

**EVALUATION OF AN EMOTIONAL AWARENESS PROGRAMME
FOR CHILDREN IN MIDDLE CHILDHOOD IN A CHILD AND YOUTH
CARE CENTRE IN PRETORIA**

by

Catherine Mclean

**A mini-dissertation submitted in partial fulfilment of the
requirements for the degree
MSW (Play Therapy)**

**in the
Department of Social Work and Criminology
Faculty of Humanities
at the
University of Pretoria**

Supervisor: Dr MP le Roux

August 2015

ACKNOWLEDGEMENTS

I wish to express my sincere gratitude to:

- Our Heavenly Father, for His love, provision, strength and guidance throughout my life.
- My supervisor, Dr MP le Roux for her support, advice, patience and encouragement.
- The child and youth care centre for allowing me permission to conduct this study with children in their care.
- The children who participated in the study for their generosity of spirit and participation.
- My sons Callan and William for their understanding of my absences, and their motivation.

ABSTRACT

EVALUATION OF AN EMOTIONAL AWARENESS PROGRAMME FOR CHILDREN IN MIDDLE CHILDHOOD IN A CHILD AND YOUTH CARE CENTRE IN PRETORIA

RESEARCHER: Ms Catherine Mclean

SUPERVISOR: Dr MP le Roux

DEGREE: MSW (Play Therapy)

INSTITUTION: University of Pretoria

Emotional awareness, a pre-requisite for emotional intelligence, encompasses being in contact with, as well as effectively expressing and owning one's emotions, and is critical to the holistic functioning of children. Children in the middle childhood years are primed for learning as they have entered their formal schooling years, thereby not only needing to learn to read and write but to interact with peers and adults in a socially acceptable manner.

Children in child and youth care centres have unique challenges in coping with and overcoming the emotions caused by the circumstances that have brought them into care. Emotional awareness, and the potential benefits for children's socio-emotional skills, can be to the advantage of these children.

It is believed that emotional awareness can be taught through specific interventions, such as programmes aimed at enhancing children's skills in identifying, understanding and effectively expressing their emotions. The goal of this study was to evaluate such a programme, referred to in this study as an Emotional Awareness Programme for children in middle childhood, to be implemented within the context of a child and youth care centre. The Emotional Awareness Programme was implemented over two months at a child and youth care centre in Pretoria.

The study followed a quantitative research approach, with a quasi-experimental comparison group pre-test post-test research design.

Data was collected by means of a standardised measuring instrument, the Levels of Emotional Awareness Scale for Children (LEAS-C).

The findings of the study suggested that the exposure of participants of middle childhood age in a child and youth care centre to the Emotional Awareness Programme had a limited effect on their emotional awareness. However, this effect could not be exclusively ascribed to the programme. As the context of the child and youth care centre and the traumatic experiences of children in alternative care could have an effect on the implementation of the Emotional Awareness Programme as well as on the measurement of emotional awareness, and as such, further research on the topic of this study is recommended. It is recommended that the study be replicated in other child and youth care centres.

KEY CONCEPTS

- Emotional awareness
- Emotional intelligence
- Emotional awareness programme
- Middle childhood
- Child and youth care centre

DECLARATION OF ORIGINALITY

Full names of student: Catherine Mclean

Title: Evaluation of an emotional awareness programme for children in middle childhood in a child and youth care centre in Pretoria

Declaration

- I understand what plagiarism is and am aware of the University's policy in this regard.
- I declare that this MINI-DISSERTATION is my own original work. Where other people's work has been used (either from a printed document, Internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.



Signature

Date: 28 August 2015

TABLE OF CONTENTS

Acknowledgements	i
Abstract	ii
Declaration of own work	iv
CHAPTER 1: GENERAL BACKGROUND TO THE STUDY	
1.1 INTRODUCTION	1
1.1.1 Conceptualising emotions	2
1.1.2 Emotional intelligence and emotional awareness	3
1.1.3 The child in a child and youth care centre	4
1.1.4 The child in middle childhood	5
1.2 THEORETICAL FRAMEWORK	7
1.3 RATIONALE AND PROBLEM STATEMENT	9
1.4 GOAL AND OBJECTIVES OF THE STUDY	11
1.4.1 Goal	11
1.4.2 Objectives	11
1.5 RESEARCH METHODOLOGY	12
1.6 LIMITATIONS OF THE STUDY	13
1.7 CHAPTER OUTLINE	14
1.8 SUMMARY	14
CHAPTER 2: EMOTIONAL AWARENESS AND THE CHILD IN THE CHILD AND YOUTH CARE CENTRE	
2.1 INTRODUCTION	16
2.2 CONCEPTUALISING EMOTIONS	17
2.3 EMOTIONAL DEVELOPMENT	18
2.3.1 Emotional development in childhood	18
2.3.1.1 The development of primary and complex emotions	18
2.3.1.2 The development of emotional expression	19
2.3.1.3 The development of emotional self-regulation	20
2.3.2 Factors influencing emotional development	22
2.3.2.1 The influence of attachment	23
2.3.2.2 The influence of self-awareness and self-esteem	24
2.3.2.3 The influence of temperament	25
2.3.2.4 The influence of parenting styles	26
2.3.3 Advantages of healthy emotional development	27
2.3.3.1 Emotional health	27
2.3.3.2 Physical health	28

2.3.3.3 Social functioning	29
2.4 EMOTIONAL INTELLIGENCE AND EMOTIONAL AWARENESS	31
2.4.1 Emotional intelligence	31
2.4.2 Emotional awareness	32
2.5 THE CHILD IN MIDDLE CHILDHOOD	35
2.5.1 Physical development	36
2.5.2 Cognitive development	38
2.5.3 Emotional development	41
2.5.4 Social development	43
2.6 THE CHILD AND YOUTH CARE CENTRE	46
2.6.1 The context of the child and youth care centre	46
2.6.2 The child in the child and youth care centre	48
2.6.2.1 Mental health of children in care	48
2.6.2.2 Attachment of children in care	50
2.6.2.3 Behaviours of children in care	52
2.6.2.4 The education of children in care	53
2.6.2.5 Personal relationships of children in care	54
2.6.3 Emotional needs and emotional awareness of children in care	56
2.7 EMOTIONAL AWARENESS PROGRAMME	60
2.8 SUMMARY	62
CHAPTER 3: RESEARCH METHODOLOGY AND RESEARCH FINDINGS	
3.1 INTRODUCTION	63
3.2 RESEARCH METHODOLOGY	63
3.2.1 Research approach	63
3.2.2 Type of research	64
3.2.3 Research design	64
3.2.4 Research methods	65
3.2.4.1 Study population and sampling	66
3.2.4.2 Data collection	66
3.2.4.3 Data analysis	67
3.3 ETHICAL CONSIDERATIONS	69
3.3.1 Avoidance of harm	69
3.3.2 Informed consent and voluntary participation	69
3.3.3 Confidentiality	70
3.3.4 Denial of treatment	70
3.3.5 Debriefing of respondents	71

3.3.6	Actions and competence of the researcher	71
3.3.7	Publication of findings	71
3.4	EMPIRICAL RESULTS	71
3.4.1	Section A: Biographical profile of the respondents	72
	3.4.1.1 Age of respondents	72
	3.4.1.2 Gender of respondents	73
	3.4.1.3 Language	73
	3.4.1.4 Schools that respondents attended	73
	3.4.1.5 School grades	74
	3.4.1.6 Housing at child and youth care centre	74
3.4.2	Section B: Research findings	75
	3.4.2.1 Sub-section 1: Development of emotional vocabulary	76
	3.4.2.1.1 Frequency of responses according to LEAS-C levels of emotional value	76
	3.4.2.1.2 Synopsis of response frequency	81
	3.4.2.2 Strong and weak emotion words	83
	3.4.2.2.1 Weak emotion words used by the respondents	84
	3.4.2.2.2 Strong emotion words used by the respondents	85
3.4.3	Sub-section 2: Emotional awareness levels	87
3.5	DISCUSSION OF RESULTS	88
3.5.1	Emotional vocabulary and emotional expression	89
3.5.2	Development of emotional awareness	90
3.5.3	Success of the EA Programme within a child and youth care centre	92
3.6	SUMMARY	94
	CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS	
4.1	INTRODUCTION	95
4.2	GOAL AND OBJECTIVES OF THE STUDY	95
4.3	CONTENTS OF THE RESEARCH REPORT	97
4.4	CONCLUSIONS	97
4.5	RECOMMENDATIONS	100
4.6	ACCOMPLISHMENT OF THE GOAL AND OBJECTIVES OF THE STUDY	101
4.7	SUMMARY	102
	REFERENCES	103

LIST OF TABLES

Table 3.1: Age of the respondents	73
Table 3.2: Gender composition of respondents	73
Table 3.3: School composition of respondents	74
Table 3.4: Grade composition of respondents	74
Table 3.5: House composition of the respondents	75
Table 4.1: Accomplishments of the objectives of the study	101

LIST OF FIGURES

Figure 3.1: Level zero responses	77
Figure 3.2: Level one responses	78
Figure 3.3: Level two responses	79
Figure 3.4: Level three responses	80
Figure 3.5: Level four responses	81
Figure 3.6: Synopsis of results of the experimental group	82
Figure 3.7: Synopsis of results of the comparison group	82
Figure 3.8: Weak emotion words used by experimental group	84
Figure 3.9: Weak emotion words used by comparison group	85
Figure 3.10: Strong emotion words used by experimental group	86
Figure 3.11: Strong emotion words used by the comparison group	86
Figure 3.12: Emotional awareness of experimental and comparison groups	87

LIST OF APPENDIXES

Appendix A: Emotional Awareness Programme
Appendix B: Permission for use of measuring instrument
Appendix C: LEAS-C questionnaire (English)
Appendix D: LEAS-C questionnaire (Afrikaans)
Appendix E: LEAS-C glossary of words
Appendix F: Instructions in scoring manual
Appendix G: Permission letter from child and youth care centre
Appendix H: Ethical clearance from the University of Pretoria
Appendix I: Informed consent from legal guardian
Appendix J: Informed assent letter

CHAPTER 1

GENERAL BACKGROUND TO THE STUDY

1.1 INTRODUCTION

As long as there are humans who interact with each other emotional intelligence will be important (Stein, 2007:57); so important, it is increasingly considered a more accurate predictor of future success and happiness than cognitive intelligence (Deutschendorf, 2009:9; Mosley, 2005:1; Panju, 2008:5). Emotional intelligence refers to certain skills or competencies that enable people to function and adjust in their environment, and includes awareness of feelings, empathy, sensitivity to the feelings of others, persistence and self motivation (Grieve, Van Deventer & Mojapelo-Batka, 2006:40-41; Stein, 2007:58).

Becoming emotionally aware (or emotional awareness) is one of the vital components in developing emotional intelligence (Grieve et al., 2006:40-41; Mavroveli, Petrides, Sangareau & Furnham, 2009:261; Stein, 2007:58). Emotional intelligence is imperative for healthy functioning as it enables people to adapt to and understand their environment, live fulfilling lives and enjoy satisfying relationships (Deutschendorf, 2009:38; Mavroveli et al., 2009:261; Veirman, Brouwers & Fontaine, 2011:265).

With the aim to enhance the emotional awareness of children, Knoetze (2012) developed an emotional awareness programme (EA Programme) for children in middle childhood within the school setting. The programme consists of seven modules, presented over a seven week period, with the intention to increase children's knowledge and awareness of emotions. The specific goals of the programme was to build and strengthen the relationship between educators and learners, to enhance the children's knowledge of emotions, their emotional language, their ability to show empathy and their ability to regulate their emotions, as well as to expand their problem solving skills (Knoetze, 2012:140-142). The emotional awareness of said children improved after being exposed to the programme and it was recommended that the effectiveness of the programme be evaluated in other settings (Knoetze, 2012:231, 234).

The purpose of this study was to evaluate the EA Programme developed by Knoetze (2012) in a different setting, namely with children in middle childhood within the context of a child and youth care centre. The study forms part of a number of studies focussed on a broader evaluation of the effectiveness of the EA Programme in other settings.

Based on the focus of the study, the following aspects are relevant to the study: emotions, emotional intelligence and emotional awareness, emotional awareness in children in care, and the child in middle childhood. These concepts are defined and briefly discussed in order to contextualise the study.

1.1.1 Conceptualising emotions

The concept 'emotion' refers to "a rapid appraisal of the personal significance of the situation, which prepares you for action" (Berk, 2013:401). Panju (2008:5-6) quotes Eric Jensen's definition of an emotion as being a "biologically driven cross-cultural response to an environmental stimulus" and also suggests that emotions warn people about what is taking place around them. For the purpose of this study emotion is further defined as "a mostly unconscious mental state associated with feelings, thoughts and behaviours that usually occur spontaneously" (Knoetze, 2012:17).

As indicated by Erik Erikson's theory of psychosocial development as well as John Bowlby's theory of attachment, emotions develop from birth, are affected by the environment in which the person meets his or her needs, and become part of a person's personality (Papalia, Olds & Feldman, 2006:202, 204, 214-215). As babies, emotions are usually naturally felt, yet later through environmental influences people tend to ignore or suppress some emotions (Blom, 2006:90-91).

If for example children are taught that anger is wrong or boys should not cry they tend to suppress these emotions which in turn ultimately limits their ability to effectively meet their needs (Blom, 2006:33; Oaklander, 2001:47-48). Often children suppress emotions to deal with trauma (Oaklander, 2006:50). These suppressed emotions will continue to affect them and influence their future decisions and behaviours (Carroll & Oaklander, 1997:186-187; Deutschendorf, 2009:36).

