions experienced. If the researcher identified any emotional harm, she referred the individual to Mrs Herztog, the manager at Tsenang Homes of Safety, in order to make the necessary and appropriate referrals to therapists according to the working agreement between the organisation and the statutory organisations handling each individual child’s case. The researcher conducted the debriefing of the participants herself, unless otherwise referred by the manager of Tsenang Homes of Safety.

4.3 RESEARCH METHODOLOGY

4.3.1 RESEARCH DESIGN

Various authors view a research design as a design or strategy that justifies the logic, structure and principles of the research methodology and method, and how these relate to the research questions or hypothesis (Davies, in Jupp, 2006:264; Ahman & Ali, 2003:2). Mouton (2001) in Fouché and De Vos (2005b:132), defines a research design as a plan or blueprint of how the researcher intends to conduct the research. The researcher views the research design as the structure in which
the planning and execution of the study takes place. In this study the researcher utilised aspects of the quantitative research approach.

4.3.1.1 Research design: A quantitative approach

In quantitative research there are various designs that can be followed. These designs include true experimental, quasi-experimental, quantitative-descriptive and pre-experimental designs (Fouché & De Vos, 2005b:134-143).

The quasi-experimental design utilised by the researcher is the one-group pre-test-post-test design. Fouché and De Vos (2005b:139) describe the one-group pre-test-post-test design as a built-in strategy for comparing pre-tests with post-tests, by only having one group undergoing the pre-test, and then the same group being exposed to the intervention before being tested again.

By conducting the pre-test, the researcher is able to gain an understanding of the respondents’ pre-existing emotional intelligence. Thereafter the group is exposed to the intervention as described when defining quasi-experimental design, namely the group work. After this, the group is tested again, utilising the same test as used in the pre-test. The researcher can compare the results of the pre-test and the post-test to attain the best possible results, in order to determine if group work enhance the emotional intelligence of vulnerable children in middle childhood.

4.3.2 PILOT STUDY

The *New Dictionary of Social Work* (1995:45) defines a pilot study as the “process whereby the research design for a prospective survey is tested”. Huysamen, in Strydom (2005c:206), views the purpose of a pilot study as to investigate the feasibility of the planned study, and to bring possible deficiencies in the measurement procedure to the fore. Ultimately, the purpose of the pilot study is to improve the success and effectiveness of the investigation. The pilot study should be conducted in the exact same manner as the main investigation (Strydom, 2005c:206).
4.3.2.1 Feasibility of the study

Moser and Kalton (1973) and Polansky (1975) in Strydom (2005c:208), identify that when determining the feasibility of the study the researcher should address the goals and objectives, resources, research population, procedures of data collection, the data gathering itself, the fieldworkers, and possible errors that may occur.

The researcher has obtained permission from the relevant organisation to conduct the study, as well as the assent from respondents and consent from the place of safety parents. From statistics obtained from the relevant organisation there were fourteen children in middle childhood placed in place of safety under the auspices of the relevant organisation. This ensured that there were enough children to both test the pre-test/post-test measuring tool on, as well as children who would participate in the main study.

In order to obtain the first objective with regard to the literature study, the researcher conducted the literature study prior to the research process. The objective with regard to the empirical study first entailed the pilot study. The pilot test was conducted with four children, and will be described in more detail below. In terms of the final objective, the researcher would be able to make recommendations and come to a conclusion once the empirical study was completed.

The cost of the research was minimal as the researcher conducted the entire group work process at the place of safety where the five respondents, forming part of the main study, was placed. This eliminated the transport costs associated with transporting the five children and the place of safety parent to and from the organisation’s offices.
All the respondents who participated in the main study were removed from the care of their primary caregivers in accordance with the Child Care Act, 74 of 1983, which may include:

- Section 14(4):
  
  (a) The child has no parent or guardian
  
  (aA) The parent or guardian cannot be traced
  
  (aB) The child
  
  (i) Is abandoned or without visible means of support
  
  (ii) Displays behaviour which cannot be controlled by the parent/guardian
  
  (iii) Lives in or is exposed to circumstances likely to cause or conduce to seduction, abduction or sexual exploitation
  
  (iv) Lives in or is exposed to circumstances which may harm the physical, mental and/or social well-being of the child
  
  (v) Is in a state of physical or mental neglect
  
  (vi) Is being physically, mentally or sexually abused or ill-treated
  
  (vii) Is maintained in contravention of Section 10

The respondents will be referred to as child 1, child 2, child 3, child 4, and child 5, in the text.

4.3.2.2 Testing of questionnaire

Rubin (1983) in Strydom (2005c:209), suggests that the researcher should try the items out with actual subjects from the target population and then rewrite and edit all items that cause confusion, annoyance or boredom. Rubin (1983) and Miller (1983) in Strydom (2005b:209), recommend that respondents representative of the ultimate sample should be used when conducting the pilot test in order to make the study implementation more accurate and meaningful.

The researcher tested the questionnaire, by asking four vulnerable children in middle childhood placed in place of safety under the auspices of the relevant organisation to complete the pre-test/post-test questionnaire. These children did not form part of the final sample. The researcher completed the pre-test/post-test
with each child individually and considered the degree of difficulty or ease that the respondent completed the pre-test/post-test with in order to assess the changes to be made if and where necessary. By conducting the pilot test the researcher found that the pre-test/post-test was understandable and was a tool that could be utilised to determine the level of emotional intelligence of children in middle childhood.

4.4 BIOGRAPHICAL INFORMATION OF RESPONDENTS

The following biographical information is in accordance with the information attained from the manager of Tsenang Homes of Safety.

**Child 1:** This child is nine years old. He is reportedly the older of two children, and the brother of child 3, born out of wedlock from the relationship between his parents. The parents have not maintained a positive relationship with the child, and their whereabouts are unknown. He was placed in place of safety on 15 December 2006, where he remained to date.

**Child 2:** This child is nine years old. It is not known whether or not this child has any other siblings as he was born out of wedlock from the relationship between his parents. The parents have not maintained any form of relationship with the child. He was placed in place of safety on 12 January 2007, where he remained to date.

**Child 3:** This child is eight years old. He is reportedly the younger brother of child 1, born out of wedlock from the relationship between his parents. The parents have not maintained a positive relationship with the child, and their whereabouts are unknown. He was placed in place of safety on 15 December 2006, where he remained to date.

**Child 4:** This child is eight years old. It is not known whether or not this child has any other siblings as she was born out of wedlock from the relationship between her parents. The parents have not maintained any form of relationship with the child. She was placed in place of safety on 07 February 2007, where she remained to date.
**Child 5:** This child is seven years old. She is reportedly the only child born out of wedlock from the relationship between her parents. The parents of this child have not maintained positive relationships with the child. She was removed from the care of her biological mother on 29 November 2006, and placed in place of safety where she has remained to date.

### 4.5 DATA-COLLECTION METHOD/S

#### 4.5.1 PLANNING PHASE

The first step of practical implementation of the research process, after obtaining the necessary assent and consent, is data-collection. The researcher conducted a literature study to gain knowledge regarding the emotional development of children in middle childhood, play therapy techniques to promote and facilitate emotional intelligence of children in middle childhood and group work with children in middle childhood. Thereafter, data-collection was conducted in the context of the quantitative research approach by utilising a questionnaire and by exposing the group to the intervention, namely group work.

McLean in Jupp (2006:252) describes a questionnaire as a set of carefully designed questions given in exactly the same form to a group of people in order to collect data about some topic(s) in which the researcher is interested. The pre-test and post-test is in the form of a questionnaire. The basic objective of a questionnaire according to Babbie and Mouton (2001) in Delport (2005:166) is to obtain facts and opinions about a phenomenon from people who are informed on the particular issue. Delport (2005:171) identifies basic principles for formulating the questions of the questionnaire which include that every question should be relevant to the purpose of the questionnaire, and that the vocabulary and style of the questions should be understandable and familiar to the respondents.

In this study, the purpose of the questionnaire was to determine the level of emotional intelligence of the vulnerable children in middle childhood. Therefore, the questionnaire was compiled utilising De Klerk and Le Roux’s (2003) model on children’s emotional intelligence. This ensured that the pre-test/post-test was
applicable and relevant to vulnerable children in middle childhood, in a South African context, as their work is based on the South African context. The questionnaire included feeling faces for the purpose of recognition, consideration of reactions in certain situations, and connections between the body and emotions which ensured that the questionnaire could be understandable and create a sense of familiarity for the respondents. Although there is no right or wrong answer, there are appropriate and inappropriate answers which can indicate the level of the child’s emotional intelligence.

The following theoretical information formed the basis for including the specific activities in the pre-test/post-test:

**Activity 1: How do you feel about having other children in the group?** De Klerk and Le Roux (2003:23) agree that, according to Bowlby’s attachment theory, children in middle childhood develop a strong need to belong to a group.

**Activity 2: Write down the feeling that each of these faces is showing:** Goleman (in Robson, 2006:48) and De Klerk and Le Roux (2003:8) define emotional intelligence partially as the capacity to recognise and understand one’s own feelings and those of others.

**Activity 3: Colour in the name of each feeling to show how often you feel it:** Skills required by children to be emotionally intelligent include being aware of how they feel, how they act as well as how often emotions are experienced (Davies, 2004:137-143; De Klerk & Le Roux, 2003:12).

**Activity 4: Draw a line from each “feeling face” to a picture which shows how you are feeling in your body.** There can be more than one picture for every feeling. Various authors identify that skills required by children to be emotionally intelligent include being aware of the communication by one’s body, in other words, being aware of the physical changes that occur with the different emotions (Scharfe, 2000:247; De Klerk & Le Roux, 2003:12; Davies, 2004:27).
Activity 5: Look at these pictures. Colour in the feeling that best shows how each person feels. Then write down what each person can do about how they feel. Skills required by children to be emotionally intelligent include recognising the feelings of others, the ability to consider alternative problem solving mechanisms (De Klerk & Le Roux, 2003:12).

Activity 6: Write underneath each sentence if you think it is a good or bad way of showing how you feel: Children need to learn how to express their own feelings clearly and appropriately in such a way that both the child and the other party involved is comfortable (Davies, 2004:137-143).

The researcher started the data-collection process by assisting each of the five children in the group to complete the pre-test individually. This ensured that if they experienced any difficulty, or had any questions the researcher was able to assist the child. The children also completed the pre-test through writing the answers. After the completion of the pre-test, eight group work sessions utilising play related communication techniques were conducted with the five vulnerable children in middle childhood, placed in places of safety under the auspices of Tsenang Homes of Safety. The researcher took the abovementioned information as well as the core information gained during the literature study regarding the emotional development of children in middle childhood as described below, into consideration when planning the group work. The content of the individual sessions follow.

