THE INFLUENCE OF AWARENESS-BASED GESTALT GROUP WORK TO ENHANCE RESILIENCE IN CARE-GIVERS CARING FOR VULNERABLE CHILDREN

by

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ABSTRACT

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In South Africa today only one in every three children lives with both of their biological parents. Most children not living with biological parents live with a grandparent.

Vulnerable children are those whose basic needs for food, shelter, safety, protection, and education are not met or are insufficiently met. Many children who are orphaned are vulnerable, but vulnerability is not limited to orphans only. Children who live with their grandparents can be called vulnerable children as they suffer the loss of parental contact through death, illness, abandonment or migrant labour.

Care-givers of vulnerable children face numerous challenges in their daily lives. Although the care of grandchildren by grandmothers is not unusual or new, the traditional network of financial and emotional support for this care-giving task has gradually fallen away over the years as parents are deceased, or too ill to work or have abandoned their children. This has left care-givers, many of whom are elderly and themselves vulnerable, with less resources and more financial and care-giving responsibility. Care-givers and the children for whom they care live in a wider context of poverty, unemployment, the HIV pandemic and crime in South Africa. Care-givers are at risk of burn-out due to the intensity of the challenges they face. Increasing resilience of care-givers

serves to increase the positive outcomes for the vulnerable children in their care.

The goal of this study was to explore whether participation in awareness-based Gestalt group work sessions would enhance the resilience of care-givers of vulnerable children.

In the context of applied research, a mixed methods approach was used, specifically an embedded mixed methods approach. The study measured respondents' resilience before and after the implementation of a series of eight Gestalt group work sessions. A quasi-experimental research design, the comparison group pre-test-post-test design, was used for the quantitative part of the study and a case study design for the qualitative part.

Quantitative data were collected through a structured interview using a pre-determined interview schedule based on theoretical constructs of resilience. Qualitative data were collected through semi-structured interviews, observations and field notes. The respondents were 19 care-givers of vulnerable children from a semi-rural area in KwaZulu-Natal. They were selected through snowball sampling and were assigned into comparison and experimental groups through a simple random sampling method. The experimental group participated in the Gestalt group work sessions whilst the comparison group did not.

Although the quantitative results showed no significant difference in the pre- and post-test results, the qualitative results confirmed that experimental group members experienced a positive effect upon their resilience through participating in the Gestalt group work.

Conclusions drawn from the qualitative findings indicated that respondents had a high level of resilience present in their lives before the research began. The awareness-based Gestalt group work sessions had a positive impact upon aspects related to the resilience of care-givers of vulnerable children.

KEY TERMS

Awareness

Care-givers

Care-giver burnout

Gestalt therapy

Gestalt group work

Resilience

Vulnerable children

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CHAPTER 1
GENERAL INTRODUCTION

1.1 INTRODUCTION

In South Africa, family structures have altered significantly as a result of migrant labour, modernisation, urbanisation, unemployment and poverty (Mokone, 2006:187; Nhongo, 2004:2). It has been found that some parents who are earning low wages or who are unemployed leave it to grandparents to raise and care for their children (Mokone, 2006:187). HIV and AIDS have also had a massive impact on family structure, "… culling off the productive age groups and leaving behind children and older people" (Nhongo, 2004:3). Many extended family members, especially grandmothers, have thus become the primary care-givers of their grandchildren (Stevens-O'Connor, 2006:32). A recent review on South Africa's children (South African Human Rights Commission & UNICEF South Africa, 2011) shows that the majority of children (61%) who do not live with either parent, reside with grandparents.

The above indicates that many children in South Africa are presently being cared for by care-givers other than their biological parents and that, although many of these children are orphans, not all of them are have lost their parents due to death. The current United Nations definition of an orphan is "a child who has lost one or both parents" (Home Truths: Facing the Facts on Children, AIDS and Poverty, 2009:12). However, instead of using the term orphan in this study, the researcher will use the term 'vulnerable child'. The term 'vulnerable' is a broader term, including children who are not necessarily orphaned, but can be defined as those children who have been denied their basic rights of access to food, shelter, clothing, safety, protection and education (Skinner, Tsheko, Mtero-Munyati, Segwabe, Chibatamoto, Mfecane, Chandiwana, Nkomo, Tlou & Chitiyo, 2004:1). Mathambo and Richter (2007:12) have a similar view that "There is a shift to expand the definition of vulnerability outwards, to focus on a wider group of children than simply orphans." Indicators of vulnerability in the study conducted by Skinner et al. (2004:11) were seen to be illness, disability, emotional and

psychological problems, abuse, failure to thrive, drug use, non-attendance at school, malnourishment, lack of adequate sleep, lack of clothing, and lack of love, guidance and support from an adult.

Care-givers of vulnerable children face numerous social, emotional, financial, health and institutional challenges on a daily basis (Alpaslan & Mabutho, 2005:277; Elderly Care-givers Consultation Report, 2007; Mokone, 2006:193; Nhongo, 2004:4; Van Dyk, 2005:324). Although the role of the grandmother in the care of grandchildren in Africa is a traditional role, the traditional support structures for this role, such as regular material support and the presence of extended family have fallen away due to the impact of HIV and AIDS (Nhongo, 2004:5-6). Moreover, care-givers of vulnerable children are most often women who live in poverty, and are semi-literate or illiterate (Stevens-O'Connor, 2006:33).

Literature indicates that caring for vulnerable children is stressful, especially in the case where the care-giver is an elderly person (Chazan, 2008:945; Knodel & vanLandingham, 2002:78). Chronic or ongoing levels of heightened stress are associated with the development of burnout (Miller, 2000:28; Zastrow, 2006:312). As burnout is a process that gradually undermines the mental and physical health of the care-giver, it is likely to eventually affect the care-giver's capacity to care for others (Richter, 2006:25; Armstrong, 2000:25). In the context of this study, it implies that care-giver burnout will negatively impact on the care of the vulnerable child.

The above situation highlights the importance of searching for ways in which to enhance the resilience of care-givers of vulnerable children. The concept resilience refers to an individual's ability to effectively deal with adverse circumstances (Theron, 2008:93; Ungar, 2008:225). Resilience is dynamic and can change over time (Leadbetter, Marshall & Bannister, 2007:517; Theron, 2008:94, Ungar, 2008:220). Efforts to increase care-giver resilience can thus enhance their care-giving capacity and ultimately benefit the vulnerable children in their care (Richter, 2006:25).

The focus of this study was thus on the resilience of care-givers of vulnerable children in order to prevent burnout. There has been a justifiable focus on vulnerable children and their needs for decades in the field of resilience research, but with little parallel focus on their care-givers (Chazan, 2008:937). The researcher therefore was of the opinion that there was a need to address this imbalance. This study explored the influence of awareness-based activities within the context of Gestalt group work to enhance the resilience of care-givers of vulnerable children. It is postulated that resilient care-givers will ultimately lead to resilient children. In this regard, "[i]t is the presence and quality of everyday caring and relationships that primarily determine children's ability to rebound from adversity" (Home Truths…, 2009:19).

1.2 PROBLEM FORMULATION

Care-givers of vulnerable children are faced with numerous challenges that they have to handle on a daily basis (Alpaslan & Mabutho, 2005:277; Elderly Care-givers…, 2007:2; Mokone, 2006:193; Nhongo, 2004:4; Van Dyk, 2005:324). Care-givers can be defined as "... anyone (professional, lay or family) involved in taking care of the physical, psychological, emotional and/or spiritual needs of a person infected or affected by HIV/AIDS" (Van Dyk, 2005:323). However, care-givers are not only caring for children orphaned by HIV and AIDS. Other factors, such as death of parents (for example through accidents and domestic violence) and divorce, require extended family members to care for children (Mokone, 2006:188). This study adopts the definition by the Children's Act 38 of 2005 where care-giver is defined as "any person other than a parent or guardian who factually cares for a child..." Statistics South Africa (2010) as quoted in South African Human Rights and UNICEF South Africa (2011) further indicates that most of the care-givers of children where both parents are absent are being cared for by grandparents. This implies that these children are more likely to be cared for by elderly care-givers.

The need for care-givers of vulnerable children is on the increase at this point in South Africa. It is estimated that in the period 2000 to 2009, 1.9 million

children in South Africa have lost one or both parents due to AIDS (South African Human Rights Commission & UNICEF South Africa, 2011).

Literature highlights the challenges faced by elderly care-givers. This includes age-related physical ailments, hunger, lack of information, limited capacity to care for sick children, financial and material challenges, emotional exhaustion due to taboos and stigmatization (in cases of AIDS related death in the family), and problems with disciplining children in their care (Mokone, 2006:193; Elderly Care-givers…, 2007; Alpaslan & Mabutho, 2005:277; Shabangu & Khosa, 2009; Stevens-O'Connor, 2006:34; Van Dyk, 2005:324). Nhongo (2004: 4) states that the elderly are consistently in the poorest strata of every group in Africa. This is supported by the view of Stevens-O'Connor (2006:33): "This means that we are depending on our grandparents, many of who rank amongst the poorest of the poor, to feed, clothe, school, provide discipline and a sense of home and belonging."

Many elderly care-givers are unable to access social networks such as church or social groups as a result of their childcare responsibilities and may also experience a lack of emotional and/or financial support from other family members (Alpaslan & Mabutho, 2005:277, 286; Mokone, 2006:195; Elderly care-givers.., 2007:7). There is often lack of access to social grants as many care-givers are left with no relevant documents (such as identification documents for the parents or child and death certificates in cases in which the child is orphaned) that might help them gain access to social grants (Coetzee, 2010, in South African Human Rights Commission & UNICEF South Africa, 2011:25; Elderly Care-givers…, 2007:7). Mathambo and Richter (2007:12-14) refer to some studies that indicate that the extended family can cope with and adapt to new care giving circumstances, while other studies found them to be unable to cope with the increasing number of vulnerable children; the latter being evident especially within the poorer communities.

Challenges that are present over a longer period of time can potentially decrease the resilience of care-givers (Home Truths…, 2009:19) and therefore their ability to fulfil their roles as care-givers. Resilience is seen as a

person's ability to deal with negative situations without becoming overwhelmed by them (Grotberg, 1999:67; Theron, 2008:93). According to Smith (2006a:32) resilience is "… the process of struggling with hardship, characterised by the individuals accumulation of small successes that occur with intermittent failures, setbacks, and disappointments." Ungar (2008:225) offers the following definition, based on recent research across several countries:

> …resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways.

Resilience is dynamic and develops through one's interactions with one's environment in the context of continually fluctuating risk and protective factors (Leadbetter et al., 2007:517; Smith, 2006a:32; Theron, 2008:94). Resilience is therefore a dynamic personal and cultural entity, which is not static, but can be strengthened through interaction with the environment.

The building of resilience is vital in preventing care-giver burnout. "Burnout is not an "event" but a process in which everyday stresses and anxieties that are not addressed gradually undermine the carer's mental and physical health, so that eventually care-giving and personal relationships suffer" (Armstrong, 2000:25). Mathambo and Richter (2007:13) state that where elderly care-givers are not able to provide adequately for the children in their care, it may in fact contribute to greater vulnerability of these children. Professionals and communities need to recognise the role of care-givers in the lives of vulnerable children and provide support in every way possible to enable them to keep caring for vulnerable children.

1.3 BACKGROUND TO THE STUDY

The researcher, in her work as social worker at an organisation that provides services to vulnerable children and their families, worked with many elderly care-givers of vulnerable children. The organisation delivered services in a semi-rural community in KwaZulu-Natal. In 2009, KwaZulu-Natal was one of

the two provinces with the highest percentages (25%) of children who have lost one or both parents to all causes (South African Human Rights Commission & UNICEF South Africa, 2011:51). At the organisation where the researcher worked, most of the vulnerable children, who have lost one or both parents and received services from the organisation, were cared for by elderly grandparents, mostly grandmothers. The services rendered by the organisation focused mainly on the needs of the children, while services to care-givers mainly focused on material assistance, such as obtaining grants. This was also found by Chazan (2008:937), who pointed to the fact that service-delivery mainly focused on the vulnerable child, without sufficient focus on the care-givers. The researcher identified a need to explore the wellbeing of the care-givers of vulnerable children, as they were mostly elderly care-givers who lived in poverty.

In her contact with many elderly care-givers of vulnerable children, the researcher noticed that they experienced many of the challenges as described in the literature. Similar to many organisations delivering services in poor communities, resources were not sufficient to provide for the material and economic needs of the community and there were a limited number of social workers who can provide counselling and individual psychosocial support to members of the community. The researcher thus wanted to explore whether group work with elderly care-givers could enhance their resilience as a measure to prevent care-giver burnout. As many of the care-givers in the community were Zulu-speaking, it was decided to rely more on the use of awareness-based activities in the group work sessions in order to overcome language barriers.

In summary, care-givers of vulnerable children face numerous challenges on a daily basis that can negatively affect their resilience and eventually contribute to greater vulnerability in the children in their care. The researcher felt that efforts should be made to enhance the capacity of these care-givers, especially as the need for care-givers of vulnerable children is on the increase in South Africa. In the context of this study in a traditional African semi-rural area, the values guiding African life should be noted. Although these values

support, amongst others, a sense of family, caring for vulnerable members of society, and upholding the greater good of community as a whole, the number of children who are left orphaned and/or vulnerable by the AIDS pandemic results in a situation where "... the informal "fostering" system of taking in needy children is reaching saturation point" (Olivier, Wood & De Lange, 2009:23). This underscored the need to focus on the resilience of the care-givers in this community.

1.4 GOAL AND OBJECTIVES

The goal of the research study is the clearly defined central thrust of the study (Kumar, 2005:193). The objectives are the specific, clear and achievable steps used to reach the goal (Kumar, 2005:193; Fouché, 2005:116).

The goal of this study was to explore whether participation in awareness-based Gestalt group work sessions will enhance the resilience of care-givers of vulnerable children.

The stated objectives for the study were:

- To conceptualise theoretically resilience within the context of the care-givers of vulnerable children.
- To conduct an empirical study to explore the influence of Gestalt group work based on awareness activities and constructs of resilience on the resilience of care-givers of vulnerable children.
- To draw conclusions and make recommendations based on the findings of the empirical study regarding the use of Gestalt group work to enhance resilience in care-givers of vulnerable children.

1.5 THE RESEARCH HYPOTHESIS AND RESEARCH QUESTIONS

As this study used a mixed methods design of both quantitative and qualitative approaches, a research hypothesis and research questions were formulated.

1.5.1 Research hypothesis

Kumar (2005:74) defines a hypothesis as "...a hunch, assumption, suspicion, assertion or an idea about a phenomenon, relationship or situation, the reality or truth of which you do not know."

The hypothesis guiding this research was:
If care-givers of vulnerable children engage in awareness-based Gestalt group work, then their resilience will increase.

1.5.2 Research questions

A qualitative study uses a research question to guide that study (Fouché & De Vos, 2005:103).

The research questions guiding this research were:

1. How do care-givers of vulnerable children perceive key aspects of their own resilience after completing awareness-based Gestalt group work?
2. How did care-givers of vulnerable children experience the awareness-based Gestalt group work sessions?

1.6 RESEARCH METHODOLOGY

A summary of the research methodology is presented. A more detailed discussion will be presented in chapter 4.

A mixed methods approach was used in this study, as it would allow the researcher to make use of both quantitative and qualitative methods to obtain a more complete answer to the research question (Cresswell, 2009:203; Ivankova, Cresswell & Plano Clark, 2007:260). The embedded mixed methods design (Delport & Fouché, 2011:443) was followed. "This is used when a researcher needs to answer a secondary question that is different from, but related to, the primary research question" (Ivankova et al., 2007:267). Applied research was utilised as the research was intended to address a problem in practice, namely possible burnout in care-givers of vulnerable children.

The quantitative part of the study measured respondents' resilience before and after the implementation of Gestalt group work sessions. A quasi-experimental research design, more specifically the comparison group pre-test-post-test design, which is characterised by the presence of an experimental group as well as a comparison group, was used (Fouché & De Vos, 2005:140). The experimental group was exposed to the independent variable, in this study the Gestalt group work. The comparison group was not exposed to the independent variable.

The qualitative part of the study focused on respondents' views on aspects of their resilience as well as on their experience of the group work sessions. A collective case study design was utilised as it would allow the researcher to better understand the issue being explored and also allowed for cases to be compared (Fouché, 2005:272).

The population in this research study was female care-givers of vulnerable children who resided in the researcher's geographical location of work, a semi-rural area. A sample of twenty (20) care-givers of vulnerable children was selected via snowball sampling, according to the following sampling criteria:

- The care-giver is female, whose own children are independent of her,
- The care-giver is caring for one or more children who is not her own biological child,
- The care-giver is from the community in which the study is being conducted,
- The care-giver is not receiving services from the NGO for which the researcher works.

Snowball sampling was used as the researcher did not have knowledge of the sampling frame (Strydom, 2011:233). A simple random method was then used to assign respondents to the experimental and comparison groups. Ten respondents were selected for the experimental group and ten for the comparison group. One respondent in the comparison group withdrew from

the study at the post-test phase and so there were 19 respondents in total in the sample of this study.

In order to quantitatively measure the resilience of respondents before and after the Gestalt group work, a structured interview was conducted with all respondents. In this interview the researcher made use of an interview schedule (Welman, Kruger & Mitchell, 2005:165). The structured interview statements (Delport & Roestenburg, 2011:201) were based on the most important theoretical constructs of resilience as found in current literature and described in the literature review of this study. The structured interviews were conducted with the comparison group at approximately the same time as the experimental group.

A semi-structured interview, guided by a semi-structured interview schedule (Greeff, 2011:352) was conducted with each respondent before and after the series of group work sessions. This interview was to gather qualitative information of respondents' perceptions of their own resilience as care-givers of vulnerable children. Further, respondents who attended the group work sessions as part of the experimental group were asked about how they experienced the group work sessions. The interviews were audio-taped with the knowledge and permission of the respondents. Both data collection instruments were translated into isiZulu, as the research was conducted in a Zulu semi-rural community.

The process of data analysis itself does not provide answers in terms of the information collected; the information collected needs to be given meaning. Analysis is the categorisation, ordering, manipulating and summarising of data collected (Kruger, De Vos, Fouché, & Venter, 2005:218). Quantitative data analysis was conducted by means of a statistical programme, Statistical Package for Social Sciences (20) (IBM, 2012), while qualitative data was analysed according to the process described by Creswell (in Schurink, Fouché & De Vos, 2011:397).

1.7 LIMITATIONS OF THE STUDY

- The nature of Gestalt group work and growth groups in particular dictated that this would be a small sample size. The researcher is not able to generalise the results of this study due to the size of the sample.
- The structured interview schedule was not measured for reliability and consistency and therefore statistical conclusions cannot be drawn from the quantitative data collected.
- The respondents were all isiZulu speaking and the researcher is English. Although an extremely competent and sensitive translator assisted the researcher in the study, some of the qualitative data may have been lost during the translations.

1.8 DEFINITION OF KEY CONCEPTS

Awareness

Oaklander (1988:109) states that people's senses of sight, taste, sound, touch, smell, and hearing are the ways in which they experience themselves and their environment. When these senses are impaired for whatever reason, they start to lose touch with who they are and how they relate to others. Children and adults who are anxious tend to restrict their bodies and their breath. The practice of awareness exercises can assist people to become more aware and gain better contact with themselves and their environment (Oaklander, 2007:26). "The secondary gain of feeling power over one's life, rather than a victim of it, is immeasurable" (Oaklander, 2007:26). For the purpose of this research, awareness-based activities will refer to activities that focus on enhancing the contact skills, namely the use of the senses and body, expression of emotions and the use of the intellect to express ideas, thoughts and needs (Blom, 2006:29). Activities to enhance awareness can include creative activities, body movement and sensory activities, relaxation, music, creative dramatics, miming and mirroring, as used from the Gestalt theory perspective (Blom, 2004:100-102; Oaklander, 2007:22, 25).

Gestalt therapy

"Gestalt therapy is a humanistic, process-oriented form of therapy that is concerned with the integrated functioning of all aspects of the person: senses, body, emotions, and intellect" (Carroll & Oaklander, 1997:184). Thompson and Rudolph (2000:164) state that the emphasis on Gestalt therapy is that which the individual is experiencing in the moment. This is also referred to as the "here and now" (Blom, 2004:19). According to the researcher, Gestalt therapy is an experiential, awareness-based process in which clients are encouraged to take responsibility for their own healing. Gestalt therapy defines the client as the "expert" regarding themselves and their lived experiences, feelings and actions and encourages individuals to take responsibility for these.

Gestalt group work

"The basic goal of the Gestalt group is to provide a context that will enable members to increase their awareness of what they are experiencing and the quality of contact they are making with others" (Corey, 2008:280). The Gestalt group work experience gives opportunities for group members to experience an awareness of their own thinking, feeling, and behaviour in the here and now. Group members discover their own meanings of their actions rather than the group facilitator telling them or interpreting their actions (Corey, 2008:280). The awareness-based activities are a vehicle for allowing the group to experience and interpret their own meanings. The role of the facilitator in the group is crucial in making the group a safe, nurturing environment in which group members can feel comfortable engaging in awareness-based, experimental and experiential exercises (Corey, 2008:289). Gestalt group work is therefore a group process aimed at providing group members with experimental and experiential opportunities to experience awareness of their own thinking, feeling and behaviour in the here and now and within a safe and nurturing environment.

Resilience

Lightsey (2006:101) refers to psychological resilience as a general sense of self-efficacy. He further states that it is a psychological mechanism that enables one to be aware of one's own capacity which in turn enables one to cope better with difficulties. Bonanno (2004:20) states that resilience is the ability of the individual to maintain a healthy psychological and physical balance, even in the face of adversity. Resilience can be nurtured and can change and grow over time (Theron, 2008:97). The researcher defines resilience as the individual's adaptability and capability to cope within very difficult life circumstances, be they chronic or short-lived. Resilience can be nurtured and can change and grow over time.

Care-givers

The Children's Act (38 of 2005) defines care-giver as "any person other than a parent or guardian, who factually cares for a child …" Skinner et al. (2004:13) refer to a "caretaker" as one who has the key role in providing for all aspects of a child's needs. This care-giver needs to consider the rights of the child and provide psychosocial support. The authors associate a number of key tasks with the care-giver role, including the provision of moral, cultural, and religious instruction and guidance in basic hygiene. The care-giver is also the person who takes overall responsibility for the child. Care-giver in the context of this research is defined by the researcher as family and community members who undertake to look after children who have no available parents and who become responsible for the physical, emotional, spiritual and educational care of the child.

Vulnerable children

The term "orphaned and vulnerable children" (OVC) is commonly used to refer to children who have experienced the death or desertion of both of their parents (Skinner et al., 2004:8). The term "vulnerable" is a broader term, including children who are not necessarily orphaned, but can be defined as those children who have been denied their basic rights of access to food, shelter, clothing, safety, protection and education (Skinner et al., 2004:1). For

the purposes of this research, the researcher defines “vulnerable child” as one who lacks parental care due to (the) parent’s ill health or death, or abandonment by parents, and who are cared for by an extended family member or community member. These children are vulnerable as their most basic rights are not being met and there is potential or actual abuse, illness and/or disability.

1.9 THE OUTLINE OF THE RESEARCH REPORT

The research report consists of five chapters.

Chapter One: General introduction

This chapter provides the reader with an introduction and orientation to the study and includes information on the context and rationale for the study, problem formulation, goals and objectives, hypothesis and research questions, a summary of the research methodology, as well as limitations of the study. Key concepts are also outlined.

Chapter Two: Care-givers of vulnerable children

A literature study on concepts of resilience and the role of care-givers in the care of vulnerable children will serve as a contextual basis for the study.

Chapter Three: Awareness-based Gestalt group work for elderly care-givers of vulnerable children

This chapter focuses on a literature study regarding the concepts of Gestalt theory, Gestalt group work and awareness. It also describes the content of the series of group work sessions that were utilised in this research.

Chapter Four: Research methodology and empirical findings

This chapter describes the research methodology utilised in the study, the ethical considerations, as well as detailing the research findings.

Chapter Five: Summary, conclusions and recommendations

The key findings of the research are presented and recommendations based on these findings, are made.

CHAPTER 2
CARE-GIVERS OF VULNERABLE CHILDREN

2.1 INTRODUCTION

In South Africa, the AIDS epidemic as well as factors such as poverty, unemployment, and urbanisation, result in the situation where many children are left vulnerable and need to be cared for by care-givers other than their biological parents (Mokone, 2006:187; Nhongo, 2004:2-3). HIV and AIDS is not the primary stress in care-givers' lives as it occurs in the context of multiple stressful factors including poverty, unemployment, displacement, stigma, crime and lack of food security (Chazan, 2008:946), to name a few. Chazan (2008:946) argues that these stressors would exist in care-givers' lives whether the AIDS epidemic were a reality or not. Our understanding of children and their vulnerability "...needs to be situated within a broader understanding of the factors that compromise the fulfilment of children's rights" (Mathambo & Richter, 2007:11). The same factors which make children vulnerable also make care-givers vulnerable. When care-givers are unable to access necessary material and psychosocial resources in order to provide for children in their care, this contributes significantly to the vulnerability of children (Mathambo & Richter, 2007:13).

There are many external factors which can impact upon the vulnerability and resilience of care-givers, which are seemingly impossible for individuals to change or to succeed in the face of such stressors. However, this study makes several assumptions based on literature, namely: natural resources occur within the most deprived of communities and conditions (Saleebey, 2000:128; Rapp, Saleebey & Sullivan, 2005:82), every individual has external and internal resources whether these are realised in their lives yet or not (Saleebey, 2000:127), resilience is dynamic and can develop over time (Leadbetter et al., 2007:518), and finally, resilience grows in a context that is healthy and reaffirming for the individual, as Ungar (2008:221) states: "Resilient children need resilient families and communities."

In this chapter, the following will be discussed: the issue of vulnerable children in South Africa; the need for care-givers of vulnerable children; the impact of caring upon care-givers of vulnerable children; and the need for resilience in care-givers of vulnerable children to be strengthened.

2.2 VULNERABLE CHILDREN IN SOUTH AFRICA

The AIDS epidemic in South Africa highlights the plight of orphaned children. The "UNAIDS/WHO Epidemiological Fact Sheet on HIV and AIDS 2008 Update" estimated that in 2007 there were 450 000 dual orphans in South Africa, children who had lost both parents to AIDS (UNAIDS/WHO…, 2008:7). Further, there was an estimate of 1 000 000 maternal orphans, those who had lost their mother only and 710 000 paternal orphans, those who had lost their father only. These figures were for children of 17 years and younger. These children were then generally referred to as "AIDS orphans" (Richter, Manegold & Pather, 2004:4).

"The term 'orphaned and vulnerable children' (OVC) was introduced due to the limited usefulness of the tight definition of the construct of orphanhood in the scenario of HIV/AIDS" (Skinner et al., 2004:1). Increasingly in the literature and in practice, there have been problems in the use of the term 'orphaned and vulnerable children'. One issue is that when identifying a name or definition for a particular group of persons, stigma can be created around that definition (Skinner et al*.,* 2004:4). Furthermore, the word "orphan" in the term ' 'OVC' leads people to assume that there is no family available to care for the child, which has resulted in a global response focused on creating institutional care for "orphans" that replaces the family and community, rather than supporting and strengthening extended family care-givers who could provide vital care and shelter for children in need (Home Truths...,2009:12). There is also the risk of excluding other groups of vulnerable children when targeting so-called "AIDS orphans" (Richter et al., 2004:4).

In the South African context there are many thousands of children who are extremely vulnerable and yet not orphans. The authors of "Home Truths..." (2009:11) point out that it is not only orphans who experience difficult life

circumstances in very poor communities. They argue for a more holistic response to all vulnerable children: "…in poor, heavily impacted communities, children who have lost parents to AIDS are part of a much larger group of children who face severe and urgent needs" (Home Truths…, 2009:11). There is therefore a call to assess children within their context, at the individual, household and community levels (Mathambo & Richter, 2007:11; Children and AIDS: Third Stock-taking Report, 2008:23) and to re-frame the term 'OVC' to include all vulnerable children.

The relevance of this wider definition of vulnerable children in the South African context is supported by a review of the situation of South Africa's children in the year 2010, where it was estimated that 1.9 million children have lost one or both parents due to AIDS, while an estimated total of 3 593 440 children have lost one or both parents to all causes (South African Human Rights Commission & UNICEF South Africa, 2011:51). This wider definition thus includes vulnerable children who would not be included in the narrower definition of 'OVC' within the context of the AIDS epidemic.

In the study conducted by Skinner et al. (2004) vulnerability was conceptualised as occurring at multiple levels including the individual, family, and community levels. The indicators of vulnerability on the different levels are presented in Table 2.1 below.

Table 2.1. Individual, family and community indicators of vulnerability (Skinner et al., 2004)

Specific indicators for vulnerability in children	Family indicators of vulnerability	Community indicators of vulnerability
Physical or mental disability or any other impairment which would make independent living difficult in the long term	Care-givers unable or unwilling to care for child	Risk of being exposed to dangerous situations
Illness such as HIV or other major illness	Alcoholic, poor or emotionally disturbed care-givers	Prevented from having normal childhood such as access to education or play
Emotional or psychological problems	Physically or mentally disabled or chronically ill that incapacitates care of child	Unsafe environments such as unhygienic living conditions and heightened crime
Emotional, physical, or sexual abuse	Overcrowding or ratio of children to care-giver too high	High levels of poverty
At school does not perform well, always appears unkempt, is sleepy in class	Divorced parents	Exposure to crime, gangs and drug use
Use of drugs	Abusive family or care-givers not equipped to deal with care-giving role	
Neglect of school work, does not attend school regularly	Lack of financial resources to care adequately for the child	
Does not receive sufficient food and constantly appears hungry	Lack of care-giver guidance and direction	
Poor hygiene and self care		
Constantly shows signs of not sleeping well		
Lack of clothing or clothing is always dirty		
Lacks love, guidance, care and support		

From this table it is clear that there are multiple factors at play in contributing to a child's vulnerability. Mathambo and Richter (2007) conducted a study of three KwaZulu-Natal communities to ascertain those communities' definitions

of children's vulnerability. The responses identified vulnerable children as those who live in situations of poverty, who are dislocated, living with an elderly care-giver, and caring for or living with an ill parent (Mathambo & Richter, 2007:2). It thus confirmed the wider view of vulnerability presented by Skinner et al. (2004).