Emotions have a significant influence on people's overall functioning. As one's emotions tend to affect the way one thinks or behaves, understanding one's emotions can prevent or lessen many psychosocial problems in society (Panju, 2008:5-6). Emotional awareness, which forms the basis for emotional intelligence (Bajgar, Ciarrochi, Lane & Deane, 2005:569), can therefore significantly impact a person's functioning.

1.1.2 Emotional intelligence and emotional awareness

Emotional intelligence is a set of skills enabling a person to make his or her way in a complex world and includes empathy, self control, self awareness, sensitivity to the feelings of others, persistence and self motivation (Grieve et al., 2006:40-41; Stein, 2007:58). It further refers to a collective set of social, emotional and behavioural skills of which the foundation is laid in childhood, and is believed to form the "cornerstone of almost every aspect of our lives" (Mosley, 2005:1).

It is thought that emotional intelligence is more predictive of future success in a child's life than their intelligence quotient or IQ (Mosley, 2005:1; Panju, 2008:12-13; Siegler, DeLoache & Eisenberg, 2011:383). The skills required for developing emotional intelligence or competence include the ability to identify and express emotions, determine the intensity of the emotions and the ability to regulate the response to or manage one's emotions (Mosley, 2005:2; Panju, 2008:23; Schiller, 2009:11; Stein, 2007:59). These skills are closely linked with emotional awareness.

Awareness is both a central objective and methodology of Gestalt therapy and entails enhancing one's perceptions of one's immediate experiences (Blom, 2006:18, 51). This awareness holistically encompasses all aspects of the child's process, including emotions, and involves an awareness of "who they are, what they feel, what they like or dislike, what they need or want, what they do and how they do it" (Oaklander in Blom, 2006:51).

Emotional awareness refers to becoming aware of one's emotions and encompasses becoming familiar with and getting in touch with "each signal and its message" and then using this information to coach and guide one through life's highs and lows (Deutschendorf, 2009:36). According to Knoetze (2012:18), emotional awareness includes knowledge to discriminate between different

emotions and the ability to apply that information to thought and action. With reference to awareness of emotions, Deutschendorf (2009:36) includes words such as becoming “familiar” with, getting “in touch with” and “understanding” emotions.

Emotional awareness is a key component in developing emotional intelligence (Grieve et al., 2006:40-41; Mavroveli et al., 2009:261; Stein, 2007:58), as the conscious processing of emotional information facilitates adaptive emotional and intellectual growth (Veirman et al., 2011:265). Therefore, being aware of the emotions one experiences in various situations assists a person with anticipatory preparation, adaptation and handling the consequences of one’s actions.

Gestalt theory views awareness as the foundation for well-being and it is proposed that emotional awareness in children can enable them to acknowledge, experience and appropriately express their emotions (Blom, 2006:123; Henderson & Thompson, 2011:224). Children find it difficult to understand or manage intense feelings, often preferring to suppress and hide these feelings to the extent of having little awareness of them (Oaklander, 2006:41-42). Children’s awareness of their emotions is therefore influenced by their experiences.

It is acknowledged that people’s experiences and social interactions can greatly influence their emotional awareness and functioning. Becoming aware of emotions and how people perceive them thus depends on a person’s environment (Deutschendorf, 2009:36). This research focused on children within the environment of a child and youth care centre.

1.1.3 The child in a child and youth care centre

Children exposed to adverse childhood circumstances, such as maltreatment, can be removed from the care of their parents or care-givers according to Section 150 of the Children’s Act 38 of 2005 (hereafter referred to as the Children’s Act). These children can be placed in alternative care, of which the child and youth care centre is one of the placement options (The Children’s Act, Section 156). A child and youth care centre is defined in Section 191(1) of the Children’s Act as “a facility for the provision of residential care to more than six children outside the child’s family environment in accordance with an accredited residential care programme.”

The influence of the environment on the emotional functioning of children is often evident in the context of the child and youth care centre. Children in care have mostly been exposed to traumatic experiences and adverse environments prior to placement in alternative care, while the placement in the child and youth care centre exposes them to further trauma, loss, and less than optimal care environments (Knowles & Lander, 2011:125, 130; Stanley, 2005:240). As a result, children in care very often experience educational, health and social difficulties as well as much higher rates of mental health disorders (Knowles & Lander, 2011:125-133; McAuley & Davis, 2009:147; Stanley, 2005:239-240, 243). Their exposure to trauma and adverse circumstances further result in a lowered capacity to manage their emotions (Knowles & Lander, 2011:125; McAuley & Davis, 2009:147; Stanley, 2005:239-240, 243).

As emotional awareness is a key component in developing emotional intelligence (Grieve et al., 2006:40-41; Mavroveli et al., 2009:261; Stein, 2007:58), enhancing the emotional competence of children in care could benefit their functioning and adjustment in the child and youth care centre and in life (Cameron & Maginn, 2009:39). Knoetze (2012:18, 20) also proposes that enhanced emotional competence could lead to better self-regulation in children and, as a result, could lessen the effects of harmful experiences for children. The development of emotional competence is a key task in middle childhood.

1.1.4 The child in middle childhood

Middle childhood is the developmental stage between six and 12 years of age (Zembar & Blume, 2009:4). Although the preschool years are seen as the foundation of development, middle childhood offers the opportunities in which the developmental gains or disadvantages of the earlier years can be sustained, enhanced or reversed (Huston & Ripke, 2006:2).

In most societies children start with formal schooling at the onset of middle childhood. Their widening social environment offers children opportunities for learning new skills, while they also develop social and cognitive abilities needed to better regulate their behaviour (Huston & Ripke, 2006:7; Louw & Louw, 2007a:214). Middle childhood is a time in which children gain the needed skills for life and it

forms the basis for future interpersonal relationships (Huston & Ripke, 2006:8; Zembar & Blume, 2009:5-7).

Although the physical development of children in middle childhood is relatively steady, important developmental advances take place in the cognitive, social and emotional domains (Louw & Louw, 2007a:214). Physically, children grow in terms of length and weight, and develop the fine and gross motor skills that enable them to engage in activities such as writing and art, as well as in sports and physical activities and games (Arnett, 2014:315; Berk, 2013:181, 189; Louw & Louw, 2007a:216-217).

In terms of their cognitive development, children in middle childhood become competent in systematic and logical thinking, which prepares them for school-related activities such as classification, seriation and conservation (Arnett, 2014:320; Papalia et al., 2006:350). They acquire better memory skills and are better able to pay selective attention to information that is relevant (Arnett, 2014:322; Berk, 2013:393; Papalia et al., 2006:350).

During middle childhood children develop the emotional competencies to become aware of their own and other people's emotions, to verbalise and regulate their emotions, and express emotions according to social and cultural rules (Arnett, 2013:355; Papalia et al., 2006:381). They begin to understand that emotions are related to one's interpretation of a situation and that different people can interpret situations differently (Arnett, 2014:335; Berk, 2013:419; McDevitt & Ormrod, 2013:436).

Socially, children in middle childhood are better able to regulate their behaviour and tend to comply with the rules of society. As a result, they are able to function more independently and are less reliant on direct parental supervision (Arnett, 2014:338; Papalia et al., 2006:382). Middle childhood is also a life stage in which their perception of their own abilities, such as in their school work and sports activities, strongly influences their self-concept (Berk, 2013:16; McDevitt & Ormrod, 2013:421; Papalia et al., 2006:380; Zembar & Blume, 2009:230).

Friends and friendships become an important part of life for children in middle childhood and their interactions with friends help them to develop social skills and

form their identity (Arnett, 2014:343; Papalia et al., 2006:392). Although the peer group can provide the opportunity for healthy interpersonal relationships, peer pressure can also lead children to engage in negative behaviours (Huston & Ripke, 2006:9-10; Papalia et al., 2006:392; Zembar & Blume, 2009:6).

As emotional awareness could contribute to the emotional competence of children, it is clear that emotional awareness could benefit children in middle childhood, as well as children being cared for in a child and youth care centre. Emotional awareness can be facilitated through specific activities (Mosley, 2005:1-31; Panju, 2008:18-19), such as the skills taught through the EA Programme that was evaluated in the study (Knoetze, 2012). A programme, in the context of this study, is defined as “guidelines for the expansion of knowledge on a specific subject” (Knoetze, 2012:20).

The development of the EA Programme was based on a Gestalt play therapy backdrop (Knoetze, 2012:136). The researcher also utilised Gestalt theory as the theoretical framework for the study.

1.2 THEORETICAL FRAMEWORK

The theoretical framework that guided this study and the analysis and interpretation of the results is Gestalt theory. Having no equivalent English term, the concept Gestalt can best be described as a shape, form or configuration whose whole is greater than the sum of its parts (Blom, 2006:18). In line with this view, the concept *holism* indicates that a person (organism) is made up of interrelated, inseparable parts including physical, emotional and spiritual elements and any attempt to exclude an element from awareness results in unhealthy functioning (Fall, Holden & Marquis, 2010:203). In addition people cannot be considered or understood separate from their environment (Blom, 2006:22; Fall et al., 2010:205-206).

At birth people are considered whole, with their senses, emotions, intellect and body being integrated and responding as a whole to meet their needs in order to survive and achieve balance or homeostasis (Henderson & Thompson, 2011:223). Wholeness, integration and homeostasis are foundational to optimal functioning according to Gestalt theory (Henderson & Thompson, 2011:223).

Gestalt theory is based on the belief that “all behaviour is regulated by a process called homeostasis or organismic self-regulation” (Blom, 2006:23). From the Gestalt

perspective people are viewed as constantly striving toward health while attempting to meet their needs in order to achieve a state of homeostasis (Fall et al., 2010:209; Oaklander, 2001:47). The *process of self-regulation* begins with a new gestalt being formed as a person becomes aware of a need, which leads to accompanying discomfort that subsequently prompts action, and is completed when this need has been met and balance restored (Henderson & Thompson, 2011:227).

At times the environment is unable to meet the needs of the person, resulting in an incomplete gestalt or unfinished business which leaves a person with a feeling of anxiety (Fall et al., 2010:209). If the need remains unmet the person may begin to restrict or disown his or her awareness to alleviate anxiety, resulting in maladjusted ways of behaviour and thinking which ultimately creates more needs, some of which can be destructive to the person or others (Blom, 2006:25; Fall et al., 2010:209; Oaklander, 2001:47-48).

Awareness is fundamental to people's ability to meet their needs. To fulfil a need one must be aware of a need, aware of available resources to meet the need, as well as capable of taking appropriate action to meet the need (Blom, 2006:26-27; Fall et al., 2010:204, 207; Henderson & Thompson, 2011:224; Tonnesvang, Hammink, Sommer & Sonne, 2010:587). Intrapersonal awareness includes paying attention to all sensory modalities, thoughts and bodily sensations while environmental awareness includes all aspects outside of the boundary of self (Henderson & Thompson, 2011:224).

Awareness must be conscious and focussed in order to apply and mobilise the necessary inner resources without distraction, in an effort to meet a need (Henderson & Thompson, 2011:225). New needs are continuously being formed, which create motivation for making contact with the self and the environment to fulfil them (Blom, 2006:23).

All human experience thus relies on *contact* (Blom, 2006:29). Healthy contact requires the person to be fully present and aware of the continuous information being provided from within the body itself, such as sensory, emotional, cognitive and physical information, as well as information from the environment (Blom, 2006:29; Fall et al., 2010:205; Henderson & Thompson, 2011:225; Oaklander 2001:48; Oaklander, 2006:22; Tonnesvang et al., 2010:588). The awareness of and

understanding of this information and subsequent responses are the basis of fulfilling the person's needs, which is vital for organismic self-regulation or homeostasis (Blom, 2006:29; Henderson & Thompson, 2011:225).

The above concepts relate to the goal of the study which was to evaluate an EA Programme with children in middle childhood being cared for in a child and youth care centre. These children, due to past and current traumas, may suppress emotions (Oaklander, 2006:41-42). In turn, a lack of emotional awareness may lead to maladjusted behaviours in an effort to meet their needs. Awareness of previously neglected parts of the self will allow for integration, successful contact and homeostasis, which could benefit children who tend to suppress their emotions. Henderson and Thompson (2011:222-223) believe that no other theory emphasises a person's awareness of both themselves and their environment more than an approach based on Gestalt theory.

1.3 RATIONALE AND PROBLEM STATEMENT

The trauma of being abused, neglected, abandoned or removed from family can have detrimental effects on children; physically, emotionally, cognitively and socially (Papalia et al., 2006:257-258). Despite research showing the extreme damaging effects of trauma on children's development, there is little information about how these children cope or about ways to help them (Ford, Pat-Horenczyk & Brom, 2009a:1). Oaklander (2006:41-42) is of the opinion that, as children find it difficult to manage intense feelings, they tend to cope with these feelings by suppressing them, to the extent that they have little awareness of intense and painful emotions.

In South Africa children who have been abused or neglected can be removed from the care of their parents due to being found in need of care and protection by the children's court (The Children's Act, Section 150). The child and youth care centre is one of the alternative care options into which these children can be placed (Children's Act, Section 156). Children in child and youth care centres have thus mostly been exposed to trauma prior to their placement in alternative care, while the placement in alternative care could in itself be a traumatic experience for these children (Knowles & Lander, 2011:125; McAuley & Davis, 2009:147; Stanley, 2005:240-242).