4.5.2 BEGINNING PHASE

Primary tasks of the beginning phase are inclusion and identity where the group worker helps the group to identify and appreciate group norms which may include that one does not have the right to hurt anybody, it is in order not to always know all the answers, everybody has the right to be heard and to speak. Individuals begin to identify with each other and group roles start to develop. This phase enables the development of group identity, adaptation to the group worker’s style, establishment of group goals and some exploration of intimacy (Toseland & Rivas, 2009:188; Dwivedi, 2003a:2; Corey, 2000:98-99).
SESSION 1: ORIENTATION

Goal of the session
An introduction session where the group got to know each other focused on the child-centred approach. This refers to the group member joining with the researcher and the group as well as beginning to tell their stories.

Theoretical supporting data
Toseland and Rivas (2009:188) as well as Jacobs, Masson and Harvill (2009:85) identify that the introductory session is the session during which the rules of the group will be formulated, building of relationships will start and the group members will get to know each other. The purpose of the group will be reviewed through the utilisation of play related communication techniques.

Duration: Hour to an hour and a half.

Aids/Materials utilised
- Poster to write rules on
- Session calendar
- Marker
- Board game
- Crayons, pencils, stickers and other stationary
- Staircase to success page for each group member

Proceedings of the session
The researcher started the session by explaining the group session calendar as well as the group rules posters to the group. The researcher explained that there are rules everywhere, at school, at home and the possible reasons for rules. She then encouraged the group to participate in making rules for the group which they did, and the following rules were made:
- Do not laugh at each other.
- Do not talk when somebody else is talking.
- We will all have fun and not be sad.
• Do not fight, beat or kick another person.

The researcher encouraged the group members to participate in formulating goals and goals or rules could be added later. The goal of the group was to learn something new about feelings. After this the group played a board game based on activities 3 and 4 in de Klerk and le Roux (2003:27-29). The group members enjoyed this and it was a positive manner to encourage group cohesion.

The researcher informed the group about the topic for the next session and confirmed the date and time of next session. The session was terminated by the researcher scratching off the first session on the calendar and all the group members colouring in the first step on the staircase to success stating the topic of each session. During this time the group members also participated in general discussion so as to terminate the session on a positive note.

**Evaluation of the session**

The group members enjoyed the board game and all participated actively. The researcher is of the opinion that the goal for the session was achieved as all the group members got to know each other in the group context, with the researcher, as they know each other well as they are all placed in the same place of safety.

**4.5.3 MIDDLE PHASE**

By this phase, the members may have established some role differentiation but there can still be a jostling of relationships between themselves. In the initial phases, children tend to pair according to their perceived similarities, needs and motives. During the middle phase, they realise that these pairings no longer meet their true emotional needs. This leads to regrouping to form different relationships and may arise from certain behaviours and disclosures (Toseland & Rivas, 2009:465; Abels & Garvin, 2006:16; Dwivedi, 2003a:21-22). Exercises encouraging sharing of experiences and interchange of feelings about each other are encouraged at this phase, members begin to share intimate details and experience a sense of group cohesion (Van Velsor, 2009:283; Dwivedi, 2003a:22; Corey, 2000:115-116).
SESSION 2: RECOGNITION AND VERBALISATION OF EMOTIONS

Goal of the session
The goal of the session was to recognise and verbalise emotions in the self and others. Using the Gestalt approach the researcher created an opportunity of awareness for the group member to get in touch with their current experiences with regard to bodily sensations, emotional feelings and thoughts which enables the group member to experience catharsis.

Theoretical supporting data
Goleman (in Robson, 2006:48) and De Klerk and Le Roux (2003:8) define emotional intelligence, partially, as the capacity to recognise and understand our own feelings and those of others. Methods of estimating the emotional states with regard to oneself, entails focussing on the communication by one’s body, in other words, being aware of the physical changes that occur with the different emotions, which may include sweaty palms, increased heart rate and tensed muscles. With regard to others, facial expressions appear to be the key method of estimating others’ emotional states. However, the person’s tone of voice, posture, physical movements may also be used to estimate the emotional state more accurately (Davies, 2004:27; Scharfe, 2000:247).

Duration: Hour to an hour and a half.

Aids/Materials utilised
- Poster
- Pictures of various emotions
- Phrases associated with the relevant emotions
- Crayons, pencils, stickers and other stationary
- Marker
- Staircase to success page for each group member
- Camera
Proceedings of the session

The researcher started the session with an ice-breaker where the group played the broken telephone game. The researcher started by sending “we all belong to the group” around. Each group member had the opportunity to start the broken telephone as well as be the last person to say the message out loud.

The researcher made a poster with the words happy, sad, angry, scared, disgusted and surprised as headings in advance. Each group member had the opportunity to draw from a bowl, the mouth, eyes and eyebrows, voice and speech as well as head and body that illustrated the appropriate feeling (See table 6.1, in Davies, 2004:142-143). The group member had to place the object drawn from the bowl under the appropriate heading as to identify. Secondly, each group member had the opportunity to show with their own bodies the six different feelings covered during this session. The researcher took photos of the illustrations made by each child. The group members enjoyed seeing their own as well as the other group members’ illustrations of each feeling. The group members also encouraged the researcher to illustrate the feelings and one group member took the photos of the researcher doing so. The researcher then handed each group member a silhouette on which to mark the different colours that illustrate each emotion and the physical connection thereof. However, the group members mainly just decorated the silhouettes with stickers and by colouring them.

The session was terminated by child 5 scratching off the second session on the calendar, and each group member coloured in their first step to success. During this time the group participated in general discussion to terminate the session on a positive note. The researcher informed the group about the topic for the next session and confirmed the date and time of the next session.

Evaluation of the session

The ice-breaker got the whole group talking and listening and was enjoyed by all the group members. The group members all participated actively during this session. The researcher is of the opinion that the goal of the session was achieved as the group were able to identify the different body parts, gestures and tone of voice appropriate for each emotion when recognising emotions in others. The
group was also able to illustrate how they would indicate the different emotions. The physical connection activity was not very successful. However, this aspect was illustrated through the taking of the photos as well.

SESSION 3: CAUSES OF EMOTIONS AND CONSEQUENCES OF EMOTIONS

Goal of the session
The goal of the session was to identify what causes emotions and the consequences of emotions. Using the Gestalt approach the researcher created an opportunity of awareness for each group member to get in touch with their current experiences with regard to bodily sensations, emotional feelings and thoughts which enabled them to experience catharsis.

Theoretical supporting data
The first important aspect to understand was what causes emotions. In this regard, one needs to ask “why do I/he/she feel this way?” Understanding the consequences of emotions is the next important aspect to understand. This refers to the impact that the person’s emotional state may have on the person who is experiencing it, be it mentally or with regard to their behaviour, in terms of themselves or those around them (Davies, 2004:144-145).

Duration: Hour to an hour and a half.

Aids/Materials utilised
• The story of the old rag doll
• Dice with six emotional expressions
• Board game with movers
• Crayons, pencils, stickers and other stationary
• Marker
• Staircase to success page for each group member
Proceedings of the session
At the start of the session the researcher introduced an ice-breaker whereby the she told the story of the old rag doll (Hobday & Ollier, 2005:61-64), to allow the children to become aware of their bodies before acting emotions out. The group then played emotional charades based on McDowell, Meagher, and O’Connor in Blom (2006:126-127) and Hobday and Ollier (2005:34-35). The researcher utilised the board game used in the first session but added another aspect to it. If a group member landed on a block that was coloured in, they had to throw a dice with the pictures of six emotions on it and act out the specific emotion. After acting out the emotion the group member asked the rest of the group to first name the emotion and then to state what causes the emotion. The researcher then wrote these suggestions on a poster. The researcher then asked the group what the consequences of this emotion may be and wrote this on the poster.

Child 4 terminated the session by scratching off the third session on the calendar and each group member coloured in their second step to success. The researcher then informed the group about the topic of the next session and confirmed the date and time of the next session.

Evaluation of the session
The group members all actively participated during the session. The researcher is of the opinion that the goal for this session was achieved because the group was able to identify a variety of the causes and consequences of the six emotions covered during the second session. One issue that was bothersome was that all the group members were talking at the same time. The researcher then planned to integrate a microphone into the next session, as to allow each group member an opportunity to talk and be heard during the session.

SESSION 4: THE REGULATION OF EMOTIONS

Goal of the session
In this session the researcher focused on utilising the narrative approach, and allowing the children to tell stories and develop a different perspective of them so that their self-image and self-esteem improve through the planned activities.
Theoretical supporting data

Goleman (in Robson, 2006:48), and De Klerk and Le Roux (2003:8) partially define emotional intelligence as managing emotions well in ourselves and our relationships. Davies (2004:146-156) identifies that the regulation of emotion shifts gradually from external sources in the world (for example parents) to self-initiated, internal sources. Caregivers soothe young children, manage young children’s emotions by choosing the contexts in which they behave, and provide children with information (facial cues and narratives) to help them interpret events. With age and advances in cognitive development, children are better equipped to manage emotions themselves. Three aspects occur with greater maturity, namely; children develop greater capacity to modulate their emotional arousal (such as controlling angry outbursts), they become more adept at selecting and managing situations and relationships in ways that minimize negative emotions, and become more capable of selecting effective ways to cope with stress.

Duration: Hour to an hour and a half.

Aids/Materials utilised

- Picture of the “conquering soldier”
- Crayons, pencils, stickers and other stationary
- Posters made regarding the causes and consequences of emotions during the previous session
- Marker
- Staircase to success page for each group member
- Microphone

Proceedings of the session

The session was started by an activity whereby the group members were going around the circle and allowing each to state something positive about themselves. For example ‘I am good at…’ or ‘I can….’ Each group member was able to say something positive about themselves by making I-statements.
Utilising the *conquering soldier* in Hobday and Ollier (2005:94-95) and *H is for Helping yourself* activity in Rae and Simmons (2009:64), the researcher drew a large soldier on a page prior to the session. She then asked the group to suggest strategies previously used in different emotional situations whether they worked or not. The researcher then wrote these strategies on the page around the soldier and the group members discussed how they experienced it. The researcher suggested a coping strategy and then each group member did so for a variety of feelings, including happy, sad, disgusted, scared, surprised and angry. At one stage child 4 climbed under the table and children 1 and 5 asked her to come out. This illustrated to the researcher that the group was taking responsibility for its members. However, the group still struggled with allowing each other a chance to talk, as they all wanted to talk. Child 1 wanted to play a board game again. Child 2 initiated the idea that more than one feeling can be experienced at one time; he said that when he gets surprised with a present or something similar he is also happy. Child 4 started singing at one stage after which the researcher suggested that the entire group can have a chance to sing a song on the “stage”. Child 1 suggested that the group reads the notes made during the previous session. The researcher then introduced a game whereby the group had to guess what the causes and consequences were that they thought of in the previous session. The group also suggested new causes to some of the feelings and were able to identify who suggested which causes and consequences. All the group members had an opportunity to sing. In the first round the girls had to go first after which four of the group members wanted to sing again. So the group decided that child 2, who did not want to sing again, did not have to. He could just sit and watch the rest.