Vulnerability can be understood in terms of children's rights (Mathambo & Richter, 2007:12; Skinner et al., 2004:10). The term 'vulnerable' includes those children who have been denied their basic rights of access to food, shelter, clothing, safety, protection and education (Skinner et al., 2004:1). Children have a wide range of developmental needs or rights which must be met by their parents or care-givers (Freeman & Nkomo, 2006:303). All children have similar developmental needs for food, clothing, shelter, intellectual stimulation and social interaction and when these needs are met, they are more likely to achieve a satisfactory standard of development Ward (2000:129). Vulnerable children are more likely to experience negative life events such as living in poverty, experiencing death or deaths of parents and other significant adults, and dropping out of school (Mathambo & Richter, 2007:10).

Chapter two of the Constitution of the Republic of South Africa, Section 28, refers specifically to the rights of children. For the purpose of this research, the aspects relevant to the basic needs of children are referred:

> (1) Every child has the right –
> (a) to a name and nationality from birth;
> (b) to family care or parental care, or to appropriate alternative care when removed from the family environment;
> (c) to basic nutrition, shelter, basic health care services, and social services;
> (d) to be protected from maltreatment, neglect, abuse or degradation;
> (e) to be protected from exploitative labour practices;
> (f) not to be required or permitted to perform work or provide services that –
> (i) are inappropriate for a person of that child's age; or
> (ii) place at risk the child's well-being, education, physical or mental health or spiritual, moral, or social development; …

> (2) A child's best interests are of paramount importance in every matter concerning the child.
> (3) In this section 'child' means a person under the age of 18 years.

The researcher uses the terms "rights" and "needs" of children interchangeably. When one or more of these rights or needs in a child's life is not met it has the potential to have a destabilising effect on the child's development and to increase his/her vulnerability.

Although the term 'vulnerable children' used in this study refers to all children, it must be acknowledged that the rights and needs of children who are affected by HIV and AIDS in particular are often severely challenged (Richter et al., 2004:4). Most children who are affected by HIV and AIDS are also affected by conditions of poverty and social exclusion, ironically, this then affects their ability to access much needed welfare, health and education services (Richter et al*.,* 2004:4; Denis, 2005:10,11).

Denis (2005:9) writes about the destabilising effect of AIDS-related deaths on the lives of children: "Their life circumstances almost invariably deteriorate and they suffer emotional trauma." The death of a parent has many associated losses (Pharoah, 2008:149). Many children experience multiple losses including those related to loss of parental relationship and affection, losses of friends, family connections, familiar surroundings, education opportunities, and sibling relationships, as well as reduced levels of care. This can result in children suffering from stress, depression and even traumatisation. Several African studies would suggest that children who are orphaned tend to experience more anxiety and depression than those who are not orphaned (Pharoah, 2008:151).

Illness and death of care-givers as a result of HIV and AIDS affect children's well-being in several ways, increasing their vulnerability (Pharoah, 2008:149). Mbete (2009:78) studied the psychosocial impact of adolescents' experiences of parental AIDS-related illness and bereavement. Stress, anxiety, loss of self-esteem, loss of confidence, experiences of stigma and discrimination and

feelings of depression were all psychosocial impacts reported by respondents. “Children affected by HIV/AIDS experience a profound psychosocial impact, moving beyond economic and macro-systemic boundaries” (Mbete, 2009:21). There is thus a strong need for emotional and psychological support for such children. The respondents in Mbete’s study expressed the following as their own needs: emotional support, material support, someone to talk to, someone to comfort them, and someone who would allow them to grieve their losses. Many of the respondents reported talking to their guardians when they felt sad. “The role which the grandmothers as well as other family members partake has been a positive aspect in the children’s adjustment to parental loss” (Mbete, 2009:85). It is important that children have a strong support base to enable them to work through their grief and to provide them with appropriate comfort, nurturing, and care (Mbete, 2009:86).

As evidenced from the above, the needs of vulnerable children are complex and multi-faceted. For the purposes of this research, the researcher defines ‘vulnerable child’ as one who has a lack of stable parental care due to the parent’s ill health or death, or abandonment. These children are cared for by an extended family member or community member or live without a care-giver and are vulnerable because they lack access to their most basic rights and more likely to be compromised in their development. Elderly care-givers who are often at an age themselves where they may need physical and financial support from others are now having to care for children with a wide range of needs, made more complex by the HIV/AIDS pandemic, loss of parents, and poverty (Stevens-O’Connor, 2006:32).

2.3 CARE-GIVERS OF VULNERABLE CHILDREN

Care-givers, in the context of this research, can be defined as “...anyone (professional, lay or family) involved in taking care of the physical, psychological, emotional and/or spiritual needs of a [child] ...” (Van Dyk, 2005:323). This is similar to the definition provided by the Children’s Act 38 of 2005, namely that a care-giver is “any person other than a parent or guardian who factually cares for a child...” Skinner et al. (2004:13) refer to a

"caretaker" as one who has the key role in providing for all aspects of a child's needs, including considering the rights of the child and providing psychosocial support. The authors associate a number of key tasks with the care-giver role, including the provision of moral, cultural, and religious instruction and guidance in basic hygiene. The term 'care' as described in the Children's Act 38 of 2005 also alludes to the multiple factors that care-giving implies, such as safeguarding and promoting the well-being of the child, protection from maltreatment and abuse, respecting and protecting the rights of the child as set out in the Bill of Rights, providing guidance and direction and ensuring that the best interests of the child are met.

The care-giver is also the person who takes overall responsibility for the child. Care-giver, in the context of this research, is defined by the researcher as family and community members who undertake to look after children who have no available parents and who become responsible for the physical, emotional, spiritual and educational care of the child on a permanent basis.

Traditional family structures in South Africa have changed due to multiple factors such as migrant labour, urbanisation, high levels of unemployment, widespread poverty and the impact of the HIV pandemic (Mokone, 2006:187; Nhongo, 2004:2). Many parents are leaving the care and upbringing of children to their own parents (Mokone, 2006:187; Stevens-O'Connor, 2006:32). This is not unusual; in African culture it has always been the norm for grandmothers to have a significant part in raising their grandchildren. As Chazan (2008:945) states, grandmothers cared for grandchildren whilst parents went to work and a system of reciprocal exchanges existed. Grandmothers raised the grandchildren and parents sent money home and visited periodically. However, these traditional ways of support and caring in many communities has been changing, often leaving care-givers with the burden of responsibility and little support (Mokone, 2006:187; Nhongo, 2004:2-6). Unemployment as well as the deaths of the income-earning generations of the family have left grandmothers deprived of the support they would have been given (Kiggundu & Oldewage-Theron, 2009:384).

Subsequently, much of the burden of the impact of the HIV and AIDS pandemic tends to rest on a small proportion of the population (Elderly Care-givers…, 2007: 2).

Much of the literature on HIV/AIDS highlights the needs of children and yet there is a profound impact upon the older generations (Knodel & vanLandingham, 2002:77). In South Africa, 60% of vulnerable children are living with a grandparent (Tewodros, 2003:4). Similar to this figure, it is indicated that in 2009, 61% of children not living with either parent reside with grandparents (Statistics South Africa, 2010, in South African Human Rights Commission & UNICEF South Africa, 2011:51). Care-givers of vulnerable children are most often women who live in poverty, and are semi-literate or illiterate (Stevens-O'Connor, 2006:33). Tewodros (2003:8) found that elderly headed households were generally poorer, with little income-earning capacity and little social support available to them. Many elderly persons bear the economic impact even before becoming care-givers of their grandchildren, especially in cases where they are caring for a dying child. Some have to bear medical and travel expenses, stop work to care for the sick person, pay for funerals, and cope with the loss of their own income as well as that of the sick person's (Knodel & vanLandingham, 2002:78). The Elderly Care-giver's Consultation Report (2007:6) found that many care-givers could not pay school fees or afford to buy school uniforms for children in their care and this impacted upon the children's school attendance and sometimes their performance in school. All care-givers reported difficulty with meeting the material needs of the children in their care and were faced with the double role of both care-giving and income-generation, whereas previously their role was care-giving only (Chazan, 2008:945). Care-givers also often had no enabling documents such as birth certificates, identity documents or the relevant death certificates to enable them to obtain government grants such as the Child Support Grant or Foster Child Grant (Elderly Care-givers…, 2007:5). This lack of documentation has been found to be the biggest factor that prevents care-givers to access the child support grant (Coetzee, 2010, in South African Human Rights Commission & UNICEF South Africa, 2011:25). Hemming and Akhurst (2009:9) refer specifically to the "cumbersome social

welfare system" in South Africa, which makes it difficult for care-givers of vulnerable children to access social grants. Research has shown that access to grants can positively impact relationships between grandmothers and their grandchildren. Grandmothers felt that their pension made a positive difference to their grandchildren's wellbeing and happiness (Hofmann, Heslop, Clacherty & Kessy, 2008:32).

Care-givers tend to face social isolation as their care-giving roles often prevent them from engaging with the social, religious and community groups of which they were a part (Elderly Care-givers…, 2007:7; Knodel & vanLandingham, 2002:78; Tewodros, 2003:8). In many communities there may be an accompanying stigma following an AIDS related death (Knodel & van Landingham, 2002:78). Stigma can further compound experiences of social isolation and emotional distress. This may deprive care-givers of the opportunity to receive support from others that will help them cope with emotional distress related to care-giving. Emotional distress may arise from illness, suffering and/or death in the family, as well as stress associated with caring for others. Respondents in the Elderly Care-givers Consultation Report (2007:5) reported that the children in their care often had need for extra emotional support due to the death of parents and that some care-givers felt at a loss as to how to comfort and help grieving children. They also reported emotional exhaustion and insufficient time to rest.

Care-givers' own health needs are often not met as they struggle to care for others in their household and they face physical exhaustion (Elderly Care-givers…, 2007:7; Alpaslan & Mabutho, 2005:277). Knodel and vanLandingham (200:78) report that elderly care-givers experience many physical strains related to care-giving including fatigue, insomnia and anxiety. Many elderly care-givers also have lack of access to adequate health care (Tewodros, 2003:8). In addition to their own health needs, care-givers have challenges with health issues in relation to the children in their care, often lacking adequate information to care for sick children and having insufficient money to buy healthy food to feed sick and growing children (Elderly Care-givers…, 2007:6).

Respondents of the Elderly Care-givers Consultation Report (Elderly Care-givers…, 2007:5) stated that discipline was sometimes difficult to enforce, and many reported that the children in their care lacked respect and did not listen.

"Older parents have shouldered much of the burden of care taking, financial strain, sorrow, and child rearing that have resulted from the AIDS epidemic" (Knodel & vanLandingham, 2002:81). The impact of care-giving in such a context is high with huge amounts of stress. The possibility of care-givers experiencing burnout or compassion fatigue is high. The role of the woman being the care-giver is expected, often with little consultation and little thought for the impact or sacrifice required for that person (Armstrong, 2000:13).

2.4 BURNOUT

Burnout can have a profound impact on a care-giver's capacity to care for vulnerable children. It is recognised that "[b]urnout is not an "event" but a process in which everyday stresses and anxieties that are not addressed gradually undermine the carer's mental and physical health, so that eventually care-giving and personal relationships suffer" (Armstrong, 2000:25). Burnout has also been referred to as "compassion fatigue" in the literature (Richter, 2006:25; Armstrong, 2000:25). *The New Collins Concise Dictionary* (1985:146) defines burnout as "…to become exhausted through overwork or dissipation". Burnout can manifest itself in either over-involvement or under-involvement (Brouard in Armstrong, 2000:25). Over-involvement is when the individual becomes too emotionally involved in the situation and loses perspective. Under-involvement manifests in withdrawal and emotional coldness towards others. Burnout has the effect of reducing the individual's capacity to care for others (Richter, 2006:25).

Stress and burnout are closely linked. Stress is defined as "…mental, emotional, or physical strain or tension" (*The New Collins Concise Dictionary*, 1985:1152). Zastrow (2006:305) defines stress as follows: "Stress can be defined as the physiological and emotional reactions to stressors. A stressor is a demand, situation, or circumstance that disrupts a person's equilibrium and initiates the stress response." The stress process or stress response has

been much written about in the literature in recent years (Vedhara, Shanks, Anderson & Lightman, 2000:374). Stress incorporates both daily hassles (minor stressors) and life events (major challenges). The stress process starts with events that present challenges to the individual. The events or stressors are then evaluated and interpreted by the individual so that the individual perceives the nature of the threat and how to respond emotionally and behaviourally to the stressors. Finally, the stress response is a measure of the emotional response elicited in response to the stressor (Vedhara et al., 2000:374). When stress continues unabated, it can lead to burnout. Burnout is thus one of several possible reactions to ongoing heightened levels of stress (Zastrow, 2006:312). Burnout is the result of chronic stress and a process of on-going deterioration and frustration in the care-giving or work role (Miller, 2000:28). The signs of stress and burnout include, amongst others, sleeplessness, lethargy, restlessness, lack of concentration, irrationality, mood swings and depression (Brouard in Armstrong, 2000:25).

Caring for vulnerable children presents significant challenges to care-givers, impacting on aspects such as their emotional, social, physical and economic functioning. Caring for those infected and affected by HIV and AIDS specifically places significant stress on the care-giver (Armstrong, 2000:25). Some of the causes of stress and burnout are isolation, impact of HIV and AIDS on family dynamics, insecurity and fear for the future, difficulty in communicating with children, difficulty in facing bereavement, financial stress, and stigma associated with HIV and AIDS; thus factors that were indicated in the previous section (point 2.3) as challenges that the care-givers of vulnerable children experience. Burnout occurs when the demands on an individual exceed their capacity to cope (Brouard in Armstrong, 2000:25). Chazan (2008: 954) argues that grandmothers have been very effectively cushioning the impact of HIV and AIDS through their excellent care of vulnerable children. However, not much has been done to cushion the impact upon care-givers in their caring role. “While they are doing what they have always done - caring - they have become increasingly stretched” (Chazan, 2008:954). Many women caring for vulnerable children are “…in survivalist

positions, physically unwell, emotionally distraught, and struggling to make ends meet" (Chazan, 2008: 952).

Care-givers who reach the point of burnout are no longer able to continue providing the best possible care for their children. Richter (2006:24) alludes to the importance of empathy in the care of children and states: "Empathy with the child by the care-giver is regarded as a key element of care and stimulation of young children." As has been discussed, vulnerable children have complex needs, above and beyond their ordinary developmental needs, due to their experiences of bereavement and multiple losses. They are emotionally and physically vulnerable and in need of love, compassion and understanding. "When care-givers respond to children empathically, a deeper and more sustainable basis for care is possible" (Richter, 2006:25). To have empathy for a child means being inclusive, validating the child as a person, providing security, love and approval. Burnout can however lead to a lack of empathy, interest and understanding of the vulnerable child and their needs (Richter, 2006:25). Many different process models of burnout agree that emotional exhaustion is the central aspect of burnout (Miller, 2000:43). Burnout can result in a very cynical view of the world and a dehumanizing view of others and a reduced capacity to care emotionally for others. This could lead to the care-giver treating the child in a derogatory way (Maslach & Pines in Zastrow, 2006:311).

In research carried out by Chazan (2008:952) with grandmothers caring for their grandchildren, a respondent asked the following questions: "What will happen when we die? Who will look after our children and grandchildren?" The mentioned author suggests that, as mortality rates of females between the ages of 20 and 49 have shown a steady increase over the past two decades, the implication is that there will be a missing generation of grandmothers in the near future. At this point, there is no one else to care for vulnerable children. Financial assistance, health care and counselling are thus vital to keep current grandmothers as healthy as possible for as long as possible (Chazan, 2008:952). Burnout could lead to the loss of good care from care-givers long before they die. The implication of current care-givers being

rendered unable to care for their children is that the children will become ever more vulnerable. Community-based supports, including extended family care of vulnerable children need to be strengthened in order to protect vulnerable children and assist families with access to much needed resources and services (Pharoah, 2008:160).

2.5 RESILIENCE

Given the complex needs of vulnerable children and the impact of caring for these children on care-givers, there is a clear need to strengthen care-giver's resilience to burnout. In this regard Richter (2006:25) states:

> When we try and tell care-givers what to do, when, how and with what materials in order to improve their children's development, we are in danger of being irrelevant to their life circumstances and their cultural priorities, and we are also likely to undermine their self-esteem and competence. However, when we sensitise, build and strengthen care-giver's capacity for human care and their awareness of children's needs, we reinforce their competencies and promote the type of care-giving relationships that must sustain and support children long after we have left.

This quote highlights the ethos behind the strengths perspective and the need to see the environment as well as the individual as rich in resources (Rapp et al., 2005:82). Even in the most seemingly deprived and tough environments, there are untapped resources. One of the major principles of the strengths-perspective is that all environments are naturally rich in resources in the form of individuals, families, groups, churches and associations (Poulin, 2000:8; Saleebey, 2000:128). The strengths perspective can be seen as a parallel to resilience literature, healing and wellness practices as well as empowerment approaches to working with people (Saleebey, 2000:128).

Grotberg (1999:67) defines resilience very simply as "…the ability to deal with adversity without becoming overwhelmed by it." Theron (2008:93) states that "When people manage negative circumstances without developing negative coping skills, we call them 'resilient'." She further describes resilience as both an outcome and a process (Theron, 2008:94). According to Friborg, Hjemdal, Rosenvinge and Martinussen (2003:66) resilience refers to the individual's psychological skills and strength as well as their ability to make use of family,

social and external support systems to cope with adversity in their life, and so they conclude that measurements of resilience should include measurements of both of these aspects of resilience. An individual's resilience is dynamic as the individual develops over time in the context of continually fluctuating risk and protective factors (Leadbetter et al., 2007).

Risk factors, or any situation that affects a person's well-being, have the potential to affect resilience negatively. Leadbetter et al. (2007:517) mention that "[p]overty, abuse, family breakdown, low academic achievement, and parental mental illness are examples of risk factors that have been shown as having a negative impact on healthy development." Risk factors can be found in the individual, the family, or the environment (Theron, 2008:93).

Protective factors, on the other hand, buffer and protect the individual and boost their resilience. There are interpersonal and intra-personal protective factors. Intrapersonal resources are those found within the individual and include factors such as problem solving abilities, self-esteem, easy temperament, acceptance, adaptability, optimism, sense of humour, intellectual ability, internal locus of comparison and persistence (Theron, 2008:94).

Interpersonal resources are those that exist in the broader context of the family, community and culture. Examples of these are positive family relationships, positive family values, support by the extended family, effective schools, accessible services such as healthcare, religious practices, cultural pride and traditions, and a sense of belonging (Theron, 2008:93, 94). The following relationship and community and cultural factors are also important interpersonal protective factors: perceived social support, meaningful relationships with others in the community and at home, peer group acceptance, opportunities for work, lack of violent relationships within the family and the community, Government provision for safety, recreation, housing and employment, perceived social equity, and access to information (Ungar, 2008:227). Cultural factors include affiliation to a religious organisation, tolerance for different ideologies and beliefs, cultural and/or

spiritual identification, knowing one's culture, where one comes from and being part of a culture that is expressed through day to day activities. Protective factors that have been found to be globally relevant are self-efficacy, hopefulness, attachment to significant others, participation in family and society, and having an ethnic identity (Ungar , 2008:222).

The interplay between intra- and interpersonal factors is presented graphically in Figure 2.1.

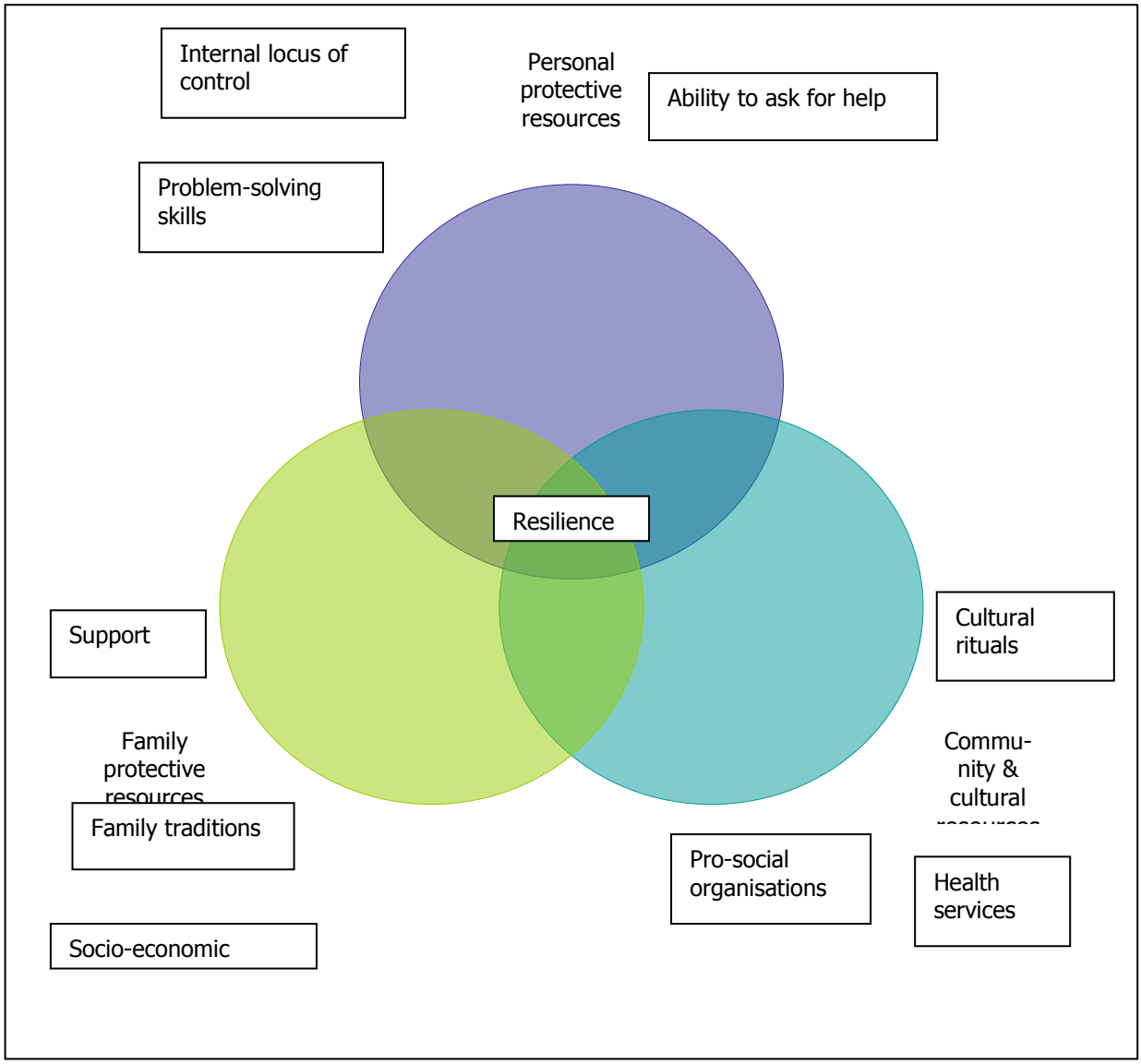

Figure 2.1. Interaction between inter and intra-personal resources (Theron, 2008:95)

Protective and risk factors are constantly changing in individuals' lives and therefore resilience is a dynamic process which develops over time (Leadbetter et al., 2007:518; Theron, 2008).

Ungar (2008:225) offers a definition of resilience that takes the risk and protective factors in the wider social and cultural context into account and defines resilience as follows:

> In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways.

For the purpose of this study, this definition is regarded as a more appropriate definition of resilience, in that it takes the cultural and social context into account. Resilience is re-defined not as an individual trait, but related to the risk and protective factors found within the individual's environment (Ungar, 2008:220).

2.6 GROTBERG'S PARADIGM OF RESILIENCE

The researcher makes use Grotberg's paradigm of resilience (1999:67,68) based on three dimensions, "I have", "I am" and "I can", as a theoretical basis for resilience in this study. This paradigm is based on Erikson's psychosocial stages of development. Erikson's theory proposes eight sequential psychosocial stages of development in which the individual's personality is formed through the successful or unsuccessful resolution of tasks at each stage (Berger, McBreen & Rifkin, 1996:95). These developmental tasks involve the interaction of biological, psychological, social and cultural variables (Berger et al., 1996:94). Grotberg (1999:67) makes use of the first five psychosocial stages of Erikson's theory of psychosocial development and refers to them as the building blocks of resilience. These five stages are: trust vs. mistrust, autonomy vs. shame and doubt, initiative vs. guilt, industry vs. inferiority, and identity vs. identity confusion. Although there are three distinct

dimensions to Grotberg's paradigm (refer Table 2.2), there is also much overlap between the different dimensions.

Table 2.2. Paradigm of resilience (Grotberg, 1999:67)

Dimension	Definition	Building Blocks
I HAVE	Supports around each individual to promote resilience	Trust
I AM	Encouragement in developing the inner strengths of confidence, self-esteem and responsibility	Autonomy Identity
I CAN	Acquisition of interpersonal and problem solving skills	Initiative Industry

2.6.1 The dimension "I have"

The dimension "I have" refers to what supports the individual perceives they have around themselves (Grotberg, 1999:67), which is linked to the concept of trust. Learning to trust enables one to cope with various forms of adversity later in life. Trust is vital for survival in infants from birth as they are completely dependent on their parents for everything. Berk (2006:18) emphasises the role of the development of trust in the development of a person's view of the world: "From warm, responsive care, infants gain a sense of trust, or confidence, that the world is good." As people learn to trust others, they also learn to trust themselves, to trust in their ability to do things, to build relationships and to develop and grow within their world, while a lack of trust can lead to feelings of isolation, sadness, and anger (Grotberg, 1999:68-69). Thus, with regards to resilience "...learning to trust others and yourself is an important part of being able to cope with the problems you have in life" (Grotberg, 1999:69). According to Erikson's theory, whether we are able to trust or not trust others is dependent upon responses to our needs from infancy.

The dimension "I have" further relates to the individual's perception of what inter-personal resources are available to them, and their trust that the world is

able to meet their needs. “Healing, transformation, regeneration, and resilience almost always occur within the confines of a personal, friendly, supporting and dialogical relationship” (Saleebey, 2000:128). This refers to the interpersonal protective factors that exist within the family, the community, and the culture of the individual such as positive family attachments and relationships, family traditions, positive family values, socio-economic stability, educated parents, effective schools, good health care, positive recreation opportunities, availability of mentors (Theron, 2008:94). The importance of the support by others is also emphasised by Ungar (2008:221) who states: “Resilient children need resilient families and communities.”

In the context of this study, this dimension will thus refer to the support and resources in the family, community and cultural contexts that that are available to the elderly care-givers of vulnerable children.

2.6.2 The dimension “I am”

“I am” as a dimension of resilience refers to the individual’s feelings about themselves, their level of self confidence, self-esteem and responsibility (Grotberg, 1999:67; Theron, 2008:93). The building blocks of the dimension of “I am” are autonomy and identity. According to Erikson’s theory of personality development, autonomy is grown and encouraged when the individual is allowed to exercise free choice and explore their world; however if autonomy is not realised, the individual develops feelings of shame and self-doubt (Berk, 2006:18). Individuals who are resilient have an ability to make decisions and have a real sense of independence (Ungar, 2008:227). They are able to recognise their responsibilities and “own” them, demonstrating a certain level of self-awareness (Grotberg, 1999:69). Lightsey (2006:96) refers to this ability of the individual to be aware of their own strengths and abilities, as self-efficacy. He states that this awareness enables the individual to better cope with stressors and use available resources.

An individual’s feelings about themselves are the intra-personal resources referred to by Theron (2008:93). Intra-personal protective resources include the ability to problem solve, positive self-worth, easy temperament,

acceptance, a sense of autonomy, optimism, adaptability and flexibility, persistence, a sense of humour, active engagement, an internal locus of comparison, intellectual ability, and willingness to ask for help. These are in line with the individual factors that Ungar (2008:227) which can be associated with a resilient individual. They include a positive outlook, having goals and aspirations, having a balance between independence and dependence on others, a sense of humour and self-awareness.

Strengthening the sense of self is closely linked to the process of increased awareness, a part of the process of Gestalt therapy. Blom (2004:113) states that an individual with a strong sense of self is able to have their needs met in a healthful way, they are able to focus on the here and now, they are able to learn from their mistakes, they can identify their strengths and weaknesses, they are self-accepting, they are able to try new ventures, and they are able to accept others.

2.6.3 The dimension "I can"

The dimension "I can" refers to the individual's ability to solve problems and make use of interpersonal skills in relating to others. The building blocks for this dimension are initiative and industry. Erikson proposed that children start to develop initiative, a sense of ambition and responsibility, but that they can develop guilt if too much is expected of them (Berk, 2006:18). Initiative is very simply, a willingness to try (Grotberg, 1999:70). Initiative is shown when an individual uses creative thinking for problem solving and starting new things. Industry is the ability to work diligently on a task (Grotberg, 1999:71). Failure to master tasks whilst growing up, or not having the opportunity to do so, could lead to feelings of inferiority and frustration (Grotberg, 1999; Berk, 2006:18). Lightsey (2006:100) states that psychological resilience can be defined as strength-awareness, "...the belief that one can persevere or accomplish goal-relevant tasks across varied challenges and adverse situations."

Resilience is not simply a concept dependent upon individual factors, but is also dependent upon the individual's family, community and culture to provide

health-promoting resources and experiences in culturally meaningful ways that lead to the promotion of resilience (Ungar, 2008:225). According to Saleebey (2000:128) and Rapp et al. (2005:82), natural resources occur in even the most deprived of communities and conditions, the community itself is the source of opportunities, supports and resources. The support from others can have a positive impact on the individual's strength-awareness in adverse conditions, as indicated by Berger et al. (1996:97, 98): "It should be noted… that many people around the world suffer from the ravages of poverty and deprivation, yet they are still able to sustain emotional relatedness and maintain a sense of self-esteem…indeed, history demonstrates that in times of disasters, people form close and supportive community." Theron (2008:93) states that resilient individuals are able to negotiate support and access healthful resources.

2.7 RESILIENCE IN ADVERSITY

The notion of resilience is essential to human beings. Resilience is the ability to cope with negative circumstances which can induce stress (Grotberg, 1999:67; Theron, 2008:93). All human beings experience stress, however research indicates that care-givers caring for vulnerable children may experience specific challenges which may cause them to experience chronic stress (refer points 2.3 and 2.4 in this chapter). Stress impacts upon the individual's capacity to cope with adversity. It can lead to depression, especially when compounded by multiple factors which tend to exist in women's lives as they tend to carry multiple roles (Grotberg, 2004:5). A care-giver's perceived inability to cope and to provide adequate care is a very common cause of depression (Grotberg, 2004:5).