When presented with the question of what challenges child and youth care centres in South Africa face, Ms Puseletso Pitjeng at the Department of Social Development mentioned the increased need for these centres as the main challenge (Pitjeng, 2014). She believed the increased need was due in part to the failure of the government's moral regeneration plan and an increase in parents and children with mental health problems.

In terms of the care of children in residential care, it is suggested that further research is needed to not only provide children with vital early intervention but also to equip carers to better assist children with mental health issues (Ford, Albert & Hawke, 2009b:205; Jakobsen, 2009:225; Leeson, 2010:490; Stanley, 2005:246). The enhancement of emotional awareness is a possible intervention that can improve the well-being of children being cared for in child and youth care centres. As the Gestalt concept holism indicates that the person's senses, emotions, intellect and body are integrated (Fall et al., 2010:203; Henderson & Thompson, 2011:223), it is postulated that enhancing emotional awareness could enhance the other domains of the child's functioning, as well as his or her functioning within the wider environment. This notion is supported by the fact that emotional intelligence, which is based on emotional awareness, is directly related to a child's success in all domains of life (Mosley, 2005:1; Panju, 2008:12-13; Siegler et al., 2011:383).

Knoetze (2012) developed the EA Programme for children in middle childhood for utilisation in the education system. Based on the positive outcomes, she recommended that the effectiveness of the programme should be evaluated in other contexts (Knoetze, 2012:234). The purpose of this study was then to evaluate the effectiveness of the EA Programme with children in middle childhood in the context of a child and youth care centre. The findings of the research could have significant relevance in terms of a potential and much needed intervention for emotional and behavioural problems experienced by children in child and youth care centres.

This study was guided by the following tentative, concrete and testable hypothesis and sub-hypotheses (Bless & Higson-Smith, 2000:33; Somekh & Lewin, 2005:223):

Main hypothesis

If an emotional awareness programme is implemented for children in middle childhood in a child and youth care centre then the level of emotional functioning of the children will be enhanced.

Sub-hypotheses

- If an emotional awareness programme is implemented for children in middle childhood in a child and youth care centre their ability to be in contact with their emotions will be enhanced.
- If an emotional awareness programme is implemented for children in middle childhood in a child and youth care centre their ability to discriminate between different emotions will increase.
- If an emotional awareness programme is implemented for children in middle childhood in a child and youth care centre they will gain the ability to verbalise and “own” their emotions.

1.4 GOAL AND OBJECTIVES OF THE STUDY

1.4.1 Goal

The goal of the study was to evaluate the effectiveness of an emotional awareness programme with children in middle childhood being cared for in a child and youth care centre in Pretoria.

1.4.2 Objectives

The objectives of this study were as follows:

- To conceptualise emotional awareness theoretically with specific emphasis on children in the middle childhood developmental phase within a child and youth care centre.
- To evaluate whether an emotional awareness programme will enhance the ability of children in middle childhood to be in contact with their emotions.

- To evaluate whether an emotional awareness programme will increase the ability of children in middle childhood to discriminate between different emotions.
- To evaluate whether an emotional awareness programme will enhance the ability of children in middle childhood to verbalise and 'own' their emotions.
- To draw conclusions about the applicability of the emotional awareness programme within a child and youth care centre.

1.5 RESEARCH METHODOLOGY

The study followed a quantitative research approach, as the researcher evaluated the causal relationship between two variables, namely an EA Programme and the level of emotional awareness in children, by using a quantitative measuring instrument (Kumar, 2011:104-105; Rubin & Babbie, 2013:40; Struwig & Stead, 2007:5). Applied research was relevant to the study, as the research could contribute to addressing issues in practice (Denscombe, 2010:26; Kumar, 2011:10). The practice issue was related to the well-being of children placed in a child and youth care centre. As the research was intended to evaluate an EA Programme, evaluation research applied to the study (Babbie, 2011:326; Fouché & De Vos, 2011:97).

A quasi-experimental design, namely the comparison group pre-test post-test design was utilised (Fouché, Delport & De Vos, 2011:150-151). The design was applicable to compare the emotional awareness levels of an experimental and a comparison group, where the experimental group have been exposed to the independent variable (EA Programme) and the effect of the programme on the dependent variable (emotional awareness) was determined by comparing the pre-test and post-test results of the two groups (Babbie, 2011:221; Kumar, 2011:117).

The population for the study were children in middle childhood who resided at a specific child and youth care centre in Pretoria. As the researcher was interested in those children most relevant to the study, purposive sampling was used to select the respondents according to certain sampling criteria (Krysiak & Finn, 2013:219, 229; Rubin & Babbie, 2013:174; Strydom, 2011a:231-232). The total sample for the study consisted of thirteen respondents.

Data was collected by means of a standardised questionnaire, the Levels of Emotional Awareness Scale for Children, or LEAS-C (Lane & Bajgar, 2003). The questionnaire was group-administered and was used as a pre-test before the implementation of the EA Programme with the experimental group, and as a post-test after the completion of the programme. For ethical reasons, the programme was presented to the comparison group after data had been collected. Data was analysed by means of the SPC XL software for Microsoft Excel. A comprehensive description of the research methodology as well as of the ethical considerations for the study is provided in Chapter 3.

1.6 LIMITATIONS OF THE STUDY

The researcher identified a number of limitations of the study:

Firstly, the study was based on a small sample and the findings can therefore not be generalised to other populations.

While the sample was small from the outset of the study, the sample size was further affected by some participants who withdrew from the comparison group. The result was that the two groups did not have equal numbers of participants, which had to be taken into account in the interpretation of the data.

The context of the child and youth care centre posed some challenges for the implementation of the EA Programme. A number of factors contributed to these challenges:

- Although the respondents were all within the age group that indicated that they should be able to master the content of the EA Programme, a number of the respondents struggled to read and write sufficiently, which affected their ability to engage in the different activities. This necessitated adapting the programme to limit written work and instead incorporate more discussions.
- The programme was offered in the afternoons after the respondents returned from school. This time of day is thought to have affected the respondents' participation in the programme. Firstly, the respondents were generally tired after the school day. Also, the time arranged for the programme conflicted with the respondents' homework, extramural activities and leisure time. There was an

expectation from the respondents that the sessions should therefore be entertaining and 'worthwhile' for them.

- The psychosocial functioning of children in a child and youth care centre is often affected by their exposure to traumatic experiences prior or due to their placement in alternative care. The researcher needed to intervene on occasions when respondents made negative comments to each other, excluded one or two of the respondents from the group, or when talk of previous traumatic experiences surfaced during the programme sessions.

1.7 CHAPTER OUTLINE

The research report is presented in the following chapters:

Chapter 1 provided an introduction to the study and focused on a brief literature view, the theoretical framework for the study, the rationale, problem statement, the goal and objectives of the study, as well as a summary of the research methodology. The limitations of the study were also indicated.

Chapter 2 provides a literature review on aspects relating to the study, such as conceptualising emotions, emotional intelligence and emotional awareness, middle childhood, and the child in the child and youth care centre.

In Chapter 3 the research methodology and ethical considerations related to the study are discussed, followed by a presentation of the research findings.

Chapter 4 contains the key findings of the study, as well as conclusions and recommendations.

1.8 SUMMARY

In this chapter the concepts of emotion, emotional awareness, emotional intelligence, middle childhood, and the child and youth care centre were discussed. The rationale, goal and objectives of the research, the theoretical framework, as well as a summary of the research methodology were described. The limitations of the study were also indicated.

The following chapter will provide a literature review to describe emotions, emotional development, emotional awareness, the phase of middle childhood, and the context

in which the study was conducted, namely the child and youth care centre, more comprehensively.

CHAPTER 2

EMOTIONAL AWARENESS IN THE CHILD IN MIDDLE CHILDHOOD IN A CHILD AND YOUTH CARE CENTRE

2.1 INTRODUCTION

There are a number of well respected counselling theories that guide professionals to understand children and their functioning (Henderson & Thompson, 2011:78). One of these theories, Gestalt theory, is based on the fundamental principal of holism which, simply put, proposes people and hence children are more than the sum of their parts (Blom, 2006:18; Henderson & Thompson, 2011:223). In terms of this study, holism implies that one's emotions are merely one facet of the whole yet this facet impacts on all other facets such as the person's physical, spiritual and social functioning and well-being; one's understanding, experiences and behaviour; and the relationships between these facets (Blom, 2006:23).

Emotions are always accompanied by physiological and psychological aspects and when one tries to separate psyche from soma, fragmentation occurs, resulting in the diminished awareness of the person (Blom, 2006:22-23). People are intrinsically motivated towards personal growth which is facilitated through a fluid interaction between self and environment assisting the individual to integrate their thoughts, emotions and sensations (Harris, 2007:64). This study was based on the assumption that approaches and techniques that promote integration, such as enhancing emotional awareness, will according to humanistic psychology capacitate people to clearly indicate their personal needs and assist them to find the most socially and personally suitable ways of meeting these needs (Harris, 2007:64).

It is with respect of the incredibly complex nature and uniqueness of children, who cannot be reduced to "abstractions on the printed page" (Papalia et al., 2006:3) that this study was informed by the literature review in this chapter.

The literature review will firstly focus on emotions and emotional development, emotional intelligence and emotional awareness. Next, a discussion on the child in middle childhood, the child in the child and youth care centre, and the EA Programme that was evaluated in the study, will be presented.

2.2 CONCEPTUALISING EMOTIONS

Feelings are often referred to as the language of the soul (Coetzee & Jansen, 2007:6). People gauge the “vitality and purpose” of all life’s experiences through their emotions (Mosely, 2005:2). Yet emotions seem the least understood of all the functions of the mind even though they guide people’s perceptions, influence their interests and assist in decisions that cognition alone cannot accomplish (Trevanthen, 2005:61-62). Simply put, emotions help people to understand and make sense of their world.

Eric Jensen (in Panju, 2008:5-6) defined an emotion as a “biologically driven cross-cultural response to an environmental stimulus” that alerts people to what happens in their environment. While emotions may be considered to be predominantly an unconscious mental state associated with feelings, thoughts and behaviours that generally occur spontaneously (Knoetze, 2012:17), they are also experienced subjectively as they are usually connected to various past episodes of emotional experience as well as different dispositions that influence thoughts, feelings and acts (Maiese, 2011:51). Emotions and the intensity thereof are produced in response to a rapid evaluation of a situation, and according to the pre-reflective background of the personal significance of a situation which then guides the person’s subsequent thoughts and behaviour regarding further action (Berk, 2013:401; Maiese, 2011:51, 56). It is clear then to see why emotions are said to be motivating forces that arouse, direct and sustain people’s daily activities and interactions with others and influence their health (Berk, 2013:401-402; Coetzee & Jansen, 2007:6; Doherty & Hughes, 2014:328).

The connection between emotions, cognition and behaviour can be related to the fact that the cognitive, emotional and social parts of the brain are interconnected and interdependent and as such, the way a person feels greatly influences the way he or she thinks and behaves (Maiese, 2011:51; Panju, 2008:5). Emotions influence one’s mood, which affects one’s perceptions of the world and the way in which one remembers and therefore how a person interprets the events and the behaviour of others (Baron, Branscombe & Byrne, 2008:70).

Emotions powerfully affect one’s memory, enhancing it if strong emotions accompany an experience (Berk, 2013:402; Baron et al., 2008:70). Memory is

considered an integral part of a person's cognitive functioning, which also includes aspects such as perception and learning (Sternberg, 2009:2). Learning from emotional reactions is essential for survival, for example a stern warning 'No' from a care-giver is often enough to prevent a toddler from burning his or her fingers on something hot. Emotions are therefore vital to people's daily existence as they direct a person's thinking and response to everyday experiences.

Emotions consist of three components, namely the intellectual, expressive and physiological components (Doherty & Hughes, 2014:328). As indicated by Berk (2013:419), a child's capacity for emotional expression and emotional understanding will depend on the stage of emotional development of the child. In the next section, an overview of emotional development of children is provided.

2.3 EMOTIONAL DEVELOPMENT

Emotions are part of an individual from birth, yet are profoundly influenced by many other external factors one experiences as a result of interaction with the environment and the people therein (Deutschendorf, 2009:36; Doherty & Hughes, 2014:329; Panju, 2008:5-6; Papalia et al., 2006:202, 204, 214-215). In this section, an overview of emotional development in children is provided, followed by a discussion of factors which can have an influence on a child's emotional development.

2.3.1 Emotional development in childhood

Child development specialists such as Berk (2013:406) indicate that it is unclear whether babies are born with the ability to express basic emotions. Berk (2013:406) mentions that the early emotional life of babies consists of two arousal states namely an attraction to a pleasant stimulus and withdrawal from an unpleasant stimulus. Clear and specific emotional signals develop gradually over time.

Emotional development is subsequently discussed in terms of the development of primary and complex emotions, emotional expression and emotional self-regulation.

2.3.1.1 The development of primary and complex emotions

Emotions in infants start out as diffuse signs of contentment, interest and distress that are evident soon after birth, and gradually differentiate into specific emotions (Louw & Louw, 2007b:118). The latter authors indicate that babies' earliest display of

basic emotions, namely crying and smiling, in the course of a few months change into a more differentiated response to the environment. Basic or primary emotions are universal, are evident from the age of two to seven months old, and include anger, disgust, fear, happiness, sadness, and surprise (Berk, 2013:406; Doherty & Hughes, 2014:329).