Child 3 then scratched off the fourth session on the calendar and each child coloured in their fourth step to success. The researcher terminated the session by informing the group about the topic of the next session and confirming the date and time of the next session.

**Evaluation of the session**

All the group members actively participated in all the activities during the session. The researcher felt that the microphone helped establish some order, but was not too restrictive as each member was still able to actively participate and be heard.
The group members were able to identify that more than one feeling can be experienced simultaneously and were able to take ownership of the group and take responsibility for the group. The group members were able to formulate I-statements and say something positive about themselves, which illustrates a degree of positive self-image and self-esteem. The researcher is of the opinion that the goal regarding the identification of ways to regulate emotions was achieved as all the group members were able to identify ways in which to regulate emotions, whether appropriate or not.

SESSION 5: EMOTIONAL CONSEQUENCES OF SITUATIONS

Goal of the session
The goal of the session was to discuss the emotional consequences of situations. In this session the researcher focused on utilising the cognitive behavioural approach, encouraging the children to explore options with regard to behaviours which might lead to more adaptive functioning. Without the cognitive restructuring the group member was likely to continue to repeat past behaviours which could result in new or repeated emotional trauma planned activities.

Theoretical supporting data
Goleman (in Robson, 2006:48), and De Klerk and Le Roux (2003:8) define emotional intelligence, partially, as the capacity to motivate ourselves. Davies (2004:146-156) identifies that children need to learn to deal with the emotional consequences of situations which inevitably occur in childhood, such as being left out, solving conflicts and making friends.

Duration: Hour to an hour and a half.

Aids/Materials utilised
- Board game with movers
- Crayons, pencils, stickers and other stationary
- Marker
- Staircase to success page for each group member
Proceedings of the session
At the start of the session the researcher initiated an ice-breaker whereby each group member had to draw one picture from a bunch of papers that had different emotional expressions on. Then each group member had to find their friend who had the same picture of an emotional expression without saying a word. The children found it difficult to play the game without saying a word. However, in the end each member found their emotional expression friend.

The group members played a board game based on ‘Activity 32: Relationship between feelings and actions’ and ‘Activity 41: awareness of your thoughts’ (De Klerk & Le Roux, 2003:63, 73). The group made a new rule called “hands under the table” so that the group members would not move the “movers” of the game. As each group member took turns to throw the dice and move their “mover” all the members actively participated in this activity. Child 2 won the game quickly and child 1 then suggested that the group reads some more cards. The researcher then suggested that she would start and then passed the microphone around so that each group member could answer the same card with their own answer.

The session was terminated by child 1 scratching off the fifth session on the calendar and each group member colouring in their fifth step to success. The researcher informed the group about the topic of the next session and confirmed the date and time of the next session.

Evaluation of the session
The group members were very active during this session. This made it difficult for the researcher as she had to remind the group members of the “hands under the table rule”. Child 4 also reminded the group that they had to use the microphone when they wanted to talk. The competitiveness of the group members also came to the fore with regard to winning the board game. The goal of the session was achieved as all the group members were able to identify a variety of consequences of emotions through playing the board game.
SESSION 6: APPROPRIATE WAYS TO REGULATE EMOTIONS

Goal of the session
The goal of the session was to discuss appropriate ways to regulate emotions. In this session the researcher would focus on utilising the narrative approach allowing the group members to discuss appropriate ways to regulate emotions.

Theoretical supporting data
Only once children are able to identify and express own feelings are they able to identify other people's feelings more accurately and effectively. After this the child needs to learn how to express own feelings clearly and appropriately in such a way that both the child and the other party involved are comfortable (Davies, 2004:137-143).

Duration: Hour to an hour and a half.

Aids/Materials utilised
- A4 posters
- Crayons, pencils, stickers and other stationary
- Marker
- Staircase to success page for each group member

Proceedings of the session
At the start of the session the researcher initiated an ice-breaker whereby the group members had to identify as many happy faces as possible from a comic picture. They were also able to identify surprised faces, even though it was not being circled and helped each other if they identified sad or other emotions. The group was able to identify 11 happy faces altogether.

Utilising ‘Activity 31: Robot technique for emotional control’ and ‘Activity 52: Process for problem-solving/conflict resolution’ (De Klerk & Le Roux, 2003:62, 88-89) the researcher introduced coping strategies such as M is for Movement in Rae and Simmons (2009:93). The researcher asked the group which emotion they
wanted to start with. After deliberation the group decided to start with ‘happy’ and then worked their way through all the emotions identifying at least three possible appropriate ways in which to regulate each emotion.

The session was terminated by the group deciding that another child in the place of safety could scratch off the sixth session on the calendar and allowed each group member to colour in their sixth step to success. The researcher informed the group about the topic of the next session and confirmed the date and time of the next session. Child 1 then rewrote the rules of the group with the help of the other group members.

**Evaluation of the session**

The group members enjoyed the ice-breaker. A little boy who was visiting at the place of safety was a bit disruptive during the group. The group members were all able to suggest appropriate ways in which to regulate their emotions. The group members were very excited about having role-play for the next session. The group rewriting the rules illustrated that the group members took ownership of the group and the process. The goal of this session was achieved successfully as the group was able to identify at least three ways of appropriately regulating emotions.

**SESSION 7: REHEARSE, PRACTICE AND EXPERIMENT WITH NEW BEHAVIOURS**

**Goal of the session**

In this session the researcher would focus on utilising the behavioural approach and allowing the children to rehearse, practice and experiment with new behaviours as well as evaluate their effectiveness before these behaviours can become established through the planned activities.

**Theoretical supporting data**

*Perspective taking* is the process of putting oneself in another person’s place and imagining what that person is thinking or feeling. Through this process one can come to understand the causes and effects of others’ feelings and ‘experiencing” the emotional world of others (Davies, 2004:144-145).
Duration: Hour to an hour and a half.

Aids/Materials utilised

- Clothes and accessories suitable for dress-up
- Crayons, pencils, stickers and other stationary
- Marker
- Staircase to success page for each group member

Proceedings of the session

At the start of the session the researcher recapitulated what was planned for this session. Each group member then chose something to wear to start the role-play, and utilising the ‘practice makes perfect’ activity in Hobday and Ollier (2005:75-77), role-play ways in which they can appropriately apply new techniques. The children role-played some of the appropriate ways to regulate emotions. However, they got distracted by the dressing-up experience and also engaged in free play. The session was terminated by child 2 scratching off the seventh session on the calendar and each group member coloured in their seventh step to success. The researcher informed the group about the termination session and confirmed the date and time.

Evaluation of the session

The researcher is of the opinion that despite the fact that the group members got distracted by the experience of dressing up and role-playing, the appropriate ways to regulate emotions was still practiced. The individual “television interviews” were also a manner of evaluating the group experience for the group members.

4.5.4 TERMINATION

Termination refers to preparing the group to close a session or its existence in order to help members assimilate, integrate, and apply in-group learning in everyday life (Corey, 2000:45). Toseland and Rivas (2009:467), Dwivedi (2003a:22) and Corey (2000:128) agree that in the case of closed groups where
members are aware of leaving dates, issues of dependency and individuality will reappear.

SESSION 8: TERMINATION

Goal of the session
This was the last session of the group work process. During this session the group would have a farewell party with an activity where group members could share their feelings regarding the termination of the process.

Theoretical supporting data
In the last session the group work will be terminated, members will be informed of one final individual meeting with the researcher to complete the post-test and referrals will be made if necessary (Toseland & Rivas, 2009:385; Jacobs et al., 2009:365).

Duration: Hour to an hour and a half.

Aids/Materials utilised
- Crayons, pencils, stickers and other stationary
- Marker
- Staircase to success page for each group member

Proceedings of the session
The researcher explained to the group that this was the last session that they would be together as a whole. The researcher reflected on a comment made in the last session that they were sad about it being the last session. The researcher asked the group to illustrate their feelings regarding it being the last session on a paper plate. When all the group members were done each group member would have an opportunity to tell the group about their illustration and feelings regarding termination.
The group members identified their feelings regarding termination as including being happy because it was fun and the last session would also be a party, sad because it was the last session and the researcher would not be coming to their house anymore. The researcher then gave each group member the task to make a farewell card as a remembrance of the group. The researcher then made one card for the entire group to thank them for the time together. The session was terminated by the researcher scratching off the eighth session on the calendar and allowing each group member to colour in their final step to success and celebrated the group by having a party.

Evaluation of the session
The termination session was successful and allowed each member to inform the group about their feelings regarding the group and the termination thereof. The session and the group work process were terminated on a positive note. The group members were also informed that the researcher will still see them individually for the completion of the second post-test.

After the completion of the eighth group work session, the same test as utilised in the pre-test was completed by each respondent as the first post-test. After a time lapse of five days after the completion of the first post-test, the entire group again completed the post-test for a second time.

4.5.5 POST GROUP PHASE

Evaluation and Follow-up
Abels and Garvin (2006:14) agree with Malekoff (2004:69) that the evaluation of outcomes is an ongoing process and can be done in a variety of ways, including a pre-test, post-test measurement tool, observing individual functioning in the group, and formal and informal feedback received by the group members to promote better self-awareness and understanding of group movement.

The researcher completed the post-test for the second time with each group member individually, a week after the termination session. This activity was conducted to evaluate the research question: Can the emotional intelligence of
vulnerable children in middle childhood be enhanced through group work? Another purpose of the evaluation and follow-up session was to determine whether any of the group members required referrals for individual therapy or debriefing, as determined by the arrangement with the organisation under whose auspices the group members were placed in places of safety. However, it was identified that none of the group members required additional debriefing or therapeutic services.

4.6 DATA-ANALYSIS

As the researcher utilised the quantitative approach, the analysis of the data was conducted using graphs and tables after which the data is interpreted in order to answer the research question, namely: Can the emotional intelligence of vulnerable children be enhanced through group work?