In the face of adversity, resilient individuals are able to find resources to help them cope, whether these are intra-personal resources or those found interpersonally within the family, community or cultural context. At the same time, the individual's context needs to be able to provide culturally relevant resources to further enhance that individual's coping (Ungar, 2008:225). Grotberg (2004:6) states that communication styles, hardiness, family cohesion, and perceived adequacy of social support all contribute to a family's

ability to deal well with stress. Resilient individuals are able to have their needs met. Resilience is necessary for survival. According to a study by Grotberg (2004:6), the more hardy the care-giver, the less depression and fatigue were evident in their lives.

The strengths-based perspective shows several similarities with the concept of resilience. The strengths-based perspective acknowledges the struggles and challenges of people's daily lives. However there are several central assumptions within the perspective that point to people's strengths. They are: everyone has assets, capacities and resources both externally and internally, whether they are yet realised or not; every human being has experience that needs to be acknowledged and respected; individuals, families and communities have capacities, skills, talents, gifts and wisdom that provide them with the motivation and capacity to change; human struggles bring about learning and increase people's capacity to cope; and every human being has dreams and aspirations which need to be acknowledged (Saleebey, 2000:128).

The literature points to the very real struggles and hardships of care-givers of vulnerable children and their potential exposure to burnout. But at the same time it is vital to celebrate and affirm existing strengths and help individuals to identify and nurture hidden or latent strengths and resources. In this regard Saleebey (2000:129) states that "...it is as wrong to deny the possible just as it is to deny the problem." This research attempts to look at the challenges highlighted above through a strengths and resilience perspective that through stress, ideas, capacities and resources grow and that people are capable of having transformative responses to adversity (Saleebey, 2000:128).
Professionals and communities need to recognise the role of care-givers in the lives of vulnerable children and the challenging circumstances in which they are attempting to provide care, and provide support in every way possible to enable them to keep caring for vulnerable children. By doing so, the vulnerability of children decreases. The link between the resilience of the care-giver, quality of care and the development of resilience in children is pointed to by various authors. Mbete (2009:36) stresses the following:

"Parents who can function adequately under stress, and who are consistent and responsive to their children, will be better able to facilitate successful coping and adaptation in their children." Mathambo and Richter (2007:13) state that where elderly care-givers are not able to provide adequate care for the children in their care, it may in fact contribute to greater vulnerability of these children. "It is the presence and quality of everyday caring and relationships that primarily determine children's ability to rebound from adversity" (Home Truths…, 2009:19).

2.8 CONCLUSION

There is a large population of vulnerable children in South Africa, either through being orphaned, abandoned or having parents who are unable to care for them. Vulnerable children live in the context of multiple and complex stressors including high levels of unemployment, crime, poverty, HIV and AIDS, substance misuse, and family breakdown. Many of these children in South Africa are being cared for by grandparents, specifically grandmothers.

The stressors which affect vulnerable children also affect their care-givers. The long term social, emotional, financial, and health stressors can become overwhelming and ultimately lead to care-giver burnout. Burnout negatively affects the capacity of the care-giver and could thus increase the vulnerability of the children in their care.

Resilience is the ability to deal with challenges and adversity without being overwhelmed by it. Resilience is a dynamic process, determined by the protective and risk factors that are constantly changing in an individual's life. Resilience can exist in even the most deprived of situations and it is based on the assumption that there are resources within each individual, family, and community.

Recognising and promoting the resilience of care-givers is vitally important as resilient, healthy care-givers contribute to resilient, healthy and less vulnerable children. This is especially important given the high numbers of vulnerable

children in South Africa that are dependent on the care by care-givers other than their parents.

This study is based on intervention research, where the use of awareness-based Gestalt group work is explored as an intervention to enhance the resilience of care-givers of vulnerable children. The next chapter describes the group work sessions that was based on resilience and Gestalt theory.

CHAPTER 3
AWARENESS-BASED GESTALT GROUP WORK FOR CARE-GIVERS OF VULNERABLE CHILDREN

3.1 INTRODUCTION

In this chapter the focus will be on the use of awareness-based Gestalt group work for care-givers of vulnerable children. The group work sessions in this study relied on the use of awareness techniques in order to overcome language barriers that resulted from the fact that the community where the research was conducted was a Zulu rural area and most of the care-givers could only speak isiZulu.

The researcher will firstly outline the principles of Gestalt theory as the overarching theoretical framework for the study, in which the meaning and significance of "awareness" will be specifically discussed. The chapter will also focus on social work with groups, and how the use of Gestalt group work could enhance the resilience of care-givers of vulnerable children. Secondly, the implementation of group work focusing on awareness-based activities will be discussed and, thirdly, an outline of the group work sessions for this research will be provided.

3.2 GESTALT THEORY

Fritz Perls (1893 – 1970) is considered the founder of Gestalt therapy (O'Leary, 1992; Thompson and Rudolph, 2000; Carroll and Oaklander, 1997; Blom, 2006). 'Gestalt' can be roughly translated into the word 'whole' (Blom, 2006:18). Gestalt therapy is most concerned with individuals' functioning as integrated, whole beings. Each person is multi-faceted and made up of their senses, body, emotions and intellect (Carroll & Oaklander, 1997:184). Further, human beings cannot be understood, and indeed cannot function, apart from their environments (Blom, 2006:17; Carroll & Oaklander, 1997:185). The purpose of Gestalt therapy is to ensure the integrated functioning of the different facets of the individual, within the environment, so that a balance is achieved.

The emphasis in Gestalt therapy is on the present moment, the 'here and now' (Thompson & Henderson, 2007:188; Schoeman, 1996:34, 35). An ability to focus on the here and now is also known as **awareness**. "According to Gestalt theory, the most important areas of concern are the thoughts and feelings people are experiencing at the moment" (Thompson & Henderson, 2007:188). The Gestalt therapist thus works to increase the client's awareness of the present moment and of every part of themselves within each present moment, and in so doing the client can become a more self-regulating being, in control of his or her day to day life (O'Leary, 1992:14).

Organismic self-regulation is a central concept within Gestalt theory and refers to the process by which persons meet their needs. Blom (2006:23) uses the term organismic self-regulation and homeostasis interchangeably. The definition of homeostasis according the *New Collins Concise Dictionary* (1985:535) is "the maintenance of metabolic equilibrium within an animal by a tendency to compensate for disrupting change." Perls (in Oaklander, 1994:143) stated: "The homeostatic process is the process by which the organism maintains its equilibrium and therefore its health under varying conditions. Homeostasis is thus the process by which the organism satisfies its needs." According to Blom (2006:23) our behaviour is determined by this process of homeostasis. Human beings keep homeostasis or balance in their lives by recognizing and then attending to their constantly emerging needs.

In the process of self-regulation, **figure-ground** is a concept explaining the cyclical process of needs emerging and being met, or not met. 'Figure' refers to that which is in the individual's primary awareness, thus the most significant object of an individual's attention at a given moment, while 'ground' refers to stimuli which is in a person's secondary awareness, that which is in the background (Blom, 2006:24-25; O'Leary, 1992:11). According to O'Leary (1992:11), a person's interest and need at a given moment determines the figure. Needs thus occur in cycles on a continuous basis (Carroll & Oaklander, 1997:185). "Once the need is satisfied and the gestalt is completed, the figure disappears, it becomes part of the background and a new figure, or need, appears in the foreground" (Blom, 2006:25). A healthy functioning person is

considered one who is aware of their own needs and is able to identify ways of having these needs met within the context of their environment (Thompson & Henderson, 2007:186). Furthermore, they are able to differentiate between different needs and focus their attention or awareness on one 'figure' at one time. Once the gestalt is completed, they are then able to turn their full attention on to the next figure or need which emerges. "The smoothly functioning figure-ground relationship characterizes the healthy personality" (Thompson & Henderson, 2007:186).

Unfinished business occurs when persons have not had their needs met. It includes "unexpressed feelings or concerns and unsatisfied needs" (Schoeman, 1996:37). O'Leary (1992:15) refers to unfinished business as unpleasant memories or experiences, unresolved losses and unfulfilled needs. Unfinished business "...obscures the present experience and hinders the investment of energy in current events" (O'Leary, 1992:15). An individual thus becomes stuck in unresolved situations and feelings and has little or no energy to live in the here and now. Their awareness of themselves and their environments is thus diminished and they are unable to have subsequent needs met. They are not operating in a holistic manner. Thompson and Henderson (2007:188) also referred to unfinished business as incomplete gestalts.

Diminished awareness can affect a person's ability to make contact. Contact is another important Gestalt concept which refers to the individual's connection or relationship between themselves and their environment and to being fully present in a situation through the integrated use of all aspects of the organism, namely the senses, body, emotional expression and the intellect (Carroll & Oaklander, 1997:184; Corey, 2008:286; Oaklander, 2007:22). Contact occurs via the senses, body awareness, expression of emotion, and use of intellect (Blom, 2006:29). People live and interact within their environments and therefore contact making implies that the person uses the environment to satisfy his/her needs. The contact boundary is the boundary that both connects and separates people from their environments (Blom, 2004:19). For optimal functioning, boundaries must be flexible

(O'Leary, 1992). Rigid boundaries are an obstacle to change and can lead to isolation of the individual, while a poorly defined contact boundary leads to a poorly defined sense of self (Blom, 2006:30). Rigid boundaries can also lead to people being disconnected from resources in their environments which are vital for growth (Thompson & Henderson, 2007:186).

One of the key goals of Gestalt therapy is to promote holism and integration of the individual, to ensure that there is awareness of the link between body and mind. Perls believed that the body and mind were inextricably linked and that every emotion has a psychological and physiological connection (Blom, 2006:22). Oaklander (2007:25) states "Every emotion has a body connection." Each part can be individually recognised, but not separated from the others. Body, emotions, spiritual, language, thought and behaviour are all interconnected and Gestalt therapy aims to help individuals live as integrated and not fragmented beings (Blom, 2006:22-23).

The Gestalt Contact Cycle, also called the Gestalt Cycle of Experience (Gaynier, 2003:180), is a representation of the cyclical **process of awareness**. Thompson and Henderson (2007:188) state in this regard: "Integration and maturation, according to Perls, are never-ending processes directly related to a person's awareness of the here and now." The Gestalt cycle is presented in Figure 3.1.

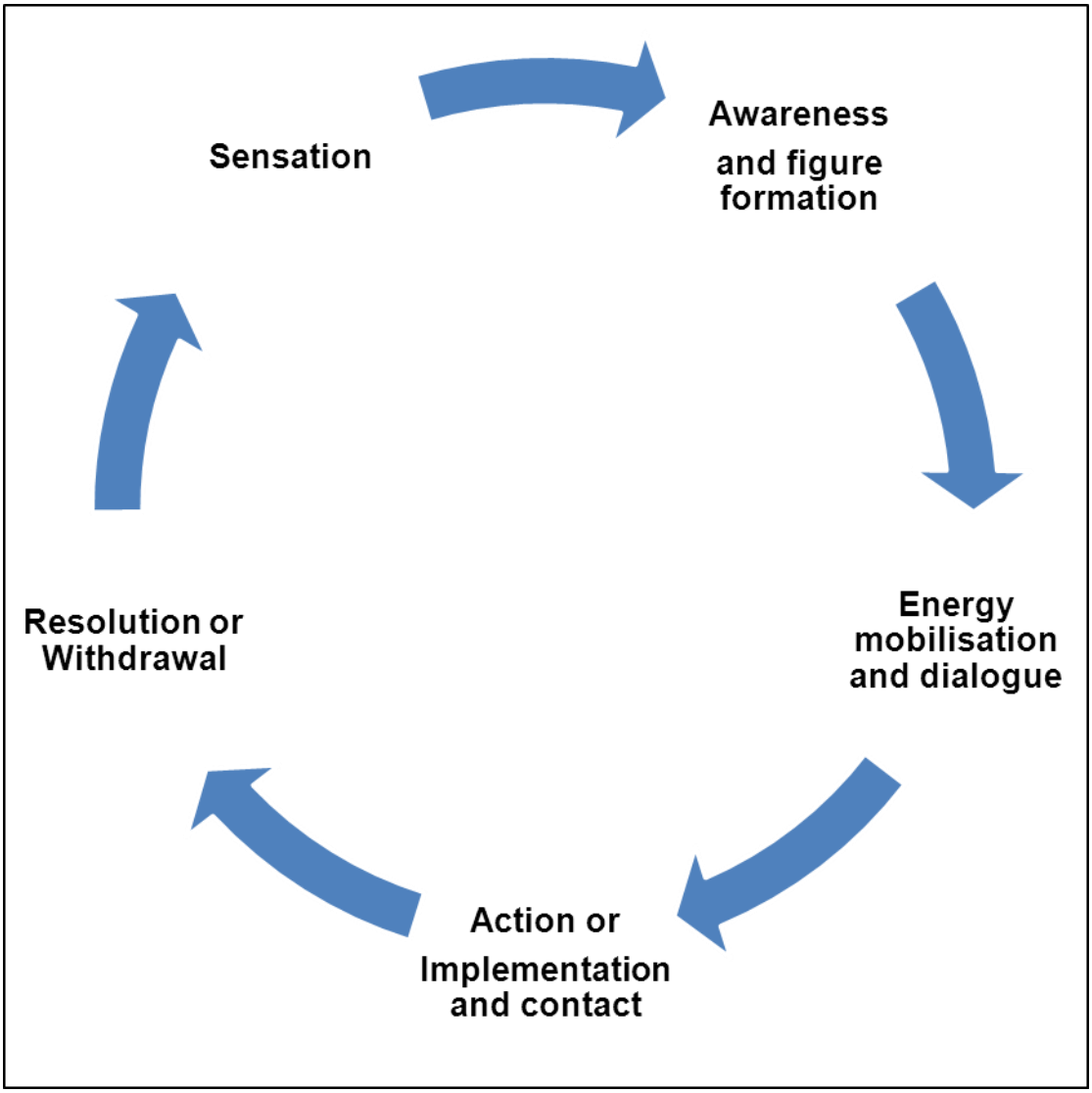

Figure 3.1. The Gestalt cycle (Bauer & Toman, 2003:71; Gaynier, 2003:180)

The Gestalt Contact Cycle or Cycle of Experience is comprised of stages that overlap one another and are not necessarily clearly demarcated from one another (Bauer & Toman, 2003:58).

Sensation: The cycle starts with sensation, either experienced internally or externally by the individual. This can be related to one of the senses - taste, touch, smell, sound, or sight - or it could be a physiological sensation such as physical pain. The identification of emerging sensations is the start of awareness (Bauer & Toman, 2003:58).

Awareness and figure-formation: Through the experience of sensation, awareness starts to emerge as the individual starts to notice and identify the sensation(s). As awareness forms, a figure or need emerges. Awareness refers to both sensory and cognitive awareness of the emerging figure (Bauer & Toman, 2003:60). Awareness leads to empowerment of the individual, where empowerment, according to Gaynier (2003:190), is the ability of the individual to recognise who they are and what their needs are and then in turn be enabled to recognise others and the needs of others. Recognising the self, or developing a strong sense of self, is a very important part of the Gestalt therapy process as it allows the individual to experience positive feelings about themselves, develop a sense of well-being and inner strength to express emotions that have not been expressed previously (Oaklander, 2007:50).

Energy mobilisation and dialogue: As the figure emerges, awareness is heightened, excitement is generated and energy is mobilised. The figure thus becomes all the more clearer and a direction towards action starts to emerge. Awareness enables energy to be mobilised so that the individual is able to attend to the emerging figure (Bauer & Toman, 2003:60).

Action or implementation and contact: Energy is now present so that action can begin. Action is focussed on exploration and movement so that identified figure(s) may be met, allowing the individual to come into contact and satisfy the need(s): “Contact is the result of the energized action” (Bauer & Toman, 2003:63). Healthy individuals are those who are able to experience clearly what their own needs are and recognise resources within the environment which help them to fulfil those needs (Thompson & Henderson, 2007:186; Carroll & Oaklander, 1997:185).

Withdrawal or resolution: Once the need has been met, the cycle dissipates to make room for the next cycle (Bauer & Toman, 2003:63). “Good contact also involves the ability to withdraw appropriately rather than to become rigidified in a supposedly contactful space” (Oaklander, 2007:22). Withdrawal can thus be seen as a form of resistance, a healthy way for the individual to

indicate that he or she has dealt with, or divulged, as much as he or she is able to at that particular point in time (Oaklander, 2007:24).

Where there is a hindrance in the process of the Contact Cycle, a **contact boundary disturbance** may exist. A contact boundary disturbance is an imbalance between an individual and the environment (Blom, 2006:31). Where a contact boundary disturbance exists, the individual is unable to be fully aware and differentiate their own needs from that of their environment. The process of organismic self-regulation is therefore hindered (Oaklander, 1994:144). Contact boundary disturbances include confluence, introjection, projection, retroflection, deflection, desensitisation and egotism. Confluence is the state of the environment having too much control or influence over the individual (Thompson & Henderson, 2007:186). Individuals lose their sense of self as there are essentially no boundaries between them and the environment (Blom, 2006:34). Introjection occurs when the individual simply accepts negative messages from the environment without criticism or awareness (Blom, 2006:32). This is the opposite of assimilation, the process of the individual taking what is useful from the environment and discarding what is not. Projection occurs when the individual holds another person or the environment responsible for feelings, behaviours, attitudes and thoughts they are experiencing themselves. The individual does not take responsibility for themselves and they "deny their own personal experience" (Blom, 2006:33).

"When a person retroflects behaviour, he does to himself what originally he did or tried to do to other persons or objects" (Perls, Hefferline & Goodman in Blom, 2006:35). Retroflection is often linked to psychosomatic symptoms such as headaches and stomach aches (Oaklander, 1994:144). Deflection is when the individual avoids making direct contact with their environment, for example changing the subject or avoiding eye contact, daydreaming or 'spacing out' (Oaklander, 1994:144; Blom, 2006:37). They also deflect by physically hitting out at others, punching, hitting and kicking (Carroll & Oaklander, 1997:188). A person who numbs themselves from physical and sensory experience is making use of desensitisation. They literally "…exclude themselves from sensory and physical experience…" (Blom, 2004:29). Finally, egotism is

displayed by individuals who "…continuously attempt to control the uncontrollable and surprising aspects in their life by means of continuous objective action, at the expense of emotional contact" (Blom, 2004:31). Such individuals have little capacity to enjoy an awareness of their own emotional experience, but rather tend to view their experiences objectively and rationally. The presence of contact boundary disturbances results in diminished awareness and hampers persons' ability for self-regulation and to meet their needs.

According to Gestalt theory, human beings are made of polarities or opposites. Polarities or dichotomies occur naturally in people's lives. "Polarities can be considered as opposites that complement or oppose each other" (Blom, 2006:40). Thompson and Henderson (2007:187) give the following examples of polarities: body/mind, self/external world, emotional/ real, infantile/mature, biological/cultural, poetry/prose, spontaneous/deliberate, personal/social, love/aggression, conscious/unconscious. A familiar polarity is that of topdog/underdog: "The top dog is authoritarian, parental and judgemental, while the underdog is submissive and apologetic" (Perls, Hefferline & Goodman, 1951, in O'Leary, 1992:13). The top dog and underdog are seen as two parts of an individual's personality. Individuals spend much of their lives trying to resolve these polarities (Blom, 2006:40). Gestalt therapy aims to help individuals recognise the polarities in their lives and within themselves and to accept both parts of polarities as being part of them. Awareness of polarities allows the individual to take responsibility for the different parts of themselves and to make appropriate choices. Integration of poles occurs through organismic self-regulation (Blom, 2006:41).

Perls devised five layers of neuroses, also referred to as the five layers of the personality, which he said showed how people fragment their lives, thus preventing them from growth and maturation (Blom, 2006:42; Thompson & Henderson, 2007:187). These layers are as follows:

- The synthetic layer is the outermost layer in which people try to be what they are not. They are essentially playing a role. In this layer, many conflicts remain unresolved.
- The phobic layer is characterised by anxiety as the individual comes into an awareness of the false role that they have been playing and also an awareness of the fears which necessitate and perpetuate the role playing.
- The impasse layer is reached when the individual has no external support to continue the role playing and yet they also believe they cannot be self supporting and live without playing out that role. The anxiety can cause the individual to remain "stuck" here and there is often much resistance evident in the therapy process at this point.
- In the implosive layer two things occur. Firstly, the person grows in awareness of themselves, but lacks the energy and courage to move out of the impasse. A period of inertia motivated by fear can follow. Then, once they work through this fear, they start to experiment with new behaviours within the safety of the therapy situation.
- Finally, the explosive layer is reached when the individual is able to experiment with new behaviours outside of the therapy situation. The explosive layer is characterised by the discovery of new reserves of energy which were previously used in maintaining the synthetic layer.

As the above discussion indicates, from a Gestalt perspective, awareness plays a central role in people's ability to know themselves and to have their needs met. It underlies the ability to identify figure or foreground needs, to make contact to meet these needs, to become aware of one's own functioning; thereby moving through the five layers of personality. It also shows that contact boundary disturbances lead to a diminished awareness and the inability to make healthy contact in order to self-regulate.

Gestalt therapy is experiential in nature and thus based on direct experiences (Thompson & Henderson, 2007:188). According to Oaklander (1994:146) "Experience is the key to awareness…" Awareness of the here and now, the present lived experience, allows for integration and maturation to occur. In the

following section the researcher will discuss how awareness could be linked to resilience.

3.3 AWARENESS AND RESILIENCE

Thompson and Henderson (2007:188) recognise that "[a]wareness is the capacity to focus, to attend, and to be in touch with the now." They further state that awareness is the ultimate goal of Gestalt therapy as it promotes the individual's ability to live fully in the present. Awareness thus underlies a person's ability for self-regulation: "Awareness is the means by which the individual can regulate him or herself by choice" (Schoeman, 1996:30). We cannot regulate that which we are not aware of. The goal is always to work towards clients becoming whole individuals, which in Gestalt therapy is viewed as a moment by moment process. Awareness occurs on different levels including self-awareness, awareness of the environment, and awareness of others. Awareness in the Gestalt context occurs through a person's contact functions, viz: senses, body awareness, expression of emotion and use of intellect (Blom, 2006:29).

Contact refers to the individual's connection or relationship between themselves and their environment. Contact is "...the process of being aware of a need and moving into the environment to fulfill it" (Carroll & Oaklander, 1997:185). Effective contact can be regarded as the individual having positive relationships and contact with the environment, without losing their sense of self (Corey, 2008:28).

The resilience literature points to the importance of the individual having positive relationships within their community, a sense of belonging, and access to community resources (Theron, 2008:93-94). Strong cultural affiliations and participation in cultural daily practices are also indicators of a resilient individual (Ungar, 2008:222). Globally relevant indicators of resilient individuals include attachment to significant others, participation in a community, and possessing an ethnic identity (Ungar, 2008:222). Resilience is thus an individual's ability to make use of personal psychological skills as well as external support systems to cope with life (Friborg et al., 2003:66).

These indicators of resilience are also indicators of healthy contact, both within the self and between the individual and the environment. As Blom (2006:23) states, needs are satisfied within the individual themselves and through contact with the environment. Awareness of both the self as well as the environment is important to having needs met. One cannot have contact without first having awareness.

The concept of awareness shows similarities with Grotberg's paradigm of resilience, "I can", "I have", "I am". Awareness is important as it can lead to personal growth, informed choices and increased meaningful existence (Corey, 2008:282). People come into contact with themselves on cognitive, sensory and emotional levels (Blom, 2006:29). When an individual has increased awareness, they increase their ability to recognise and use their inner resources and capacity. This could relate to the "I can" dimension of resilience in Grotberg's paradigm, as discussed in Chapter 2. This dimension refers to a person's sense of initiative and industry (Grotberg, 1999:67).

An increased awareness can help the individual to recognise who they are, how they are feeling, and what they are thinking, to know themselves and their needs (Blom, 2006:53). It can help them to assimilate information taken in from the environment, that is, to accept that which is true about themselves and reject that which is not true. Awareness enables one to be aware of one's needs and to act in order to have those needs met. Awareness enables one to be aware in the present moment of one's feelings and how these might impact upon one's body or indeed, how one's physical functioning might impact upon one's emotions. Self-awareness, empathy for others, and having a balance between independence and dependence upon others are all indicators of resilience (Ungar, 2008:227). All of these aspects can relate to the "I am" dimension of resilience in Grotberg's paradigm of resilience, referring to a person's sense of identity and autonomy (Grotberg, 1999:67). These factors contribute to increased meaningful contact between self and the environment, and self and others.

Awareness includes not only awareness of self, but also awareness of the environment. Awareness is helping the individual to be placed in full contact with themselves as well as with other people and their environment (Blom, 2006:53). It can help a person to become aware of support and resources in the environment. The “I have” dimension of resilience is linked to support and trust (Grotberg, 1999:67) and can thus be linked to a person’s awareness of the environment.

By enhancing awareness of the self and the environment, awareness related to the three dimensions in Grotberg’s paradigm of resilience can thus be enhanced. A lack of awareness indicates a lack of contact with other individuals as well as with important resources within the environment (Thompson & Henderson, 2007:186). To the contrary, awareness of the self and of the environment can enhance contact with others and with resources in the environment. Resilience is a process of the individual’s capacity to navigate towards resources in the environment, as well as the individual’s family, community, and culture to provide resources in culturally relevant ways (Ungar, 2008:225). The researcher thus proposes that enhancing awareness and contact can result in strengthening of resilience. Furthermore, when care-givers become aware of the needs of children in their care, they are more able to meet those needs on an ongoing basis and ensure that the relationships are sustainable and the outcomes for children are positive (Richter, 2006:25).

As stated by Thompson and Henderson (2007:188), “The function of the Gestalt counsellor is to facilitate the client’s awareness in the “now”.” In this study, the researcher explored the utilisation of awareness-based Gestalt group work to enhance the resilience of care-givers caring for vulnerable children. The utilisation of Gestalt group work will thus be discussed; first focusing on group work in social work, and then followed by a discussion on Gestalt group work.

3.4 GESTALT GROUP WORK

Group work in the social work context is a "[g]oal-directed activity with small treatment and task groups aimed at meeting socio-emotional needs and accomplishing tasks. This activity is directed to individual members of a group and to the group as a whole within a system of service delivery" (Toseland & Rivas, 2005:12). Groups are a natural part of our everyday lives and interactions, they are a part of the structure on which communities and societies are built (Toseland & Rivas, 2005:3). The term "small groups" implies that people are able to meet face to face, engage in interaction and exchange thoughts and feelings through verbal, non-verbal, and written forms of communication (Toseland & Rivas, 2005:12). Mutual aid and empowerment are two of the central features of social work with groups (Lietz, 2007:75).

Groups meet for different purposes and can be broadly classified into 'task' and 'treatment' groups. A treatment group is conducted to meet member's socio-emotional needs, such as education, emotional support, therapy, growth and socialisation (Toseland & Rivas, 2005:14). The primary purpose of a treatment group is to increase group members' coping capacities and help them to meet their social, emotional and psychological needs (Poulin, 2000:82). This study will be in the context of a growth group, one type of treatment group, using the Gestalt group work process. The researcher is of the opinion that the characteristics of the growth group, as discussed below, fits with the core concepts that underlie the study, namely awareness and resilience.

A growth group is focused on exploring and developing personal goals, and gaining a better understanding of oneself and one's environment. It is also characterised by an atmosphere of sharing and listening and is usually experiential in nature (Jacobs, Masson & Harvill, 2009:12). A growth group is focused on increasing members' awareness in their own thoughts, feelings and behaviours regarding themselves and others, and developing their capabilities to the fullest extent possible. The focus is on promoting members' socio-emotional health, rather than remediating socio-emotional illness (Toseland and Rivas, 2005:24, 25). Growth groups are focused on self-

improvement and the personal growth of group members and should be empowering in nature (Poulin, 2000:83).

The growth group should be a place of support and safety for members, from which point they can experiment with new behaviours (Jacobs et al., 2009:12; Woodcock, 2001:11). In this supportive group work context, the group members should also be enabled to gain new insights, experiment with new behaviours and get feedback from the rest of the group in order to grow. Growth groups are often composed of members from a similar background in order to enhance empathy and mutual aid within the group (Toseland & Rivas, 2005:25). Table 3.1 provides a summary of the characteristics of the growth group.

Table 3.1. Characteristics of a growth group (Toseland & Rivas, 2005:22)

Purpose	To develop members' potential, awareness, and insight
Leadership	Leader as facilitator and role model
Focus	Either group or individual focus, depending on the approach Individual growth through the group experience
Bond	Common goals among members Contract to use the group to grow
Composition	Based on members' ability to work toward growth and development
Communication	Highly interactive Members often take responsibility for communication in the group Self-disclosure moderate to high

The goal of Gestalt group work is to allow the individual to become aware of his or her own process; what they do and how they do it (Oaklander, 1999:165). Group members discover their own meanings, rather than their

actions and behaviours being interpreted by the therapist (Corey, 2008:280). Gestalt group work can therefore help group members to achieve the purpose of the growth group as a form of a therapeutic group, namely to develop potential, awareness and insight.

Gestalt therapy achieves awareness through making use of direct experience in the therapeutic setting (Thompson & Henderson, 2007:188). Oaklander (2007: 175) mentions the advantage of direct experience in a group setting in that "[t]he group becomes a safe laboratory for experimenting with new behaviours through the support and guidance of the therapist." Gestalt group work process is thus concerned with exercises, experiences and activities which generate awareness and focus on the here-and-now or the present experience (Corey, 2008:282; Jacobs et al., 2009:310). One of the major goals of Gestalt group work is increased awareness of the self and of others (Jacobs et al., 2009:12). Increased awareness of the self can lead to awareness of behaviours that cause challenges and, within the safe context of the group, the opportunity to experiment with new behaviours and make changes (Oaklander, 1999:165). With guidance and clear boundaries, the Gestalt group work context allows the individual to increase their sense of self in the midst of the group experience (Oaklander, 1999:170).

The Gestalt group context can be extremely empowering as individuals discover commonalities between themselves and others in the group in their thoughts, fears, feelings, and concerns. This engenders a sense of mutual support (Oaklander, 1999:170). The support that the individual feels from the group can help to further strengthen their inner support, or sense of self. An individual who feels stronger within themselves is more willing to present more of themselves to the group, growing in their ability to be in contact with their environment.

The goal of this study was to explore the use of Gestalt awareness-based group work to enhance resilience of care-givers caring for vulnerable children. The rationale for using Gestalt group work with specific focus on awareness will be discussed in the next section.