Complex emotions, also referred to as self-conscious emotions, are considered higher order emotions, only become evident in the middle to late stage of the second year, and are associated with a child's developing sense of self (Berk, 2013:408; Doherty & Hughes, 2014:331). These emotions include embarrassment, shame, guilt, pride and jealousy and result either from injury to or enhancement of the sense of self (Berk, 2013:408; Doherty & Hughes, 2014:331).

Self-conscious emotions require self-awareness and also instruction from the environment about when to feel proud, ashamed or guilty (Berk, 2013:408; McDevitt & Ormrod, 2013:436). The self-evaluative emotions of pride, guilt and shame appear as children start understanding the rules and goals of their environment and assess their thoughts and actions against social norms and expectations (Louw & Louw, 2007b:118; Doherty & Hughes, 2014:332).

2.3.1.2 The development of emotional expression

Children's emotional development centres on their ability to express their feelings and learn to interpret the emotions of others (Doherty & Hughes, 2014:329). Expressing and controlling one's emotions are necessary for a child's wellbeing, social acceptance and success (Doherty & Hughes, 2014:329). Emotions are expressed in different ways according to the cultural norms of the environment in which one lives (Doherty & Hughes, 2014:329).

Children are able to start verbally communicating about their feelings as early as the age of two (Berk, 2013:410; McDevitt & Ormrod, 2013:436). They use this expression of emotion as a major way in which they try to control their feelings (Berk, 2013:410; Doherty & Hughes, 2014:332). Preschool children can use basic emotional self labels such as "I am happy or sad" and locate their emotions in events, objects and people of significance (Doherty & Hughes, 2014:332). Children are taught to control what they communicate to others by the rules indicating when,

where and how emotion should be displayed or expressed, which are present in all societies (Berk, 2013:412).

Children learn to modify their emotional expressions in order to satisfy their needs, such as exaggerating feelings to get something they want or restraining expressive behaviour and substituting it with other reactions, for example smiling while feeling sad or anxious (Berk, 2013:412). Interestingly, it is easier for children to act pleased than angry, sad or disgusted (Berk, 2013:413).

By the end of early childhood, children have typically learned to talk comfortably about strong emotions, while remaining composed, and are able to consider the perspective of others when expressing disappointment (McDevit & Ormrod, 2013:437).

Oaklander (2007:122) is of the opinion that children “must be encouraged to realise they have choices in the way to express their feelings.” In families that regularly discuss their feelings children are better able to judge the emotions of others as these discussions provide the opportunity for cognition of emotions, for children to reflect on their own experiences, and for them to be able to transfer knowledge of their experience to other contexts (Doherty & Hughes, 2014:333). Adaptation to their physical and social world, including their culture’s rules for expressing emotions, requires children to gain control over their emotions and as such, by late childhood there is considerably less spontaneous expression of emotion (Berk, 2013:405).

2.3.1.3 The development of emotional self-regulation

Emotional regulation refers to the strategies that people use to maintain their emotional state at a comfortable level (Louw & Louw, 2007b:121). Some people are better able to tolerate and experience negative emotions than others. The roots of this tolerance are partly genetic, but also in many cases influenced by the degree of exposure to trauma in childhood, as well as to the responsiveness and ability of the care-giver to appropriately soothe the distressed child (Harris, 2007:154). According to the latter author, these aspects ultimately contribute to the emotional brain’s ability to handle difficult emotions. It is recognised that certain sections in the brain, namely the amygdala and the prefrontal cortex, are mainly responsible for the processing and regulation of emotions (Berk, 2013:190).

Emotional self-regulation requires the cognitive capacities of focussing and shifting attention, inhibiting thoughts and behaviours, and learning effective steps to reduce the intensity of one's reactions to stressful situations (Baron et al., 2008:70; Berk, 2013:409).

It is necessary for children and adults to learn to manage extreme emotions as this enables them to accomplish certain goals (Berk, 2013:409; Louw & Louw, 2007b:121). The capacity to control one's emotions is a major achievement in a child's development. Emotional self-regulation improves gradually with the development of the prefrontal cortex, along with guidance by care-givers who teach children helpful strategies to manage their emotions (Berk, 2013:409).

In infants, the self-soothing behaviour of sucking their thumb when they are ignored, averting their gaze from a stranger or crawling away from a scary toy are all means of early emotional self-regulating behaviour (McDevitt & Ormrod, 2013:436). Pre-schoolers are already able to use a variety of emotion regulation strategies, for example blunting their emotions by restricting sensory input through covering their eyes or ears, talking to themselves and changing their goals (Berk, 2013:410-411; McDevitt & Ormrod, 2013:437). Children also pick up strategies for emotional regulation by watching how their care-givers manage their own emotions (Berk, 2013:411; McDevitt & Ormrod, 2013:437). By explaining and suggesting strategies for emotional regulation, warm and patient parents prompt children in developing their own strategies which increase children's capacity to manage stress (Berk, 2013:411).

Children of school-going age generally make rapid gains in emotional self-regulation despite this being a time of new anxieties, such as the pressure of physical and academic tests in which comparison of accomplishments with peers has a direct impact on children's feelings of self-worth (Doherty & Hughes, 2014:332-333). School age children have learnt to internalise values and expectations and as such can experience self-conscious emotions without adults being present, and only feel guilty if they intentionally did something wrong (Berk, 2013:409).

Walter Mischel, a Stanford professor of Psychology, believes self-control lies in the crucial skill of "strategic allocation of attention." In other words, instead of becoming obsessed with the "hot emotion/stimulus" children need to distract themselves in

order to forget or “avoid thinking about it in the first place” (Lehrer, 2012:89-90). Children with this skill of meta-cognition have a more accurate understanding of the workings of self control and are subsequently better able to delay gratification (Lehrer, 2012:90). The author indicates that delayed gratification strategies can be practiced until they become second nature. Lehrer (2012:88, 90) is further of the opinion that a person’s intelligence can be influenced by his or her level of self control which will ultimately force children to “find a way to make a situation work for them.”

From the above discussion, the relationship between cognitive and emotional development becomes clear. There are also other factors which influence children’s emotional development. A number of these factors are discussed in the following section.

2.3.2 Factors influencing emotional development

Erik Erikson emphasised that the life situation of children will influence their development; therefore a child’s development must be understood in relation to the environment in which the child grows up (Berk, 2013:16). Erikson, a psychodynamic theorist, believed people “grow from life’s challenges” (McDevitt & Ormrod, 2013:418). His psychosocial theory of development is based on the assumption that there are eight specific life stages that humans go through should they live to old age (McDevitt & Ormrod, 2013:418; Papalia et al., 2006:30). Each stage represents a psychosocial ‘crisis’ to address in order to build lasting personal assets, while being unsuccessful in a stage could lead to emotional and social problems (McDevitt & Ormrod, 2013:418; Papalia et al., 2006:29-30). Childhood development spans from birth to 18 years of age and includes five stages through which successful navigation respectively produces trust, autonomy, initiative, industry, and identity (McDevitt & Ormrod, 2013:418-419; Papalia et al., 2006:30).

Erikson’s theory focuses on significant emotional and social developments, including forming trusting relationships with other people and establishing one’s identity (McDevitt & Ormrod, 2013:420; Papalia et al., 2006:29-30). Some factors that can influence emotional development are discussed next.

2.3.2.1 The influence of attachment

Attachment refers to the infant's first affectionate tie with a primary care-giver which, if it fosters feelings of security, will support a child's independence, exploration and expansion of social relationships (Berk, 2013:428; Papalia et al., 2006:218). The opportunity to develop trust is the first of Erikson's psychosocial development stages and is the fundamental period in which attachment is formed (Louw & Louw, 2007a:239). The development of trust begins in infancy as a result of the relationship between the infant and the primary care-giver, as well as the quality of care the care-giver provides (Papalia et al., 2006:214, 217).

Babies need to be protected by their care-givers, especially in times of danger or distress, and will do all they can to maintain closeness and feel secure, for example by kicking and crying until they experience the presence and response of the care-giver (Harris, 2007:154). The infant has the opportunity to form a secure attachment with a care-giver whose responses to the infant's needs contribute to the quality of the relationship (Papalia et al., 2006:215, 217).

The strong emotional tie children have with special people in their lives leads to the child experiencing pleasure and joy when interacting with these people and feeling comfort in their proximity during times of stress (Berk, 2013:428). The attachment experiences of children cause them to develop an internal working model consisting of their expectations about the availability of their attachment figures as well as the likelihood that these persons will provide support during times of stress (Berk, 2013:428; Harris, 2007:154). This internal working model becomes a vital part of their personality and may serve as a guide for all future close relationships (Berk, 2013:429; Harris, 2007:154; Papalia et al., 2006:217).

Early childhood attachment influences children's early emotional development (McDevitt & Ormrod, 2013:430; Papalia et al., 2006:219). The interaction between a care-giver and a child results in emotional communication through mutual regulation (Papalia et al., 2006:219-220). The ability to synchronise emotional interactions with a care-giver may enhance a child's ability to coordinate sensory input as well as emotional and physiological self-regulation (Papalia et al., 2006:220). The attachment bonds children have, will influence their ability to regulate their emotions and explore their world with confidence (Smith, 2012:274).

Care-givers who are affectionate and relaxed help children learn to calm down when overcome with fear, anger and discomfort (Harris, 2007:154). However, care-givers who are insensitive fail to offer such lessons and as a result these children regularly use maladaptive strategies to respond to stressful events, such as intensifying their negative feelings, pretending that nothing is wrong, or losing control under pressure (McDevitt & Ormrod, 2013:430). Attachment security is thus influenced by the availability of a consistent, sensitive care-giver that responds promptly and appropriately and allows the infant to influence the pace and direction of mutual interactions (Berk, 2013:434; McDevitt & Ormrod, 2013:425; Papalia et al., 2006:219).

Without sufficient attention and emotional 'attunement' children's ability to regulate their psychological states and to self soothe remains underdeveloped, as seen in brain scans of Romanian orphans showing a "black hole" where the social and emotional centres of the brain should be (Harris, 2007:154). It was found that the absence of secure attachment with a primary care-giver had severely negative emotional consequences for these orphans (Louw & Louw, 2007b:129).

Recent research presents favourable findings, showing that original negative attachment bonds need not negate the possibility of beneficial bonds developing with other care-givers (Zilberstein & Messer, 2010:87, 90). These findings indicate that children who have had an insecure attachment or other serious problem in relationships with their parents may later develop secure attachments to care-givers outside the family.

The progress from basic to more complex emotions is also influenced by children's level of self-awareness.

2.3.2.2 The influence of self-awareness and self-esteem

The development of self-conscious emotions is closely linked with the onset of self-awareness; the process according to which children gain the capacity to be aware of the self as a separate individual (Berk, 2013:405). Self-awareness is developed sufficiently enough around the age of 18 months to enable children to experience a new array of emotions with specific functions, such as pride and embarrassment (Saarni, 2006 in Berk, 2013:405). These emotions are considered 'self conscious'

emotions as they have an evaluative function in assessing one's goodness or badness. The development of self-awareness and self-conscious emotions falls within the second and third stages of Erikson's theory of psychosocial development, namely the stages of autonomy versus shame or doubt and initiative versus guilt (Papalia et al., 2006:30). These stages span between the ages of 12 months to six years.

The way children feel about themselves is determined to a great extent by the early messages they receive from their parents or care-givers and this evaluation determines how they behave and cope with life (Oaklander, 2007:281). Praise by others is linked to pride, while failure or misbehaviour leads to feelings of shame and guilt (Berk, 2013:408-409). Babies have no problems with self esteem; they simply *are*, according to Oaklander (2007:57). As children's self-concepts develop they become increasingly aware of praise and blame from significant people in their lives such as parents and teachers, and try to live up to the expectations of these persons (Berk, 2013:408). Children from the age of three years link their self-worth to how they perceive themselves, as conveyed by others (Berk, 2013:408-409). Regular messages conveying a child's poor performance can cause intense shame which is associated with children feeling personally inadequate (Berk, 2013:409).

The Gestalt theoretical perspective put forward that children tend to suppress negative or painful emotions (Blom, 2006:123). The latter author mentions that suppression of emotions does not mean that these children do not experience emotions; it rather points to the fact that that they lack emotional awareness.

2.3.2.3 The influence of temperament

An infant's temperament together with the care-giver's sensitivity to it, determines the 'goodness of fit' between infant and care-giver and influences attachment patterns (Berk, 2013:433-436; McDevitt & Ormrod, 2013:426; Papalia et al., 2006:217). Temperament refers to a person's characteristic way of approaching and responding to situations and people, and is believed to be biologically determined (Berk, 2013:418-419; Papalia et al., 2006:206). Temperament further plays a significant role in how a person experiences and expresses feelings and, as such, is closely linked to a person's emotions (Louw & Louw, 2007b:124).

Temperament is thought to be stable and enduring and includes individual differences in the way people regulate their emotional, mental and behavioural functioning (Berk, 2013:418-419; McDevitt & Ormrod, 2013:443; Papalia et al., 2006:206). It affects a child's capacity to "voluntarily suppress a dominant response in order to plan and execute a more adaptive response" (Berk, 2013:421). Together temperament and personality highlights the differences in how children respond to emotions, form relationships, and act within school and other group settings (Berk, 2013:425; McDevitt & Ormrod, 2013:442). According to the temperament patterns indicated by Thomas and Chess (in Louw & Louw, 2007b:124), a so-called "easy child" tends to display moods of mild or moderate intensity, as opposed to the so-called "difficult child" who tends to display more intense and negative moods. The psychological traits that make up temperament are believed to form the basis of the adult personality (Berk, 2013:418-419; McDevitt & Ormrod, 2013:442).