Quantitative data analysis refers to categorising, ordering, manipulating and summarising data to obtain answers to research questions (Kruger, De Vos, Fouché & Venter, 2005:218). The purpose of the analysis is to reduce data to an intelligible and interpretable form so that the relations of research problems can be studied and tested, and conclusions can be drawn. In this context, the researcher would make a graphic presentation consisting of pictorial devices that are visually effective and easy to interpret to illustrate data (Royer, 1981, in Kruger et al., 2005:227). The researcher would utilise histograms to compare the data obtained in the pre-test and post-tests to illustrate the differences, as well as the correlations between the different elements of the pre-tests and post-tests. The researcher would then interpret the data to determine whether or not any changes in the children's emotional intelligence occurred. Through analysing the data utilising aspects of the quantitative approach, the researcher would be able to obtain a reflection of utilising group work for the enhancement of the emotional intelligence of vulnerable children in middle childhood.

4.7 QUANTITATIVE RESEARCH RESULTS

There were six activities in the questionnaire utilised by the researcher to determine the level of emotion intelligence of vulnerable children in middle
childhood. The quantitative results of the individual responses to the activities as well as a group comparison of the responses to the activities are presented below.

4.7.1 INDIVIDUAL RESPONSES TO ACTIVITIES

**Activity 1: How do you feel about having other children in the group?**

Table 2: Comparison of Individual Group Members’ Responses to Activity 1

<table>
<thead>
<tr>
<th>ACTIVITY 1</th>
<th>RESPONSE</th>
<th>CHILD 1</th>
<th>CHILD 2</th>
<th>CHILD 3</th>
<th>CHILD 4</th>
<th>CHILD 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRE-TEST</td>
<td>Fine</td>
<td>Will have fun</td>
<td>Being good</td>
<td>Boys and girls have fun and it is good.</td>
<td>Fine</td>
<td></td>
</tr>
<tr>
<td>POST-TEST A</td>
<td>Happy</td>
<td>Making them happy</td>
<td>Being good and fun</td>
<td>Loving the group and it was nice</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>POST TEST B</td>
<td>Happy</td>
<td>Being good</td>
<td>Being good</td>
<td>Making them happy and it was nice to play games with other children</td>
<td>Fun</td>
<td></td>
</tr>
</tbody>
</table>

**Interpretation of research responses in terms of Activity 1**

From the responses given by the group members as illustrated in table 2 with regard to their feelings about having other children in the group, it can be concluded that they experienced functioning in a group context positively. Therefore, it became apparent and serves as confirmation to the researcher that group work can be an appropriate form of intervention for children in middle childhood. Harper (2003:68), De Klerk and Le Roux (2003:23) and Hughes (1991:99-101) agree that, according to Bowlby’s attachment theory, children in middle childhood develop a strong need to belong to a group.
**Activity 2:** Write down the feeling that each of these faces is showing

<table>
<thead>
<tr>
<th>FEELING</th>
<th>RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHILD 1</td>
</tr>
<tr>
<td>Happy</td>
<td>Happy</td>
</tr>
<tr>
<td>Grumpy</td>
<td>Grumpy</td>
</tr>
<tr>
<td>Scared</td>
<td>Sad</td>
</tr>
<tr>
<td>Sad</td>
<td>Grumpy</td>
</tr>
</tbody>
</table>

Table 3: Pre-Test Comparisons of Individual Group Members’ Responses to Activity 2

<table>
<thead>
<tr>
<th>FEELING</th>
<th>RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHILD 1</td>
</tr>
<tr>
<td>Happy</td>
<td>Happy</td>
</tr>
<tr>
<td>Angry</td>
<td>Angry</td>
</tr>
<tr>
<td>Surprised</td>
<td>Scared</td>
</tr>
<tr>
<td>Sad</td>
<td>Sad</td>
</tr>
</tbody>
</table>

Table 4: Post-Test A Comparisons of Individual Group Members’ Responses to Activity 2
Table 5: Post-Test B Comparisons of Individual Group Members’ Responses to Activity 2

<table>
<thead>
<tr>
<th>FEELING</th>
<th>RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHILD 1</td>
</tr>
<tr>
<td>Happy</td>
<td>Happy</td>
</tr>
<tr>
<td>Angry</td>
<td>Grumpy</td>
</tr>
<tr>
<td>Scared</td>
<td>Scared</td>
</tr>
<tr>
<td>Sad</td>
<td>Sad</td>
</tr>
</tbody>
</table>

Interpretation of research responses in terms of Activity 2

Goleman (in Robson, 2006:48) as well as De Klerk and Le Roux (2003:8) partially define emotional intelligence as the capacity to recognise and understand our own feelings and those of others. Davies (2004:18) identifies the accurate recognition of emotional states as the most fundamental skill to acquire in becoming emotionally intelligent. The inability to recognise an emotion for what it is, or correctly distinguishing one emotion from another, essentially makes all the other skills useless. From the data attained in activity 2, as illustrated in tables 3, 4 and 5, it can be concluded that the group members were able to recognise the four basic feelings more appropriately throughout the process, and was ultimately able to correctly identify the four basic emotions during the second post-test. The researcher agrees with Hantler (2008:25) that appropriate recognition of emotions will promote more pro-social behaviour, as this was confirmed in an interview with the place of safety parent in whose care the five group members are placed.
**Activity 3:** Use the words *sometimes, always and never* to show how often you feel each feeling

Table 6: Pre-Test Comparisons of Individual Group Members' Responses to Activity 3

<table>
<thead>
<tr>
<th>FEELING</th>
<th>CHILD 1</th>
<th>CHILD 2</th>
<th>CHILD 3</th>
<th>CHILD 4</th>
<th>CHILD 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>Sometimes</td>
<td>Always</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td>Never</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>Sometimes</td>
<td>Always</td>
<td>Sometimes</td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>Never</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Never</td>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>Always</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td>Never</td>
<td>Sometimes</td>
<td>Never</td>
<td>Never</td>
<td></td>
</tr>
</tbody>
</table>
Table 7: Post-Test A Comparisons of Individual Group Members’ Responses to Activity 3

<table>
<thead>
<tr>
<th>FEELING</th>
<th>RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHILD 1</td>
</tr>
<tr>
<td>Always</td>
<td>Always</td>
</tr>
<tr>
<td>Sometimes</td>
<td>Never</td>
</tr>
<tr>
<td>Never</td>
<td>Always</td>
</tr>
<tr>
<td>Always</td>
<td>Never</td>
</tr>
<tr>
<td>Sometimes</td>
<td>Always</td>
</tr>
<tr>
<td>Never</td>
<td>Always</td>
</tr>
<tr>
<td>Always</td>
<td>Never</td>
</tr>
<tr>
<td>Sometimes</td>
<td>Always</td>
</tr>
<tr>
<td>Never</td>
<td>Always</td>
</tr>
</tbody>
</table>
### Table 8: Post-Test B Comparisons of Individual Group Members’ Responses to Activity 3

<table>
<thead>
<tr>
<th>FEELING</th>
<th>CHILD 1</th>
<th>CHILD 2</th>
<th>CHILD 3</th>
<th>CHILD 4</th>
<th>CHILD 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>Sometimes</td>
<td>Always</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Sometimes</td>
<td>Never</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Never</td>
<td>Sometimes</td>
<td>Always</td>
<td>Sometimes</td>
<td>Never</td>
<td>Always</td>
</tr>
<tr>
<td>Never</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Never</td>
<td>Always</td>
</tr>
<tr>
<td>Always</td>
<td>Never</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Never</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Never</td>
<td>Always</td>
<td>Always</td>
</tr>
<tr>
<td>Always</td>
<td>Always</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Never</td>
<td>Never</td>
</tr>
<tr>
<td>Sometimes</td>
<td>Never</td>
<td>Sometimes</td>
<td>Never</td>
<td>Never</td>
<td>Never</td>
</tr>
</tbody>
</table>

### Interpretation of research responses in terms of Activity 3

The researcher is of the opinion that from the above data illustrated in tables 6, 7, and 8, it can be concluded that the group members could better identify that they are able to experience a variety of emotions at different times, and how often they experience certain emotions which demonstrates better awareness of their own emotions. Therefore, the researcher asserts that the group members’ skill to become more emotionally intelligent was enhanced. Davies (2004:137-143) and
De Klerk and Le Roux (2003:12) identify that skills required by children to be emotionally intelligent include being aware of how they feel, how they act as well as how often emotions are experienced. Ahola and Kovacik (2007:179) identify a number of aspects to consider whether the child has advanced in emotional intelligence, including whether or not the child demonstrates awareness of own emotions.
Activity 4: Draw a line from each “feeling face” to a picture which shows how you are feeling in your body. There can be more than one picture for every feeling

Table 9: Pre-Test Comparisons of Individual Group Members’ Responses to Activity 4

<table>
<thead>
<tr>
<th>FEELING</th>
<th>RESPONDENT</th>
<th>ACTIVITY 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>CHILD 1</strong></td>
<td><strong>CHILD 2</strong></td>
</tr>
<tr>
<td>Tight muscles</td>
<td>Sore tummy, and breathing fast and hard</td>
<td>Big eyes, light like a balloon, heart beating fast, breathing fast and hard, tight muscles, and hands shaking and wet</td>
</tr>
<tr>
<td>Big eyes, sore tummy, and sore head</td>
<td>Heart beating fast, breathing fast and hard</td>
<td>Sore tummy, sore head, and sleeping well</td>
</tr>
<tr>
<td>Breathing fast and hard</td>
<td>Sore head</td>
<td>Big eyes, light like a balloon, heart beating fast, breathing fast and hard, tight muscles, and hands shaking and wet, sore head, sore tummy, and sleeping well</td>
</tr>
<tr>
<td>Heart beating fast</td>
<td>Tight muscles</td>
<td>Big eyes, heart beating fast, breathing fast and hard, tight muscles, and hands shaking and wet, sore head, sore tummy, and sleeping well</td>
</tr>
<tr>
<td>Light like a balloon, hands shaking &amp; wet, and sleeping well</td>
<td>Sleeping well, big eyes, light like a balloon</td>
<td>Heart beating fast, breathing fast &amp; hard, hands shaking and wet, sore head, sore tummy, light like a balloon, and sleeping well</td>
</tr>
</tbody>
</table>
Table 10: Post-Test A Comparisons of Individual Group Members’ Responses to Activity 4