3.5 AWARENESS-BASED GESTALT GROUP WORK

In this study awareness-based activities (or experiments) were used in the context of Gestalt group work, within a growth group, resulting in a highly experiential group work process. The focus of a growth group is the increased awareness of the individual self and others (Jacobs et al., 2009:12). Similarly, Gestalt group work uses activities, experiments and exercises with the goal of enhancing awareness in the here-and-now (Corey, 2008:282; Jacobs et al., 2009:310). Awareness-based activities include those that are sensory in nature, making use of touch, taste, smell, sound, and sight, body posture and movement (Blom, 2006:92). Sensory awareness has a direct impact on an individual's ability to make contact with the environment. As Oaklander (1994:146) indicated, "Experience is the key to awareness". As awareness increases, the individual is expected to experience increased resilience, as supported by the statement by Oaklander that giving an individual opportunities to make use of the senses is "…an important step toward empowering the self" (Oaklander, 1994:149).

Strengthening the sense of self is another important component of healthy contact making (Blom, 2006:102). In Gestalt theory this is a major part of the therapy process. Without a stronger sense of self, the individual is not able to know themselves and express themselves fully. A person with a strong sense of self has self-knowledge, they are aware of their strengths, weaknesses, likes and dislikes. They are comfortable about who they are and are able to accept that they are different from others (Blom, 2006:102). "To empower the self one must know the self" (Oaklander, 2007:27). Awareness-based activities thus also include activities that will enhance knowledge of the self and the environment as, in Gestalt theory, awareness also includes knowing oneself and knowing the environment (Corey, 2013:201).Gaining new insights into the self and experimenting with new ways of being are central to the growth group experience (Toseland & Rivas, 2005:25).

Gestalt therapy aims to increase awareness of needs, self-knowledge, self-acceptance, and making choices and taking responsibility for these choices (Blom, 2006:52-53). In this way, the individual becomes a more self-

supporting entity, able to identify needs and find ways to have them met, but acknowledging the need to have healthy contact with the environment in order to have certain needs met. Healthy individuals are those who are able to experience clearly what their own needs are and recognise resources within the environment which help them to fulfil those needs (Carroll & Oaklander, 1997:185). Carroll and Oaklander (1997:185) state that life is not passive, but individuals must move towards that which can help to fulfil their needs. Similarly, Ungar (2008:225) states that a resilient individual is one who is able to navigate towards and negotiate for health-sustaining resources in order to have identified needs met. Once this point is reached, healthy contact between the individual and the environment can be made and contribute to resilience. As growth group members participate in the group work process, within a safe atmosphere of sharing, listening and mutual support, the group members' recognition of resources within the group members can be expected to increase. Increased awareness through experiential awareness activities together with group feedback and support from the group, could also empower group members to navigate and negotiate for resources needed outside of the group context. This process is diagrammatically presented in Figure 3.2.

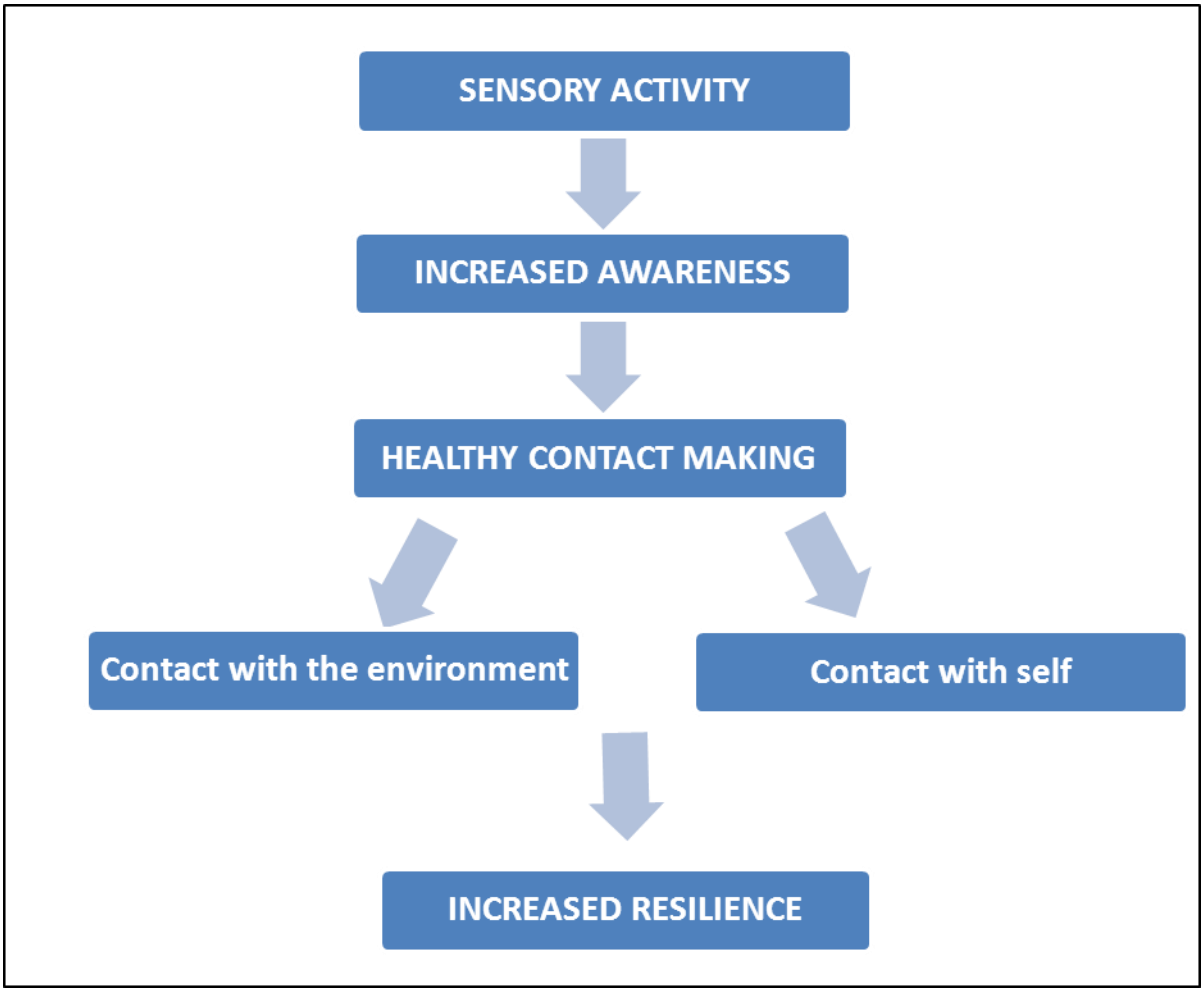

Figure 3.2. Increasing resilience within the Gestalt group work context

According to Woodcock (2001:9-12), group work in itself, due to its characteristics, is an effective way of promoting resilience in individuals. In this regard, groups provide common narratives, encourage growth of identity, create safety, and encourage expression. As group members share their individual struggles through their narratives, they experience commonality and their sense of isolation is reduced. Out of this sharing, deeper levels of exploration often occur within individual group members as well as the group as a whole.

The strengths perspective proposes that all people possess knowledge, skills, and capacities to help them move towards change, solve their problems and meet their needs (Saleebey, 2000:129). These inherent capacities can be harnessed through the group work process as strengths-based group work focuses firstly on the client's strengths and not on their problems (Lietz,

2007:74). The strengths-based approach assumes a person or group has inherent strengths, resources, coping abilities, and the capacity to change. This approach also assumes the individual client or group member is the expert, not the facilitator (Poulin, 2000:4). Thus, the helping relationship from a group work perspective is based on collaboration between facilitator and group members (Lietz, 2007:74), rather than the facilitator being in the role of "educator" or "leader", the facilitator joins in with group members in their journey of discovery; similar to the role of therapist in Gestalt Therapy (Corey, 2013:202). This is an empowering process as identifying strengths and resources within individuals in the group and within the group process itself is resilience-building.

A person's ethnic, religious and spiritual beliefs are central to their identity and this identity is co-constructed within the context of the group (Woodcock, 2001:10). The many stressors and problems in an individual's life tend to have a fragmenting effect, impacting negatively on the individual's identity. Evidence from literature is that traditional family values and relationships in South Africa are changing (Mokone, 2006:187; Nhongo, 2004:2), thus ultimately challenging the beliefs and identities of individuals, families and communities. It is therefore important to remember that a group always exists within the context of a community, which influences its purpose (Toseland & Rivas, 2005:13). According to Ungar (2008:225), culture and context have a significant impact on resilience in that they should provide health resources and opportunities for the individual to experience well-being. The group experience can be seen as one way of providing a context for resilience to be fostered. Group work "presents a way of looking at life holistically in the midst of fragmenting experiences" (Woodcock, 2001:10).

Group work could further contribute to increased resilience as it is a way of establishing safety. The group should be a place of safety in which negative feelings are allowed to surface and be worked through (Woodcock, 2001:11). The group should provide an environment where members can make positive connections with others without being rejected or feeling a sense of shame about their experiences. The group becomes a "safe laboratory" where

exploration and experimentation can take place without fear of rejection (Oaklander, 2007:175). Group work based on a strengths perspective takes place within the context of relationships which are hope-inducing (Rapp et al., 2005:82). The relationships should be purposeful, accepting and empathetic, increase participant's perceptions of their abilities, increase their perceptions of their opportunities, and increase their confidence to make choices and act on those choices (Rapp et al., 2005:82).

Finally, the group should be a place where repressed and/or negative emotions can be expressed and hidden strengths can emerge and be recognised (Woodcock, 2001:12). According to Ungar (2008:227), relationship factors such as appropriate emotional expression, the presence of positive role models, meaningful relationships and peer group acceptance are all important in the life of a resilient individual. A group can be the forum in which members can identify successes, skills and competencies, fostering an open and supportive space: "A strengths-based focus offers members an opportunity to move beyond negativity" (Lietz, 2007: 84).

3.6 THE USE OF ACTIVITIES IN GESTALT GROUP WORK

As described in Chapter 1, the research was done in a community where isiZulu is the predominant language. In her work as social worker at an organisation delivering social services in the community, the researcher often had to use the services of an interpreter to communicate with clients and community members. For this reason, the group work for this study was activity based in order to help overcome language barriers. The use of activities or experiments is a significant part of Gestalt therapy (Corey, 2008:282; Jacobs et al., 2009:310).

The Gestalt growth group aimed at enhancing awareness and contact thus comprised of action, experimentation, and movement activities in order to make use of contact functions and enhance awareness. Movement exercises, according to Jacobs et al. (2009:213), are those which require one to do something of a physical nature. This might include activities such as deep breathing, mirroring a partner's moves, singing, storytelling, clapping, making

play dough and beating drums. The use of activities as well as the physical use of the body brings one into the here and now simply because one has to be aware of what one is doing (Leahy, 2004:116). This is supported by the following statement by Wolfert and Cook (1999:5): “Action completes awareness, whether the work is small and detailed or larger and more expressive.”

The use of movement or any awareness exercise or activity should be accompanied by verbal reflection and discussion within the group (Meekums, 2002:14). Du Preez (2009), a movement practitioner, confirmed the value of discussion following an awareness related exercise, as it provides the opportunity for the practitioner to facilitate discussion on the emotions that may emerge following the activity. Meekums (2002:14) describes a four-stage cyclical creative process for this purpose, consisting of the stages of Preparation, Incubation, Illumination, and Evaluation. The preparation stage is the assessment and the establishing of a safe environment in which the work can take place, building relationships and the enhancement of group cohesiveness. This is followed by a main awareness activity, such as a creative activity. The stages of Incubation (creative thought processes) and Illumination (the emergence of insights linked with reality) may occur during and after the main activity. During the evaluation phase, attempts are made to link awareness and insight with the participant’s own life experience, wishes, feelings or thoughts. This process of linking experience and awareness is therefore similar to that of creating awareness through Gestalt group work.

Levin and Davies (2008:378) state that alternate forms of therapy are necessary in the climate of a growing HIV and AIDS pandemic in South Africa. They state that an important strength of alternative forms of therapy is that they transcend cultural and language barriers, whilst addressing emotional needs. Over time movement and activities have been a relevant and culturally significant means of expression across many cultures (Harris, 2007:139; Roux, Edwards & Hlongwane, 2007:2). Shabangu (2009) and Khoza (2009) have used various creative and movement activities with care-givers of vulnerable children in the Zulu cultural context. They report that these

activities are also appropriate for more elderly respondents as they do not require strenuous physical exertion. In the context of this research, the use of awareness activities or experiments can transcend the language barrier, as it allows communication on a non-verbal level.

The value of the use of activities/experiments in group work in transcending language barriers is also highlighted by Levin and Davies (2008) who presented art therapy groups for care-givers of children orphaned by AIDS. They point to the increasing need for therapeutic interventions with communities affected by HIV and AIDS, while there are often language and cultural barriers preventing interventions to the neediest communities. They advocate for forms of therapy that can address these barriers and state: “Alternative forms of therapy…which are able to transcend language and cultural barriers whilst concurrently addressing emotional issues, should receive increased audience in order to begin to address this divide” (Levin & Davies, 2008:374).

Apart from the above advantages, Harris (2007:135) points to the fact that “[e]ngaging cultural resources, including those associated with creative artistic expression, have been shown to enhance communities’ resilience in the face of terror and deprivation... ” In writing about movement within the Zulu culture, Roux et al. (2007:10) state that movement increases energy, motivation and community connectedness. Meaningful relationships and cultural identification are important qualities of a resilient individual (Ungar, 2008:227). Similarly, Levin and Davies (2008:387-388) concluded that the group sessions served as a way of coping for members as positive changes were observed over the course of the sessions, including positive alterations in mood, the formation of friendships with others in the group, and relief of stress and tension. They observed that care-givers would arrive at group sessions with their minds preoccupied with their problems, but as each session progressed their stress lessened visibly as they engaged in the creative process, enjoyed the mutuality of being together, used their creativity and laughed together. They conclude that the sessions showed “The power of engaging in a creative

process with people in similar situations to oneself proved to not only be a healing experience but also an empowering one" (Levin & Davies, 2008:388).

The art-based group work by Levin and Davies (2008) provides evidence of how such a group could help to strengthen resilience with regards to all three dimensions of Grotberg's paradigm of resilience, "I have", "I am", "I can" (refer Table 2.2, chapter two). Through this group work process, relationships of trust among group members and with the facilitators were established: "Members experience the support of the group as the most valuable aspect of the art sessions" (Levin & Davies, 2008:384). One group member said; "It's nice because we now have new friends. Here we also grow physically and spiritually." Grotberg's Paradigm of Resilience states that trust is a major building block of resilience and that it can be defined as "…believing in and relying on another person or thing" (Grotberg, 1999:68). The supports around a person, in the form of human support as well as other types of resources, are essential to promoting resilience. This is what Grotberg's Paradigm refers to as the dimension "I have" (Grotberg, 1999:67).

Further, in the Art therapy group there were positive changes in terms of self-esteem. One member exclaimed "I have changed! I am rejuvenated!" (Levin & Davies, 2008:387). The group member made this exclamation as she completed a sewing project that was used as creative activity during the group. There was clearly a feeling of accomplishment, boosting her sense of self and positive self worth. Grotberg states that another important aspect of resilience is "I am", the development of inner resources of confidence, self-esteem and responsibility (Grotberg, 1999:67).

"I can" is the final dimension of Grotberg's Paradigm of Resilience. This relates to people's acquisition of interpersonal and problem solving skills (Grotberg, 1999:68). Those who are willing to take action and to try new things in order to deal with challenges in life develop resilience and contribute to the sense of "I can". One of the group members in the Art group stated "We learn a lot of things here, even things which we did not know before when just sitting at home" (Levin & Davies, 2008:386).

The researcher worked in a predominantly Zulu community where there was a high incidence of children being cared for by care-givers due to death of or abandonment by their parents. This required consideration of the needs of children, but also of their care-givers, as indicated by Levin and Davies (2008:375) who state: “As social workers adopt a systemic approach, they have the responsibility not only to introduce programmes to assist the children affected by poverty and HIV/AIDS, but also to intervene with the care-givers of these children.” With this study, the researcher thus aimed to explore the use of awareness activities in a group work setting as a culturally relevant and emotionally healing and nurturing way of enhancing the resilience of older care-givers of vulnerable children. For this purpose the researcher utilised a series of group work sessions, using activities/experiments linked to group discussion on constructs of resilience. In the Gestalt context, as well as in the cyclical creative process described by Meekums (2002:14), this allowed the respondents to link their creative projections in the awareness activity with their everyday experiences. An outline of the group work sessions is described in the next section.

3.7 AWARENESS-BASED GESTALT GROUP WORK FOR CARE-GIVERS CARING FOR VULNERABLE CHILDREN

The group work sessions for this research were designed by the researcher specifically for care-givers of vulnerable children. This group work is in the context of Gestalt group work theory. The content of the Gestalt group work sessions was designed to use experiential activities and exercises that aimed to facilitate awareness of the group members (Blom, 2006:92; Corey, 2008:282; Jacobs et al., 2009:97). When an individual has increased awareness, they increase their ability to recognise and use their inner resources and capacity. Awareness-based activities were further used in order to cross the language barrier between the researcher and the group members.

The goal of the Gestalt group work sessions was in line with the type of group, namely the growth group. A growth group is focused on increasing members’ awareness in their own thoughts, feelings and behaviours regarding

themselves and others, and developing their capabilities to the fullest extent possible. The focus is on promoting member's socio-emotional health, rather than remediating socio-emotional illness (Toseland & Rivas, 2005:24, 25). Growth groups are focused on self-improvement and personal growth of group members and should be empowering in nature (Poulin, 2000:83).

The content of the group work sessions was planned to address aspects of resilience. Each group work session was structured to allow for the four phases in the creative process when utilising activity-based interventions, as described by Meekums (2002:14), as well as for the emergence of awareness as a primary goal of Gestalt group work (Corey, 2008:282; Jacobs et al., 2009:310). As most of the respondents in the group were not proficient in English, the groups were conducted in isiZulu and the researcher was assisted by a translator. Due to the language barrier, activities (or experiments) formed a large part of the group as it made the group less reliant on verbal communication. These activities were selected so as not to be too physically strenuous or demanding, given the fact that group members were elderly care-givers. The structure of each group work session was as follows:

Table 3.2. Structure of group work sessions according to the creative process of Meekums (2002)

Activity	Stage (Meekums, 2002)
Ice breaker	Preparation • establishing a safe environment • building relationships • enhancing group cohesion
Main awareness activity	Incubation: • creative thought processes Illumination: • emergence of insights linked with reality (awareness)
Discussion	(Continuation of incubation and illumination) Evaluation:

	• linking awareness and insight with participant's own life experience, wishes, feelings or thoughts

The group work consisted of eight sessions. After the first introductory session, six sessions were structured around aspects of resilience. The content of the group work sessions was planned around activities that could facilitate awareness and discussions around aspects that support the building blocks of the three dimensions of resilience, as indicated in Table 2.2 and discussed in point 2.6 of chapter 2. These included awareness of belonging and cooperation (session 2), support and intra- and interpersonal resources (session 3), fostering belonging, culture and identity and creativity (session 4), community sources and access to resources (session 5), creativity and problem solving (session 6) and personal coping strategies and self-nurturing (session 7). The last session was used for summarising and termination of the group work. The content, objectives, activities and materials used for each of the eight group work sessions are summarised in Table 3.3 below:

Table 3.3: Outline of the awareness-based Gestalt group work sessions

Session 1	Introduction
Objectives	• To build relationships between group members • To foster a sense of belonging to the group as a whole • To introduce group members to the group work process
Activity	The "name" ice-breaker was used. Each person shared what their name is and what it means and why that name was given to them. The expectations and "comfort rules" for the group were established by the group members. The main activity was a "getting to know you" game where the facilitator asked group members to find a person in the group who had done something in particular during their life, for example, someone who had swum in the sea before. They had

	to talk about this experience together. A series of four other questions of this nature were asked and group members moved amongst each other.
Materials	Flip chart paper and markers
Session 2	Relationship building
Objectives	• To strengthen relationships between group members • To foster a sense of belonging to the group as a whole • To establish an atmosphere of fun and humour • To explore creativity and problem-solving
Activity	The ice-breaker was for each person to say their name and then clap a short sequence of claps for everyone else to copy. Each person was encouraged to have their own unique sequence of claps. The main activity was to use team work in smaller groups to communicate non-verbally. Each sub-group had to think of an ordinary household item that they could enact so that the others could guess what they were representing. This was followed by a discussion about the importance of team work and the need we have for one another in our lives. The session ended with a deep breathing exercise.
Materials	Not applicable
Session 3	Awareness of intra- and inter-personal resources
Objectives	• To make group members aware of the importance of finding support and resources in others; someone to trust • To enhance awareness of intra-personal resources • To experience the use of creativity • To be aware of nurturing of the self
Activities	The trust exercise was the icebreaker with a volunteer in the middle of the group who closed her eyes and trusted the other

	group members to keep her upright as she leaned against them. Bowls of buttons were placed on the table in the room and group members were invited to look through the buttons and choose a button that they felt represented them in some way. Similarly they were asked to choose a button to represent their families. A discussion was held thereafter for those who chose to share about their button choices. The session ended with group members standing in a circle together and massaging one another's shoulders.
Materials	Several bowls of buttons of various shapes, sizes and colours
Session 4	Creativity and self-nurturing
Objectives	• To foster a sense of belonging in the group • To foster a sense of culture and identity • To experience humour and fun • To become aware of one's own creativity • To experience self-nurturing and interpersonal support • To enhance the sense of self
Activities	The group made sock puppets. Each person chose her own sock and whatever other materials she wanted to make up the puppet. The facilitator had an example present for reference, but group members were encouraged to do what they felt like. When group members were finished they went into pairs and introduced their puppets to one another (they were encouraged to create an identity for the puppet with a name and age). Group members were encouraged to take the puppets home and use them to remind themselves of something that they made well with their own hands. The group session ended with group members giving a signal of encouragement to one another, the "Pasha Pasha".

Materials	Old socks Cotton thread Needles Buttons Bits of fabric
Session 5	Awareness of community resources
Objectives	• To identify resources of support within the community • To foster coping skills • To raise awareness of meaningful relationships that already exist between group members and organisations and/or individuals within the community • To encourage group members' initiative to access to resources of all types
Activities	The group session started with an icebreaker in which the facilitator asked the group members to tell one another a story about their grandchild(ren) that made them laugh. The main activity was to draw a basic map of the community and ask group members to name all of the resources in the community. Twenty four different people, places and organisations were named. The facilitator then asked group members to rate each resource as to whether they were unhelpful/helpful/ sometimes helpful. The session ended with the "circle sit" game where the group had to stand in a tight circle and lean against one another without falling over.
Materials	Flip chart and flip chart paper Markers Red, white and blue stickers
Session 6	Building the sense of self and group problem solving
Objectives	• To strengthen group members' sense of self • To enhance creativity and problem-solving

	• To create awareness of resources and support • To make group members aware of coping strategies and skills
Activities	The group started with an icebreaker of group members introducing themselves with a positive adjective added to their name. There were two main activities. The first was demonstrated by the facilitator, translator and a volunteer from the group. The three had to work together in a repetitive sequence. Then another volunteer from the group had to do her best to interrupt the sequence. The group had a discussion about the importance of team work and creativity in problem solving. The second main activity was role plays. The group was divided into two and each group had to role play a common problem at home. The other group watched and together all group members discussed problem-solving possibilities together. The group members did a deep breathing exercise to end off the session.
Materials	Not applicable
Session 7	Self nurturing and preparation for termination
Objectives	• To reflect on coping strategies that group members discovered during the group work sessions • To enhance group members' sense of self and to experience nurturing within the group • To prepare group members for termination
Activities	As an ice-breaker, the facilitator asked the group members to recall a song or game from childhood.

	A whole array of objects such as shells, ribbons, beadwork and costume jewellery were laid out on the table. Group members were asked to choose something to take home with them that would remind them of the group and what they have discovered regarding coping strategies. The group discussed this together afterwards as well as the imminent termination of the group. The group members had all brought their sock puppets they had made in a previous session with them and photographs were taken of group members with their sock puppets. We ended off with the “Pasha Pasha” encouragement.
Materials	An array of various objects such as shells, ribbons, pieces of beadwork and costume jewellery.
Session 8	Termination
Objectives	• To terminate the group work • To celebrate the life of the group
Activities	The group reviewed the expectations of the group members which were established in the very first group work session. Group members shared what they had enjoyed about the group and about what has changed for them since attending the group. Finally, group members discussed tentative plans to continue meeting in the future as a group on an informal level. Certificates of participation were given out to each group member as well as a photograph of themselves with their sock puppets. A party celebrating the group was held.
Materials	Refreshments Certificates Photographs

3.8 CONCLUSION

Gestalt therapy is primarily concerned with the healthy functioning of the whole person in the present moment. The individual is made up of mind, body, emotions and senses. An individual's ability to live in the present moment is also known as their awareness. Awareness of the self in relation to one's environment is essential to personal health and growth. Awareness enables the individual to know themselves with all of their strengths and limitations and know their needs in order to have them met. Awareness also enables the individual to make contact with those in their environment through the senses. Healthy contact or relationships with others as well as with the self are indicators of a resilient individual.

The group in this research was a growth group that was intended to give members the opportunity to share of themselves and their experiences and in so doing, to give and receive support to one another. The group work was designed to be experiential in nature and although it relied heavily on awareness-based activities, there would be opportunities for discussion and verbal reflection in every session. This was not an educational group and so the focus was not on imparting knowledge or information. The group members themselves would be treated as "experts" on their own situations and regarded as having their own solutions, in line with a strengths-based approach.

In the next chapter the researcher will explore how the respondents responded to the group work sessions and whether it in fact had an impact on their resilience. The focus is on the analysis and interpretation of the quantitative and qualitative data collected from respondents before and after the Gestalt group work sessions.

CHAPTER 4
RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

4.1 INTRODUCTION

In South Africa a large percentage of children are being cared for by care-givers other than their biological parents. In the province of KwaZulu-Natal, where this study was conducted, it is estimated that in the year 2009, 25% of children have lost one or both parents due to all causes (South African Human Rights Commission & UNICEF South Africa, 2011:51). This alludes to the great need for care-givers of vulnerable children. As indicated in Chapter 2, care-givers of vulnerable children face numerous challenges that may lead to care-giver burnout and negatively impact on their care-giving capacity. In Chapter 3, the researcher presented the awareness-based Gestalt group work sessions aimed at enhancing the resilience of care-givers in an impoverished semi-rural community where material and social work resources are too limited to respond to the needs of the care-givers of vulnerable children.

This chapter will focus on the research methodology that was followed, the ethical considerations and presentation of the empirical findings of the study.

The goal of this study was to explore whether participation in awareness-based Gestalt group work sessions would enhance the resilience of care-givers of vulnerable children. The following objectives were identified in order to reach the goal:

- To conceptualise theoretically resilience within the context of the care-givers of vulnerable children.
- To conduct an empirical study to explore the influence of Gestalt group work based on awareness activities and constructs of resilience on the resilience of care-givers of vulnerable children.
- To draw conclusions and make recommendations based on the findings of the empirical study regarding the use of Gestalt group work to enhance resilience in care-givers of vulnerable children.

As the research followed a mixed methods approach, the research was guided by both a hypothesis and research questions.

The hypothesis for the study was stated as follows:
If care-givers of vulnerable children engage in awareness-based Gestalt group work, then their resilience will increase.

The following research questions guided this study:

1. How do care-givers of vulnerable children perceive key aspects of their own resilience after completing the awareness-based Gestalt group work sessions?
2. How did respondents experience the awareness-based Gestalt group work sessions?

4.2 RESEARCH METHODOLOGY

4.2.1 Research approach

A mixed methods research approach was employed in this study as both qualitative and quantitative data needed to be collected (Delport & Fouché, 2011:435). A mixed methods research approach implies the use of both quantitative and qualitative methods and is used when one research approach is not considered complete enough to answer a complex research question (Cresswell, 2009:203; Delport & Fouché, 2011:443; Ivankova et al., 2007:260). The quantitative part of the study was concerned with measuring respondents' resilience before and after attending the group work sessions. The qualitative part of the study was more concerned with the respondents' own subjective thoughts and feelings regarding aspects of resilience before and after the group work sessions as well as gaining information about their experience of the group work sessions.

4.2.2 Type of research

This research was an applied research study. Applied research is aimed at solving immediate problems in practice, in other words "... the scientific planning of induced change in a troublesome situation" (Fouché & De Vos, 2005:105). Applied research is focused on a specific concern or problem.

Non-scientists are the primary audience of applied research, including practitioners such as teachers, social workers, and decision-makers such as managers, committees and officials (Neuman, 2006:25). The study was an exploration as to whether participation in awareness-based Gestalt group work could enhance the resilience of care-givers of vulnerable children.

4.2.3 Research design and methods

4.2.3.1 Research design

The research design serves as "... a plan outlining how observations will be made and how the researcher will carry out the project (Monette, Sullilvan & De Jongh, 2008, in Fouché, Delport & De Vos, 2011:143). A mixed methods research design was followed in this study. This study aimed to explore whether attendance of awareness-based Gestalt group work sessions could enhance the resilience of care-givers of vulnerable children. For the quantitative part of the study, structured interviews were the dominant manner in which data were collected. Within the same time frame semi-structured interviews were used to follow up on the information on resilience, but in addition it focused on the respondents' experience of the group work sessions. As such the qualitative research design was embedded in the dominant quantitative design; thus an embedded mixed methods design (Delport & Fouché, 2011:443) was followed.

A quasi-experimental research design, more specifically the comparison group pre-test-post-test design was implemented in the quantitative part of the study (Fouché & De Vos, 2005:140). A true experiment always has all of the following characteristics: it always has a control and an experimental group, there is a random selection of respondents, and there is always a pre-test and post-test (Fouché & De Vos, 2005:141). A quasi-experimental design is similar to the experimental design; however the respondents for the sample group are not randomly selected (Fouché et al., 2011:149).

The comparison group pre-test-post-test design is characterised by the presence of an experimental group as well as a comparison group (Fouché & De Vos, 2005:140). The experimental group was exposed to the independent

variable, in this study the Gestalt group work sessions. The comparison group was not exposed to the independent variable. Both the experimental group and the comparison group received the same pre-test and post-test at approximately the same time.

For the qualitative part of the study, the researcher made use of the collective case study design to gather additional information from each respondent regarding her individual perception regarding resilience, before and after the group work sessions. In addition, information was gathered from the respondents in the experimental group on their experience of the group work. The collective case study was utilised as it "furthers the understanding of the researcher about a social issue ... being studied" and allows for cases to be compared (Fouché, 2005:272).

4.2.3.2 Population, sample and sampling method

The population in this study was female care-givers of vulnerable children who resided in the researcher's geographical location of work, a semi-rural area in the KwaZulu-Natal province. The population was thus the individuals about whom the researcher wished to make specific conclusions and from whom the sample would be drawn (Welman et al., 2005:52).