Children's temperament and related emotional reactions have an influence on their behaviour in social situations. Active children are generally more sociable with peers and tend to be more involved in conflict than less active children, while anxiety often restricts shy and inhibited children from interacting with peers (Berk, 2013:425). The latter author refers to studies that suggest that fearfulness prevents aggressive behaviours, while irritable, impulsive children can be aggressive and anti-social.

2.3.2.4 The influence of parenting styles

Parents cannot always take credit for their children's virtues and can also not always be blamed for all their faults. While genetic influences on temperament are clear, the influence of the environment is also powerful. Therefore parenting styles can influence a child's predisposed temperament considerably in that continued emotional and nutritional deprivation can significantly alter the child's socio-emotional functioning, leading to maladaptive emotional responses (Berk, 2013:426-427). Research indicates that harsh, inconsistent parenting is linked to increased verbal aggression and argumentativeness, behaviour problems and conduct disorders (Sheridan, Eagle & Dowd, 2006:170). On the other hand, sensitive and positive parenting enhances a child's ability for emotional regulation (Berk, 2013:426).

Observing parental attitudes and the communication thereof to children, gives insight into the way families adapt, adjust their roles and relate to one another over time (Sheridan et al., 2006:169). In this regard, authoritative parenting is considered an optimal parenting style and is characterised by maintaining a balance between the autonomy a child is given and the responsibility a child must assume (Sheridan et al., 2006:170). The latter authors indicate that the growth and development of a child is shaped through the problem solving processes that are employed by parents or care-givers to manage conflict and negotiate compromises. Parenting style can also impact children's effortful control by gently and consistently counteracting the child's maladaptive style should a child's temperament interfere with their learning ability or social skills (Berk, 2013:426).

Parents can thus "turn an environment that exaggerates a child's problems into one that builds on the child's strengths" (Berk, 2013:427). This view of the powerful impact of parenting is echoed by Harris (2007:155-156) who states that children who experienced 'good parenting' in their early years and later experienced trauma and losses may present with emotional and behavioural problems, but if positive emotional 'hardwiring' is in place their chances of healing, embracing life and learning are increased.

Healthy emotional development can benefit the child in different ways. Some positive effects of healthy emotional development will be discussed in the next section.

2.3.3 Advantages of healthy emotional development

In this section the focus will be on how positive emotional development can benefit a child in terms of emotional health, resilience, physical health and social functioning.

2.3.3.1 Emotional health

Between 12 to 24 months of age the limbic system, known as the emotional centre of the brain, develops. The limbic system is the brain area where basic emotional states are experienced and later mediated by the development of language and humour in the upper brain or neocortex (Harris, 2007:154-155). Harris (2007:155) compares a sensitive care-giver that can tune in to a baby or child's emotional needs and offer appropriate physical and emotional comfort with a "competent technician that helps to hard wire the child's brain."

Certain care-giver behaviours, for example soothing words and actions such as stroking, caring facial expressions, cuddling and loving eye contact, activate the release of relaxing and anti-anxiety chemicals in the brain, which helps the baby or young child to manage overwhelming feelings (Harris, 2007:155). In this way, children learn to balance their body, emotions and thoughts, which allows them to internalise a sense of feeling safe, understood and cared for, and assists them in learning to soothe themselves.

Harris (2007:154) believes that while genetic predisposition plays a role, the main reason why some people are better able to tolerate and experience negative emotions than others is due to the capacity of care-givers to respond appropriately by soothing the distressed child. Soothing a distressed child helps to shape the emotional brain's capacity to tolerate difficult emotions. Shore (1996) in Harris (2007:155) is of the opinion that these children then develop greater resilience to deal with later trauma.

Children's emotional health can further affect their physical health, as indicated in the following discussion.

2.3.3.2 Physical health

The cognitive and bodily aspects of emotions are inseparable (Doherty & Hughes, 2014:328; Maiese, 2011:3). Emotions influence health and wellness, as seen in examples of anxiety affecting concentration, creating tension, and resulting in headaches (Berk, 2013:402; McDevitt & Ormrod, 2013:441). Stress is known to affect a person's digestive system and even one's cardiac functioning (Doherty & Hughes, 2014:328). Certain childhood growth disorders and other health difficulties, which can persist into adulthood, have been directly linked to emotional deprivation in early childhood (Berk, 2013:403).

Cortisol, a hormone produced in response to stress, in sufficient quantity causes a physiological response that is linked to persistent illness, as well as to behaviour and learning problems such as a lack of concentration and lowered impulse control (Berk, 2013:403). The latter author describes that consistently high cortisol levels can later interrupt the production of cortisol in the body, resulting in abnormally low cortisol levels which is believed to be linked to stunted physical growth in children.

Fortunately cortisol levels can be improved by placing traumatised children in sensitive, caring environments; however the damage done in the first year of life can result in serious, lasting adjustment difficulties (Berk, 2013:403). The emotional development and capacities of children have a direct influence on their social functioning.

2.3.3.3 Social functioning

Emotional understanding is developed from birth in interactions with the care-giver (Berk, 2013:416). Humans of all ages appear to have a fundamental need to feel socially connected to, loved and respected by other people (McDevitt & Ormrod, 2013:421). In this regard, Lehrer (2012:86) raises the notion that “[c]hildren develop within the context of relationships.”

Infants can pick out a face from a number of objects in their environment, imitate what they see in the face, and use their own facial gestures to provoke a response from others (Maiese, 2011:159). Infants read the body language and expressive movement of others to discern their intentions and emotions and make sense of their behaviour, which in essence can be called a form of ‘body-reading’ (Maiese, 2011:159). A complex communication system exists between care-giver and infant from as early as three months old, in which each partner can respond appropriately to the other’s emotional cues (Berk, 2013:402).

As babies get older their emotional expression becomes a more deliberate way of communicating, and they are able to monitor the emotional expressions of others as a way to assess their intentions (Berk, 2013:403). Through observing the emotions of others, also referred to as ‘social referencing’, children learn how to behave in their daily contexts (Berk, 2013:403; McDevitt & Ormrod, 2013:436). Being able to recognise one’s own actions as right or wrong depends on the ability to first understand the emotions, interests and needs of others and then to understand the effect one’s actions have on them (Maiese, 2011:150).

Knowledge of emotions assists children greatly in their efforts to get along with others. Children seem to recognise the need to acknowledge others’ emotions and explain their own emotions as measures to enhance the quality of their relationships (Berk, 2013:416).

The capacity to show empathy forms the basis of pro-social, altruistic behaviours. Empathy, which involves a complex interaction of cognition and emotion, entails the ability to detect different emotions, to consider other people's emotional perspectives, to sense what that person feels, and to respond emotionally in a similar way (Berk, 2013:417). As children grow and gain awareness of how other people's circumstances can affect their emotional experiences, they increasingly develop the capacity to show empathy (McDevitt & Ormrod, 2013:438). A child's level of empathy is profoundly affected by both temperament and parenting (Berk, 2013:417).

The basic bodily capacities that make humans naturally attuned to the expressions of others are not intellectual but primarily pre-reflective, emotional, sensory motor and perceptual (Maiese, 2011:159). From preschool age, emotional understanding allows children to identify the emotional cues of others and connect cause and consequence of those signals with some accuracy (Doherty & Hughes, 2014:333). Research indicates that children who show more knowledge of other's emotions, were more likely to be socially accepted in school and presented with fewer behaviour problems (Carrol, 1997 in Doherty & Hughes, 2014:333).

Not all children, however, are adept at reading other peoples' emotions and a typical primary school classroom will have many different levels of emotional knowledge and understanding (Doherty & Hughes, 2014:333). The absence of emotional competence can result in the child withdrawing from others, feeling anxious or depressed, and may even result in socially unacceptable behaviour (Grieve et al., 2006:40-41). Unpopular children show much less emotional understanding and this incapacity may be part of the reason for their unpopularity (Doherty & Hughes, 2014:333).

The advantages of healthy emotional development and emotional functioning on the child's overall well-being are evident from the above discussion. The important role of people's emotional functioning caught public attention because of popular works such as the book by Goleman (1995), who described the concept of "emotional intelligence" to indicate certain emotional capacities in a person (Berk, 2013:327).

Goleman (1995:xii) stated that children's emotional capacities, or emotional intelligence, play a crucial role in optimising their potential in life. Emotional

intelligence and emotional awareness, which is regarded as a core skill of emotional intelligence, are discussed in the following section.

2.4 EMOTIONAL INTELLIGENCE AND EMOTIONAL AWARENESS

The concepts 'emotional intelligence' and 'emotional awareness' are closely linked. In this section, a discussion of emotional intelligence will precede the discussion of emotional awareness.

2.4.1 Emotional intelligence

Emotional intelligence (EQ) is defined by Mayer, Salovey and Caruso (2000) in Sternberg (2009:530) as "the ability to perceive and express emotion, assimilate emotion in thought, understand and reason with emotion and regulate emotion in self and others." Emotional intelligence accounts for the extent to which people are able to become aware of and use their feelings and emotions to guide their thinking and actions, achieve personal goals in life, and solve problems (Coetzee & Jansen, 2007:6). This capacity enables people to balance the rational and emotional aspects of their mind to help them reason intelligently about their emotions, achieve their goals in life and behave in ways that are beneficial rather than harmful to themselves and others (Coetzee & Jansen, 2007:1).

Emotional intelligence is increasingly considered a more accurate predictor of future success and happiness than cognitive intelligence (Deutschendorf, 2009:9; Mosley, 2005:1; Panju, 2008:5; Siegler et al., 2011:383). It has been found that emotional intelligence in children can benefit them in terms of their self-esteem, pro-social behaviours, empathy, leadership skills and their sense of well-being, while it can also be a protective factor against drug and alcohol use, depression and aggressive behaviour (Berk, 2013:327).

The skills and competencies that underlie emotional intelligence develop over a person's lifespan and can be enhanced through training and practice (Coetzee & Jansen, 2007:2). The relevant skills or competencies that enable people to function and adjust in their environment include: being aware of emotions and their intensity in both themselves and others; the ability to adequately express these emotions; empathy or sensitivity towards the emotions of others; and emotional self regulation (Coetzee & Jansen, 2007:2; Grieve et al., 2006:40-41; Mosley, 2005:2; Panju,

2008:23; Schiller, 2009:11; Stein, 2007:58-59). Social, emotional and behavioural skills are foundations believed to form the “cornerstone of almost every aspect of our lives” (Mosley, 2005:1).

From the above, it transpires that being aware of one’s emotions plays a significant role in emotional intelligence. Emotional awareness is then regarded as a key component of developing emotional intelligence (Grieve et al., 2006:40-41; Mavroveli et al., 2009:261; Stein, 2007:58). Emotional awareness is subsequently conceptualised.

2.4.2 Emotional awareness

Emotional awareness, according to Knoetze (2012:18), includes knowledge to discriminate between different emotions and the ability to apply that information to one’s thoughts and behaviours. Deutschendorf (2009:36) highlights an important aspect of emotional awareness, namely that of becoming familiar with and getting in touch with “each signal and its message.” The aspect of becoming aware, or awareness, will thus firstly be focused on.

Being aware depends on and develops from the ability to be in touch with one’s “inner world of sensation and feeling on a moment by moment basis” and is “characterised by immediacy and a willingness to acknowledge and heed the body’s spontaneous responses to organismic needs (such as hunger and thirst) and environmental stimuli (such as heat, cold, noise)” (Harris 2007:53).

Awareness is likened to a “form of experiencing” (Yontef, 1979 in Harris 2007:56) or a state of mind which enables a person to be genuinely aware of the totality of their experience in the present moment, including aspects such as feelings, intuition and creativity (Harris, 2007:57, 63).

Awareness is seen to enhance self-knowledge and build self esteem, and is linked to an increase in creativity and acceptance of ‘what is’ combined with a non-judgemental view of one’s experience, that allows new insights and ideas to emerge (Harris, 2007:53, 60-62). The author believes that “[t]he first step in raising awareness is learning to tune into self” (Harris, 2007:164).

The above views of awareness resonate with the Gestalt perspective on awareness. In Gestalt theory, awareness is a central concept and is considered a “hallmark of wellness” as it assists people with self-regulation; a skill requiring awareness of the inner self and the external environment (Henderson & Thompson, 2011:224). With reference to children, Oaklander (1994) in Blom (2006:51) believes that awareness involves enhancing the perception of a child’s immediate experiences, encompassing all aspects of the child’s process such as “who they are, what they feel, what they like or dislike, what they need or want, what they do and how they do it.” Enhancing awareness helps a person recognise the defences or façades he or she has constructed for survival in life, thereby releasing people to reconnect with their self-actualising tendency (Harris, 2007:64). Therefore, raising awareness allows children to become aware that they have choices in expressing emotions and behaviour (Blom, 2006:53).

Becoming emotionally aware is a vital component in developing emotional intelligence (Grieve et al., 2006:40-41; Mavroveli et al., 2009:261; Stein, 2007:58), and Bajgar et al. (2005:569) describe emotional awareness as a core skill needed for emotional intelligence. Emotional awareness is imperative for healthy functioning, allowing people to adapt to and understand their environment, live fulfilling lives and enjoy satisfying relationships (Deutschendorf, 2009:38; Mavroveli et al., 2009:261; Veirman et al., 2011:265).