<table>
<thead>
<tr>
<th>FEELING</th>
<th>RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHILD 1</td>
</tr>
<tr>
<td>Breathing fast and hard</td>
<td>Heart beating fast, breathing fast and hard, and sore tummy</td>
</tr>
<tr>
<td>Big eyes, and sore head</td>
<td>Sore head</td>
</tr>
<tr>
<td>No choice made</td>
<td>Sore tummy</td>
</tr>
<tr>
<td>Sore tummy, and heart beating fast</td>
<td>Hands shaking and wet, and tight muscles</td>
</tr>
<tr>
<td>Tight muscles, light like a balloon, hands shaking and wet, and sleeping well</td>
<td>Big eyes, light like a balloon, and sleeping well</td>
</tr>
</tbody>
</table>
Table 11: Post-Test B - Comparisons of Individual Group Members’ Responses to Activity 4

<table>
<thead>
<tr>
<th>ACTIVITY 4</th>
<th>POST-TEST B</th>
<th>FEELING</th>
<th>RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD 1</td>
<td>CHILD 2</td>
<td>CHILD 3</td>
<td>CHILD 4</td>
</tr>
<tr>
<td>Heart beating fast, and breathing fast and hard</td>
<td>Light like a balloon</td>
<td>Heart beating fast, breathing fast and hard</td>
<td>Tight muscles, heart beating fast, breathing fast and hard</td>
</tr>
<tr>
<td>Big eyes, and sore head</td>
<td>Sore tummy</td>
<td>Sore tummy</td>
<td>Sore tummy, and sore head</td>
</tr>
<tr>
<td>Sore tummy</td>
<td>Sore head</td>
<td>Sore head</td>
<td>Big eyes, heart beating fast, and breathing fast and hard</td>
</tr>
<tr>
<td>Sore tummy</td>
<td>Heart beating fast</td>
<td>Tight muscles, and hands shaking and wet</td>
<td>Tight muscles, heart beating fast, breathing fast and hard, and sore tummy</td>
</tr>
<tr>
<td>Tight muscles, light like a balloon, hands shaking and wet, and sleeping well</td>
<td>Sleeping well</td>
<td>Big eyes, light like a balloon, and sleeping well</td>
<td>Light like a balloon, hands shaking and wet, and sleeping well</td>
</tr>
</tbody>
</table>

Interpretation of research responses in terms of Activity 4

From the data obtained in activity 3 as illustrated in tables 9, 10 and 11, the group members were able to recognise more appropriate physical connections that a variety of emotions may incite. Skills required by children to be emotionally intelligent include being aware of the communication by one’s body, in other words, being aware of the physical changes that occur with the different emotions (Davies, 2004:27; De Klerk & Le Roux, 2003:12; Scharfe, 2000:247). Louw et al. (1998:203) and Oaklander (1988:122) agree that emotions also have a physical, or bodily, connection. Methods of estimating the emotional states with regard to oneself
entail focusing on the communication by one’s body, in other words, being aware of the physical changes that occur with the different emotions, which may include sweaty palms, increased heart rate and tensed muscles (Davies, 2004:27; Scharfe, 2000:247).
**Activity 5:** Look at these pictures. Colour in the feeling that best shows how each person feels. Then write down what each person can do about how they feel.

Table 12: Comparisons of Individual Group Members’ Responses to Activity 5

**THIS GIRL FEELS:**

<table>
<thead>
<tr>
<th></th>
<th>Lonely</th>
<th>Happy</th>
<th>Scared</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="emojis.png" alt="Emojis for feelings" /></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHILD 1**

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>Happy</td>
<td>Happy</td>
<td></td>
</tr>
<tr>
<td><strong>WHAT MUST SHE DO?</strong></td>
<td>She can run around</td>
<td>She can run around</td>
<td>She can run around</td>
</tr>
</tbody>
</table>

**CHILD 2**

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>Happy</td>
<td>Happy</td>
<td></td>
</tr>
<tr>
<td><strong>WHAT MUST SHE DO?</strong></td>
<td>She can play</td>
<td>She can play</td>
<td>She can run around</td>
</tr>
</tbody>
</table>

**CHILD 3**

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>Happy</td>
<td>Happy</td>
<td></td>
</tr>
<tr>
<td><strong>WHAT MUST SHE DO?</strong></td>
<td>She can smile</td>
<td>She can smile</td>
<td>She can play</td>
</tr>
</tbody>
</table>

**CHILD 4**

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>Happy</td>
<td>Happy</td>
<td></td>
</tr>
<tr>
<td><strong>WHAT MUST SHE DO?</strong></td>
<td>She can jump</td>
<td>She is happy</td>
<td>She can clap her hands</td>
</tr>
</tbody>
</table>

**CHILD 5**

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>Happy</td>
<td>Happy</td>
<td></td>
</tr>
<tr>
<td><strong>WHAT MUST SHE DO?</strong></td>
<td>She can run around</td>
<td>She can run around</td>
<td>She can play</td>
</tr>
</tbody>
</table>
**THIS MAN FEELS:**

<table>
<thead>
<tr>
<th>Confused</th>
<th>Angry</th>
<th>Scared</th>
</tr>
</thead>
</table>

**CHILD 1**

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angry</td>
<td>Angry</td>
<td>Angry</td>
<td></td>
</tr>
</tbody>
</table>

**WHAT MUST HE DO?**

- He can fight
- He can fix the computer
- He can fix the computer

**CHILD 2**

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angry</td>
<td>Angry</td>
<td>Angry</td>
<td></td>
</tr>
</tbody>
</table>

**WHAT MUST HE DO?**

- He can shout
- He can sit
- He can talk to someone

**CHILD 3**

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confused</td>
<td>Scared</td>
<td>Angry</td>
<td></td>
</tr>
</tbody>
</table>

**WHAT MUST HE DO?**

- He can run
- He can smile
- He can run away

**CHILD 4**

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scared</td>
<td>Scared</td>
<td>Angry</td>
<td></td>
</tr>
</tbody>
</table>

**WHAT MUST HE DO?**

- He can fix it
- He is scared
- He must fix the computer

**CHILD 5**

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angry</td>
<td>Angry</td>
<td>Angry</td>
<td></td>
</tr>
</tbody>
</table>

**WHAT MUST HE DO?**

- No suggestion was made
- He can be angry back
- He can talk to someone
**THIS BOY FEELS:**

| Surprised | Sad | Tired |

**CHILD 1**

<table>
<thead>
<tr>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad</td>
<td>Sad</td>
<td>Sad</td>
</tr>
</tbody>
</table>

**WHAT MUST HE DO?**

- He is crying
- He must be happy
- Someone can make him laugh

**CHILD 2**

<table>
<thead>
<tr>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad</td>
<td>Sad</td>
<td>Sad</td>
</tr>
</tbody>
</table>

**WHAT MUST HE DO?**

- He is sad when he plays
- He can leave
- He can pray

**CHILD 3**

<table>
<thead>
<tr>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad</td>
<td>Sad</td>
<td>Sad</td>
</tr>
</tbody>
</table>

**WHAT MUST HE DO?**

- He can cry
- He can play with someone
- He can sit down

**CHILD 4**

<table>
<thead>
<tr>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad</td>
<td>Sad</td>
<td>Sad</td>
</tr>
</tbody>
</table>

**WHAT MUST HE DO?**

- He is crying
- He is sad
- Someone must play with him

**CHILD 5**

<table>
<thead>
<tr>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad</td>
<td>Sad</td>
<td>Sad</td>
</tr>
</tbody>
</table>

**WHAT MUST HE DO?**

- He is crying
- This boy is sad
- He can play
THE LITTLE BOY FEELS:

Scared  Angry  Happy

CHILD 1

<table>
<thead>
<tr>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scared</td>
<td>Scared</td>
<td>Scared</td>
</tr>
</tbody>
</table>

WHAT MUST HE DO?
He must run  He must run around  He can run away

CHILD 2

<table>
<thead>
<tr>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>Scared</td>
<td>Scared</td>
</tr>
</tbody>
</table>

WHAT MUST HE DO?
He loves to play  He can run away  He can walk away

CHILD 3

<table>
<thead>
<tr>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scared</td>
<td>Scared</td>
<td>Scared</td>
</tr>
</tbody>
</table>

WHAT MUST HE DO?
The child was unable to suggest any possible action  He can run away  He can run away

CHILD 4

<table>
<thead>
<tr>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scared</td>
<td>Angry</td>
<td>Scared</td>
</tr>
</tbody>
</table>

WHAT MUST HE DO?
He is scared, afraid  He is angry  He must run away and play

CHILD 5

<table>
<thead>
<tr>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scared</td>
<td>Scared</td>
<td>Scared</td>
</tr>
</tbody>
</table>

WHAT MUST HE DO?
This man shouted at the boy  This boy is scared  He must run away

Interpretation of research responses in terms of Activity 5

Skills required by children to be emotionally intelligent include recognising the feelings of others, and the ability to consider alternative problem solving
mechanisms (De Klerk & Le Roux, 2003:12). Davies (2004:137-143) states that learning about emotions and their facial and physical cues that distinguish them is important with regard to recognising the emotional states of others. However, the researcher is of the opinion that until children are able to recognise the physical connection to certain emotions within themselves, they will struggle to identify and interpret the physical cues of others, therefore the necessity of activity 4. With regard to others, facial expressions appear to be the key method of estimating others’ emotional states. The person’s tone of voice, posture, and physical movements may also be used to estimate the emotional state more accurately (Davies, 2004:27; Scharfe, 2000:247).

The ability to express anger healthily, in an assertive and non-threatening manner, is a sign of good mental health and skill that should be encouraged. Anger is a natural emotional response to mobilise, protect or help people cope with threats, hurt, violation and frustration. It can allow people to stand up for themselves or others when undermined, belittled or treated unfairly. However, it needs allies: calm rational thought, self-awareness and empathy; and control tactics (Hantler, 2008:31).

Ahola and Kovacik (2007:179) identify a number of aspects to consider whether the child has advanced in emotional intelligence, including whether or not the child engage in new ideas or activities. The respondents increased in their ability to recognise the appropriate emotions depicted above from the pre-test to the second post-test, as some respondents were not able to recognise some of the emotions appropriately at first, but later was able to do so. The respondents also improved from just naming some of the emotions and actions depicted, to identifying a variety of new and appropriate ways in which to deal with the emotion. The respondents’ identification of ways to express their emotions also improved from not being able to make any suggestion or inappropriate ways of doing so, to a variety of new and appropriate ways in which to express the emotions. The respondents were also able to include responses whereby the situations can be dealt with, through the assistance of second parties and spiritual aspects.
The researcher is therefore of the opinion that the respondents were able to engage in new ideas or activities and agree with various authors that with greater maturity, children develop greater capacity to modulate their emotional arousal (such as controlling angry outbursts), become more adept at selecting and managing situations and relationships in ways that minimise negative emotions, and become more capable of selecting effective ways to cope with stress. With age and advances in cognitive development, children are better equipped to manage emotions themselves, to develop strategies for regulating emotions, such as thinking about a situation in a positive light, cognitive avoidance, the ability to shift the focus of one’s attention and regulation of emotion shifts gradually from external sources in the world to self-initiated, internal sources (Buckley & Saarni, 2006:58; Eisenberg (1998) in Santrock, 2001:342-343; Saarni, 2000:76; Berk, 2000:343).