Twenty (20) care-givers of vulnerable children were selected as a sample for the study; 10 for the experimental and 10 for the comparison group. The sampling criteria were as follows:

- the care-giver is female
- the care-giver's own children should not be dependent on her
- the care-giver should be caring for one or more children who is not her own biological child.

The first 20 care-givers, who fitted the above criteria and were willing to participate in the research, were included in the sample.

Non-probability sampling was used in this study. This type of sampling is done without randomisation and therefore not everyone in the population had the same chance to be selected (Strydom, 2005:198-201). As the researcher did not have knowledge of the sampling frame, snowball sampling was used for the study (Strydom, 2011:233). The researcher started with one known person who fitted the sampling criteria (Welman et al., 2005:69) and who was not receiving services from the NGO where the researcher worked. This person then gave the researcher the name of another person whom the researcher made contact with. This process was repeated until researcher had found twenty respondents. A simple random method was then used to assign respondents to the experimental and comparison groups. The researcher wrote the names of the respondents on pieces of paper, which were put into a container. The names were then randomly taken from the container and alternately divided into an experimental and a comparison group. One respondent in the comparison group chose to opt out of the research process after the pre-test interview stage. The final sample thus consisted of 19 respondents.

4.2.3.3 Data collection methods

- **Quantitative data collection**

Structured interviews were conducted with respondents in both the experimental and the comparison groups before and after the Gestalt group work sessions were implemented. This served as a pre- and post-test to measure resilience. The pre- and post-test interviews with the comparison and experimental groups were conducted within the same time frame.

The structured interview was based on a structured interview schedule in the form of a questionnaire (Welman et al., 2005:165). Each statement ws read and the respondent's response recorded on a standardised schedule with pre-coded answers. The researcher made use of statements that would allow her to obtain data of a more subjective nature, for example about dispositions, attitudes and opinions (Delport & Roestenburg, 2011:201). This type of data collection is well suited in situations where respondents have low literacy levels (Delport & Roestenburg, 2011:186), as was the case in this study. As

the interview was conducted through an interpreter, the interview schedule was also translated into isiZulu.

The structured interview schedule was developed based on the most important theoretical constructs of resilience as found in current literature and described in the literature review of this study (refer Table 4.1). The design of the structured interview schedule was further guided by the information needed by the researcher.

Table 4.1. Constructs of resilience used for the structured interview

Grotberg's Paradigm of Resilience	Major Constructs	Sub-constructs
I HAVE	Trust	Having relationships
		Building group relationship and cohesiveness to create a nurturing, accepting environment
		Peer group acceptance
	Inter-personal resources	Cultural and religious practices and identification
		Local community resources that are accessible and helpful
		Access to physical resources to meet basic needs
		Positive role models within the group
		Family/neighbour resources
		Good, strong family relationships
I AM	The Self/Intra-personal resources	Self-awareness
		Self-efficacy; able to identify own strengths and weaknesses
		Self acceptance
		Opportunity for self-betterment
		Having goals for self

		Balance between dependence and independence
		Sense of hope
		Sense of humour, imagination and fun
I CAN	Problem solving	Having ability to solve problems
		A positive, creative outlook
		Physical energy to deal with everyday life and problems
		Desire to try/start new things
		Perseverance

The development of the structured interview schedule kept in mind the important aspects of validity and reliability. Validity indicates the extent to which the instrument measures what needs to be measured, while reliability refers to the ability of the instrument to measure the same aspect consistently (Delport & Roestenburg, 2011:172-3,177). The researcher employed different measures to support validity, as described in Delport and Roestenburg (2011:173-175). To enhance content validity, different items were included in order to measure the same construct. As indicated in Table 4.1, for example, different sub-constructs were identified for the “I have” construct of resilience, amongst others relationships, peer group acceptance, cultural and religious practices and resources. The structured interview schedule included statements that would specifically focus on these aspects (questions 1 – 13). Face validity required the inclusion of questions that at face value had to appear to measure constructs of resilience. Statements were thus formulated to include words such as ‘relationship’, ‘friends’, ‘ask for help’, ‘traditions’ and ‘culture’. Criterion validity was supported by including various criteria that measured the same construct. In this study it included different behaviours and attitudes that would provide more objective evidence of the presence of resilience. To enhance construct validity, the researcher consulted literature for indicators of resilience that could support the different constructs in Grotberg’s paradigm of resilience. As an example, the major constructs to

support ‘I have’ was found to be trust and interpersonal relationships. Each of these were represented by a number of sub-constructs (refer Table 4.1) that would be included in the statements in the interview schedule.

In an attempt to increase the reliability of the structured interview schedule, a number of statements were included to measure each main dimension of resilience, the interview schedule was pilot tested to get an impression of the level of difficulty of the instrument, and a uniform scoring procedure was used (Delport & Roestenburg, 2011:177).

The interview schedule was further economically designed so that the respondents could convey as much needed information in as few statements as possible (Delport, 2005:170). In this study, the researcher designed the structured interview schedule to be as concise as possible to prevent respondents from being overwhelmed or intimidated by the process. A concise questionnaire also served to prevent misunderstandings that could occur when conducting an interview through an interpreter. (Structured interview schedule attached as Appendix 1)

A pilot test of the interview schedule was conducted to ensure that errors and ambiguities can be eradicated (Delport, 2005:171). Through the pilot test, an impression of the feasibility of the structured interview questions and the data obtained could be made. The researcher enlisted the assistance of two isiZulu speaking social work colleagues to read through the questions to test it for accuracy and clarity. The interview schedule was then pilot tested with two isiZulu care-givers who did not participate in the study itself.

Due to their socio-economic and historical background, most respondents in the study were either semi-literate or illiterate. The structured interview allowed for uniformity in that all statements were posed to respondents in exactly the same way, which could help to prevent bias. It also allowed for the questions to be asked verbally in isiZulu. The interpreter was briefed beforehand to state the questions in exactly the same way they were on the interview schedule.

- **Qualitative data collection**

A **semi-structured interview** was conducted with each respondent before and after the group work sessions. The semi-structured interview was based on a pre-determined set of questions which served to guide, rather than dictate, the interview and was regarded as an appropriate data collection method when wishing to obtain information about respondents' beliefs, perceptions, or accounts (Greeff, 2005:296). The semi-structured interviews focused on two aspects. The first section focused on aspects of resilience in order to enrich the quantitative data. In this section, questions were asked to obtain information relating to Grotberg's three dimensions of resilience, namely 'I am,' 'I have' and 'I can.' The questions in the second section focused on the experiences of the respondents regarding the group work sessions (Semi-structured interview schedule attached as Appendix 2) and was thus only applicable to the respondents in the experimental group.

The semi-structured interview schedules were translated into isiZulu and **pilot tested** with the same persons as in the structured interview. These interviews were conducted with each of the respondents before the first group work session and after the last group work session, with the interviews for the experimental group and comparison group conducted roughly within the same time frame. Interviews were audio-taped with the knowledge and permission of the respondents and assisted the researcher to accurately document the responses of the respondents. The information gathered in the section on resilience, that was applicable to the experimental and comparison groups, was also used for triangulation of the qualitative with the quantitative data (Schurink et al., 2011:420).

4.2.3.4 Data analysis

The process of data analysis itself does not provide answers in terms of the information collected, the information collected needs to be given meaning. Analysis is the categorisation, ordering, manipulating and summarising of data collected, thus: "Interpretation takes the results of the analysis, makes

inferences pertinent to the research relations studied and draws conclusions about these relations" (Kruger et al., 2005:218).

- **Quantitative data analysis**

The quantitative data analysis was conducted through the use of a data analysis programme, the Statistical Package for the Social Sciences (SPSS) 20 (IBM, 2012). The data was analysed according to the three main dimensions of resilience that formed the basis for the structured interview schedule namely "I am", "I can" and "I have." For each of the three constructs, the pre-test mean scores were measured for the experimental group (E1) and subsequently for the comparison group (C1) by using the Mann-Whitney *U* test and a comparison drawn between the pre-test mean scores of the two groups. Thereafter the post-test mean scores for each of the three constructs were measured for the experimental group (E2) and the comparison group (C2) and post-test mean scores were compared in similar manner.

Subsequently the pre- and post-test median scores were of the experimental group (E1, E2) were compared, using the Wilcoxon Signed Rank test. The pre-and post-test median scores for the comparison group (C1, C2) were similarly compared. The levels of significance in differences between the different tests were presented as the p-value (refer Table 4.8) and the researcher presents the quantitative research findings in a descriptive format in this research report.

- **Qualitative data analysis**

In the qualitative data analysis, the researcher followed the process of qualitative data analysis as outlined by Shurinck, Fouché and De Vos (2011:407). This includes managing the data, reading and writing memos, generating categories and coding data, testing emergent understandings, interpreting and developing typologies and presenting the data.

The researcher recorded the information gathered in the interviews by writing field notes and audio-recording the interviews and the responses as they were

translated to the researcher. A process of managing the data (Schurink et al., 2011:408) was undertaken as data were transcribed, typed out on computer and organised into computer files. Further, the data were read over a number of times in which the researcher became so familiar with the data that themes, categories and patterns could be identified. This is referred to as reading and writing memos (Schurink et al., 2011:409). This process enabled the researcher to get an overview of the data before starting the process of breaking it down into separate parts. The researcher spent much time reading and re-reading the transcripts and making notes. Initial patterns and themes started to emerge.

The data were then grouped into categories and coded. Schurink et al. (2011:410) state that category formation is central to the qualitative data analysis process. The researcher built on her initial observations and notes and identified salient themes, recurring ideas and patterns and these were then coded. The researcher made use of different coloured pens to code the emerging themes. As themes start to emerge the researcher should test emergent understandings. There needs to be constant evaluation regarding how useful the data are in answering the research question and critical reflection upon emerging themes should take place on an ongoing basis (Schurink et al., 2011:415). The researcher thus critically reviewed the data to test and search for alternative explanations.

The data were then interpreted and typologies developed (Schurink et al., 2011:416). This is the process of making sense of the data and building a conceptual framework to interpret the data. The researcher made use of Grotberg's Paradigm of Resilience (2009) as a conceptual framework to interpret the data. Finally, the data is represented in text and visual presentation in the empirical findings in this chapter.

Researchers should pay attention to enhancing the trustworthiness of qualitative research (Schurink et al., 2011:422). The researcher made use of an audit trail to critically analyse the research process to be aware of her own perspective and authority, in an effort to enhance objectivity. As an interpreter

was used for interviews, the researcher confirmed that she understood the translated content correctly. This was further assisted through the transcriptions of the interviews to get better insight into the data. The researcher engaged in reflexivity in order to be aware of her own perspectives, specifically in a research environment where the respondents were of a different culture and spoke a different language to the researcher.

4.3 ETHICAL ASPECTS

Neuman (2006:129) states that all research has an ethical-moral dimension. A social research study should be marked by sound ethical practice. “Ethical guidelines also serve as standards, and a basis upon which each researcher ought to evaluate his own conduct” (Strydom, 2005:57).

4.3.1 Avoidance of harm

This aspect includes both physical and emotional harm to respondents (Strydom, 2005:58; Neuman, 2006:132). Although awareness activities were used in the group work sessions for this study, the researcher ensured that activities carried little physical exertion and were safe particularly for the less able-bodied members of the group. In some instances during the research process, certain respondents chose to not answer certain questions or to not participate in certain activities. They were given freedom to do so by the researcher and their right to withdraw temporarily or completely was upheld.

In the study there was also the possibility of emotional harm due to the subject matter of the study being close to the respondents’ everyday reality. Emotional harm could occur when respondents are placed in an embarrassing, stressful, unpleasant or anxiety-producing situation (Neuman, 2006:132). The researcher ensured that each respondent was fully and individually briefed through at least two individual information sessions prior to the beginning of the research. The potential respondents were fully informed of every step of the process and were aware of what to expect and that they would be able to withdraw at any point during the process, even in the middle of a session if they so wish. Respondents were made aware of the fact that they did not have to participate in discussions or activities that would make

them feel uncomfortable. The researcher clarified at the end of the interviews whether the respondents would need follow-up intervention by a social worker due to participation in the research. No referrals were necessary.

4.3.2 Informed consent

"A fundamental ethical principle of social research is: Never coerce anyone into participating; participation must be voluntary" (Neuman, 2006:135). Informed consent means giving respondents all possible information regarding the research process, which includes the goal of the study, procedures to be followed, possible advantages and disadvantages of participation, and the credibility of the researcher (Strydom, 2005:59).

In this study, the researcher and translator met with each respondent twice before commencing the group work sessions. A letter detailing all aspects of the study in writing was read through with each of the respondents and they were asked to sign as an indication of their voluntary participation, as well as the fact that they could withdraw if they wished to do so (Neuman, 2006:135). The informed consent letter was translated into isiZulu so that it could be presented to respondents in their own language in a uniform manner. (Informed consent letter attached as Appendix 3)

4.3.3 Confidentiality, privacy and anonymity

Taking steps to ensure privacy and confidentiality is especially important in a community where most people are familiar with one another. The respondent's privacy could easily be jeopardised with just a small amount of personal information being given in the research report. For this reason all involved in any given research should be sensitive to confidentiality (Babbie, 2004:13-14).

The researcher incorporated several measures to ensure the confidentially and privacy of respondents. Confidentiality was discussed with each respondent. As well as being dealt with on an individual basis as part of informed consent, the researcher also contracted with the group as a whole during the first group work session in order to ensure confidentiality in the

sessions. Confidentiality was also upheld by ensuring the respondents that their identities would not be made public (Babbie, 2004:66). Further, the translator who assisted the researcher was bound to confidentiality due to this role as translator at the agency where the researcher worked. Also, the researcher would not identify the name of the community from which respondents came. All research data is to be securely stored at the University of Pretoria in line with University policy.

In the group setting privacy was upheld by allowing respondents the choice as to what information they wished to share or not. Due to the face to face interviews and participation in the group work sessions, the anonymity of group members could not be ensured (Strydom, 2011:119-120).

4.3.4 Deception of respondents

There should never be any wilful, knowing deception of respondents in the research process (Strydom, 2005:60). There was no deception of respondents during this research process. Correct facts were given to respondents and there were no unrealistic promises made at any point.

4.3.5 Competence of the researcher

Competence of the researcher indicates that "[r]esearchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed investigation" (Strydom, 2005:63). Throughout the research process, the researcher worked within her abilities and competencies.

With regards to the implementation of the group work sessions, Jacobs et al. (2009:441) state that the group facilitator needs to be sufficiently skilled to deal with reactions which may be generated and must also allow adequate time for group members to process issues which may come into their awareness in the course of the group work. The researcher has had previous experience in conducting Gestalt group work and specifically with groups of isiZulu speakers within this community. Oaklander (2007:182) states that every group has a life of its own and it is the facilitator's role to be aware of and facilitate this. The researcher was aware of the need to spend a

substantial amount of time in the relationship building phase in order to help all group members feel safe and comfortable. The group was facilitated at the pace of the group throughout the series of group work sessions.

The researcher also needs to have competence in terms of cross-cultural work and refrain from making any value judgements (Strydom, 2005:63). The respondents for this research were isiZulu speaking, mostly older females. Sensitivity and understanding for cultural values and norms needed to be a prevalent part of the researcher's frame of reference. The researcher had worked cross-culturally in the social work field in South Africa for a total of four years and in this particular community for two years.

4.3.6 Cooperation with contributors

Contributors include any sponsors who sponsor the research project and any colleagues who assist the researcher in any way during the research process (Strydom, 2005:64). The researcher conducted this research with full knowledge and consent from her employing organisation. (Refer letter of permission to conduct research attached as Appendix 4)

4.3.7 Publication of the findings

Publication of the findings should ensure that as many people as possible have access to it; otherwise there is very little point in conducting research (Strydom, 2005:66). However, learning through the research findings is not for the researcher alone, but also for the respondents. Thus respondents should be given the opportunity to hear the findings and be debriefed (Strydom, 2005:66). This was achieved by having a follow up group session and sharing results with respondents of the experimental and comparison groups.

The researcher shared the results of the research with her employing organisation in the form of a presentation. If needed, a similar presentation would be offered to groups who have a special interest in care-givers of vulnerable children, such as local Non-Governmental Organisation Networks and government departments who work with children and their care-givers.

The findings of the research are presented in this research report and a copy will be available in the library of the University of Pretoria.

4.3.8 Debriefing of respondents

Debriefing should occur with respondents after completion of the research process (Strydom, 2005:66). Debriefing at the end of the research process was done individually with each respondent by the researcher and the translator. This served to discuss the respondents' experience of the research process and to deal with any questions or misunderstandings that might have emerged through the research process.

The research was ethically cleared by the Research Ethics Committee of the Faculty of Humanities of the University of Pretoria (refer Appendix 5).

4.4 EMPIRICAL FINDINGS

4.4.1 SECTION A: BIOGRAPHICAL INFORMATION OF RESPONDENTS

The biographical information of the respondents is presented with regards to their gender, age, home language, education, employment, presence of a spouse, number of and ages of the grandchildren and access to social grants.

Gender of respondents

All of the respondents in this study were female. This was due to the focus of the study on female care-givers of vulnerable children.

Age of respondents

The age of the respondents in the study is presented in Table 4.2 below.

Table 4.2. Age of the respondents

Age Range	Number
41-50 years	0
51 – 60 years	7
61-70 years	5
71 + years	7

All of the respondents were above the age of 50 years, with the majority (12 respondents) above the age of 61 years. It can thus be concluded that most of the respondents could be regarded as elderly care-givers.

Home language

All of the respondents except one were isiZulu speaking. One respondent was isiXhosa speaking but had sufficient understanding of isiZulu to participate in the group work as well as the structured and semi-structured interviews that were used for data collection.

Highest level of education of respondents

As indicated in Table 4.3, most of the respondents had either no education or completed elementary school education. Only three of the respondents completed secondary school education.

Table 4.3. Highest level of education of respondents

Level of Education	Number
None	5
Grade 1 – 3	4
Grade 3 – 7	7
Grade 8 – 10	1
Grade 10 – 12	2

Employment status of respondents

The employment status of the respondents is represented in Table 4.4. Only three respondents were employed. All three were self-employed.

Table 4.4. Employment status of respondents

Description	Number
Unemployed/Pensioner	16
Self-employed	3

Living with a spouse

Five of the respondents lived with their husbands. The other 14 respondents' husbands were either deceased or absent. The majority of children thus were cared for in a female-headed household.

Number and ages of grandchildren in care-giver's care

Table 4.5. Number and ages of grandchildren

Respondent	Number of children	Age groups and actual ages of the grandchildren (in years)		
		0 - 6 years	7 - 11 years	12 + years
1	2			12;17 yrs
2	3	5 yrs	8 yrs	12 yrs
3	1		9 yrs	
4	7	2 yrs		12; 12; 13; 15; 16;16 yrs
5	2			12; 16 yrs
6	2			14;18 yrs
7	4			15; 15; 17; 18 yrs
8	5	2; 4; 6 yrs	7; 10 yrs	
9	5	6 yrs	7; 7; 9 yrs	11 yrs
10	5	4 yrs	7 yrs	14; 17 yrs (20 yrs)
11	5	6 yrs	7; 9 yrs	11; 12 yrs
12	6	2; 4; 5 yrs	7; 9 yrs	17 yrs
13	2	5 yrs		(20 yrs)
14	4	3 yrs	7; 10 yrs	18 yrs
15	3	2 yrs		16 yrs (21 yrs)
16	2			14; 18 yrs
17	4	5 yrs		17; 18 yrs (19 yrs)
18	2	3; 6 yrs		
19	2			13; 14 yrs

As indicated in Table 4.5, most of the care-gives had more than one grandchild in her care. Only one (1) respondent had one (1) grandchild in her care. Five (5) respondents had two (2) grandchildren in their care, three (3) respondents had three (3) children and three (3) had four (4) children in their care. A further four (4) respondents had five (5) children in their care and one (1) respondent each had respectively six (6) and seven (7) children in her care. The number of grandchildren per caregiver thus varied between one and seven. All the care-givers took care of their own grandchildren (and in three cases great grandchildren). They were thus bound by direct family ties.

The grandchildren of the respondents represented all the stages of childhood as described by Berk, namely early childhood (0-6 years), middle childhood (7-11 years) and adolescence (12 – 18 years) (Berk, 2007:5-6). The majority of the children being cared for, namely 31 children, were in the adolescent life stage. Three (3) of the care-givers also cared for grandchildren that were already over 20 years old but were still studying and dependent on the care-givers. Seventeen (17) children were in the early childhood years and fourteen (14) children in the middle childhood years.

While eight (8) care-givers cared for children who were in one developmental stage, five (5) care-givers cared for children from two developmental stages and six (6) care-givers cared for children spanning all three developmental stages of childhood.

Respondents' access to social grants

Table 4.6. Respondents' access to social grants

Type of social grant	Number of respondents
Grant for Older Persons	15
Child Support Grant	14
Grant for Older Persons plus Child Support Grant	3
Care Dependency Grant	1
Disability Grant	1

With regards to Government grants as administered by the South African Social Security Agency (SASSA), all of the respondents received one or more government grants, as evident in Table 4.6. Fifteen (15) of the respondents received a Grant for Older Persons, six (6) respondents received a total of fourteen (14) Child Support Grants for children in their care and three (3) respondents received both of these grants. One (1) respondent received a Care Dependency Grant as one of the grandchildren in her care was a child with a disability, while one of the respondents received a Disability Grant for herself.

4.4.2 SECTION B: QUANTITATIVE RESEARCH FINDINGS

The quantitative data were collected through the use of structured interviews according to the structured interview schedule (Appendix 1). The quantitative data were gathered from all 19 respondents before (pre-test) and after (post-test) the eight awareness-based Gestalt group work sessions were conducted with the experimental group. The structured interview schedule was developed to gather data about the three main dimensions of Grotberg's paradigm of resilience, namely "I am", "I have" and "I can" (refer Table 4.1).

The quantitative data obtained from the structured interviews were analysed with the SPSS data analysis instrument. This allowed the researcher to organise and analyse the information. Non-parametric significance tests were conducted by means of the Mann-Wittney U test and the Wilconxon Signed Rank test (refer Table 4.8 below). Data was analysed according to the three main dimensions of Grotberg's paradigm of resilience and is presented in a descriptive manner and through graphic presentations. From this the researcher was able to make meaning of the data collected.

4.4.2.1 Quantitative results

The data of the pre- and post-tests of the study is presented and discussed in this section. Firstly the overall data on resilience collected from all respondents of the experimental and comparison group is discussed, after which the data for the three main dimensions of resilience is discussed.

Table 4.7 provides a summary of the responses of all the respondents for the pre- and post-test structured interviews on aspects of resilience. For data analysis purposes, all statements that required a negative response to indicate resilience have been changed into the positive. For example statement 3 originally stated: “I have no one in my life who I can ask for help”. In this table it had been changed to “There is someone in my life who I can ask for help”. This table serves to quantitatively indicate the resilience present in both the experimental and comparison groups, before and after the group work sessions. Only ‘agree’ responses are thus presented in the table.

Table 4.7. Indication of resilient responses

Statements	Experimental group				Comparison group			
	Pre-test		Post-test		Pre-test		Post-test	
	n (10)	%	n (10)	%	n (9)	%	n (9)	%
1. I have a good relationship with other care-givers/ (“agree”)	10	100	10	100	6	66	8	88
2. I have one or more friends who understands me (“agree”)	10	100	10	100	8	88	8	88
3. There is someone in my life who I can ask for help (“agree”)	8	80	7	70	5	55	5	55
4. I do not feel bad asking someone for help (“agree”)	0	0	0	0	1	11	1	11
5. If I need someone to look after the children for me, there is someone I can ask (“agree”)	7	70	7	70	7	77	9	100
6. There is someone in my life who I can ask for advice because I respect that person (“agree”)	9	90	10	100	9	100	9	100
7. My faith helps me to cope with life (“agree”)	8	80	10	100	9	100	9	100
8. I know my culture (“agree”)	10	100	10	100	9	100	9	100
9. I practice the traditions of my culture (“agree”)	10	100	10	100	8	88	9	100
10. I want to pass my traditions on to my grandchildren (“agree”)	10	100	10	100	9	100	9	100
11. There are organisations in my community where I can go for help when I need advice	4	40	7	70	6	66	7	77

(“agree”)								
12. There are sources in my community I can go to if I need help with food or clothing (“agree”)	3	30	3	30	2	22	4	44
13. I have good relationships with one or more of my family members (“agree”)	10	100	10	100	9	100	9	100
14. I have things that I like about myself (“agree”)	10	100	10	100	8	88	9	100
15. I have time to think about myself and what I need (“agree”)	10	100	9	90	9	100	9	100
16. I have time to do nice things for myself (“agree”)	3	30	2	20	2	22	4	44
17. I have a dream for my life (“agree”)	10	100	10	100	8	88	8	88
18. I feel that it is ok to ask for help from others sometimes (“agree”)	10	100	9	90	8	88	7	77
19. I feel that my life will improve even if things are very difficult sometimes (“agree”)	10	100	10	100	9	100	8	88
20. I enjoy talking and laughing with my friends (“agree”)	10	100	10	100	9	100	9	100
21. I Enjoy talking and laughing with my grandchildren (“agree”)	10	100	10	100	9	100	9	100
22. I do not feel overwhelmed being the care-giver of my grandchildren (“agree”)	1	10	5	50	1	11	2	22
23. I am a happy person (“agree”)	10	100	10	100	8	88	9	100
24. I think there is something good in my life (“agree”)	3	30	3	30	1	11	3	33
25. I keep trying until I find a solution to my problems (“agree”)	10	100	10	100	7	77	9	100
26. I like to try to learn to do new things(“agree”)	10	100	10	100	8	88	9	100
27. I never want to give up even though I have problems (“agree”)	1	10	2	20	0		1	11

The significance of the results was tested for each of the three dimensions of resilience. This is presented in Table 4.8.

Table 4.8. Non-parametric tests of significance

	Variables	***p*-value**	**Test**
"I am"	Difference in pre-test mean scores of experimental and comparison groups	0.035 *	Mann-Whitney U
	Difference in post-test mean scores of experimental and comparison groups	0.243	Mann-Whitney U
	Difference in pre- and post test scores of comparison group	0.167	Wilcoxon signed rank
	Difference in pre- and post test scores of experimental group	0.904	Wilcoxon signed rank
"I can"	Difference in pre-test mean scores of experimental and comparison groups	0.4	Mann-Whitney U
	Difference in post-test mean scores of experimental and comparison groups	0.549	Mann-Whitney U
	Difference in pre- and post test scores of comparison group	0.574	Wilcoxon signed rank
	Difference in pre- and post test scores of experimental group	0.15	Wilcoxon signed rank
"I have"	Difference in pre-test mean scores of experimental and comparison groups	0.356	Mann-Whitney U
	Difference in post-test mean scores of experimental and comparison groups	0.968	Mann-Whitney U
	Difference in pre- and post test scores of comparison group	0.394	Wilcoxon signed rank
	Difference in pre- and post test scores of experimental group	0.943	Wilcoxon signed rank

* $p < 0.05$

The following conclusions could be made based on the above:

"I am"

The pre-test mean scores of the experimental and comparison groups regarding "I am" responses were significantly different (p=0.035) (Mann-Whitney U test). However, the post-intervention mean scores of the experimental and comparison groups regarding "I am" responses were not significantly different (p=0.243) (Mann-Whitney U test). There was no significance difference between the "I am" scores of the comparison group from pre- to post-test (p=0.167). There was also no significant difference between the "I am" scores of the experimental group from pre- to post-test (p=0.904) (Wilcoxon signed rank test).

"I can"

The pre-test mean scores of the experimental and comparison groups regarding "I can" responses were not significantly different (p=0.4) (Mann-Whitney U test). The post-intervention mean scores of the experimental and comparison groups regarding "I can" responses were also not significantly different (p=0.549) (Mann-Whitney U test). There was no significance difference between the "I can" scores of the comparison group from pre- to post-test (p=0.574). There was also no significant difference between the "I can" scores of the experimental group from pre- to post-test (p=0.150) (Wilcoxon signed rank test).

"I have"

The pre-test mean scores of the experimental and comparison groups regarding "I have" responses were not significantly different (p=0.356) (Mann-Whitney U test). Also, the post-intervention mean scores of the experimental and comparison groups regarding "I have" responses were not significantly different (p=0.968) (Mann-Whitney U test). There was no significance difference between the "I have" scores of the comparison group from pre- to post-test (p=0.394). There was also no significant difference between the "I have" scores of the experimental group from pre- to post-test (p=0.943) (Wilcoxon signed rank test).

Overall, the quantitative results of this study thus indicate no significant differences between the pre- and post-test scores regarding resilience. The results of the quantitative part of the study will be discussed below according to the three paradigms of resilience. Given the fact that there were no significant differences between the experimental and comparison groups in the pre- and post-test scores, the discussion will be based on an overview of the pre- and post-test data for both the experimental and comparison groups.

4.4.2.2 Discussion and interpretation of quantitative findings on resilience

It is of interest that several of the statements in the structured interview were similarly answered in the pre- and post-test by all respondents from both the experimental and comparison groups. The results indicate no statistically significant difference resulting from the implementation of the group work sessions. The researcher would like to explore the fact that the responses indicate that all respondents clearly had a measure of resilience before the research began. The researcher will make use of Grotberg's Paradigm of Resilience (1999) to structure this discussion.

Table 4.9. Grotberg's paradigm of resilience (1999:67)

Dimension	Definition	Building Blocks
I HAVE	Supports around each individual to promote resilience	Trust
I AM	Encouragement in developing the inner strengths of confidence, self-esteem and responsibility	Autonomy Identity
I CAN	Acquisition of interpersonal and problem solving skills	Initiative Industry

"I have"

This dimension of resilience was measured by statements 1 to 13 in the structured interview schedule. As indicated in Table 4.7, responses in the pre- and post-test for both the experimental and comparison groups generally indicate high scores for resilience. For example, in the first statement "I have a

good relationship with other gogos/care-givers that are also looking after their grandchildren", 100% of the experimental group and 66% of the comparison group agreed with this statement in the pre-test. Further, an average of 94% of all respondents said that they had one or more friends whom they felt understood them (statement 2) in both the pre- and post-test, while 90% of the experimental group and 100% of the comparison group said that they had someone they respect to turn to for advice (statement 6). In the pre-test, all respondents also said that their faith helps them cope with life (statement 7), that they knew their culture (statement 8) and practice the traditions of their culture (statement 9). Respondents were proud of their culture and wanted to pass their culture on to their grandchildren (statement 10). Furthermore, 100% of respondents said that they had a good relationship with at least one family member (statement 13).