Emotional awareness is regarded as possessing knowledge to discriminate between different emotions, as well as the ability to apply that knowledge to thoughts and actions (Knoetze, 2012:18). The degree to which people attend to and value their feelings, or give attention to their emotions, is a facet of emotional awareness (Thompson, Mata, Jaeggi, Buschkuehl, Jonides & Gotlib, 2011:1489). Deutschendorf (2009:36) believes becoming familiar with and getting in touch with every signal and its message enables one to use this information to coach and guide one through life. People that are emotionally aware are better able to discriminate between different emotions and to utilise that information to guide their thoughts and behaviours (Knoetze, 2012:18). Emotional awareness can therefore assist a person to anticipate, prepare, adapt to or take action in various circumstances and handle any resulting consequences (Veirman et al., 2011:265).

Children, however, generally require assistance in becoming aware of what they are feeling and of the accompanying bodily sensations to these feelings (Oaklander, 2007:122). Children can find it difficult to understand or manage intense feelings, preferring to suppress and hide these feelings to the extent of having little awareness of them (Oaklander, 2006:41-42). They therefore need to experience their own varied feelings, understand that all people have feelings, and realise these feelings are best expressed, shared and discussed (Harris, 2007:154; Oaklander, 2007:122).

For children to become aware of their emotions involves them having the emotional vocabulary to correctly identify specific emotions as well as the opportunity to experience the emotions physically (Blom, 2006:91, 124-125; Cameron & Maginn, 2009:40; Deutschendorf, 2009:36-37). Emotional literacy begins with emotional awareness and the skill of labelling one's emotions which in turn is necessary for the development of emotional competence (Greyling, 2009:22). An adequate emotional vocabulary helps children become more aware of their emotions and of ways of expressing nuances of their feelings (Oaklander, 2006:39).

When people exercise their ability to think and truly feel, they bring an appropriate awareness to their thoughts, beliefs and needs, resulting in a greater confidence in their actions (Coetzee & Jansen, 2007:6-7). To the contrary, people who distrust their thoughts and feelings are more likely to be mentally passive, less aware of their emotions and of how their emotions could influence their responses. As such, emotional awareness and competence has a great impact on a child's behaviour and well-being (Coetzee & Jansen, 2007:7).

Emotional awareness enhances a person's ability to express emotions and is a vital and interdependent component in the development of emotional regulation and coping (Greyling, 2009:6, 37; Thompson et al., 2011:1493). Enhancing the emotional awareness of children will enable them to gain the insight needed to acknowledge and experience their emotions and to learn ways of expressing their emotions in healthy and socially acceptable ways (Blom, 2006:123). Emotional awareness, self-control and relationship skills enable children to become more resilient and ultimately do better in all areas of their daily lives, including academically (DeAngelis, 2012:78-79). Emotional awareness has the potential to lessen the effects of harmful

experiences children face by enabling them to more appropriately meet their needs, self-regulate and live balanced lives (Knoetze, 2012:10, 18).

Literature indicates that awareness and understanding of emotions are skills that can be taught (c.f. Berk, 2013:327; Blom, 2006:124-125; Geldard, Geldard & Foo, 2013:268). This view is similar to the views of Bajgar et al. (2005:572) who regard emotional awareness as a cognitive ability which can be learned, and which subsequently can be taught to children. The EA Programme that was evaluated in this study (Knoetze, 2012) was developed on this premise, as will be discussed at the end of this chapter. The programme was developed for children in middle childhood. In the following section, an overview of the developmental characteristics of the child in middle childhood is provided.

2.5 THE CHILD IN MIDDLE CHILDHOOD

Middle childhood is the developmental stage between six and 12 years of age (Papalia et al, 2006:325; Zembar & Blume, 2009:4). In most societies children enter formal education from age five or six years, are taught the skills of reading and writing, and gain new social and cognitive abilities that allow them to consider and manage their own behaviour (Huston & Ripke, 2006:7). While the preschool years are seen as the foundation of development, it is the experiences during the middle childhood years that will determine the future pathways of both the advantages and disadvantages acquired in the early years (Huston & Ripke, 2006:2). Pathways established in middle childhood are not easily changed when children reach adolescence, therefore healthy development during middle childhood forms a critical foundation for development during adolescence (Huston & Ripke, 2006:2; Louw & Louw, 2007a:214).

Middle childhood is a time of rapid growth and change where children can gain the needed skills for life, increase their self-awareness and self-regulation and establish the building blocks for future interpersonal relationships (Huston & Ripke, 2006:8; Zembar & Blume, 2009:5-7). Schools can make a significant contribution to the child's development, however the parents and family are still primarily responsible for the child's development (Louw & Louw, 214a:214). Children develop in different domains or areas (Louw & Kail, 2007:7). The domains of physical, cognitive, emotional and social development are discussed in the following section.

2.5.1 Physical development

During middle childhood, physical growth proceeds at a slow and steady pace of about five to eight centimetres in height and between 2.3 to 3.6 kilogrammes in weight per year (Arnett, 2014:310; Papalia et al., 2006:329). Boys are generally taller and weigh somewhat more than girls, yet for both sexes this period is usually one with the lowest body mass index (BMI) (Arnett, 2014:310). Children in middle childhood tend to have a good appetite and need to consume an average of 10 000 kilojoules per day (Papalia et al., 2006:330). Malnourishment can have lasting effects on children's growth, physical health, cognitive and psychosocial development, while obesity is similarly considered a major health concern (Papalia et al., 2006:330-331). Children usually become concerned with their body image at the end of middle childhood, which may lead to eating disorders (Papalia et al., 2006:329).

During middle childhood children lose all 20 'primary teeth' which are replaced with permanent teeth (Arnett, 2014:310; Papalia et al., 2006:330). Vision becomes more acute as both eyes are better coordinated and focus improves (Papalia et al., 2006:335). On the other hand, vision in middle childhood can become worse as the possibility of children developing myopia (near-sightedness) rises (Arnett, 2014:310-311). It is estimated that 13% of children under the age of 18 years are either blind or vision impaired (Papalia et al., 2006:336). Hearing normally improves during the middle childhood years as the tube in the inner ear matures, offering less opportunity for middle ear infections (Arnett, 2014:310-311). Papalia et al. (2006:336) indicates 15% of children between six and nine years old are estimated to have some form of hearing loss.

The development of gross and fine motor skills is one of the most prominent characteristics of middle childhood and children of this age enjoy physical activities such as running, jumping, cycling, skating, dancing, ball play and sports activities (Louw & Louw, 2007a:216). In terms of the development of fine motor skills, children in middle childhood, in association with their cognitive development, require the skills for writing, drawing, painting as well as playing musical instruments (Louw & Louw, 2007a:217). These abilities are closely linked to brain development, which allow children in middle childhood to play intricate physical games, have well-coordinated movement, and have the skills to write the letters of the alphabet (Berk, 2013:189).

After early childhood, which is a specifically sensitive period for brain development, the brain continues to develop and children can master more refined skills such as reading, writing, acquiring computer skills and play musical instruments (Berk, 2013:191).

Middle childhood is a time of playing physically active games with friends and family and as such children's balance, coordination, agility and strength increase in this period (Arnett, 2014:315). Rough and tumble games, which appear to be a universal type of play, increase in middle childhood (Papalia et al., 2006:333-334). These games consist of wrestling, kicking, tumbling and chasing, allow for jockeying of dominance within the peer group, and give children the opportunity to assess their own and others' strength. Children who perform well in these activities tend to be more popular within the peer group, which could enhance their self-esteem (Louw & Louw, 2007a:217). Children in middle childhood also learn to play games with rules such as organised sport like netball and soccer (Papalia et al., 2006:334)

Reaction time increases in middle childhood, allowing children to respond rapidly to changing information that impacts their gross and fine motor coordination (Arnett, 2014:315). Arnett (2014:314) believes that many injuries are prevented in middle childhood due to increased agility and because children are better able to anticipate situations which could be harmful. Despite this, accidental injuries may increase between the ages of five and 14 years as children participate in more physical activities and tend to be less supervised (Papalia et al., 2006:338).

According to Anderson and Smith in Papalia et al. (2006:338) accidental injury is the leading cause of death in middle childhood. Reasons for this include children walking alone to school and at times need to cross busy roads, as well as the fact that children tend to overestimate their abilities, making them more vulnerable to injury and risk taking behaviours (Papalia et al., 2006:338).

On the other hand it is argued that middle childhood is considered in many ways to be the safest and healthiest period of life with death rates lower than in any other period of life, in part due to vaccinations against potentially fatal diseases being available especially in developed countries (Arnett, 2014:313).

Asthma, a chronic respiratory disease that is more common in boys than girls, is likely to increase in middle childhood (Papalia et al, 2006:337). Although the cause of asthma is not clear, it is regarded as being related to allergens attributed to carpets, pets, increased air pollution, and children not being exposed to as many viruses and bacteria as in the past which would have allowed them the opportunity to build resistance (Arnett, 2014:314, Papalia et al., 2006:337).

2.5.2 Cognitive development

Children in middle childhood have a better understanding of what the world is really like and of the difference between reality and make believe (Arnett, 2014:318). They become better able to perform mental operations between the ages of seven and 11 years; a period that is termed the 'concrete operational' stage according to Piaget's theory of cognitive development (Arnett, 2014:318; Papalia et al., 2006:345). The concrete operational stage implies that children become more systematic, logical and strategic thinkers that can organise and manipulate information mentally without requiring sensory and physical associations. Piaget's theory espouses that the classic concrete operations of decentration, classification, seriation and conservation become possible for children of middle childhood age, yet detractors of Piaget's theory believe some of these skills can already be taught to children in early childhood (Arnett, 2014:320; Papalia et al., 2006:345,373).

As children go through their school years they show steady progress in their ability to process and retain information (Papalia et al., 2006:350). This progress is related to the improvement of the information processing speed for tasks such as matching pictures and adding sums in their heads, while their ability to recall spatial information also improves. The faster and more efficient processing increases the amount of information that children can keep in their working memory, thereby improving their skills for information recall and more complex, higher level thinking (Arnett, 2014:322; Papalia et al., 2006:350). During middle childhood children further learn to use memory strategies to enhance recall and learn to pay selective attention to information they feel is relevant, while disregarding the rest (Arnett, 2014:320, 322; Berk, 2013:293; Papalia et al., 2006:350).

The ability to maintain attention is especially important in middle childhood as the school setting requires children to be able to follow instructions and pay attention

(Arnett, 2014:321). Notable difficulties in maintaining attention may be due to attention deficit hyperactivity disorder (ADHD), a disorder characterised by children being inattentive, easily distracted, hyperactive and impulsive (Sue, Sue & Sue, 2006:508-509). ADHD is usually first diagnosed in middle childhood when children start schooling but persists into adolescence (Arnett, 2014:321).

For a diagnosis of ADHD to be made, symptoms according to the DSM-IV-TR Classification include, “socially disruptive behaviour, attention problems and hyperactivity in more than 2 settings which persists for more than 6 months” and which must present prior to age seven (Sue et al., 2006:508-509). The cause of ADHD is unclear however it is considered a genetic disorder which affects the normal functioning of the brain and restricts blood flow to the frontal cortex, which is believed to control attention and inhibit behaviour (Arnett, 2014:321; Papalia et al., 2006:370; Sue et al., 2006:510). ADHD can be treated with medication that can suppress hyperactivity and improve concentration which can result in improved academic performance and better peer relations (Arnett, 2014:321; Sue et al., 2006:510-511).

Treatment for ADHD should ideally include counselling to address aspects of behaviour, peer relations and coping with a learning disability (Papalia et al., 2006:370; Sue et al., 2006:511-512). ADHD is more prevalent among boys, while girls with ADHD have an increased risk of emotional problems (Arnett, 2014:321).

Individual differences in children’s cognitive ability, which includes the capacity to acquire knowledge, reasoning abilities and the ability to solve problems, can be measured by means of intelligence (IQ) tests (Sternberg, 2004 in Arnett, 2014:323). IQ tests only assess a narrow range of abilities and can be culturally biased. As such it is impossible to reflect intellectual abilities accurately as not all people are exposed to the exact same environment prior to testing (Arnett, 2014:324; Papalia et al., 2006:352).

Research proves that IQ is not constant as the environment may positively or negatively affect one’s intellect (Clarke & Clarke, 2003:55). Improvements, by as much as 43 points in IQ tests have been recorded and were linked to the improvement of previously adverse living conditions (Clarke & Clarke, 2003:53). The outcome for disadvantaged children can be improved even at a relatively late age. It

has been found that children can grow up to be achieving, secure adults despite being exposed to adverse circumstances early in life, depending on the quality of the social relationships mostly experienced during the period between five and 15 years of age (Clarke & Clarke, 2003:98, 123). Social scientists are therefore almost unanimous in their view that the development of intelligence is in response to both genetics and environment (Arnett, 2014:325; Papalia et al., 2006:352-353).

In most socio-cultural groups, middle childhood is a period where children learn to read and do maths (Arnett, 2014:328). Reading skills are optimised for children with better effortful control; a dimension of the child's temperament (Deater-Deckard, Mullineaux, Petrill & Thompson, 2009:113-114). The individual differences in temperament that influence a child's coping and adaptation to stressors are thought to affect the amount of and quality of learning that takes place (Deater-Deckard et al., 2009:114). By the age of five children can often do simple adding and subtraction and read their first words (Arnett, 2014:329).

During middle childhood vocabulary grows rapidly and it is estimated that between age six and eleven years, 30 000 new words are learnt while grammar and the use of language become more complex (Arnett, 2014:330). As children learn to read and write they gain access to ideas from which they can "develop increasingly sophisticated strategies to understand what they read and learn to use written words to express ideas, thoughts and feelings" (Papalia et al., 2006:358).