Activity 6: Write underneath each sentence if you think it is a good or bad way of showing how you feel:

Table 13: Pre-Test Comparisons of Individual Group Members’ Responses to Activity 6
Table 14: Post-Test A Comparisons of Individual Group Members’ Responses to Activity 6

<table>
<thead>
<tr>
<th>ACTIVITY 6</th>
<th>POST-TEST A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SCENARIO OF EMOTIONAL EXPRESSION</strong></td>
<td><strong>CHILD 1</strong></td>
</tr>
<tr>
<td>1 You slam the (door) of your bedroom.</td>
<td>X</td>
</tr>
<tr>
<td>2 You say: “I am [sad] because my [dog] died this morning.”</td>
<td>X</td>
</tr>
<tr>
<td>3 You break your favourite [toy] when you are [angry].</td>
<td>X</td>
</tr>
<tr>
<td>4 You say: “I really hate you and wish you were not my [brother/sister/friend].”</td>
<td>X</td>
</tr>
<tr>
<td>5 You write your feelings in a journal/book and draw a picture to show the feelings you are experiencing.</td>
<td>X</td>
</tr>
<tr>
<td>6 You speak calmly [calm] to someone you love (like a Grandparent or teacher) about your feelings.</td>
<td>X</td>
</tr>
<tr>
<td>7 When you are [angry], you label people, e.g. “You are lazy and nearly!”</td>
<td>X</td>
</tr>
</tbody>
</table>
Table 15: Post-Test B Comparisons of Individual Group Members’ Responses to Activity 6

<table>
<thead>
<tr>
<th>SCENARIO OF EMOTIONAL EXPRESSION</th>
<th>CHILD 1</th>
<th>CHILD 2</th>
<th>CHILD 3</th>
<th>CHILD 4</th>
<th>CHILD 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GOOD</td>
<td>BAD</td>
<td>GOOD</td>
<td>BAD</td>
<td>GOOD</td>
</tr>
<tr>
<td>1 You slam the [door] of your bedroom</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2 You say: “I am [sad] because my [dog] died this morning.”</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3 You break your favourite [toy] when you are [angry]</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4 You say: “I really hate you and wish you were not my [brother/sister/friend].”</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5 You write your feelings in a journal/book and draw a picture to show the feelings you are experiencing.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6 You speak calmly to someone you love (like a Grandparent or teacher) about your feelings.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>7 When you are [angry], you label people, e.g., “You are lazy and freaky!”</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Interpretation of research responses in terms of Activity 6

De Klerk and Le Roux (2003:12) identify skills required by children to be emotionally intelligent as the ability to consider alternative problem solving mechanisms. Only once children are able to identify and express own feelings are they able to identify other people’s feelings more accurately and effectively. After this the child needs to learn how to express own feelings clearly and appropriately in such a way that both the child and the other party involved are comfortable (Davies, 2004:137-143).
The respondents’ increased ability to recognise the appropriate way to regulate a variety of emotions depicted above from the pre-test to the second post-test, as some respondents were not able to recognise whether the suggested way to regulate an emotion was appropriate or not at first, but later was able to do so. Ahola and Kovacik (2007:179) identify a number of aspects to consider whether the child has advanced in emotional intelligence, including whether or not the child understands global ideas of what is right or wrong. The researcher is therefore of the opinion that the respondents were able to advance in emotional intelligence and agree with various authors that cognitive strategies for regulating emotions, such as thinking about a situation in a positive light, cognitive avoidance, the ability to shift the focus of one’s attention, increases with age (Buckley & Saarni, 2006:58; Eisenberg (1998) in Santrock, 2001:342-343; Saarni, 2000:76; Berk, 2000:343).

4.7.2 COMPARISON OF THE GROUP’S PRE-TESTS AND POST-TESTS

**Activity 1:** How do you feel about having other children in the group?

Table 16: Comparison of the group’s responses to activity 1

<table>
<thead>
<tr>
<th>ACTIVITY 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST</td>
<td>RESPONSES</td>
</tr>
<tr>
<td>PRE-TEST</td>
<td>Fine, will have fun, being good, boys and girls have fun and it is good.</td>
</tr>
<tr>
<td>POST-TEST A</td>
<td>Making them happy, being good and fun, loving the group and it was nice.</td>
</tr>
<tr>
<td>POST TEST B</td>
<td>Making them happy, being good, fun and it was nice to play games with other children.</td>
</tr>
</tbody>
</table>
Activity 2: Write down the feeling that each of these faces is showing:

Table 17: Comparisons of the Group’s Responses to Activity 2

<table>
<thead>
<tr>
<th>FACIAL EXPRESSION</th>
<th>PRE-TEST</th>
<th>POST-TEST A</th>
<th>POST-TEST B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>Happy</td>
<td>Happy</td>
<td>Happy</td>
</tr>
<tr>
<td>Grumpy, cross and angry</td>
<td>Angry, grumpy and sad</td>
<td>Grumpy and angry</td>
<td></td>
</tr>
<tr>
<td>Scared, sad and surprised</td>
<td>Scared and surprised</td>
<td>Scared</td>
<td></td>
</tr>
<tr>
<td>Sad, grumpy, cry and worried</td>
<td>Sad</td>
<td>Sad</td>
<td></td>
</tr>
</tbody>
</table>

Activity 3: Colour in the name of each feeling to show how often you feel it:

Figure 1: Pre-Test Comparisons of the Group’s Responses to Activity 3
Figure 2: Post-Test A Comparisons of the Group’s Responses to Activity 3

Figure 3: Post-Test B Comparisons of the Group’s Responses to Activity 3
**Activity 4:** Draw a line from each “feeling face” to a picture which shows how you are feeling in your body. There can be more than one picture for every feeling.

<table>
<thead>
<tr>
<th>FACIAL EXPRESSION</th>
<th>PRE-TEST</th>
<th>POST-TEST A</th>
<th>POST-TEST B</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Sad Face]</td>
<td>Big eyes, light like a balloon, tight muscles, heart beating fast, breathing fast and hard, hands shaking and wet, sore tummy, and sore head</td>
<td>Big eyes, tight muscles, breathing fast and hard, heart beating fast, and sore tummy</td>
<td>Tight muscles, heart beating fast, light like a balloon, breathing fast and hard, and hands shaking and wet</td>
</tr>
<tr>
<td>![Sad Face]</td>
<td>Big eyes, tight muscles, breathing fast and hard, heart beating fast, sore tummy, sore head and sleeping well</td>
<td>Big eyes, heart beating fast, sore tummy, and sore head</td>
<td>Big eyes, heart beating fast, sore tummy, and sore head</td>
</tr>
<tr>
<td>![Sad Face]</td>
<td>Tight muscles, heart beating fast, breathing fast and hard, hands shaking and wet, sore tummy, sore head, and sleeping well</td>
<td>Hands shaking and wet, breathing fast and hard, and sore tummy</td>
<td>Big eyes, tight muscles, heart beating fast, breathing fast and hard, sore tummy, and sore head</td>
</tr>
<tr>
<td>![Sad Face]</td>
<td>Tight muscles, heart beating fast, hands shaking and wet, sore tummy, sore head, and sleeping well</td>
<td>Big eyes, tight muscles, hands shaking and wet, heart beating fast, sore tummy, sore head, and sleeping well</td>
<td>Big eyes, tight muscles, heart beating fast, breathing fast and hard, hands shaking and wet, sore tummy, sore head, and sleeping well</td>
</tr>
<tr>
<td>![Sad Face]</td>
<td>Big eyes, light like a balloon, breathing fast and hard, heart beating fast, hands shaking and wet, sore tummy, sore head, and sleeping well</td>
<td>Light like a balloon, tight muscles, hands shaking and wet, and sleeping well</td>
<td>Big eyes, tight muscles, light like a balloon, hands shaking and wet, and sleeping well</td>
</tr>
</tbody>
</table>
Activity 5: Look at these pictures. Colour in the feeling that best shows how each person feels. Then write down what each person can do about how they feel.

Table 19: Comparisons of the Group’s Responses to Activity 5

**THIS GIRL FEELS:**

<table>
<thead>
<tr>
<th></th>
<th>Lonely</th>
<th>Happy</th>
<th>Scared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>0%, 100%, 0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Test A</td>
<td>0%, 100%, 0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Test B</td>
<td>0%, 100%, 0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WHAT MUST SHE DO?**

- She can run around, jump, play or smile
- She can run around or smile
- She can run around, she can play, or she can clap her hands

**THIS MAN FEELS:**

<table>
<thead>
<tr>
<th></th>
<th>Confused</th>
<th>Angry</th>
<th>Scared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>20%, 60%, 20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Test A</td>
<td>0%, 60%, 40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Test B</td>
<td>0%, 100%, 0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WHAT MUST HE DO?**

- He can fight, shout, fix it or run
- He can fix the computer, be angry, or smile to feel better
- He can fix the computer, he can talk to someone, or he can run away
**THIS BOY FEELS:**

<table>
<thead>
<tr>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%, 100%, 0%</td>
<td>0%, 100%, 0%</td>
<td>0%, 100%, 0%</td>
</tr>
</tbody>
</table>

**WHAT MUST HE DO?**

- He is crying, or he is sad when he plays
- He must be happy, this boy is sad, or he can play with someone to feel better
- Someone can make him laugh, he can pray, he can sit down, someone can play with him, or he can play

**THE LITTLE BOY FEELS:**

<table>
<thead>
<tr>
<th>Pre-test</th>
<th>Post Test A</th>
<th>Post Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%, 0%, 20%</td>
<td>80%, 20%, 0%</td>
<td>100%, 0%, 0%</td>
</tr>
</tbody>
</table>

**WHAT MUST HE DO?**

- He must run, he loves to play, he is scared, or the man shouted at the boy
- He must run around, this boy is scared, or he can run away
- He can run away, walk away or he must run away and play
**Activity 6:** Write underneath each sentence if you think it is a good or bad way of showing how you feel:

Table 20: Comparisons of the Group’s Responses to Activity 6

<table>
<thead>
<tr>
<th>Activity</th>
<th>Scenario</th>
<th>Pre-Test</th>
<th>Post-Test A</th>
<th>Post-Test B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>You slam the ✅ (door) of your bedroom.</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>You say: “I am 😞 (sad) because my 🐶 (dog) died this morning.”</td>
<td>0%</td>
<td>100%</td>
<td>60%</td>
</tr>
<tr>
<td>3</td>
<td>You break your favourite 🎮 (toy) when you are 😡 (angry).</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>4</td>
<td>You say: “I really hate you and wish you were not my 🤡 (brother/sister/friend).”</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>5</td>
<td>You write your feelings in a journal/book and draw a picture to show the feelings you are experiencing.</td>
<td>100%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>6</td>
<td>You speak calmly 🎤 to someone you love (like a Grandparent or teacher) about your feelings.</td>
<td>100%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>7</td>
<td>When you are 😡 (angry), you label people, e.g. “You are lazy and freaky!”</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Finally, Ahola and Kovacik (2007:179) identify a number of aspects to consider whether the child has advanced in emotional intelligence. These aspects will be identified in terms of each group member as a consideration over the entire group work process, and in terms of the data attained during the completion of the pre-test and post-tests, and illustrated below.