The values of unity and faith are very important in African culture (Olivier et al., 2009: 21, 22). Unity in the family, community and nation are all-important. A sense of "I am because I belong" is cultivated and encouraged. Faith underpins the African culture, while belief in God as well as ancestors permeates the culture and its practices (Olivier et al., 2009:22).

All of these statements relate to the "I have" aspect of Grotberg's paradigm of resilience (2009). "I have" refers to what supports the individual feels they have around themselves (Grotberg, 1999:67). From the respondent's responses access to emotional and cultural resources appeared to be good, fostering a sense of belonging and bolstering resilience. Positive family relationships, family traditions and positive family values are all inter-personal protective resources that serve to bolster resilience (Theron, 2008:93). This could be related to the statement by Rapp et al. (2005:82), that natural resources occur in even the most deprived of communities and conditions, and that the community itself is a source of opportunities, supports and resources.

The response to statements 4 and 12, however, differed markedly from the other responses and showed a weaker link to resilience. It seems that a

relatively high percentage of the care-givers still tended to feel bad when asking others for help (statement 4), and indicated a lack of sources in the community where they could go to for help with food and clothing (statement 12).

"I am"

This dimension of resilience was measured through statements 13 to 23. Again, the responses to these statements in general indicate high levels of resilience both in the pre- and the post-test. In the pre-test, for example, 100% of experimental group respondents agreed with the following statements: they have things that they like about themselves (statement 14), they have time to think about their own needs (statement 15), they have a dream for their lives (statement 17), they feel life will improve, even though things are difficult at times (statement 19), and that they enjoy talking and laughing with friends as well as their grandchildren (statements 20 and 21). Further, 100% of the respondents said that they were a happy person (statement 23). Olivier et al. (2009:21) write about traditional African values. One of these values is purpose, that one's sense of purpose is driven not by oneself, but by the greater good of the family or community. There is a sense that these respondents had a sense of purpose in who they were as they were working for the greater good of the children in their care. There seemed to be no sense of personal loss due to their task of care-giving, but a sense of ownership and embracing this role.

The responses are thus is support of the "I am" aspect of Grotberg's paradigm of resilience. This dimension refers to the individual's feelings about themselves, their level of self confidence, self esteem and responsibility. Individual's feelings about themselves are the intra-personal resources that bolster resilience (Theron, 2008:93). Intra-personal resources include positive self worth, acceptance, optimism, perseverance and a sense of humour (Theron, 2008:94).

Two responses differed from this general positive response in the pre- and post-test scores of both the experimental and comparison groups with regards

to the “I am” dimension. In statement 16, which focused on the availability of time to do nice things for the self, most of the responses showed a relatively low positive response, with “agree” responses between 20% and 44%. A similar trend was observed in statement 22 (“I do not feel overwhelmed being the care-giver of my grandchildren”) where “agree” responses to this statement vary between 10% and 50%. This could be related to the high demands that caring for vulnerable children places on care-givers (Mokone, 2006:187; Nhongo, 2004:2-6; Chazan, 2008:946).

“I can”

For this dimension the responses to statements 24 to 27 will be discussed, although statements 19 to 23 could also be seen as relevant. High positive responses were observed to two of the four statements, namely statements 25 and 26. In response to statement 25, for example, 100% of experimental group members in the pre-test said that they liked to keep trying until a solution was found, and in response to the next statement, 100% said that they liked to try to learn to do new things (statement 26). This relates to the “I can” aspect of Grotberg’s paradigm, namely people’s problem solving abilities and their willingness to try and persevere. According to Saleebey (2000:129) everyone possesses knowledge, skills and capacities that enable them to solve their problems and meet their own needs.

However, the responses to the other two statements (statements 24 and 27) showed relatively low “agree” responses. The response to the statement “I agree there is something good in my life” (statement 24) showed a relatively low positive response in the pre- and post-test for both the experimental and comparison groups, with “agree” responses varying between 11% and 33%, were given to the statement. The general response to statement 27 showed a similar trend in both experimental and comparison groups, with pre- and post-test “agree” responses varying between 0% and 20%.

The responses to both these statements correspond with those to statement 22, a statement that can also be relevant to the “I can” dimension. As discussed under the “I am” dimension, most respondents in the experimental

group (90%) and in the comparison group (88%) reported feeling overwhelmed by their task as care-givers. It would seem that this dimension of resilience, that focuses on problem solving skills, physical energy, a positive outlook, and perseverance showed the lowest scores for the three dimensions discussed.

In conclusion, the responses to the statements in the interview schedule indicate an innate resilience within all respondents. In this regard, the strengths perspective states: everyone has assets, capacities and resources both externally and internally, whether they are yet realised or not; every human being has experience that needs to be acknowledged and respected; individuals, families and communities have capacities, skills, talents, gifts and wisdom that provide them with the motivation and capacity to change; human struggles bring about learning and increase people's capacity to cope; and every human being has dreams and aspirations which need to be acknowledged (Saleebey, 2000:128). The respondents come from a culture which imparts values that appear to offer resilience in and of themselves to the individual. Tangwa, cited in Olivier et al. (2009:21) states: "…it is important that the resilience and values that Africans have developed throughout the years are mobilised to enable communities not only to survive, but also to grow and develop…"

However, the responses to a limited number of statements differed from the general positive responses with regards to the dimensions of resilience. These responses in general pointed to the fact that respondents did feel bad asking someone for help (statement 4), experienced a lack of sources in the community that could help with food and clothing (statement 12), felt they had a lack of time to do nice things for themselves (statement 15), felt overwhelmed by their care-giving task (statement 22), felt there was nothing good in their lives (statement 24) and felt that they sometimes wanted to give up because of their problems (statement 27). The responses lean mostly towards the "I can" dimension of resilience, if taken into account that statement 22 can refer to both "I am" and "I can." This may be indicative of the challenges related to caring for vulnerable children (refer Chapter 2, point 2.3)

as well as the fact that the care-givers are from an impoverished community with limited resources (refer Chapter 1, point 1.3).

When looking at the biographical data of the respondents, a number of characteristics of the respondents could also contribute to feeling less capable ("I can") in their care-giver role. In this respect most of the care-givers were over the age of 50 years and most of them were unemployed and dependent on Government grants. Similar to the statement by the South African Human Rights Commission and UNICEF South Africa (2011:25), that the uptake of social support grants for eligible children is often relatively low, it seems that many of the children in the care of these care-givers did not receive social grants (this will be discussed further under theme 3.2 in the pre-test qualitative findings). Further, many of the care-givers take care of three or more children, often simultaneously caring for children from all three phases of childhood (early childhood, middle childhood and adolescence), indicating the potential care-giving demands on them.

4.4.3 SECTION C: QUALITATIVE RESEARCH FINDINGS

The qualitative data were collected through semi-structured interviews with 19 respondents before and after the series of eight Gestalt group work sessions. The qualitative data collection focused on two main aspects. Firstly, it explored main dimensions of resilience ("I am," "I have" and "I can") before and after the group work with respondents from both the experimental and comparison groups. Secondly, it explored the views of the respondents in the group work sessions (the experimental group) regarding their experiences of the group work.

The qualitative research findings will be structured according to themes identified from the questions in the semi-structured interviews. The discussion will be presented as follows:

- Pre-test and post-test qualitative findings on resilience
- Findings regarding respondents' experience of the group work sessions.

4.4.3.1 Pre-test qualitative findings regarding resilience

In this section the themes and sub-themes identified in the responses to questions in the semi-structured interview that related to resilience will be discussed. The pre-test qualitative findings for both the experimental and the comparison groups will be presented first, after which the post-test qualitative findings for the experimental and the comparison groups will be presented.

As the pre-test qualitative results for the experimental group and the comparison group were so similar, it will be presented and discussed in one section. The discussion is structured according to the questions in the interview schedule. The themes and sub-themes are tabulated diagrammatically (refer Table 4.10) and then discussed, illustrated with verbatim examples, and integrated with the literature.

Table 4.10. Pre-test qualitative findings on resilience: themes and sub-themes

Question	Themes	Sub-themes
1. How do you experience your role as care-giver of your grandchildren?	1.1 Enjoy taking care of grandchildren	• Enjoy being able to provide for children's needs • Enjoy being together with their grandchildren
	1.2 Financial difficulties	• Difficulty providing for children's basic needs • Limited financial resources
	1.3 Age-related challenges	
	1.4 Relational difficulties	
	1.5 Perseverance	
2. What are your personal characteristics that help you to care for your grandchildren?	2.1 Faith	
	2.2 Love	• Love for grandchildren • Enjoyment of the relationship • Care and protection as a loving duty

	2.3 Perseverance	
3. What support do you feel you have that helps you to care for your grandchildren?	3.1 Spiritual support	
	3.2 Financial support	• Social grants • Employment
	3.3 Emotional support	
4. When you come across a problem how do you go about solving it?	4.1 Talking to others	• Talk with members of the household • Talk with others outside the household
	4.2 Read the Bible and pray	
	4.3 Discipline	

Question 1

This question focused how respondents experienced their role as care-givers of their grandchildren. Five themes were identified.

Theme 1.1: Enjoy taking care of grandchildren

In the interviews researcher carried out it was apparent that care-givers enjoyed being able to provide for their grandchildren on a very practical level. There was a sense of pride and of satisfaction at being able to give to their grandchildren.

Sub-theme 1: Enjoy being able to provide for children's needs

Care-givers generally had a positive view of their role as care-giver and were committed to caring for them, as indicated by the following examples:

- "I am really enjoying taking care of my grandchildren, and also knowing that I am able to care for them." (5)
- "Making sure that they get enough food and they are being cared for in a good way and that they are being raised properly." (13)

- "The income that I have, that I use to make sure that I am looking after them so that they can be looked after and be happy." (9)

Similarly Alpaslan and Mabutho (2005:292) found that "…elderly grandmother care-givers are committed to the care of their orphaned grandchildren despite the hardships." Mokone's study of grandmother care-givers supported this view where grandmothers were "…making sure their needs were met adequately and that their grandchildren did not feel that they were different from other children" (Mokone, 2006:196). These grandmothers also felt they had the opportunity to provide for a better future for their grandchildren. Some grandmothers in her study viewed their grandchildren as a blessing in their lives (Mokone, 2006:195). Respondents echoed this sentiment:

- "…if they are happy then that makes me happy." (9)
- "It's very good, and for them, they're growing up knowing that this is our grandmother." (6)

Sub-theme 2: Enjoy being together with their grandchildren

The responses of the respondents indicated that being together with their grandchildren was a significant source of joy for the care-givers. The following quotes are examples:

- "What I enjoy most is spending time with them and playing with them." (8)
- "Just to be with them, feeling close with them. There is that warmth." (1)
- "It's really good and nice because I know that they are living with me in the same house and I provide them with food." (2)
- "…just to see them growing at my side…" (16)

Mokone (2006:196) found that many care-givers expressed that if they did not have their grandchildren to care for, that they might feel lonely. In another study grandmothers expressed a real wish not to be separated from their grandchildren, which may stem from the care-giver not wanting to be left alone as much as it may be from the enjoyment of the relationships for their

own sake (Alpaslan & Mabutho, 2005:291). An aspect in this study that could contribute to the enjoyment and meaning found in their roles as care-givers, could be the fact that all the care-givers were taking care of their own grandchildren and were thus related by family ties.

Theme 1.2: Financial difficulties

The second major theme relates to financial difficulties. There is overwhelming evidence in the literature that financial challenges place the most constraints on care-giving. The Elderly Care-givers Consultation Report (2007:5) cited material needs as one of the care-givers' major challenges in caring for the children in their care.

Sub-theme 1: Difficulty providing for the children's basic needs

The grandmothers care-giving role is a traditional one, but the traditional financial support structures have gradually diminished over time largely due to the AIDS pandemic (Stevens-O'Connor, 2006:32; Mokone, 2006: 187; Nhongo, 2004:1; Chazan, 2008:945). Elderly care-givers now find that they shoulder the financial burden of caring for children entirely on their own. This aspect was clearly evident in this study as illustrated by the following quotes:

- "There are times where I have to provide for them and I will just struggle and I ask myself how am I going to take care of them?" (10)
- "I find it difficult at times where I feel there is nothing I could offer to the child."(3)
- "The most difficult part is school, to take care of making sure that the school fees are paid, that they have their uniform." (7)
- "…even though there are hard times when we have nothing and you see that there is a need that you should be providing in terms of food and clothes, but you have nothing." (4)
- "The difficult part is providing them with food and also making sure they have school uniform." (11)
- "What I am offering to them is quite less from what their mom used to offer…thinking of those situations, my heart is hurt." (12)

- "There were times when we would sleep without food… It was very hard, especially when I have to pay school fees because I couldn't afford to pay school fees." (14)
- "…there are times when it's really difficult especially when we have to pay school fees." (16)

From the above it is clear that much of the concerns were about providing for food, clothing, school fees and school uniforms.

Sub-theme 2: Limited financial resources

The majority of the respondents in this study were over the age of 60 and therefore their chances of finding employment are extremely low (Tewodros, 2003:8). Furthermore five respondents had no formal education and only three made it to high school level. The possibility of these respondents finding employment due to their age and level of illiteracy in a very competitive job market would be slight, if not impossible. Unemployment was thus a major obstacle in the grandmothers' ability to care for their grandchildren:

- "…what is most difficult…when we run out of food because I am not working." (8)
- "For me, there are times where its hard since there is no one who is working in the family." (1)

Although some care-givers received social grants, this did not provide sufficient income to secure the needs of the family. One participant stated:

- "…because the pension is not really enough to take care of the household and also taking them to school and providing food for everyone." (5)

Freeman and Nkomo (2006:309) state that "It appears that government pensions will not be able to support expanding families and specific additional grants may need to be considered." Although studies have shown that the pension does reduce the older person's poverty and contributes to the

household income (Eagle, cited in Lombard & Kruger, 2009:126), the pension has to be spread amongst a growing number of household members.

A significant observation from the biographical information of the respondents in this study was the limited uptake of social grants. Although all the care-givers were eligible to receive Child Support Grants for the children under the age of 18 years (SASSA, 2011:4), only five (5) care-givers indicated that they did receive this grant. This pattern correlates with the findings of Coetzee (2010 in South African Human Rights Commission & UNICEF South Africa, 2011:25), that many children who are eligible for the Child Support Grant do in fact not receive it.

Theme 1.3: Age-related challenges

The third major theme was that of age-related challenges. Chazan (2008:948) points out that not all grandmothers are old and frail. One can become a grandmother in one's thirties or forties. Therefore, an exclusive focus on the elderly serves only to exclude younger women who are in similar positions. Not all the respondents in this study were elderly; however findings indicate that their physical capabilities due to age, ill health or disability, or even emotional state affected their care-giver capacity:

- "For someone of my age and also of my status, sometimes it is very hard, especially if I can't provide food for them." (5)
- "As an old person there are times when I just feel sick and unable to do some of the things in the house…" (14)
- "I really have a heart of looking after my grandchildren, but then what is a challenge is that I am not well and I am disabled in a way." (12)

Theme 1.4: Relational difficulties

Relational difficulties for grandparents caring for their grandchildren can arise for various reasons. One of these reasons could be the challenges related to raising children from a younger generation than their own children. Mokone (2006:189) states that there is a large generation gap between most grandparents and their grandchildren, "Thus older persons cannot rely on past

parenting experiences to be able to raise their grandchildren." This aspect was also found in the interviews with the care-givers and is confirmed by the following quote:

- "The way they do things is very different from how we do things. So for me that's a challenge because that challenges my mind to understand them and also to find a way to work with them." (15)

Another challenge could be related to discipline of the grandchildren, as indicated by the following statement:

- "I don't like it and it doesn't make me happy if they disobey me…" (13)

Alpaslan and Mabutho (2005: 287) state that many care-givers find that the children in their care do not accept their authority. The Elderly Care-givers Consultation Report stated that discipline of the children in their care as one of the major challenges of caring for children, particularly those in their middle teenage years. Clacherty (2008) in her study of grandmothers and their grandchildren found that there can be a negative impact on the relationship when the basic needs of the family are not being met due to poverty. Conflict can also be created when the child's need to rest and play clashes with the care-giver's need to get work around the house done (Clacherty, 2008:24).

Theme 1.5: Perseverance

The perseverance of the care-givers was apparent in the data obtained from the semi-structured interviews. The findings indicate a commitment by grandmothers to care for their grandchildren, as indicated by the following:

- "In difficult times that's where I have to work hard and try to find solutions to the hard times." (6)
- "…there are times when we struggle with food and that requires me to work hard to make sure that I provide for them." (2)

This finding is in line with other studies on the role of grandmother care-givers that indicate their commitment to the care of their grandchildren, despite hardships and challenges they experience (Alpaslan & Mabutho, 2005:292; Mokone, 2006:196).

Question 2

This question focused on the personal characteristics respondents thought helped them to care for their grandchildren.

Theme 2.1: Faith

The responses to this question produced a central theme relating to their faith as a personal characteristic that helped the respondents in their care-giving role. Faith in God was mentioned in many of the interviews. Their faith was indicated by the following quotes:

- "… I usually pray, asking God to change things around here…" (8)
- "For me just being grateful to God even though I don't have enough resources to care for these kids." (14)
- "The foundation of my faith is helping." (1)
- "…in everything that we do and even our lives we are not living for ourselves, but for God." (18)

Mokone (2006:197) found that one of the crucial support systems of the care-giver is their spirituality: "The majority of the respondents intuitively referred to God as their life line."

Theme 2.2: Love

It was apparent throughout this study that although the respondents experienced many hardships, there was a great deal of love and appreciation for their grandchildren. The fact that the care-givers had a family bond to the children, being their own grandchildren, could contribute to this.

Sub-theme 1: Love for grandchildren

Many care-givers in this study attributed love as being an important characteristic in helping them cope. The following responses indicate this:

- "I am a granny who loves her grandchildren." (11)
- "…now since their mother has died I have just developed that love…" (12)
- "…I am a loving person and I think love is the one thing that makes me carry on in life." (18)
- "Love. That's the only place they know they are able to find love, just to be with their granny." (4)

Mokone (2006:198) states, "Regardless of the financial hardships that most of the respondents were experiencing as a result of raising their grandchildren, all the respondents appreciated having their grandchildren in their lives." Similarly Alpaslan and Mabutho (2005:292) found that care-givers are committed to caring for their grandchildren in spite of the hardships.

Sub-theme 2: Enjoyment of their relationship

Many respondents in this study indicated their ability to find joy in being with their grandchildren as another personal characteristic that supported them. This showed similarities with the emerging themes from question one that grandmothers enjoy being with their grandchildren.

- "…I really enjoy being around them…" (2)
- "For me, it's just to have quality time with them… We ... sit and talk about things that are happening in the family." (17)

These responses echo that of a respondent from Mokone's study, who said: "Although I did not plan raising my grandchildren, it has been a wonderful experience" (Mokone, 2006:195).

Sub-theme 3: Care and protection as a loving duty

Many respondents indicated their desire to care for and protect their grandchildren out of loving duty. This was indicated by the following examples:

- "In my heart I have that desire to make sure that they are being looked after." (5)
- "…I always feel that desire to make sure I am working hard in looking after them and I am providing the needs of my grandchildren." (13)
- "Making sure they are protected and making sure they are not wandering around the community…" (19)

Theme 2.3: Perseverance

Throughout this study it was clear that most of the respondents were persevering in spite of great hardships. Perseverance was also mentioned as a theme in response to question 1 regarding the respondent's experience of care-giving. These respondents recognised in themselves their perseverance as a personal characteristic that enabled them to cope:

- "I always have that heart of perseverance, even though it's hard…" (6)
- "…making sure that if there is a need in any way and I will work hard on that to close the gap." (7)
- "…I am always making sure that I make all the effort to try and get all means to care for them." (9)

Many elderly care-givers see caring for their grandchildren as a second chance at parenting and an opportunity to give their grandchildren what their children could not have (Mokone, 2006:196). This could be seen as motivation to pursue with their efforts to take good care of their grandchildren.

Question 3

This question focused on the perceived support respondents felt helped them in their task to care for their grandchildren.

Theme 3.1: Spiritual support

Again, faith emerged as a theme as respondents attributed their faith to be a part of them which helped them to care for their grandchildren. From the qualitative findings it would appear that all of the respondents actively sought out spiritual support and view their beliefs as part of their identity. Some of the responses were as follows:

- "…even though in the times we live in, it's very hard, but then with God's grace then things will come to peace and then we carry on with life." (1)
- "…God is helping us to raise them up ... In the church that I go to there is support in terms of prayer and we share things and we pray and we get support from that." (16)
- "...usually prays, asking God to change things around here…" (8)
- "I always try and pray that we can have peace in the family." (9)

Religious and spiritual beliefs are central to one's identity (Woodcock, 2001:9). Religious beliefs and cultural practices are interpersonal protective resources which contribute to a person's resilience (Theron, 2008:94).

Theme 3.2: Financial support

Sub-theme 1: Social grants

Social grants play a significant role in reducing poverty and are of great use to those who are able to access them (Nkosi, 2009:257). A study regarding old age pensions and child benefits in Tanzania by Hofmann et al. (2008:xi) revealed that those grandmother care-givers who received social grants had an increased capacity to care for their grandchildren's basic needs and generally showed less stress and anxiety. The following quotes from researcher's study illustrate how important social grants were to the survival of grandmother- headed households:

- "It's the pension and also their grants and then I put it together and then we provide food." (2)

- "I am so grateful for the pension… we pay for the fees and we are able to buy food." (4)
- "…It's the money (Disability Grant) that I receive. It's helping me to even make sure that they go to school." (12)
- "What helps me is the pension I receive I have to save and save until I am able to buy what needs to be bought." (6)
- "I am a pensioner and also the children are getting grants so this helps a lot." (19)

However, from the findings of this study it became clear that the majority of the respondents (14) did not receive Child Support Grants (CSG) for the children in their care. Children in South Africa under the age of 18, where the care-giver passes the "means test", are eligible to receive the Child Support Grant (SASSA, 2010). There were 59 children in this study who qualified to receive the CSG, but only 15 were in receipt of it. When noting the prominent theme regarding financial difficulties many of the respondents mentioned with regards to caring for their children (Theme 2 of Question 1 discussed above), it becomes clear that access to social grants could make a significant difference in the lives of the care-givers and their grandchildren. As indicated by the study of Hoffman et al. (2008), it could increase care-giver capacity on both material and emotional levels.

Sub-theme 2: Employment

Lombard and Kruger (2009:126) state: "Despite the positive impact of old age pensions, the financial hardship of supporting a household forces older people to seek other sources of income." This statement was confirmed during this study, as is evident from the following quotes:

- "The pension is not enough sometimes so that's why I have to go out in the community and collect the (scrap metal) and sell them and then I am able to buy things that we need here." (13)
- "I have a temporary job… so that I can be able to contribute towards the grants that we are getting." (14)

- "Collecting the steels (scrap metal) and selling them and then get some money. Even though the pension comes, but it comes to add on something that I have been working on." (7)

Three of the respondents in this study were actively self-employed, looking for scrap metal to sell. Others were fortunate enough to have family members who contributed to the household income making it less necessary for them to go in search of additional income.

- "My granddaughter has a temporary job where she is able to contribute towards the pension." (11)
- "I have a sister and also I have a daughter that just got a job now so they contribute towards buying food." (8)
- "…my son in the Eastern Cape…. he also supports me financially when we run out of food." (14)

Theme 3.3: Emotional support

The responses to the question on what support would help the care-givers in caring for their grandchildren indicated that the respondents regarded emotional support as important. The following quotes indicate this:

- "…there is a friend of mine that I go to and then we sit and talk and share." (10)
- "One of them (her adult child) is quite close to me because she can understand me very well." (15)
- "…be careful what kind of people I mix myself with because it has to be people who are strong, people who are able to lift you up." (1)
- "I have my neighbour who is very supportive and then we sit and she is able to advise me in some ways…" (14)

Emotional support for grandmother care-givers is of crucial importance to help them cope with the demands of care-giving (Hodge & Roby, 2010:31; Elderly Care-givers…, 2007:11; Kiggundu & Oldewange-Theron, 2009:385; Stevens-

O'Connor, 2006:37). Hodge and Roby (2010:31) found in their study that emotional support from friends and family enabled care-givers to persevere in the midst of adversity. Similarly, Kiggundu and Oldewage-Theron (2009:385) state that practical and emotional support is very important in helping older women cope with their stressors and that this support is vital as an emotional protector against further stress.

Question 4:

This question focused on the measures the respondents employed when solving problems.

Theme 4.1: Talking to others

The main themes found in the responses to this question indicated that respondents found it helpful to talk to others about their concerns; either to family members in the household, or with members of the extended family or friends.

Sub-theme 1: Talking with members of the household

A number of respondents indicated that they talked about problems in the household with their grandchildren. This was found in the following quotes:

- "…I even taught them when there is a problem we have to sit and talk about it and we find a solution together…" (1)
- "We come together and sit together and discuss the problem and then come up with a solution to those problems." (2)
- "We come together and we talk and we try to come up with a solution." (4)
- "I call them and we sit and talk. If it goes beyond that then I have to shout at them so that they can listen to what I am saying to them." (16)
- "We do have time when we sit and talk about what is happening in the family." (17)

Hofmann et al. (2008:xi) found that there is a high degree of mutual interdependence between care-givers and their grandchildren, albeit in

context of extreme vulnerability. This is confirmed by the fact that many care-givers referred to talking with their grandchildren about their problems.

Sub-theme 2: Talk to extended family and friends outside of the household

Respondents in this study also talked about bringing in other extended family members who did not live in the household or even neighbours, to help them talk through a problem.

- "I usually contact some of the family members to come and assist in solving those problems." (5)
- "I always call my sisters and they will come and we will talk and we will try to discipline them (grandchildren) and then things will get back to normal." (6)
- "I call my sister and then we will sit and with the kids and talk about that problem." (8)
- "… (my two remaining children) those are the ones who are supporting me. If there is any problem then I can sit with them and they understand me." (15)
- "I have my neighbour who is very supportive and we sit and she is able to advise me…" (14)

It was apparent that talking served either as a means of support or as a means of finding solutions to problems.

Theme 4.2: Read the Bible and pray

The second major theme relates to reading the Bible together and praying in order to find solutions.

- "I usually spend some time reading the Bible and then praying and then things will be resolved." (11)
- "…I always try and pray that we can have peace in the family." (9)

This theme was also found in themes 2.1 and 3, where respondents regarded their faith as support in caring for their grandchildren. Thus, faith often manifested as a factor that positively influenced the lives of the respondents.

Theme 4.3: Discipline

Some grandmothers referred to discipline as a way of solving problems, especially when the grandchildren were seen as part of the household problem. This is supported by the following quotes:

- "I usually call them and discipline them and after that they will change their attitude and behaviour." (13)
- "… and we will try to discipline them (grandchildren) and then things will get back to normal." (6)
- "I call them and sit down and talk with them strongly…if it is something that a child has done then I will call the child and sit down and talk with them." (7)
- "We call them and we sit with them and we talk and we try to make them understand that that's not the right way of doing things." (20)

In conclusion, the pre-test qualitative findings indicate the presence of resilience amongst the respondents in both the experimental and comparison groups despite financial and material, as well as age-related and relational challenges. This will be further discussed under point 4.4.3.3 in this chapter.

4.4.3.2 Post-test qualitative findings regarding resilience

This part will present the themes and sub-themes relating to resilience which emerged from the semi-structured interviews after the implementation of the eight group work sessions. The same questions regarding resilience as in the pre-test interviews were asked again to the respondents in the experimental group (who participated in the group work sessions) and those in the comparison group (who did not participate in the group work sessions). The major themes and sub-themes which emerge will be tabulated and then discussed. In order to prevent repetition, the themes from these interviews will

not be described again, but themes will be discussed to compare them with the themes that were identified in the pre-test interviews.

The themes and sub-themes are summarised in Table 4.11.

Table 4.11. Post-test qualitative findings on resilience: comparison of themes and sub-themes

Question	Comparison group: themes	Comparison group: sub-themes	Experimental group: themes
1. How do you experience your role as care-giver of your grand-children?	1.1 Enjoy caring for my grandchildren	1.1 Enjoy the relationship and being together Enjoy providing for their needs	1.1 Positive change in communication with grandchildren
	1.2 Financial challenges		1.2 Positive change in feelings about care-giving
2. What are your personal characteristics that help you to care for your grandchildren?	2.1 Faith		2.1 Love
	2.2 Positive relationship with grandchildren		2.2 Faith
			2.3 Dedication and duty
			2.4 Imparting wisdom
3. What support do you have that helps you care for your grand-children?	3.1 Social grants		3.1 Family
	3.2 Informal income		3.2 Faith
	3.3 Church		3.3 Social grants
4. **When you come across a problem how do you go about solving that problem?**	4.1 Talk within the household		4.1 Talk with a fellow group member
	4.2 Call in extended family members or others outside of the household		4.2 Talk within the household
			4.3 Call in extended family members

The above findings are discussed by comparing the themes and sub-themes from the post-test responses of the respondents in the experimental and comparison groups that stood out from the findings of the qualitative pre-test.

Question 1

The two major themes that emerged from this question for the respondents of the comparison group were very similar to that of their responses in the previous interviews. All of the respondents expressed their enjoyment of being with their grandchildren (theme 1.1), however financial constraints meant that often they were not able to care for their grandchildren in the way that they would like (theme 1.2). A sense that the respondents longed to give their grandchildren all that they need to make them happy, and yet often did not have the resources for even the most basic necessities such as food, is illustrated by this quote:

- “I really enjoy looking after my grandchildren, even though there are times when you wish you could provide for them but you don’t have anything to give to them. You want to make them happy but you don’t have that power.” (4)

A further illustration is in the following response on the question of how the participant experienced her role as care-giver of her grandchildren:

- “Good and easy, but if I am able to fulfil that care-giver role. ... To fulfil that, for me it’s to find ways of providing for them” (13)

When one looks at the emerging themes from the responses of the respondents in the experimental group, there was a change in focus for these as compared to the comparison group members. The circumstances of these respondents did not change while they attended the group. However, one of the positive results of the group appeared to be better communication between the care-givers and their grandchildren (theme 1.1). The themes

identified in the interviews with these respondents were thus relationally focused, of which the following quotes are examples:

- "Since I was in the group the way I talk to my grandchildren now is way different from the way I used to speak to them and there is that understanding now of things. The tone or way that I speak to them, it helps them to understand how I feel, I also have to communicate with them, to come to an understanding with them." (10)

Apart from the focus on how they communicated, the respondents in the experimental group also appeared to develop an awareness of the needs of the children in their care and greater sensitivity in the way they responded to their grandchildren. One respondent stated:

- "There is a lot of improvement now, because I used to shout at them, but not that I was shouting because I didn't love them, but because there was a lot of things happening in my mind. Even this morning one grandchild said 'Granny there is a change in you since you've been in the group because you're no longer shouting at us now.' So for me, that's a lot of improvement." (18)

This correlates with the work of Dlalanathi, an NGO in KwaZulu-Natal. They ran a Family Support Programme that aimed to strengthen the care-givers emotionally, which was believed to give them the physical energy for their role as care-givers. Dlalanathi have found that the programme has positively impacted the whole family. They were able to take time to start to reflect on their lives and their actions. As care-givers had the emotional energy to start spending time with children individually in the household, so children started to respond through positive behaviour change and relationships in the household started to improve. Similar to the respondents in this group, the respondents in the Dlalanathi programme experienced poverty, with their physical needs not being met on a daily basis (Shabangu, 2008; Khoza, 2008).