Despite significant advances in language development during middle childhood (Louw & Louw, 2007a:220), this life stage is often the time when the problem of stuttering appears. Stuttering is defined as "involuntary, frequent repetition of sounds or syllables" which is believed in approximately 98% of cases to begin before 10 years of age (Papalia et al., 2006:337). The cause of stuttering remains unclear but 80% of children recover before the age of 16 years (Louw & Louw, 2007a:233; Papalia et al, 2006:337). Unfortunately stuttering interferes with social functioning if children become frustrated or anxious about their ability to speak, which can result in their self-esteem plummeting (Papalia et al., 2006:337).

2.5.3 Emotional development

Middle childhood is considered a time of relative contentment and emotional stability compared to early childhood and adolescence (Arnett, 2014:335). Children develop significant emotional competencies, leading to the ability to become more aware of their own and other people's emotions, to internalise their emotions, and to better verbalise and regulate their emotions in accordance with their culture's rules for emotional expression (Papalia et al., 2006:381).

During middle childhood, self-conscious emotions are integrated with a child's internal standards and with their understanding of good behaviour, as determined by societal and family rules (Berk, 2013:419; Papalia et al., 2006:381). Based on their emerging awareness of and conformity to emotional display rules, children learn that people do not always express their true feelings (Arnett, 2014:335; Berk, 2013:419,436).

Children in middle childhood begin to understand that their feelings are linked to their interpretation or perception of a situation, and their empathy increases as they realise that others may interpret a situation differently from them and experience different feelings (Arnett, 2014:335; Berk, 2013:419; McDevitt & Ormrod, 2013:436). An increase in empathy and pro-social behaviour during middle childhood is a positive sign of emotional adjustment (Papalia et al., 2006:381).

There are rapid gains in emotional self-regulation during the middle childhood years. This improvement in emotional self-regulation can be ascribed to the fact that the environment requires it, as the child now moves into new contexts such as school and sports teams which make demands for emotional self-regulation (Arnett, 2014:335). Children in school face many challenges in terms of regulating negative emotions. Middle childhood is an important stage for developing a sense of self-worth however this task can be threatened by fears related to factors such as poor academic performance and rejection by peers (Berk, 2013:412). In the school environment children are further required to do what they are told, wait their turn, cooperate with others, while expressions of emotional extremes are disruptive to the functioning of the group and as such are discouraged (Arnett, 2014:335). School-age children therefore need to develop different strategies to regulate their emotions.

Children in middle childhood learn the words linking emotions with facial expressions and the circumstances in which these emotions are elicited (McDevitt & Ormrod, 2013:436). Between the age of six and eight years old, children become aware of the difference between feeling and expressing an emotion (Berk, 2013:412). They master the ability to redirect emotional expressions internally through emotional self-communication. By the age of 10 years old most children can shift between different strategies for managing their emotions, including problem-centred coping, emotion-centred coping, asking for help from others, or choosing to think differently about a situation (Berk, 2013:412, 419; McDevitt & Ormrod, 2013:437).

Problem-centred coping relies on cognitive strategies such as the appraisal of the problem and decisions to rectify the problem, while emotion-centred coping is aimed at strategies which help to control distress in situations where little can be done (Berk, 2013:419). Children sometimes also just choose to keep certain feelings to themselves, for example hiding their disappointment about poor test results (McDevitt & Ormrod, 2013:437).

Children in middle childhood become competent at understanding complex emotions; realising that one can experience more than one emotion in a particular situation; understanding situations that precede certain emotions; suppressing or concealing negative emotions; and redirecting feelings (Louw & Louw, 2007a:244). By adolescence children realise both they and others can have ambivalent and conflicting feelings (Arnett, 2014:335; McDevitt & Ormrod, 2013:436). It can be concluded that children in middle childhood have the capacity for mastering the skills related to emotional awareness.

The ability to regulate their emotions has several advantages for children. A sense of emotional self-efficacy is acquired when children's ability to regulate their emotions is well developed (Berk, 2013:412). Competency to regulate their emotions and the resulting emotional self-efficacy also help to improve children's self-image. Emotional regulation can further assist children in terms of mastering cognitive challenges such as reading and learning, as well as with other cognitive tasks which require prolonged periods of concentration and problem solving (Deater-Deckard et al., 2009:115).

A child's overall sense of worth and well-being declines slightly during the transition to middle childhood as children enter the school environment in which social comparisons are a daily experience (Arnett, 2014:336). The development of healthy self-esteem is dependent on children perceiving themselves as having certain abilities and being valuable to society, as well as on the way they feel they compare with others (Arnett, 2014:336; Huston & Ripke, 2006:8; Papalia et al., 2006:379-380).

If children fail to master age-related competencies, they fail to develop a sense of industry and as a result often experience feelings of inferiority or low self-esteem which can result in anxiety, depression and anti-social behaviour (Arnett, 2014:336; Papalia et al., 2006:380). The child's emotional and social development is thus closely linked.

2.5.4. Social development

Children in middle childhood are more responsive to rules and reasoning due to the advances in their cognitive development and self-regulation (Arnett, 2014:338). Children in this life stage are thus capable of more independent and self-directed behaviour, with the result that there is generally less direct parental control and a move toward co-regulation in which parents provide broad guidelines for behaviour (Arnett, 2014:338; Papalia et al., 2006:382).

According to Erikson's theory of psychosocial development, children in middle childhood must accomplish the psychological task of developing the virtue of competence based on a continuum between industry versus inferiority (Zembar & Blume, 2009:230). A sense of industry is derived from children having the ability or skills to complete daily tasks and challenges they face in the classroom, at home and on the sports field. Children who believe they are unable to do a task or who lack certain skills, can develop a sense of inferiority and feelings of incompetence (Papalia et al., 2006:380; Zembar & Blume, 2009:230). In middle childhood a child's sense of self is mainly affected by their belief about their own abilities or lack thereof (Berk, 2013:16; McDevitt & Ormrod, 2013:421; Papalia et al., 2006:380; Zembar & Blume, 2009:230).

Children's self-concept is influenced by how they perceive themselves and how they believe they compare to others (Arnett, 2014:335). Self-concept refers to the way in which an individual defines the self, and is based on how the person perceives his or her attributes, abilities, attitudes and values (Berk, 2013:456). A child's self-concept changes during middle childhood from perceiving themselves based only on their external, physical characteristics to include the internal, psychological characteristics such as their personality traits (Arnett, 2014:336).

As children form representational systems their judgements about themselves become more "conscious, realistic, balanced and comprehensive" and they are able to evaluate the difference between who they are and who they would like to be (Papalia et al., 2006:379). Before children enter adolescence they can describe themselves in greater complexity, recognising they may react differently in different situations (Arnett, 2014:336; Papalia et al., 2006:379). An important change in self-concept during middle childhood, is that children engage in more social comparisons, in which they describe themselves in relation to others, for example to peers (Arnett, 2014:366).

Friends rise in importance during middle childhood as children enter formal schooling. At school, children spend a substantial amount of time around other children of a similar age, and greater freedom of movement allows children to visit and play with friends (Arnett, 2014:343). This daily contact with other children makes it possible for them to develop friendships. A friend, according to Papalia et al. (2006:393) is someone a child is fond of, can be themselves with, enjoys doing things with, and can confide in. The authors indicate that friendships not only help children feel good about themselves but teach them how to communicate, cooperate and help each other through difficult times. During the middle childhood years close friendships are based on loyalty, faithfulness and generosity (Louw & Louw, 2007a:258).

Interacting with peers assists children in developing their social skills and gives them a sense of belonging (Papalia et al., 2006:392). Friendship groups offer a safe environment in which children can experience and learn to deal with differences in opinion, and cope with criticism (Louw & Louw, 2007a:259). Among peers children are often motivated to achieve; are given the opportunity to test the values of their

family and decide which to keep; develop their own values as well as attain a sense of identity (Papalia et al., 2006:392). In this sense healthy interpersonal relationships can be a protective factor for children who are susceptible to making poor decisions regarding the use of drugs and alcohol, sexual behaviours, and self destructive behaviour (Huston & Ripke, 2006:9-10; Zembar & Blume, 2009:6). On the negative side, peer groups can pressure children to conform to values and norms which are socially undesirable and prejudicial (Papalia et al., 2006:392).

Developing and maintaining meaningful interpersonal relationships is an important developmental task during middle childhood (Huston & Ripke, 2006:9-10; Zembar & Blume, 2009:6). The strongest influence on children's popularity within the social context is their social skills, such as being friendly, helpful cooperative and considerate (Arnett, 2014:345). Children with positive social skills are good at perspective taking and therefore they are good at understanding and responding to other children's needs and interests (Arnett, 2014:345). Popular children are more likely to gain acceptance in the peer group, which seems to contribute greatly to their psychosocial adjustment (Louw & Louw, 2007a:260-261).

Rejected children are usually more aggressive than others, tend to be impulsive, and have difficulty controlling their emotional reactions (Arnett, 2014:345; Papalia et al., 2006: 393). Papalia et al. (2006:396) propose that one answer to why children act aggressively may lie in the way they process social information. Authors highlight two forms of aggression namely, instrumental or proactive aggression, and hostile or reactive aggression.

Proactive aggression is used by children as a means to an end whereas hostile aggression is considered to be a result of a hostile attribution bias, according to which children believe that others are trying to hurt them, to which they then react in retaliation or self defence (Berk, 2013:517; Papalia et al., 2006:396). Hostile attribution bias and aggressive fantasies increase between ages six to 12 years, however so do constructive conflict resolution (Papalia et al., 2006:396). Children in middle childhood need assistance with processing social information so that they do not view aggression as either useful or justified (Papalia et al., 2006:396).

Bullying is regarded as a "destructive form of peer interaction" (Louw & Louw, 2007a:261). It begins as early as in the pre-school years when tentative peer groups

start forming, and continues through middle childhood. Bullying is defined as deliberate and persistent aggression toward a particular target who is usually weak, vulnerable or defenceless (Papalia et al., 2006:398). Bullying behaviours include physical, emotional, verbal, non-verbal and relational bullying and can have significant negative physical, emotional and social consequences for both the victim and the bully (Berk, 2013:621; Louw & Louw, 2007a:261-262). Boys seek to establish their dominance in the peer group while girls use relational aggression towards other girls such as spreading rumours or exclusion (Papalia et al., 2006:398). Bullying does appear to decrease as children get older and learn how to better deal with bullying (Papalia et al., 2006:398).

When considering a child's development in the different developmental domains, Berk (2013:8) emphasises there is an increasing awareness of the influence that the context in which a child grows up can have on the child's developmental path. Context refers to "the setting or specific environment in which development and behaviour occur" (Louw & Kail, 2007:12). The goal of the study was to evaluate an EA Programme for children in middle childhood in a child and youth care centre. The child being cared for in the context of a child and youth care centre is subsequently discussed.

2.6 THE CHILD AND YOUTH CARE CENTRE

In this section the context of the child and youth care centres and the child being cared for in these centres are discussed.

2.6.1 The context of the child and youth care centre

In South Africa child and youth care centres, also known as children's homes, provide residential care to children who for various reasons have been found to be in need of care and protection by the children's court in accordance with the Children's Act, Section 150.

One of the placement options for such a child is in a child and youth care centre (The Children's Act, Section 156). A child and youth care centre is a facility that provides residential care for more than six children outside of their family environment, and must offer therapeutic programmes for the children in their care (The Children's Act, Section 191). In South Africa, child and youth care centres must be registered with

their local Department of Social Development and must comply with specified norms and standards in order to receive funding (The Children's Act, Sections 193 & 194).

The critical role of the family was highlighted in research undertaken by the South African Institute of Race Relations in 2011 which produced disturbing findings that absent fathers, poverty and HIV/AIDS profoundly impact the lives of families and the children living in those families (Holborn & Eddy, 2011:6). The disintegration of the family unit is circular as children from dysfunctional families are prone to engage in risky behaviour, contribute to social breakdown, and are more likely to have dysfunctional families themselves (Holborn & Eddy, 2011:6). These sentiments raised questions regarding where the focus should lie when considering children in need of care. Should more effort and resources be spent on strengthening the family unit or are more child and youth care centres needed? Critical questions concerning children in care should consider the capacity of the state to adequately parent children and how best they can effectively fill this role (Sayer, 2008:110).

According to literature the number of children in children's homes is decreasing in certain countries and the duration of their stay is shortened (Kendrick, 2012:288; Smith, 2012:273). Reports with regard to children in care indicate that, following the Second World War, smaller homes which more closely emulate a family environment was seen to be the preferable model for children's homes (Smith, 2012:273). Kendrick (2012:288) indicates that older children are more readily considered as candidates for residential care but that there is still a concern over the consistently poor outcomes for children placed in care.

There is evidence of abuse and neglect of children in care that, coupled with generally poor outcomes for children leaving the care system, leads to questions about the suitability of placing children in residential care in the first place (Kendrick, 2012:287). When evaluating 'outputs', the complexity of the care system and children's pre-care experiences need to be considered (Cocker & Allain, 2013:207).

Children in care are most likely to have experienced trauma prior to their placement in alternative care, while being placed in care often exposes the child to further trauma through the effects of multiple placements, bullying and abuse within the looked after system (Knowles & Lander, 2011:125; Stanley, 2005:240). The feelings of loss that children in care experience can be severe as they may not have the

maturity to understand and deal with the shock the loss brings, or the life experience to contextualise the reasons for the loss and the likelihood of its recurrence (Knowles & Lander, 2011:130).