**Table 21: Aspects to consider whether the child has advanced in emotional intelligence**

<table>
<thead>
<tr>
<th>ASPECT</th>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
<th>Child 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child demonstrate awareness of own emotions?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Does the child talk about own abilities?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Is the child beginning to manage own emotional responses?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Does the child understand global ideas of what is right or wrong?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Does the child engage in new ideas or activities?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Does the child strive to achieve new goals?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Does the child persist even when experiencing setbacks?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

From the results attained during the empirical study in terms of the quantitative data-analysis it can be concluded that the group work did enhance the emotional intelligence of the vulnerable children in middle childhood. Therefore, the relationships between children, their caregivers and their peers may ultimately improve, and in so doing prevent the re-traumatizing of these children in some way.
4.8 SUMMARY

The goal of the study was to determine if group work can be utilised to enhance the emotional intelligence of vulnerable children in middle childhood. The researcher utilised the one-group pre-test-post-test, quasi-experimental design. This design has a built-in strategy for comparing pre-tests with post-tests, by only having one group undergoing the pre-test, and then the same group being exposed to the intervention, namely group work, before being tested again.

The research study was conducted with five vulnerable children in middle childhood placed in places of safety under the auspices of Tsenang Homes of Safety. The duration of the group work process was one month consisting of eight group work sessions of approximately an hour to an hour and a half each.

Each session was discussed in terms of the goal of the session, materials utilised, proceedings of each session, an evaluation of the session as well as of each individual group member. The techniques utilised within each session was based on theoretical grounds in order to answer the research question of this study.

The empirical data was processed and illustrated in graphs and comparable tables in order to ease the interpretation thereof. All the data obtained illustrates that the emotional intelligence of the vulnerable children in middle childhood was indeed enhanced through group work.
CHAPTER 5
CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

A theoretical knowledge base was attained by conducting a literature study with regard to group work with children in middle childhood, intervention with groups, the group worker, the group work process, group work with children in residential care, techniques appropriate for utilisation in group work with children in middle childhood as well as the structure of individual group work sessions. Another aspect of the theoretical knowledge base was the emotional development of children in middle childhood, the role of relationships with regard to the emotional development, emotional development and play as well as therapeutic processes for utilisation with children to advance their emotional intelligence.

An empirical study was conducted with regard to the utilisation of group work to enhance the emotional intelligence of vulnerable children in middle childhood. The study was conducted as applied research, utilising a research design consisting of a quasi-experimental design, specifically the one-group pre-test-post-test design, in the context of the quantitative approach. A questionnaire was used as a data-collection method in the context of the quantitative approach. The group consisted of five children in middle childhood, placed in places of safety under the auspices of Tsenang Homes of Safety, in order to determine if group work could be utilised to enhance the emotional intelligence of vulnerable children in middle childhood.

In this chapter conclusions and recommendations are made on the basis of the attainment of the goals and objectives as set out prior to the onset of the study, and the results of the empirical study.
5.2 CHAPTER SUMMARIES, CONCLUSIONS AND RECOMMENDATIONS

5.2.1 CHAPTER 1: GENERAL INTRODUCTION

• **Summary**
The researcher has identified an aspect of the practical implementation of the social services rendered to vulnerable children that required attention. This was that a child's emotional wellness is influenced by the circumstances in which the child is raised. Children removed from the care of their primary caregiver and placed in alternative care tend to be emotionally needy. Without efficient stimulation, the cycle of unhealthy emotional intelligence will continue from one generation to the next, as children cannot stimulate their own children appropriately when they become parents, if they were never stimulated appropriately themselves.

The goal of the study was to determine if the emotional intelligence of vulnerable children in middle childhood can be enhanced through group work. The goal, which would have been attained by conducting an empirical study, had to be preceded by a thorough literature study regarding the relevant type of research, research process, and the research approach, defining relevant concepts, as well as a general study of group work and the development of children in middle childhood.

By conducting this, the relevance and necessity of the study was conveyed to the reader.

• **Conclusion**
It is of utmost importance that a researcher has a clear focus with regard to what it is that the researcher is hoping to attain through the study, in order to attain the goal as set out prior to the onset of the study. It can be concluded that without the knowledge base contained in the first chapter, the study would probably not have been successful. It provided guidance and structure and served as the foundation on which the study was constructed.
• **Recommendations**

It is therefore recommended that a sound knowledge base is attained prior to conducting the study. This knowledge provides the researcher with an opportunity to identify an area of interest that requires attention and the contribution that the research study can make to its field.

The researcher is of the opinion that any research conducted with regard to improving the social services rendered to vulnerable children, more specifically the practical implementation thereof, can always be viewed as making a contribution to the field of social work. Therefore, due to the success of this study, the researcher recommends a future study in order to implement the group work programme in the places of safety where children are placed. Through the training and empowering of the place of safety parents, a continuous effort can be made to ultimately improve relationships between children, their caregivers and their peers, in so doing preventing the re-traumatisation of these children in some way.

5.2.2 **CHAPTER 2: GROUP WORK WITH CHILDREN IN MIDDLE CHILDHOOD**

• **Summary**

In order to attain the first objective, an in-depth literature study was conducted regarding group work with children. Without this knowledge base the empirical study would not have been successful. This chapter contained aspects including; group work with children in middle childhood, intervention with groups, the group worker, the group work process, group work with children in residential care, techniques appropriate for utilisation in group work with children in middle childhood, as well as the structure of individual group work sessions.

This knowledge with regard to group work was necessary to enable the researcher to conduct the intervention successfully. Hereby, the researcher could adapt and structure the group work process and individual sessions in order to make it applicable and beneficial for the vulnerable children in middle childhood, who formed part of the group.
• **Conclusions**

With regard to group work with children in middle childhood, it can be concluded that children can benefit from group work as long as the sessions are structured and consist of verbal and non-verbal play, activities, games and exercises appropriate for their developmental age and with regard to their living and relational contexts. It is also a familiar setting for children in middle childhood as they would usually attend school in a group setting, and according to theorists, have a strong need to belong to a group.

• **Recommendations**

The following recommendations can be made in light of this chapter:

- More group work with children has to be conducted; empirical data collected and actively implemented in practice so as to deliver more appropriate social services to those in need of the services.
- Growth groups that focus on capacity building and promoting socio-emotional health. This group offers group members opportunities to become aware of, expand, and change their thoughts, feelings, and behaviour regarding themselves and others can be utilised to enhance the emotional intelligence of vulnerable children in middle childhood.
- Children in middle childhood are group orientated and therefore group work is an appropriate method of intervention for these children.
- Working with children differs considerably to working with adults, and consequently the group worker requires specific knowledge, skills and characteristics to do so effectively.
- Group work with children requires structure and should consist of verbal and non-verbal play, activities, games and exercises appropriate for their developmental age and with regard to their living and relational contexts.
5.2.3 CHAPTER 3: EMOTIONAL DEVELOPMENT OF CHILDREN IN MIDDLE CHILDHOOD

• **Summary**

In order to conduct a successful empirical study, it was important to attain an understanding of the development of children in middle childhood, and more specifically the emotional development of children in middle childhood. The literature study contained aspects including the role of relationships with regard to the emotional development, emotional development and play as well as therapeutic processes for utilisation with children to advance their emotional intelligence.

From the literature study it became apparent that a child’s emotional wellness is influenced by the circumstances in which the child is raised. Children removed from the care of their primary caregiver and placed in alternative care tend to be emotionally needy. Without efficient stimulation, the cycle of unhealthy emotional intelligence will continue from one generation to the next, as children cannot stimulate their own children appropriately when they become parents, if they were never stimulated appropriately themselves. This aspect of the literature enabled the researcher to conduct the empirical study, as well as classify the problem. Therefore, the researcher is of the opinion that this study was an area of interest that required attention and that did contribute to its field.

• **Conclusion**

It can be concluded that middle childhood is an appropriate period within the lifespan of a person to enhance the emotional intelligence of the person, and that the circumstances in which the child is raised also plays a significant role in the emotional development of the child. Therefore, without efficient stimulation, the cycle of unhealthy emotional intelligence will continue from one generation to the next, as children cannot stimulate their own children appropriately when they become parents, if they were never stimulated appropriately themselves.
• **Recommendation**
The following recommendations can be made in light of this chapter:

- Human development is an ongoing, complex process which involves changes in physical, cognitive, social and emotional development of individuals, which requires that the group worker has a sound knowledge base of the development of the group members exposed to the intervention.

- A child’s emotional wellness is influenced by the circumstances in which the child is raised, and children placed in alternative care tend to be emotionally needy. Children also learn to express, understand, and regulate emotions in interactions with parents, siblings and peers therefore, the parents and/or guardians in whose care the child is placed should be included and actively participate in any intervention in which the child in their care is a part of. Through this, the parents and/or guardians may experience a sense of empowerment, and ultimately might enhance the degree of success that the intervention may have.

- It is important that the emotional intelligence of all children be enhanced as these children enjoy better physical health, peer relationships and fewer behavioural problems, are less prone to acts of violence, become more resilient, have improved self-worth and acceptance, can establish relationships, make better decisions, and have better survival and coping skills, therefore the development of a programme manual is recommended to implement it on a larger scale as to reach more children.