Signs of the above changes were also evident from the responses in this study. Respondents reported a positive change in their feelings about care-giving, of which the following is an example:

- "I find it enjoyable now, even the burden that I felt I had looking after them now it's just gone and I find that now I am able to move forward and pour out some love, more love to care for them." (15)

Question 2

The major themes concerning their personal strengths that emerged from the post-test data obtained from the comparison group were faith (theme 2.1) and positive relationships with their grandchildren. These were very similar to the themes from the pre-test interviews. A number of these respondents spoke about the intrinsic rewards of care-giving that helped them to persevere, as illustrated in the quotes below:

- "They've shown me love and respect and that encourages me to keep on caring for them, keep on loving them." (5)

- "The joy that I have seeing them happy helps me to make sure that I care for them when they're at school. I try to cook so that when they come back home, then I give them food and I check "how was your day", just seeing them happy that gives me that joy." (14)

- "The way they show respect to me, it's created that desire for me to always love them, to always have that love to care and just always be with them." (2)

The responses of the experimental group to this question did not differ significantly between the pre- and post-test findings and similar themes emerged. However, some group members attributed the group work to becoming more aware of their love for their grandchildren. One group member stated the following:

- "I think the group has encouraged me to love them more and then as I said before, I had that burden for looking after them, but now I see…that you should have that love that you can dedicate yourself that 'I'm doing this'." (15)

Overall, there was thus not a significant difference in the responses to this question from respondents in either the comparison group or the experimental group.

Question 3

The responses of both groups of respondents did not appear to change much between the pre- and post test phases of the research. It was noteworthy that the concept of "support" to most respondents implied practical and financial support rather than emotional support. As most respondents in this study were surviving from day to day it is not surprising that financial and material support would be the most significant to meet their needs. The prominence of financial and material needs was also found in both the experimental and the comparison group in the pre-test interviews.

Adequate social, emotional and material support is important as it allows the care-givers to provide for the basic needs of the family, reduces stress and anxiety and help care-givers feel more able to cope (Hofmann et al., 2008:16; Kiggundu & Oldewange-Theron, 2009:394).

Respondents from both the comparison and experimental groups identified social grants, especially the Grant for Older Persons, as a significant source of support. In South Africa, the Grant for Older Persons, commonly referred to as a 'pension', has been found to reduce the older person's poverty and to contribute significantly to household income in many households and to the wellbeing of the entire household (Eagle, 2007; Moller & Devey, 2003 cited in Lombard & Kruger, 2009: 126). The quotes from respondents as set out below would confirm this:

- "The pension is helping to provide for the needs of the grandchildren." (19)
- "The only thing I know is that we get pension and we're able to provide for ourselves to have food, because that's the important part for us." (2)
- "…I am grateful that I am getting a pension and then I can take care of things when I get the pension." (5)

The limited uptake of the Child Support Grant by the majority of the respondents in this study was discussed earlier in this report.

All respondents, both from the experimental and comparison groups, attributed their spirituality in the pre- and post-test interviews as a very important source of support in many respects of care-giving. These findings thus did not differ significantly between the pre- and post-test phases of the research. Hodge and Roby (2010) found that in their study of care-givers, 85% of respondents in their study identified their spirituality as one of their main sources of support. This is illustrated by the following quote:

- "…the family from church, they are really supportive to me. I remember that one year there were people in the church who supported me through buying school uniform for the kids and some of them provided school fees for me. So I can say that they are really a support system for me." (1)

Question 4

The most significant difference in the responses of the experimental and the comparison groups to this question (relating to problem-solving) was that the respondents in the experimental group, who attended the group work sessions, identified fellow group members whom could now count as part of their support system. This is evidenced in the following quotes:

- "I found people from the group I could talk to." (15)
- "… and also asking advice from people that were part of the group." (10)

- "Now that I know there is L and C (group members) and I might go and speak to them and say I have this problem, can you come up with some ideas, can you help me solve it?" (17)

The researcher would thus like to suggest that the group became a significant resource of support for the respondents who attended the group work sessions. Different studies identify the support group members could find from one another, even in circumstances of material hardship and lack of resources (Kiggundu & Oldewage-Theron, 2009: 396; Shabangu, 2009; Khoza, 200). Campbell (2003) as cited in Kiggundu and Oldewage-Theron (2009:383) describes 'bonding social capital' in the group work context. This concept describes the linking together of individuals in similar situations marked by a lack of material resources. The relationships themselves become important psychological and practical resources for coping with stressors in their everyday lives. The researcher observed this process occurring between the group members who attended the group work sessions (experimental group), as will be discussed in the following section on the respondents' experience of the group work sessions.

4.4.3.3 Discussion of the qualitative findings on resilience

Themes and subthemes were identified from the interviews with respondents before and after the series of group work sessions. The findings indicate that most of the respondents presented with many qualities that indicated that high levels of resilience were already present at the time of the pre-test interviews. The findings from the post-test qualitative interviews continue to portray these high levels of resilience, with regards to both the experimental and comparison groups. The themes and subthemes were in support of indicators of resilience that were found to be present in the pre- and post-test data of both the experimental and comparison groups. These themes will be discussed with reference to the dimensions of resilience as summarised in Table 4.9.

Firstly, it should be noted that the aspect of financial constraints was a prominent challenge experienced by the respondents in this study. Despite

this, personal and intra-personal indicators point to high levels of resilience according to the dimensions and constructs in Grotberg's resilience paradigm (refer Table 4.9).

The qualitative findings will be discussed according to the three dimensions of resilience.

"I can"

Enjoy taking care of grandchildren: All of the respondents indicated their love and enjoyment of being with and caring for their grandchildren. They expressed satisfaction at being able to care for their grandchildren's physical needs on the most basic and practical level. This relates to the "I can" aspect of Grotberg's paradigm of resilience. This is the initiative and industry that people use to deal with the everyday challenges of life. Grotberg (1999:70) defines initiative as the willingness to try.

Perseverance: Many of the respondents mentioned that they had to find ways to persevere through difficult times in their care-giving role, in spite of the aspects of care-giving they did enjoy and in spite of their love for their grandchildren, there were still exceptionally challenging circumstances that required perseverance.

"I have"

Faith, spiritual support and prayer: Olivier et al. (2009:21) point to the importance of faith in African communities and state: "Religion tends to permeate the whole of life." This quote supports the consistent theme of the importance of faith and prayer in the lives of the respondents. Respondents felt that they were able to embrace their care-giving role with the support of God and of their faith community. This relates to the "I have" dimension of Grotberg's paradigm of resilience which is the perception of the supports that one has around oneself that one is able to trust in.

"I am"

Love: In traditional African communities the family is of specific significance and in this context, children are considered precious (Olivier et al., 2009:21). Over and above the enjoyment of caring for their grandchildren's practical needs, care-givers expressed feelings of love and affection for their grandchildren. There is a degree of overlap between the "I have" and "I am" aspects of the paradigm. According to Grotberg (1999:72) the building block of "I am" is identity. Olivier et al. (2009:21) state that in African tradition one's identity is formed through family.

Emotional support, talking to others: Again, emotional support relates to both the "I have" and "I am" aspects. All respondents had someone that they could turn to for advice and to talk to and laugh with. Respondents expressed in different ways that this was something they enjoyed doing and also that it was very important in supporting them in their care-giving role.

Although most of the pre-test and post-test qualitative findings on resilience compared, there were some differences in the qualitative data on resilience provided by respondents in the experimental group. These included:

Communication with grandchildren: The respondents in the experimental group indicated an improvement in communication with their grandchildren. This was not reported by respondents in the comparison group.

Understanding grandchildren and feelings about care-giving: Some respondents in the experimental group indicated that they grew in their awareness of the needs of their grandchildren and that their positive feelings about care-giving increased.

Expanded support system: The respondents in the experimental group members identified a wider network of support due to their involvement in the group work sessions. They were able to identify fellow group respondents as additional to their other networks of support previously identified in the pre-

test. This relates to what Kiggundu and Oldewange-Theron (2009:295) refer to as emotion-focused coping or 'bonding social capital.'

In the following section the findings on the group members' experience of the group work sessions in itself will be discussed.

4.4.3.4 Respondent's experience of the group work sessions

The awareness-based group work sessions that was utilised in this study strongly relied on activities rather than verbal discussions, as the respondents in the study were Zulu-speaking care-givers of children. The researcher was thus interested in exploring how respondents of the experimental group experienced the group work sessions. The information was gathered by means of semi-structured interviews. The discussion of the findings is structured according to the three questions that were asked. The main themes that were identified from the responses are presented below.

Table 4.12. Summary of themes and sub-themes of group members' experience of the group work sessions

Question	Theme	Sub-theme
1. What did you enjoy most about attending the group?	1.1 Sense of togetherness and belonging	
	1.2 Help and advice from fellow group members	
	1.3 Overall sense of enjoyment and fun	
2. Did you learn anything new about yourself through the group work sessions?	2.1 The importance of support of other people	• Emotional support • Practical support
	2.2 New ways of coping	
3. Do you think other care-givers would benefit from attending a group like this?	3.1 Yes	

Question 1

This question focused on the aspect that the respondents enjoyed most about the group work sessions. Three themes were identified.

Theme 1.1: Sense of togetherness and belonging

Ungar (2008:227) states that one of the dimensions of resilience is that of relationship factors. Meaningful relationships with peers and peer group acceptance feature strongly as factors associated with resilience. This is also one of the constructs in Grotberg's paradigm of resilience that is the focus in this study; "I have" (refer Table 4.9).

Theme 1 shows that there was clearly a strong sense of belonging and feeling of acceptance expressed to and by group members, as can be seen in these quotes:

- " I really enjoyed the fact that I came to meet new people…" (18)
- "…every time when I think about the group there is that encouragement that I feel." (14)
- "(I liked most)…getting to know each other…" (17)
- "…the way we were talking amongst ourselves, there was no one who said something bad about someone else; there was that connection between us. I really enjoyed that." (10)

This can also be evidenced in this comment from a group member in the final session of the group work:

- "Just being part of the group, talking together, even if you came with stress it was gone by the end of the group." (18)

Specifically with regards to care-givers caring for vulnerable children, Kiggundu and Oldewage-Theron (2009:396), state that "…harnessing social support networks could be an effective strategy for helping guardians cope with challenges of caring for these orphans in a resource-constrained setting…" This could be related to the concept of 'bonding social capital' in the

group work context, as described by Campbell (2003 as cited in Kiggundu and Oldewage-Theron, 2009:383). The following are examples of responses in the group, indicating that 'bonding social capital' was present:

- "... getting to know my other sisters (indicating all other group members), always a joyful time together." (18)
- "Thank you for the group, to (researcher) and all the sisters. Since being part of the group I feel so blessed and I believe that this is linked to being part of the group." (17)
- "There was really such love shared in the group. People have really cared for each other." (19)

Theme 1.2: Help and advice from fellow group members

The second theme was about sharing advice and practical and emotional support shared in the group, both of which came to be extremely important to the group members. From the start of the group work process, the researcher informed group members that they themselves were the experts in their own situations, with inner resources and experiences to offer to one another. One of the expectations of the group members which they stated at the start of the group work process was "To learn from one another and come up with solutions." The group members certainly achieved this expectation for themselves as can be evidenced from the following comments obtained from the post-test interviews:

- " …the advice they were sharing and also I have managed to get some open doors as to the (problem I was experiencing)…" (3)
- " …the group helped me to open up my mind and to see things that were there but I couldn't see them (before). ... Something that I didn't know and I got it from the group, when we were doing the community plan … now my mind is opened and I know which places I could go for some help." (14)
- "…getting advice from others and sharing their problems." (17)

- "The times that I was in the group, I was really helped by the way that group helped me and advised me in the problems that I was facing and the challenges that I have." (8)

Lietz (2007:84) states: "In a good group, a group of peers can exchange personal stories of resilience and receive instant validation from their peers." In this group work there was mutual problem-sharing and problem-solving which took the form of both spiritual and practical support. One group member stated in the final session "In our sharing times we cried together and shared each other's burdens" (16). The group member's sense of "I can" (Grotberg's Paradigm of Resilience, 1999) increased through the group work process. The "I can" dimension refers to the individual's acquisition of interpersonal and problem solving skills (Grotberg, 1999:68). Theron (2008:97) states that one can learn to live resiliently with support from other people and by harnessing one's innate strengths. Similarly, Smith (2006:32) states that resilience is dynamic and can develop and grow through interactions between the individual and their environment.

Theme 1.3: Overall sense of enjoyment and fun

The third theme indicates the enjoyment and fun group members experienced as being part of the group. Many of them mentioned that simply being out of their own environment and experiencing new activities was stimulating and enjoyable, as this respondent said:

- "…being away from home, being with people where we laugh and forget about things that stress us when we're at home." (18)

A sense of humour is noted in the literature as one of the factors contributing to resilience (Ungar, 2008:227; Wolin & Wolin (1993) cited in Lietz, 2007:83). Levin and Davies (2008:358) note that the group members who engaged in their Art Therapy group displayed less stress symptoms by the end of the group work process and that group members shared laughter, fun and joy during the process. As Grotberg (1999:69) states: "You do not need to feel

sad or angry or so vulnerable if you have trusting relationships. You are not alone." The following quotes offer further evidence of the enjoyment that group members experienced from being in the group:

- "I really enjoyed everything, every part of it." (10)
- "…I just feel this joy within me and I got it from the group." (16)
- "I enjoyed everything, all the activities that we were doing because it was something new for me to participate in." (6)
- "There is a lot I enjoyed about the group and it has put me to a place where I know I have to take care of myself…" (7)
- "I'm not sure where to start, but I really enjoyed all the activities, everything we did." (17)

It should be noted that the group work sessions relied on awareness-based activities and exercises such as singing and making puppets, and that discussions followed from these activities. This supports the use of such activities in group work with older care-givers, not only as a way of overcoming language difficulties as in this group, but to contribute to the enjoyment and nurturing within the group.

Question 2

This question focused on whether respondents in the experimental group learnt anything through the group work sessions.

Theme 2.1: The importance of support by other people

The first theme that was identified concerned the emotional and practical support of others that the respondents experienced in the group work context.

Sub-theme 1: Practical support and problem solving

The findings of the study indicate that participating in the group work sessions made the respondents aware of the value of support from one another. The link between awareness and resilience was discussed in detail in chapter 3. Awareness is the ultimate goal of Gestalt therapy and the key goal of the

group work process used in this study. Awareness brings one into contact or connection with oneself, others and the environment. This sense of connection is important in a resilient individual (Theron, 2008:93). The following quotes serve as evidence of new awareness realised by group members:

- "…you don't have to live by your own but you have to be with other people." (19)
- "…the group helped me to open up my mind and to see things that were there but I couldn't see them. And also I just feel this joy within me and I got it from the group. And I feel that there is a lot that I could do and it's just opened up some opportunities." (15)
- "What I have learnt most about me, or being part of the group, is that sometimes when you are looking after your grandchildren there are people out there who are able to assist and support you and give advice if there is an issue." (10)
- "…I really learnt that you need other people so that you can overcome some of the challenges that you face and that you get to share ideas and then you know what other people are out there and then it's not just you alone." (8)
- "…getting to know how to resolve the challenges that we're facing. Through the group we've learnt that, like how to overcome…" (7)
- "Like the troubles we get from our grandchildren, that we do share the same things. But what I found out is that some others ... and their way of solving those problems, it helped me a lot." (18)
- "The thing that I will mention is that it is good to meet with new people and get to know other people and also to share the problems and be able to come up with some solutions together." (17)
- "So there were a lot of ideas which came up with the other gogos of the challenges that they face and how they do overcome that." (3)

Kiggundu and Oldewange-Theron (2009:285) state that practical and emotional support is very important in helping care-givers to cope and that this

support acts as a buffer against stress. Learning to trust others and rely upon them is important in being able to cope in life (Grotberg, 1999:69). The findings thus indicate that most respondents in the experimental group experienced this kind of trust through the group.

Sub-theme 2: Emotional support

A second sub-theme indicated the emotional support the respondents experienced by attending the group work sessions. The following quotes provide evidence of the emotional support they found in the group:

- "I think I am healed because I can even feel that there is a lower burden." (6)
- "I just feel that burden (care-giving) has been moved away from me since I have been part of the group." (9)
- "And also the first time before I came to the group, if you did notice, I was so depressed but now that has changed. Even in my body I could feel that there is that change. ...When I went to the group there was a lot of things that I had no one to talk to or share my problems with. But then when I got to the group my eyes were opened ...and ...that caused me to get to a place where I had to heal." (17)

Olivier (in Kiggundu & Oldewange-Theron, 2009:395) proposes that the coherence and connectedness that emerge from a support network make a person less vulnerable in difficult times. A person with this kind of emotional and social support is strengthened by the knowledge that there is someone to listen to them, love and understand them, and that they will be able to find empathy and help within that network of support.

It is noteworthy that although the question asked was about what the respondents learned about themselves through the group work, the responses focused not on themselves as individuals, but on the group and support found within the group. This could be because the respondents in this research were Zulu, a group with a collectivist mindset and culture. Olivier et al. (2009:21)

describe this as a "spirit of oneness" in African life. Eaton and Louw (2000:210) define collectivism as the tendency in a culture towards gregariousness and group orientation. An individual from a collectivist culture will describe themselves in terms of their experience of relatedness to others and will view this relatedness as a fundamental part of themselves. Individualism, on the other hand, has the tendency to focus on the individual and to view the self as autonomous and unitary. The researcher is of the opinion that when questions about the self were asked, the respondents due to their collectivist orientation did not focus on the self alone.

Ungar's (2008) international research on resilience shows that local, culturally specific definitions of constructs of resilience are of utmost importance in order to be relevant in service provision.

Theme 2.2: New ways of coping

Apart from support and finding new ways to solve problems, some of the respondents indicated that they became aware of new ways of coping or thinking about their situation. As discussed under theme 2.1 in this section, awareness is integral to the development of resilience. The group work gave opportunities for experiences and activities in a safe environment, or a "safe laboratory" (Oaklander, 2007:175). The group is a powerful tool where mutual support is engendered and the individual grows in the ability to be in contact with their environment to meet their needs (Oaklander, 1999:170). The following quotes can be seen as examples of this:

- "…I must share with other people like be open with other people and have time with other people… if I'm active then I am not sitting around worrying too much and that keeps me, my mind, away from worries and be busy with having something I can focus on." (3)
- "What I learnt through the group is that I don't have to fight with my grandchild. Like if there is something that happened while she was at school…that I have to go and speak to the teachers and try to find out (what it is)." (3)

- "Yes, I did get help because now I can even pray to God… I am trusting God." (6)
- "One of the things that I learnt when I was in the group was that there will be problems and challenges, but then what I need to do is to focus on God." (17)

This research was conducted in a rural community with high poverty rates and limited material resources. In terms of the themes identified in the responses to question one, it is thus significant to take notice of the comments of Olivier et al. (2009:20) about communities with similar characteristics:

> The communities portrayed ... are not rich in terms of material resources, but they are rich in non-tangible human capital. They portray strong community values, such as optimism, care, compassion, faith, *ubuntu* and collaboration. The mobilisation of these values could unleash a powerful momentum for social change in a community.

The responses to question one show a strong link with the building blocks of resilience according to Grotberg's (1999) paradigm of resilience (refer Table 4.9). An increased sense of trust in others ("I have"), problem solving skills and initiative ("I can") and a sense of inner strength, coping and autonomy ("I am") can serve as building blocks to enhance the resilience of care-givers of vulnerable children.

Question 3

This question was asked to confirm whether the respondents could identity benefits of the group that others could also benefit from. All of the respondents indicated that they felt the group would benefit other care-givers. Some respondents only provided a "yes" answer, which may be attributed to the closed question, while others pointed to specific benefits. The following quotes are examples of the benefits they identified:

- "...it will really help them because it will open their minds as to how to deal with challenges that they face concerning their grandchildren." (3)

- "I believe from my experience it would be really helpful for them, but then they also have to be opened up and be willing to get help." (10)
- "Yes, it will be helpful for them but they will have to decide that they want to be opened up, want to learn more and want to support each other and they will find a way of working together." (15)
- "Yes, they must get help from others. They must be close to their families or their neighbours." (18)
- "Yes, they will benefit a lot because in the group you get healed, you are able to share your problems." (9)

The value of the group work sessions for the respondents was thus confirmed by the above responses.

4.4.4 Comparison of quantitative and qualitative findings on resilience

Quantitative data on the resilience of the care-givers that participated in this study was collected by means of a structured interview schedule, where the respondents were requested to select a response of either "agree", "sometimes" or "disagree." From the data collected, it was evident that a high response rate was present that pointed to the presence of indicators of resilience (refer presentation and discussion of quantitative data in Section B, point 4.4.2). There were no significant differences in the pre- and post-test quantitative findings with regards to both the experimental and the comparison groups. A possible aspect that could have contributed to this could be whether the respondents understood the structured interview items or whether using an interpreter had an influence on the responses. It could also be related to the validity of the measuring instrument.

It was thus significant that the qualitative research findings that was collected by means of semi-structured interviews, confirmed the quantitative findings. Themes in the qualitative findings (refer Section C, point 4.4.3) also pointed to high levels of resilience already present in the sample of care-givers in the pre-test phase. The post-test qualitative findings of the comparison group followed a similar pattern to the quantitative findings, namely that of no

significant difference pre- and post-test findings. However, some differences were noted in the post-test qualitative findings of those respondents who attended the group work sessions, thus the experimental group. These changes were related to positive changes in communication with their grandchildren, understanding their grandchildren, feelings about care-giving, and the widening of the support system to others outside the immediate and extended family system. Further, the qualitative findings on the respondents' experience of the group work sessions pointed to significantly positive responses. Due to the small sample these findings can however not be generalised.

With regards to resilience, both quantitative and qualitative data pointed to the following:

- High levels of resilience were already present at the pre-test phase of the research. Both sets of data highlighted the presence of various indicators of resilience such as faith, love for their grandchildren and support by friends and family.

- The data further indicated that financial and material challenges and challenges related to their physical abilities (age-related challenges, a lack of resources in the community and feeling overwhelmed).

The above discussion indicates that similar findings on resilience were obtained through the quantitative and the qualitative data collection methods. Although it can be argued that the quantitative data collection instrument was applicable for the study and the sample, it transpired that the qualitative data provided richer information about how care-givers in the sample viewed aspects that were related to constructs of resilience.

In the following section (point 4.4.5) the researcher will provide a brief reflective discussion on the findings with regards to the socio-cultural context of the study (refer chapter 1, point 1.3).

4.4.5 Concluding discussion

Both the quantitative and the qualitative findings of the study indicted that many of the contributing factors to resilience were already in place for all respondents before the research began. These included someone that understood them and someone to turn to when they needed advice, a faith which they practiced, the belief that God had a direct impact upon their role as care-giver of their grandchildren, and culture and traditions that they embrace. All of these factors relate to the "I have" aspect of Grotberg's paradigm of resilience as tabulated in Table 4.9.

Olivier et al. (2009:21) note that there are several key values which underpin African culture that are described in the literature. These include unity, self-determination, sense of family and caring for weaker members, purpose, faith and Ubuntu. Sense of family and caring relates to the fact that African people regard it as extremely important for family members to work together for the common good. One's sense of identity comes from the family lineage and therefore the family as a whole and not the individual is most important. There is also a sense of responsibility for those who are weaker, including the elderly, children and those who are sick. This particular value relates to the themes that emerged in the qualitative data regarding the respondents' feelings about caring for their grandchildren. One of the themes that emerged was that of the enjoyment of caring for their grandchildren. This included enjoyment of the relationship and being together, as well as enjoyment of providing for their grandchildren's practical needs. There was clearly a recognition amongst the respondents that their grandchildren were the weaker and more needy within their families and therefore in need of their care, love and protection.

This also relates to the value of purpose as one's sense of purpose is driven not by one's own personal ambition, but by the greater good of the family and the community of which one is a part. This value is evident in the major theme of perseverance that emerged in response to the second question in regards to respondent's personal characteristics. In the qualitative interviews respondents talked about their efforts at persevering during hard times, often

with little thought for themselves. As one respondent said "…making sure that if there is a need in any way and I will work hard on that to close the gap."

Faith is a value that permeates life in African culture, including belief in God and ancestors (Olivier et al., 2009:21). The researcher found this to be true of the care-givers participating in this research as well as in social work practice. Faith was indicated as important in the quantitative findings. It was also a major theme in the qualitative findings, as indicated in all their responses to the second question "What are your personal characteristics that help you to care for your grandchildren?" It was also seen by almost all respondents to be part of their system of support on spiritual as well as practical levels. Furthermore, in response to the question regarding how respondents go about solving issues within the household, one of the major themes that emerged was that of reading the Bible and praying.

Feelings about the self including optimism, persistence and a sense of humour were strong across all respondents in the pre-test structured interviews. This relates to the African value of self-determination (Olivier et al., 2009:21), the belief that one has to have a part in one's own destiny and governance. There was also a sense of hope as 18 of the 19 respondents said that they have a dream for their lives. Further, 18 of the 19 respondents said that they feel that it is acceptable to ask for help when necessary. These all relate to the "I am" aspect of Grotberg's Paradigm (refer Table 4.9).

Similarly, in terms of perseverance all respondents said that they keep trying until a solution is found and that they like to try new things. Of the 19 respondents, 16 said that they keep trying until they have found a solution, however 18 respondents said that sometimes they want to give up because of their problems. This relates to the "I can" aspect of Grotberg's Paradigm.

The researcher would like to suggest that the respondent's culture and values were vital to give context to the findings of this research. It could be proposed that every respondent had a measure of resilience prior to this research by nature of the culture from which they come.

Further, the researcher would like to suggest that the group work sessions enhanced the resilience that was already present of those who attended the group, thus the experimental group. The group work sessions were in the context of Gestalt group work which has as its central goal increasing the awareness of respondents. The Gestalt Cycle, as discussed in chapter three, is a process which group members engage with as they participate in the group work process. The Gestalt Cycle consists of sensation, awareness, energy mobilisation and action.

Firstly, through the group work process the individual engages in **sensation**. These are experiential activities that were utilised in the group sessions. All of the activities that were conducted in the group were aimed at trying to engage the group members through sight, touch, sound, body movement and creative activities. Through the experience of sensation, **awareness** starts to develop.

Experience leads to **awareness** of a need. This is the second phase of the Cycle. In the case of the group work respondents, they began to develop an awareness of some aspects of their lives including their communication with their grandchildren, and awareness of an increased network of emotional, social and practical support.

The group work sessions were not educational in nature. The researcher, for example, did not focus specifically on the relationship between the care-givers and their grandchildren or provide any education in this regard, but on the care-givers themselves and their experiences. **Energy was mobilised** and **action took place** (phase three and four of the Cycle) and many of the group members acted upon an increased awareness of their relationships with their grandchildren to such an extent that in the post-group semi-structured interviews they reported a positive change in communication with grandchildren and a positive change in their feelings about the care-giving role. As one participant stated “My experience from the group has changed the way I communicate with my neighbours, the way I communicate with my grandchildren.” Those who did not participate in the group did not experience such a shift in their responses between the pre- and post-test interviews. One

can conclude that they did not have the same opportunity to develop awareness about these relationships.

Awareness also developed in other ways for group participants. For example, question four of the semi-structured interviews was “When you have a problem in the household, how do you go about solving that problem?” One of the major themes of the group participants that emerged was that they could “talk with a fellow group member”. Also, the question was put to group participants: “What did you enjoy most about attending the group?” One of the major themes that emerged from the responses was that they enjoyed the help and advice of fellow group members. The group participants grew in awareness of the increased network of support that they had gained through participating in the group work process. This is what Campbell (2003) as cited in Kiggundu and Oldewage-Theron (2009:383) refers to as ‘bonding social capital’ in the group work context. Bonding social capital describes the importance of relationships that are emotionally and socially supportive in the context of a lack of material resources. The relationships themselves become important psychological and practical resources for coping with stressors in their everyday lives.

When group members were asked in the post-group semi-structured interviews what they had learned about themselves through the group work programme, they responded that they had found practical support and problem solving, emotional support and new ways of coping. One participant said the following: “What I would say is that the group helped me to open up my mind and to see things that were there but I couldn’t see them. And also I just feel this joy within me and I got it from the group. And I feel that there is a lot that I could do and it’s just opened up some opportunities.” Another participant responded in this way: “Like the troubles that we get from our grandchildren, that we do share the same things. But others, what I found out is that some others have bigger problems than I think I had. And the way of solving those problems, it helped me a lot. There was that Gogo (Grandmother) A, she was so good in solving problems and the way she was

talking, it was so good. I really like to see her again. She had good advice. Like when you are sad, she had a lot of words of advice.'

The group members became aware of their needs and collectively mobilised energy in order to make changes in their own lives.

4.5 CONCLUSION

In this chapter, the research results from the qualitative and quantitative data collected have been analysed, interpreted and discussed. The quantitative data results suggest that the awareness-based Gestalt group work sessions, the independent variable, did not have a significant effect on the resilience of respondents. There were no significant differences between the pre- and post-test research findings.

However, the qualitative data results provided information that suggested that the respondents benefited from the group work sessions. With regards to indicators of resilience, these benefits were evident in more positive communication with their grandchildren, a more positive outlook on their roles as care-givers, and in the fact that the group members became a valuable source of support for each other. This 'bonding social capital' can make a significant contribution to the wellbeing of care-givers in a community where limited material resources are available.

In this regard, the researcher is of the opinion that the qualitative data collection method provided more in-depth information as it allowed for free expression by the respondents. Furthermore, some of the structured interview statements could have been misinterpreted by respondents and may not have been easily understood. The semi-structured interviews did allow both the respondent and researcher much more flexibility; allowing the researcher to explore with the respondent more fully their experiences (Greeff, 2005:296) and themes from the data could provide a more in-depth view on resilience.