- Children can engage in a variety of games and activities to come into contact with and express their emotions. For this reason, the intervention should include activities, play, games as well as verbal communication techniques.

5.2.4 **CHAPTER 4: EMPIRICAL STUDY**

• **Summary**
The goal of this chapter was to answer the research question: Can the emotional intelligence of vulnerable children in middle childhood be enhanced through group work?
The detail and results of the empirical study attempting to answer the above-mentioned research question is contained within this chapter. The practical as well as theoretical basis for the implementation of the study, in terms of the choice of activities included in the pre-test/post-test questionnaire, the purpose of each session, materials used, the group work process, the evaluation of the group process is thoroughly discussed. Findings in terms of the individual pre-test/post-tests results as well as that of the group as a whole is describe and compared.

The researcher utilised aspects of the quantitative approach, in both the data collection as well as the data analysis aspect of the research process. The quasi-experimental design, specifically the one-group pre-test-post-test design, was used.

The researcher started the data-collection process by assisting each of the five children in the group, purposively selected, to complete the pre-test in the form of a structured interview individually to gain an understanding of the respondents’ pre-existing emotional intelligence. The questionnaire included feeling faces for the purpose of recognition, consideration of reactions in certain situations, and connections between the body and emotions. Although there was no right or wrong answer, there were answers which could indicate the level of the child’s emotional intelligence.

After the completion of the pre-test, eight group work sessions utilising play related communication techniques were conducted with the five vulnerable children in middle childhood, placed in places of safety under the auspices of Tsenang Homes of Safety.

After the completion of the eight group work sessions, the same test as utilised in the pre-test was completed by each respondent. The post-test was conducted twice, immediately after the termination session and then again a week thereafter. This provided the researcher with an opportunity to assess the degree of growth, or lack thereof, of the group work intervention in the group members’ lives.
With regard to data-analysis, the researcher utilised written records to code emerging themes, sub-themes and patterns and in so doing transform the raw data into categories and classifications so that the relations of research problems could be studied and tested, and conclusions could be drawn. The researcher interpreted this data to determine whether or not any changes in the children’s emotional intelligence occurred.

- **Conclusion**
  From the data obtained in the pre-test, as well as the two post-tests, it can be concluded that the children were:
  - Able to more appropriately identify four basic emotions (as illustrated in activity two).
  - Better able to identify that they can experience a variety of emotions at different times (as illustrated in activity three).
  - Able to recognise the physical connection that a variety of emotions have (as illustrated in activity four).
  - Able to more appropriately identify how another person is feeling, as well as appropriate ways to deal with their emotions (as illustrated in activity five).
  - Able to appropriately identify positive and negative ways of illustrating and dealing with one’s emotions (as illustrated in activity six).

Therefore, it can be concluded that the group work did enhance the emotional intelligence of the vulnerable children in middle childhood, and may ultimately improve the relationships between children, their caregivers and their peers, in so doing preventing the re-traumatising of these children in some way.

- **Recommendation**
  The following recommendations can be made in light of this chapter:
  - The quantitative research approach should also be utilised when conducting a study of this nature as to obtain the best possible results.
  - Sessions may be implemented over a longer period, and the group work will therefore also consist of more sessions.
5.3 USBILITY OF THE RESEARCH ACTIVITIES

The activities utilised within this study were carefully selected, and each activity utilised within the pre-test/post-test questionnaire as well as each individual group session selection was based on sound theoretical knowledge attained during the literature study. Therefore, the researcher is of the opinion that all of the activities utilised within this study may be utilised in endeavours that aim to enhance the emotional intelligence of vulnerable children in middle childhood.

5.4 CONFIRMATION OF FACTS AND LITERATURE

Information gathered during the empirical study, served as confirmation of theoretical knowledge regarding group work and the emotional development of children in middle childhood attained during the literature study.

This included that it became apparent during the study that group work can be an appropriate form of intervention for children in middle childhood as Harper (2003:68), De Klerk and Le Roux (2003:23) and Hughes (1991:99-101) agree that, according to Bowlby’s attachment theory, children in middle childhood develop a strong need to belong to a group.

Van Velsor (2009:283), Malekoff (2009:202) as well as Colton, Sanders and Williams (2001:55) identify that group work with children call for a highly structured setting. This was confirmed during the group work as the greater degree of structure provided by the researcher, such as implementing the microphone to give all group members a chance to speak and be heard, ensured more improved intervention.
5.5 RECOMMENDATIONS AT THE HAND OF THE STUDY

In light of the research study the following recommendations can be made:

5.5.1 PRACTICE

• **Therapeutic options**
  Although group work is more cost-effective and can serve more children at any given moment, some children do benefit more from individual therapy. Therefore the researcher agrees with Dwivedi (2003:121) and recommends that factors such as the children’s level of competence, their concentration span, and the stage of the group, relevant emotional and interactional issues and themes, and the availability of space, time, materials and equipment should all be considered when planning group work.

• **Implications for future group work practice**
  o In order to conduct appropriate and effective group work for children the group worker requires specific skills, characteristics and knowledge.
  o Children require structure and group work sessions that consist of verbal and non-verbal, play, activities, games and exercises appropriate for their developmental age and with regard to their living and relational contexts.
  o Group work, and more specifically structured growth groups, is an appropriate form of social work to enhance the emotional intelligence of vulnerable children in middle childhood.
  o More group work with children should be conducted, empirical data collected and actively implemented in practice as to deliver more appropriate social services to those who really needs it.
  o More group work with children should be conducted, empirical data collected and research results published as there is a lack of literature regarding group work with children.
5.5.2 TRAINING

- **Family therapy and parental guidance**
  As the parents and/or guardians play an integral part in the levels of emotional intelligence of the children, it is recommended that they should be included, trained and actively participate in programmes with regard to the enhancement of the emotional intelligence of the children in their care. Through this, the parents and/or guardians may experience a sense of empowerment, and ultimately might enhance the degree of success that the intervention may have.

5.5.3 FUTURE RESEARCH

- **Number of group members**
  As the children who participated in the research were vulnerable children placed in places of safety, they required a significant level of attention. Consequently, the group work sessions demanded that the group worker be knowledgeable, skilful, and in touch with their inner child at heart. For this reason the researcher recommends and agrees with Slater in Zastrow (2009:11) in that groups of five people can be effective in dealing with an intellectual task involving the collection and exchange of information about a situation.

- **Extended group work process**
  It is recommended that the sessions per group work series be increased and extended over a longer period of time. This can ensure that the different emotions may be understood more effectively and integrated more fully into the daily lives of the group members, as more time can be spent focussing on each emotion.

- **Focus of activities**
  During this study the primary focus was on the enhancement of the primary aspects of the emotional intelligence of vulnerable children in middle childhood. It is recommended that a more in-depth study be conducted over an extended period to ensure that the different emotions may be understood more effectively and integrated more fully into the daily lives of the group members.
• **Future research possibilities**

Malekoff (2003:229) identified in extensive studies (Rutter, 1995; Werner, Smith & Garmezy, 1998; Werner, 2000; Werner & Smith, 2001) that stimulating and supportive environments are a significant counterforce to constitutional vulnerabilities in children and adolescents.

- It is for this reason that the researcher is of the opinion that a study to empower the place of safety parents with regard to the enhancement of the emotional intelligence of the children in their care, is a possible future research study that may be undertaken.

- Another possible study could be whether the level of emotional intelligence of a vulnerable child is taken into account when considering social service strategies and the success of these interventions.

- A research study conducted according to the qualitative research approach, may provide results of the personal experience of children being on a group setting as well as the personal experience of growth with regard to identifying and handling their emotions.

5.6 **RESEARCH GOAL, OBJECTIVES AND RESEARCH QUESTION**

5.6.1 **GOAL OF THE RESEARCH**

In this study, the goal was:

To enhance the emotional intelligence of vulnerable children in middle childhood through group work.

The researcher is of the opinion that the goal of this research study was attained. This can be concluded from an interview with the place of safety parent in whose care the five group members are placed. She states that the group members are better able to appropriately recognise different emotions, which in turn has promoted more pro-social behaviour in the context of the place of safety.
5.6.2 OBJECTIVES OF THE RESEARCH

The objectives of this research study were set out as follows:

- Conduct a literature study to gain knowledge regarding the emotional development of children in middle childhood, play therapy techniques to promote and facilitate emotional intelligence of children in middle childhood and group work with children in middle childhood. The researcher is of the opinion that this objective was attained as the researcher gained knowledge that could be appropriately applied in the context of this study. Without the sound knowledge base gained during the literature study the researcher would not have been able to conduct the empirical investigation appropriately.

- Investigate empirically the influence of group work on the emotional intelligence of vulnerable children in middle childhood. Through the empirical investigation the researcher was able to identify that group work had a positive influence on the emotional intelligence of vulnerable children in middle childhood. This can be concluded from the results attained as it illustrates that the group members collectively improved throughout all aspects attended to during the empirical study.

- Make conclusions and recommendations regarding the influence of group work on the emotional intelligence of vulnerable children in middle childhood to promote social services delivery to these vulnerable children. In terms of this objective the researcher was able to draw conclusions and make recommendations at the hand of this study. These include conclusions and recommendations with regard to theory and practice.

5.6.3 RESEARCH QUESTION

The research question for this study was: Can the emotional intelligence of vulnerable children in middle childhood be enhanced through group work?

Finally, the researcher suggests that the main objective of any research study is to answer the research question. In terms of this study the researcher found that the
answer to the aforementioned question is; Yes, the emotional intelligence of vulnerable children in middle childhood can be enhanced through group work. This can be concluded from the results attained as it illustrates that the group members collectively improved throughout all aspects attended to during the empirical study.

5.7 CONCLUSION

Ultimately the goal of the study was to determine if the emotional intelligence of vulnerable children in middle childhood can be enhanced through group work. The findings and results of the empirical study illustrates that group work can be applied successfully in this regard. However, it is recommended that it takes place over an extended period of time during which an in-depth study is undertaken involving the parents and/or guardians of the group members.

The researcher suggests that this research conducted with regard to improving the social services rendered to vulnerable children, more specifically the practical implementation thereof, can be viewed as making a contribution to the field of social work. Therefore, the researcher agrees with Skweyiya (2006) in that expenditures on children’s nutrition or on their social, emotional and cognitive welfare are not only an investment in a more humane and equitable society; but also an investment in a healthier, more literate and, ultimately, more productive nation.
LIST OF REFERENCES


156


Venter, B. 2009. Interview with Bessie Venter, Educational Psychologist in Private Practice. 5 October. Pretoria.

Accessed on 02/02/2010