The qualitative results on the experiences of the group work sessions by the respondents in the experimental group points to the significant role that the

group work played. To overcome language barriers, activities were utilised to increase awareness in care-givers regarding their role as care-givers. The results from the semi-structured interviews pointed to significant advantages of the group based on the interaction, togetherness, support and advice received within the group setting, but also due to self-nurturing by having fun together.

In the next chapter the researcher will draw conclusions and make recommendations regarding the research results from the quantitative and qualitative data gathered during this research process.

CHAPTER 5
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Family structures in South Africa have altered significantly as a result of migrant labour, modernisation, urbanisation, unemployment, and HIV and AIDS (Mokone, 2006:187; Nhongo, 2004:2). The result is that many extended family members, especially grandmothers, have thus become the primary care-givers of their grandchildren (South African Human Rights Commission & UNICEF South Africa, 2011; Stevens-O'Connor, 2006:32). The many challenges faced by these care-givers put them at risk for burnout that may negatively affect their care-giving capacity (Chazan, 2008:945; Richter, 2006:25). As resilience can prevent or counter burnout (Theron, 2008:93; Ungar, 2008:225), the research was focused on this aspect.

The goal of this study was thus to explore whether participation in awareness-based Gestalt group work could enhance the resilience of care-givers of vulnerable children. The objectives stated for this purpose, were as follows:

- To conceptualise theoretically resilience within the context of the care-givers of vulnerable children.
- To conduct an empirical study to explore the influence of Gestalt group work based on awareness activities and constructs of resilience on the resilience of care-givers of vulnerable children.
- To draw conclusions and make recommendations based on the findings of the empirical study regarding the use of Gestalt group work to enhance resilience in care-givers of vulnerable children.

As the study was based on a mixed methods research approach it was guided by a hypothesis and research questions. The hypothesis guiding this research was:

If care-givers of vulnerable children engage in the awareness-based Gestalt group work, then their resilience will increase.

The research questions guiding this research were:

1. How do care-givers of vulnerable children perceive key aspects of their own resilience after participating in awareness-based Gestalt group work?
2. How did care-givers experience the awareness-based Gestalt group work sessions?

The aim of this chapter is to firstly establish whether the goal and objectives have been met, secondly, to review the research hypothesis, and thirdly to give an answer to the research questions.

5.2 RESEARCH FINDINGS AND CONCLUSIONS

The discussion of the research findings and conclusions will be structured according to the three main objectives that guided the research towards the goal. This is followed by a discussion regarding the accomplishment of the goal of the study.

5.2.1 Objective 1: To conceptualise theoretically resilience within the context of care-givers of vulnerable children

Summary

This objective was addressed in the literature review that was presented in Chapter 2 and Chapter 3 of this report. The literature review in Chapter 2 dealt with the theoretical constructs of resilience and provided a working model for the purposes of this study. Chapter 2 also provided the broad outline of the context in which care-givers care for vulnerable children in South Africa.

The discussion firstly highlighted the role of care-givers of vulnerable children in South Africa, as well as the many challenges they face. Long-term challenges may lead to stress and burnout that may ultimately affect their capacity to care for the children in their care.

The discussion further focused on the concept of resilience, which is seen as the ability to deal effectively with adversity. Grotberg's paradigm of resilience

was identified as a conceptual framework for understanding resilience. It was indicated that resilience is not static, but can change over time.

In Chapter 3 the use of Gestalt group work was discussed in relation to resilience. It was proposed that the Gestalt principle of awareness that underlies the Gestalt contact cycle that allows people to meet their needs, can be utilised in the context of a growth group to enhance resilience. The use of experiential activities as a way to enhance awareness was also discussed.

Conclusions

- Due to factors such as poverty, unemployment and HIV and AIDS, many vulnerable children in South Africa are dependent on care-givers other than their parents. These care-givers are mostly grandparents.
- Care-givers of vulnerable children face many stressors that can lead to burnout and ultimately lower their capacity to care for the children. This can increased the vulnerability of these children.
- Due to the numbers of vulnerable children and their dependency on care-givers, measures should be found to increase the resilience of the care-givers so that they can better face the challenges related to their role as care-givers.
- Resilience is a multi-faceted concept involving the interplay of different systems both internally and externally in an individual's life, including their family, culture, community and society at large. It is fluid and can change over time in the context of changing risk and protective factors.
- Resilience literature is informed by the strengths perspective and vice versa, assuming that all people have innate strengths and capacities, and that natural resources occur in even the most deprived communities. Individuals who have the opportunity to increase their resilience increase their ability to cope with adversity.
- In spite of the very real challenges which care-givers of vulnerable children face, they have innate strengths and abilities that can help them to cope optimally in their care-giving. Resilience of care-givers is thus very important to the lives of vulnerable children who are dependent upon them.

- The Gestalt concept of awareness indicates that high levels of awareness of the self and the environment can be linked to increased resilience.
- Social group work can provide a context in which resilience can be nurtured. The utilisation of experiential activities accompanied by verbal reflection could enhance awareness in the group work context.
- Awareness-based Gestalt group work as intervention is likely to build on the resilience that is already present in care-givers of vulnerable children.

Recommendations

- The challenges faced by care-givers of vulnerable children should be acknowledged by social workers and other professionals, however, their strengths and capacity to cope with these challenges should also be acknowledged and celebrated.
- Due to the need for care-givers of vulnerable children in South Africa and the risk of burnout in these care-givers, social service professionals should be proactive in enhancing the resilience or care-givers.
- Care-givers of vulnerable children should be assisted to come to awareness of their own strengths, potential and capacity to cope in the face of their challenging circumstances. Group work sessions, as was utilised in this study, could be one of the strategies to reach this goal.

5.2.2 Objective 2: To conduct an empirical study to explore the influence of Gestalt group work based on awareness activities and constructs of resilience on the resilience of care-givers of vulnerable children

Summary

This objective was achieved by planning and undertaking eight Gestalt group work sessions with the experimental group of nine care-givers of vulnerable children. The goal of this study was to explore whether awareness-based Gestalt group work could enhance the resilience of care-givers of vulnerable children. The content of the group work sessions (refer Chapter 3, point 3.7) was based on the main concepts of awareness and resilience.

A mixed methodology approach was followed and quantitative and qualitative data on resilience were collected before and after the group work sessions. Qualitative data were further collected on group members' experience of the group work sessions. The empirical results were presented and discussed in Chapter 4.

Conclusions

- Both quantitative and qualitative findings of the study indicated that a high level of resilience was already present in all the respondents before the group work intervention. Areas that appeared particularly strong, namely social, emotional and cultural factors, respondents' faith, optimism, persistence and sense of humour, could be related to the fact that the study was conducted in a rural community with a strong African tradition and value-base.
- Despite these high levels of resilience, both quantitative and qualitative findings pointed to certain challenges that the care-givers experienced, namely a lack of resources in the community and feeling overwhelmed by their tasks as care-giver.
- The quantitative findings of the study indicated no significance difference in resilience before and after the group work sessions. This applied to both the experimental and the comparison groups.
- The qualitative results regarding resilience suggested that the respondents in the group work sessions (the experimental group) experienced some positive changes, for example improved communication with their grandchildren, a more positive outlook on their roles as care-givers and new support networks in the community.
- The qualitative results on their experience of the group work indicated significant results on the value of the group work for the respondents. The group contributed to a sense of togetherness and support, provided group members with advice and provided self-nurturing experiences of enjoyment and fun. The findings of the study are in support of the value of 'bonding social capital' in communities where limited or minimal material sources are available.

- Changes reported by the respondents in the group work sessions seemed to directly affect the care-givers themselves (e.g. support, advice, self-nurturing) as well as the children in their care (e.g. improved communication, more positive view about caring for the children).
- The utilisation of activities to overcome language barriers was shown to be effective in raising the awareness of group members of aspects of resilience, and also contributed to the enjoyment of the group work. The use of activities was seen to enhance awareness of aspects of resilience without relying too much on verbal communication.
- The awareness-based Gestalt group work had a positive impact upon aspects in the lives of respondents that could enhance their resilience.

Recommendations

- Social service professionals should focus on supporting care-givers of vulnerable children and enhance their resilience.
- Due to the value of 'bonding social capital' that the group context can provide, group work can be especially relevant in communities with limited resources or lack of material resources.
- Programmes and other services to care-givers of vulnerable children should be strengths-based, so that the inherent strengths of care-givers can be utilised. However, care-givers' needs for ongoing support in order to care well for vulnerable children, should be recognised.
- Group work sessions do not always have to be education-based, as educational groups may not necessarily recognise and harness the strengths and inherent capacities that care-givers of vulnerable children can bring to the group.
- Activity-based group work entails an element of active involvement and interaction, as well as fun and enjoyment that could contribute to the self-nurturing of care-givers who are often overwhelmed by their care-giving tasks.
- Interventions should also be available to strengthen families as a whole so as to enable traditional networks of family support to be available to vulnerable children. Strengths that are inherent in the African culture are

specifically relevant to interventions aimed at enhancing the resilience of families and communities.

5.2.3 Objective 3: To draw conclusions and make recommendations based on the findings of the empirical study regarding the use of Gestalt group work to enhance resilience in care-givers of vulnerable children

The final objective was achieved through the conclusions and recommendations following from the literature and empirical study and as discussed in this chapter.

5.3 THE RESEARCH METHODOLOGY

Summary

The research followed a mixed-methods approach, with the qualitative approach embedded in the dominant quantitative approach. Applied research allowed the researcher to implement awareness-based Gestalt group work sessions aimed at enhancing the resilience of care-givers of vulnerable children. The content of the sessions was based upon literature regarding care-givers of vulnerable children, resilience, group work and Gestalt theory. Quantitative data on resilience were collected by means of a structured interview before and after the group work, following a comparison group pre-test post-test research design. Qualitative data on resilience were collected by means of a semi-structured interview before and after the group work, based on a collective case study research design. Semi-structured interviews were also conducted to explore the respondents' experiences of the group work sessions (the experimental group).

Conclusions

- The quantitative findings showed generally high levels of resilience in the pre-test phase in both the experimental and the comparison groups. Further, no significant differences in the pre- and post-test results regarding resilience were found in the experimental and comparison

groups. This could be attributed to factors such as the clarity of the statements in the interview schedule and the fact that interviews were conducted with the assistance of an interpreter; or it could be a true reflection of the levels of resilience of the respondents.

- It was thus significant that the qualitative findings on resilience supported the quantitative findings. Both indicated high levels of resilience present and both also reflected similar challenges experienced by the care-givers, for example a scarcity of community resources and care-givers feeling overwhelmed by their tasks.
- Although the post-test quantitative findings showed no significant differences regarding resilience, the qualitative findings on resilience did indicate differences in some aspects that could be related to resilience.
- The qualitative findings related to the respondents' experience of the group work sessions provided rich information that supported the value that the group work had for the members of the experimental group.

Recommendations

- Research on ways to enhance resilience of vulnerable groups should receive further attention, especially in the South African context where sources are limited.
- Although quantitative studies can obtain objective data from large populations, it is suggested that there should also be more qualitative studies on resilience due to the rich information it can provide.

5.4 THE ACCOMPLISHMENT OF THE GOAL AND OBJECTIVES OF THE STUDY

In section 5.2 the researcher discussed how the objectives of the study have been accomplished. For each of the objectives the researcher provided a brief summary, indicating the relevant chapters in the research report, followed by conclusions and recommendations. Further in section 5.3, the researcher provided a brief summary, conclusions and recommendations on the research methodology that was followed in this research study.

From the above it can be concluded that the goal of the study has been accomplished. The goal of the study was as to explore whether participation in awareness-based Gestalt group work would enhance the resilience of care-givers of vulnerable children. The qualitative research findings showed that awareness-based Gestalt group work could empower care-givers of vulnerable children with support and skills that could enhance their resilience. The quantitative findings did not, however, show significant differences before and after the group work.

The accomplishment of the goal of the research is further discussed with reference to the hypothesis and research questions stated for the study.

The hypothesis guiding this research was: If care-givers of vulnerable children engage in awareness-based Gestalt group work, then their resilience will increase. The quantitative results of this study were not significant enough to give a positive answer to this hypothesis.

The research questions guiding the qualitative section of this research were:

1. How do care-givers of vulnerable children perceive key aspects of their own resilience after completing an awareness-based Gestalt group work process?
2. How did care-givers of vulnerable children experience the awareness-based Gestalt group work sessions?

The research results relating to the first question indicated a change in some aspects related to resilience, such as respondents' communication with grandchildren, their perception of care-giving and the expansion of their support systems. The results relating to the second research question indicated predominantly positive responses to this question. This underscores the value that attending the group work sessions had for the respondents and for aspects related to their resilience.

5.5 CONCLUDING REMARKS

This study was conducted to explore whether awareness-based Gestalt group work could enhance the resilience of care-givers of vulnerable children. The purpose of the study was to address a practice situation, namely possible burnout of care-givers of vulnerable children in a community with limited material resources.

The findings of the study revealed that awareness-based Gestalt group work could be utilised to enhance resilience of these care-givers. Further, it showed that awareness-based group work could transcend language barriers. With the high number of vulnerable children in South Africa who are dependent on care-givers and the risk of care-giver burnout, interventions to enhance resilience are regarded as highly relevant.

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APPENDIX 1

STRUCTURED INTERVIEW SCHEDULE

Section 1. Biographical information

1. What is your gender?

Female	
Male	

2. What is your age?

30-40 years	
41 – 50	
51 – 60	
61 – 70	
71+	

3. What is your home language?

isiZulu	
isiXhosa	
Sesotho	
Sepedi	
Setswana	
Siswati	
Tshivenda	
Xitsonga	
isiNdebele	
English	
Afrikaans	
Other	
isiZulu	
isiXhosa	
English	
Other	

4. What is your race?

Black	
White	
Indian	
Coloured	
Other	

5. My highest level of education is

Grade 1 – 3	
Grade 3 – 7	
Grade 8 – 10	
Grade 10 - 12	
Other	

6. Number of children that I care for who are not my biological children?

Number	Age	Comments
1		
2		
3		
4		
5		
6		
7		
8		

Section 2. Interview schedule

Question/ Umbuzo	Yes/Yebo	No/Cha	Sometimes/ Ngez- Inye izikhathi
1. I have a good relationship with other gogos/caregivers who are also looking after their grandchildren **1. Nginobudlelwane omnandi ngo ogogo/ abanakekeli bozukulu bami bozukulu bami**			
2. I have one or more friends who understands me **2. Nginabahlobo ababili abangizwayo**			
3. There is no one in my life who I can ask for help **3. Akekho noyedwa ongingacela kuye uncedo**			
4. I feel bad asking anyone for help **4. Nginamahloni ukucela uncedo komunye**			
5. If I need someone to look after the children for me, there is someone I can ask **5. Uma ngiswela ongangisiza ukunakekela abantwana, ukhona ongingamcela**			
6. There is someone in my life who I can ask for advice because I respect that person **6. Ukhona ongingacela isiluleko ngoba ngiyamethemba**			
7. My faith helps me to cope with life **7.Ukholo bami uyangisiza ukuziphatha**			
8. I know my culture **8. Ngiyawazi amasiko ethu**			
9. I practice the traditions of my culture **9. Ngiyawajwayeza amasiko nemikhuba yawo**			
10. I want to pass my traditions on to my grandchildren **10. Ngifisa ukudlulisa amasiko kubazukulu bami**			
11. There are organisations in my community where I can go for help when I need advice **11. Yikhona imihlangano emphakathini engingayithola kuzo isiluleko**			

12. There are sources in my community I can go to if I need help with food or clothing **12. Sikhona isisekelo emphakathini engingawuthola khona usizo ngokudla nezingubo**			
13. I have good relationships with one or more of my family members **13. Nginobudlelwane omnandi ngomunye nabanye emndini wami**			
14. I have things that I like about myself **14. Zikhona izinto engizithandayo ngami**			
15. I have time to think about myself and what I need **15. Nginaso isikhathi sokuzicabanga nezinto engiswelayo**			
16. I have no time to do anything nice for myself **16. Anginaso isikhathi sokungenzela okuhle**			
17. I have a dream for my life **17. Nginephupho ngempilo yami**			
18. I feel that it is ok to ask for help from others sometimes **18. Ngezinye izikhathi ngizwa kulungile ukucela uncedo kubanye**			
19. I feel that my life will improve even if things are very difficult sometimes **19. Ngiyezwa ukuthi impilo yami ingathuthukisa ngisho noma izinto zinzima**			
20. I enjoy talking and laughing with my friends **20. Ngiyathanda ukuxoxa nokuhleka kanye nabahlobo bami**			
21. I enjoy talking and laughing with my grandchildren **21. Ngiyathanda ukuxoxa nokuhleka kanye nabazukulu bami**			
22. I feel overwhelmed being the caregiver of my grandchildren **22. Ngiyezwa ukuqeda amandla ngokunakekela abazukulu bami**			
23. I am a happy person **23. Ngumuntu ojabulayo**			
24. I don't think there is anything good in my life **24. Angiboni okuhle empilweni yami**			

25. I keep trying until I find a solution to my problems **25. Ngihlala ngizama ukuthola impumelo ezinkingeni za**			
26. I like to try to learn to do new things **26. Ngiyathanda ukuzama ukufunda ukwenza okusha**			
27. Sometimes I want to give up because of my problems **27. Ngezinye izikhathi ngithanda ukudela ngenxa yokusindwa izinkinga zami**			

APPENDIX 2

SEMI-STRUCTURED INTERVIEW SCHEDULE

PART 1 (All respondents)

1. How do you experience your role as care-giver of your grandchildren?
2. What are your personal characteristics that help you to care for your grandchildren?
3. What support do you feel you have that helps you to care for your grandchildren?
4. When you come across a problem, how do you go about solving that problem?

PART 2 (Respondents that attended the group work)

1. What did you enjoy most about attending the group?
2. Did you learn anything new about yourself through the group work sessions?
3. Do you think other care-givers would benefit from attending a group like this?

APPENDIX 3

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work & Criminology

Researcher: Linda Smallbones

Umhloli: Linda Smallbones

Contact: (033) 238 1732 (work), 083 2547482 (cell), linda@smallbones.com

Thintana naye ku: (033) 238 1732 (emsebenzini), 083 2547482 (iseli)

Informed Consent / Imvume efundisiwe

(Experimental group)

Respondent's Name / Igama lomphenduleli: _____

1. Title of the Study: The influence of awareness-based Gestalt group work to enhance resilience in caregivers caring for vulnerable children.

Isihloko sokufundiswayo: Ukusebenzisa umsebenzi weqembu yeGestalt esekelwe ekukwazini woku engezela ukunwebeka wabomnakakeli wezingane ezibanokulimazeka.

2. Purpose of the Study: The purpose of this study is to explore whether participation in an awareness-based Gestalt group work programme will enhance the resilience of caregivers of vulnerable children.

Umgomo wokufundiswayo: Umgomo wokufundiswayo ukuhlola noma ukuhlanganyela neqembu yokusebenzisa yeGestalt esekelwe ekukwazini, kuzo engezela ukunwebeka wabomnakakeli wezingane ezibanokulimazeka na.

3. Procedures: I will be requested to participate in eight group work sessions, of a maximum of two hours per session, over a period of eight weeks. I will also be requested to complete two structured interviews that will each require 45 minutes of my time. One interview will be before the start of the group work and the other after all the group work sessions have been completed. After completion of all the sessions the researcher will also conduct a short interview with me to obtain my personal views about the group work sessions.

Izindlela zokuhambisa: Kuzofuneka ngifeze ukubonana nomhloli kabili kubiza amaminithi ami awu 45. Kuzodlula isikhathi esingangamasonto ayisishiyangalombili kusuka ukuhlangana nomhloli keokuqala nokwesibili.. Emuva ngizoba nethuba lokuhlangenyela neqembu yokusebenzisana okuphathene nokuphathene nokufundiswayo, mangithanda.

4. Risks: I understand that there are no known risks and discomfort involved in participating in this study. If I experience emotional distress at any time during the research process, I will inform the researcher. I expect the researcher to then arrange a counseling session for me with a suitably qualified counselor.

Izingozi: Ngiyaqonda ukuthi azikho izingozi ewaziweyo ezikhona nokungahlali kamnandi ngokuhlangenyela nalemfindo. Nxa ngizwa ukuxineka noma nini ngizobikela umhloli. Ngiyethemba ukuthi umhloli uzongilungisela ukubonana nomluleki ofaneleyo.

5. Benefits: I understand that there is no direct financial benefit to me participating in this study. However, my participation in this study will help the researcher and the organisation for which she works to understand how to support caregivers of vulnerable children better and ultimately protect vulnerable children.

Inzuzo: Ngiyaqonda ukuthi ayizobakhona inzuzo yemali ezoza ngakimi ngisafunda. Kepha, ukuhlanganyela kwami ekufundeni kuzo siza umhloli nomhlangano aqashwe kuwo, ukuqonda ngayiphindlela bazosekela abomnakakeli wezingane ezibanokulimazeka.

6. Participants' rights: My participation in this study is voluntary and I may withdraw my participation at any time with no negative consequences.

Izilungelo zomhlanganyeli: Ukuhlanganyela kwami kulomfundo ngenze ngokwami. Ngiba nelungelo ukuyeka ngesikhathi engikhethayo, ngingabi nempumelo elandulayo.

7. Confidentiality: In order to record accurately what I say in the interviews, a tape recorder will be used. The tape will only be listened to by the researcher and authorized members of the research team. The information received from me will be treated confidentially and my identity will not be revealed. Should I withdraw from the study, my data will be destroyed. The results of this study may be published in the researcher's final research document, professional journals or presented at professional conferences, but my records or identity will not be revealed unless required by law.

Okuyimfihlo: Ngokuthi kubhalwe kungabinamaphutha engishoyo ekubonaneni nomhloli, uzobakhona umshini obhalayo konke ukoshoyo kuchophekile. Ithephu izolalelwa umloli yedwa nethimu yamalunga afundileyo ukuhlola. Ongikwazisayo kuzohlonishwa ngeyimfihlo noluqobo lwami aluzombulelwa. Nxa ngizisusa ekufundisweni, imininginingwane wokukwaziweyo izochithwa. Impumelo yemfundo ingamenyezelwa encwadini yokuhlola yokugcina yomhloli, nejeneli ezifundelewyo.

Impumelo futhi ingabonakaliswa emhlanganweni zabafundi, kepha amarekhodi noluqobo lwami awazombulelwa ngaphandle ngokuthi abizwa umthetho.

If I have any queries or concerns, I can contact Linda Smallbones on 083 254 74 82 at any time. I understand my rights as a research respondent and I voluntarily consent to participate in this study. I understand what the study is about and how and why it is being done. I am aware that the data will be stored for 15 years at the Department of Social Work and Criminology, University of Pretoria, according to the policies of the University. I have received a copy of this consent form.

Nxa nginombuzo nomnako ngingathintana noLinda Smallbones ku 083 254 7482 noma nini. Ngiyaziqonda izilungelo zami nginguphenduleli wokuhlola, futhi ngiyazivumela ukuhlanganyela kulomfundo. Ngiyaqonda okufundiswayo nokuthi kuwenzelwani nangayiphindlela. Ngiyaqonda ukuthi umninginingwane wokwaziweyo uzokhwezwa ngeminyaka eyishumi nanhlanu emnyango yomsebenzi wokuhlalisana nabantu, nesayense ephathelene nokwelelesa, eyunivesithi yaseTswane, njengendlela yeyunivesithi. Nginikiwe ikhophi yefomu yalemvume.

Respondent/Umphenduleli: _____ Date/Idethi: _____

Researcher/Umhloli: _____ Date/Idethi: _____

Interpreter/Umhumushi: _____ Date/Idethi: _____

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work & Criminology

Researcher: Linda Smallbones

Umhloli: Linda Smallbones

Contact: (033) 238 1732 (work), 083 2547482 (cell), linda@smallbones.com

Thintana naye ku: (033) 238 1732 (emsebenzini), 083 2547482 (iseli)

Informed Consent / Imvume efundisiwe
(Comparison group)

Respondent's Name / Igama lomphenduleli: _____

1. Title of the Study: The influence of awareness-based Gestalt group work to enhance resilience in caregivers caring for vulnerable children.

Isihloko sokufundiswayo: Ukusebenzisa umsebenzi weqembu yeGestalt esekelwe ekukwazini woku engezela ukunwebeka wabomnakakeli wezingane ezibanokulimazeka.

2. **Purpose of the Study**: The purpose of this study is to explore whether participation in an awareness-based Gestalt group work programme will enhance the resilience of caregivers of vulnerable children.

Umgomo wokufundiswayo: Umgomo wokufundiswayo ukuhlola noma ukuhlanganyela neqembu yokusebenzisa yeGestalt esekelwe ekukwazini, kuzo engezela ukunwebeka wabomnakakeli wezingane ezibanokulimazeka na.

3. **Procedures**: I will be requested to complete two interviews that will each require 45 minutes of my time. There will be a time period of approximately ten weeks between the first and the second interview. Afterwards I will be given the opportunity to participate in the group work process that forms part of the study, if I wish to.

Izindlela zokuhambisa: Kuzofuneka ngifeze ukubonana kabili nomhloli izikhathi ezibiza maminithi ami awu 45. Kuzodlula isikhathi esingangamasonto ayishumi kusuka ukubonana nomhloli kwakuqala nangokwesinbili. Emuva ngizobanethuba lokuhlangenyela ukusebenzisana neqembu okuyinxenye yokufundiswayo, mangithanda.naye uzowenza ukubonana nami isikhathi esincane ezohlola umqondo wami qobo phathelene nokusenezisana weqembu.

4 Risks: I understand that there are no known risks and discomfort involved in participating in this study. If I experience emotional distress at any time during the research process, I will inform the researcher. I expect the researcher to then arrange a counseling session for me with a suitably qualified counselor.

Izingozi: Ngiyaqonda ukuthi azikho izingozi ewaziweyo ezikhona nokungahlali kamnandi ngokuhlangenyela nalemfindo. Nxa ngizwa ukuxineka noma nini ngizobikela umhloli. Ngiyethemba ukuthi umhloli uzongilungisela ukubonana nomluleki ofaneleyo.

5. Benefits: I understand that there is no direct financial benefit to me participating in this study. However, my participation in this study will help the researcher and the organisation for which she wrks to understand how to support caregivers of vulnerable children better and ultimately protect vulnerable children.

Inzuzo: Ngiyaqonda ukuthi ayizobakhona inzuzo yemali ezoza ngakimi ngisafunda. Kepha, ukuhlanganyela kwami ekufundeni kuzo siza umhloli nomhlangano aqashwe kuwo, ukuqonda ngayiphindlela bazosekela abomnakakeli wezingane ezibanokulimazeka.

6. Participants' rights: My participation in this study is voluntary and I may withdraw my participation at any time with no negative consequences.

Izilungelo zomhlanganyeli: Ukuhlanganyela kwami kulomfundo ngenze ngokwami. Ngiba nelungelo ukuyeka ngesikhathi engikhethayo, ngingabi nempumelo elandulayo.

7. **Confidentiality**: In order to record accurately what I say in the interviews, a tape recorder will be used. The tape will only be listened to by the researcher and authorized members of the research team. The information received from me will be treated confidentially and my identity will not be revealed. Should I withdraw from the study, my data will be destroyed. The results of this study may be published in the researcher's final research document, professional journals or presented at professional conferences, but my records or identity will not be revealed unless required by law.

Okuyimfihlo: Ngokuthi kubhalwe kungabinamaphutha engishoyo ekubonaneni nomhloli, uzobakhona umshini obhalayo konke ukoshoyo kuchophekile. Ithephu izolalelwa umloli yedwa nethimu yamalunga afundileyo ukuhlola. Ongikwazisayo kuzohlonishwa ngeyimfihlo noluqobo lwami aluzombulelwa. Nxa ngizisusa ekufundisweni, imininginingwane wokukwaziweyo izochithwa. Impumelo yemfundo ingamenyezelwa encwadini yokuhlola yokugcina yomhloli, nejeneli ezifundelewyo. Impumelo futhi ingabonakaliswa emhlanganweni zabafundi, kepha amarekhodi noluqobo lwami awazombulelwa ngaphandle ngokuthi abizwa umthetho.

If I have any queries or concerns, I can contact Linda Smallbones on 083 254 7482 at any time. I understand my rights as a research respondent and I voluntarily consent to participate in this study. I understand what the study is about and how and

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Respondent/Umphenduleli:_____ Date/Idethi: _____

Researcher/Umhloli: _____ Date/Idethi: _____

Interpreter/Umhumushi: _____ Date/Idethi: _____

APPENDIX 4

ETHEMBENI
PLACE OF HOPE

HIV/AIDS MINISTRY
Howick Community Church
PO Box 495, Howick, 3290
Tel/fax: (27) 33 – 238 0596
E-mail: ethembenih@telkomsa.net

Phone/fax: 033 2380596 / 033 330 5943
NPO registration no : 032-733
PBO no. 930003873

1 April 2009

To Whom It May Concern:

PERMISSION FOR LINDA SMALLBONES TO CONDUCT RESEARCH

Please note that the proposed research entitled "The use of movement in Gestalt therapy to increase resilience in caregivers caring for vulnerable children" by Linda Smallbones has been fully disclosed to this organisation. This is considered to be a relevant part of the work of our organisation and permission is granted for the research to be conducted.

The expectation of this organisation is that the research will be conducted in a manner that is respectful and not harmful towards the people with whom we work, from which the sample of respondents will be drawn.

Sincerely,

Grant Edkins
Director

APPENDIX 5

Declaration of originality

Full names of student: **L Smallbones**

Student number: **28377622**

Topic of work: **The use of awareness-based Gestalt group work to enhance resilience in caregivers caring for vulnerable children**

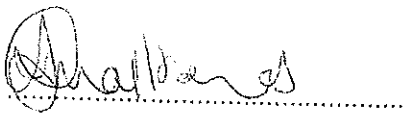
Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.

2. I declare that this **mini-dissertation** is my own original work. Where other people's work has been used (either from a printed source, Internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.

3. I have not used work previously produced by another student or any other person to hand in as my own.

4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

SIGNATURE 

DATE 22 April 2013

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

23 November 2010

Dear Prof Lombard

Project:	**The use of awareness-based Gestalt group work to enhance resilience in caregivers caring for vulnerable children**
Researcher:	**L Smallbones**
Supervisor:	**Dr MP le Roux**
Department:	**Social Work and Criminology**
Reference number:	**28377622**

Thank you for your response to the Committee's letter of 11 November 2009.

I have pleasure in informing you that the Research Ethics Committee formally **approved** the above study at an *ad hoc* meeting held on 22 November 2010. Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof. John Sharp
Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: john.sharp@up.ac.za