Environmental risks prior to placing children in care are varied and include caregivers' alcohol or drug misuse, a family history of mental health issues or imprisonment, as well as abuse, neglect and domestic violence (McAuley & Davis, 2009:147; Stanley, 2005:241-242). Children exposed to ongoing economic hardships are more likely to have emotional and behavioural problems (McDevitt & Ormrod, 2013:439). Persistent neglect of children has been associated with difficulties relating to; the development of neurological and cognitive capacities, educational performance, emotional development, self-esteem, attachments and social skills (McAuley & Davis, 2009:149).

Children in care are reported to be more likely to misuse substances, fall pregnant in their teens and are said to have a higher prevalence of mental health issues (Cocker & Allain, 2013:157). The environmental risks and disadvantaged backgrounds from which these children were removed are thought to be primary contributing factors to their mental health problems (McAuley & Davis, 2009:148).

As indicated above, children being cared for in child and youth care centres are exposed to adverse and often traumatic circumstances prior to their placement in residential care, as well as due to their placement in residential care. The influence of these aspects on children in the context of the child and youth care centre is discussed in the following section.

2.6.2 The child in the child and youth care centre

In this section, the psychosocial functioning of the child in the child and youth care centre is discussed in terms of the child's mental health, attachment, behaviour, education and interpersonal relationships. The concept of resilience and the emotional needs of these children are highlighted.

2.6.2.1 Mental health of children in care

Children in care, while in many ways having the same needs as every other child, have additional needs specifically due to the traumatic experiences they have been

through (Cocker & Allain, 2013:207). They present with more complex behaviours and experience greater challenges, including increased mental health problems (Kendrick, 2012:289; Knowles & Lander, 2011:125; McAuley & Davis, 2009:147; Stanley, 2005:239-240, 243). The environmental risks to which these children have been exposed before placement in the child and youth care centre are seen as primary reasons for the higher incidence of mental health problems, as well as for their lowered capacity to manage emotions and form healthy attachment and relationships (Knowles & Lander, 2011:125; McAuley & Davis, 2009:147-148; Stanley, 2005:239-240, 243).

Mental health problems, emotional problems and behavioural difficulties represent broad categories which, despite varying points of departure, refer ultimately to the same condition and as such are interchangeable terms (Cocker & Allain, 2013:125). Mental disorders are internationally recognised diagnosable diseases which include, amongst others, anxiety disorders, depression, conduct disorders and hyperkinetic disorders such as attention deficit hyperactivity disorder (Cocker & Allain, 2013:125-126; Mental illness in children on the increase..., 2014; Shepherd, 2010:26-36). Emotional and behavioural disorders can impair academic progress and the ability to make and sustain friendships and as such impact numerous aspects of the child's life (Cocker & Allain, 2013:132-133).

In 2003 it was estimated by the World Health Organisation that 20% of children and adolescents had a mental health disorder serious enough to warrant professional treatment and it was predicted this could rise as high as 50% by 2020, making it one of five most common causes of death, illness and disability among children (Mental illness in children on the increase..., 2014). Understanding mental health issues enough to recognise when children need help and getting them the access to help as quickly as possible, is crucial (Cocker & Allain, 2013:128; Shepherd, 2010:26). Yet, because mental illness is often regarded as behavioural problems or misdiagnosed, many children do not receive the help they need (Stigma stops from seeking help..., 2014).

Fortunately a child's mental health is not fixed and with the needed support and treatment the symptoms children experience and behaviours they exhibit can be alleviated (Cocker & Allain, 2013:129). A stable care environment with consistent

care, support and nurturing are indicated as valuable inputs in enabling children in care to grow and develop optimally (Cocker & Allain, 2013:207). As children in care are usually traumatised, they could present with various problem behaviours, indicating a need for intervention in order for them to grow, reach their potential, and feel secure in their environment and relationships (Cocker & Allain, 2013:128-129).

2.6.2.2 Attachment of children in care

Attachment is the emotional tie between a child and significant persons in the child's life; persons in whose presence the child experiences joy and pleasure and whose nearness can comfort the child in times of stress (Berk, 2013:428). People of all ages appear to have a fundamental need to feel "socially connected to, loved and respected by other people" (McDevitt & Ormrod, 2013:421). The emotional pathways within the brain are dependent on social interactions and are established from birth as a result of interaction with parents and care-givers who are responsible for ensuring a child's needs are met (Papalia et al., 2006:201, 214; Schiller, 2009:13).

Children who spent their first year in deprived institutions or orphanages are at high risk for insecure attachment as the ratio of care-givers to infants and staff turnover of care-givers restrict the time for and availability of consistent sensitive care (Berk, 2013:433). Research by Fries and Pollack (2004) in Berk (2013:433) noted that preschool children adopted during their second year struggled to match appropriate facial expressions with situations in stories. MRI (magnetic resonance imaging) evidence showed that the amygdala (the brain region responsible for processing emotional information) of adopted children with longer stays in institutions was atypically large, indicating compromised emotional processing and emotional regulation (Tottenham et al, 2011 in Berk, 2013:433). These deficits are associated with difficulty in social relationships and social adjustment.

The child's experiences of attachment, whether secure or insecure, lead to the formation of an "internal working model", which is a set of expectations related to the self in relation to others (Berk, 2013:430). The internal working model will impact children's beliefs about how loveable they are, the amount of say they feel they have in living their life, and their view of all the relationships in their life (Cocker & Allain, 2013:115).

Secure attachment is linked with higher self-esteem, more advanced social skills, enhanced empathy, and less behavioural problems in childhood as well as more stable romantic relationships and higher academic achievement in adolescence and young adulthood (McDevitt & Ormrod, 2013:429). Children who have a secure attachment can trust other people, even if those people initially let them down, and their expectations and actions sustain healthy interpersonal ties and close friendships (Louw & Louw, 2007b:133; McDevitt & Ormrod, 2013:430). On the other hand, children with insecure attachments believe people are untrustworthy and tend to withdraw from relationships (McDevitt & Ormrod, 2013:430). Children need to be active participants in adapting to their environment as this enhances their survival but children with insecure attachments may participate in destructive or maladaptive ways (Cocker & Allain, 2013:115).

For children to thrive they need a home life in which they can form positive attachment bonds, however this is not easily attainable for children in child and youth care centres (Knowles & Lander, 2011:126). Attachment disorders resulting from this situation can manifest in children in different ways, such as them showing no inhibition or discrimination in their choices when relating to others or by resisting and avoiding contact with others (Knowles & Lander, 2011:127-128). Secure attachments should be therefore encouraged by care-givers from the time a child moves into the children's home (Bolger & Millar, 2012:307). Unfortunately care-givers in child and youth care centres cannot always provide opportunities for children to form secure attachments. This is usually due to the number of children each care-giver is responsible for, the usually short duration of their employment at the centre, and their way of 'parenting' which is not always conducive for building secure attachments (Knowles & Lander, 2011:128).

Clarke and Clarke (2003:421) stress the powerful impact of parenting styles characteristic of expressed warmth, emotional involvement and sensitivity on the development of secure attachment. When considering attachment, importance must be ascribed to *continuing* influence, whether good or bad (Clarke & Clarke, 2003:422). Continuing influence indicates that an initial negative environment can be overcome by significantly improved care and vice versa. Children who do encounter new, positive attachment-related experiences refine and update their internal working model and are able to "bounce back from adversity" (Berk, 2013:440).

2.6.2.3 Behaviours of children in care

Children in residential care often present with behavioural problems such as temper tantrums, drug and alcohol use, self-harming behaviours, theft, sexualised behaviours, stealing, bedwetting and eating disorders (Stanley, 2012:262; Stanley, 2005:240, 243). Oaklander (2007:206-207) is of the opinion that negative behaviours such as aggression and acting out behaviours are often a child's efforts to express feelings of hurt, anxiety, insecurity and rejection. Holding a similar view, Harris (2007:162) proposes that many children presenting with emotional or behavioural problems are actually suffering from post traumatic stress disorder. As they are not able to name or tolerate their emotions, they often act out their distress in anti-social behaviours such as self-harm or substance abuse. Focussing on behaviour management at the expense of attention to emotional health and well-being is thought to provoke or increase patterns of misbehaviour in these young people (Harris, 2007:162).

Some of the reasons for the difficulty in managing negative behaviours in child and youth care centres lie in the fact that a number of traumatised children are placed together in one residence, where changes in staff and a lack of supervision, communication and consistency create difficulty in building good relationships with the children (Sayer, 2008:127). Further, there are insufficient sanctions to impose effective control. Positive relationships are the key to effective work with children (Kendrick, 2012:291; Sayer, 2008:127). Control in a child and youth care centre is achieved when children are made to feel valued and motivated to conform and organisations are orderly and well structured (Sayer, 2008:129).

Rules and boundaries are needed as children learn how to regulate themselves and their behaviours through testing the boundaries set for them (Knowles & Lander, 2011:135). Boundaries provide security and enable a child to be cognitively and emotionally ready to assume responsibility for managing their actions (Knowles & Lander, 2011:136).

The behaviour of children in child and youth care centres should be viewed in relation to their developmental level, perceptions, experiences, feelings, and their expectations related to the self, family and peers (Bolger & Millar, 2012:309). Oaklander (2007:205) is of the opinion that negative behaviours in children are often

“evidence of strength and survival” and that children will do whatever they can to survive and do what they think best to “get through the job of growing up.”

2.6.2.4 The education of children in care

Children in child and youth care centres tend to experience challenges with regard to schooling and are more likely to fail their school grades (Bolger & Millar, 2012:311; Cocker & Allain, 2013:153; Kendrick, 2012:289; Knowles & Lander, 2011:133). The instability caused by multiple placements, the effects of prior abuse or neglect, and the higher incidence of physical or mental health issues of children in care negatively affect their academic achievement (Cocker & Allain, 2013:154). This is a sobering thought as factors found to increase the likelihood of young people becoming involved in criminal activity include a lack of education, truancy, problems at school, poor academic performance, school failure and school drop-out (Burton et al., 2009:59). Children that do not complete their schooling are also at higher risk for teenage pregnancy and unemployment (Knowles & Lander, 2011:133).

It is argued that the failure of meeting educational objectives for children in care should be viewed in light of the ‘inputs to the system’ which are often damaged children (Sayer, 2008:117). The said author further highlights a lack of communication between schools and care services, as well as schools not understanding the special needs of children in care as further obstructions for children in care to achieve positive educational outcomes.

The emotional work of teaching, leading and learning in the school environment is challenging for both child and teacher due to defensiveness and overly alert behaviours that result from children’s response to trauma (Harris, 2007:155). Continuous exposure to stressful situations during which no comfort or soothing were provided can hardwire a child’s brain and body for “over responsiveness to even the slightest stressor” (Harris, 2007:155). As a result, primitive survival mechanisms of fight or flight are evident in these children’s behaviours of withdrawal, isolation, disruption or violence as their bodies become flooded with hormones such as cortisol and adrenalin which raises blood sugar, heart rate and blood pressure and eventually compromises their body’s immune system.

Shepherd (2010:1) believes that emotional and behaviour disorders present one of the most difficult challenges facing teachers today. Teachers often do not have sufficient knowledge of emotional and behavioural disorders in children and, expecting of them to have this knowledge is like “... asking a general practitioner to perform open heart surgery” (Shepherd, 2010:2).

Teachers must understand that students who have emotional and behaviour disorders have disabilities and special needs (Shepherd, 2010:2). As children spend most of their time in school all people who work with children should find out what schools are like for children, while children’s emotional needs should be given priority in the learning situation if a future society that values people is the goal (Oaklander, 2007:311).

2.6.2.5 Personal relationships of children in care

Children in child and youth care centres need opportunities to build positive relationships characterised by trust and respect to enhance their well-being and ability to learn (Knowles & Lander, 2011:135). Relationships can represent the best and the worst aspects of residential care (Kendrick, 2012:291). Relationships between staff and children are central to defining a child’s experience while in care (Kendrick, 2012:292). Sadly, many children have over the years suffered neglect and direct physical, sexual and emotional abuse while in residential care (Kendrick, 2012:291; Sayer, 2008:133).

Maier (1979) in (Smith, 2012:279) believes that a personal relationship between children and care-givers develops over time and assists children in exhibiting and choosing acceptable behaviour. Smith (2012:283) attributes constructive moment by moment daily interactions care-givers have with the children in their care with positive differences in their lives. Planned, formal interventions are only one facet of work with children and do not necessarily offer greater growth and learning opportunities than the everyday life events of children, such as having meals together. What distinguishes residential care from other work with children is that practitioners become directly involved in the child’s actual daily living situation as experienced by the child (Smith, 2012:278-279).

Each child and youth care centre has its own culture or context which impacts on children's experience within the home and on their therapeutic outcomes (Bolger & Millar, 2012:305). A culture that allows children and staff to feel valued and respected is an integral factor in creating a successful residential experience (Sayer, 2008:128). Little things such as remembering a child's birthday and taking time to settle a newcomer in can communicate caring. However, staff members do not always have the time or inclination to truly 'see' and hear children's stories (Sayer, 2008:112).

Apart from the children's relationships with the care-givers, their peer relations within the child and youth care centre will influence their psychosocial well-being. Children evaluate the behaviour of their peers in light of many factors such as considerations of the self, the group's norms, social conventions and morality (Killen & Rutland, 2013:121). From as early as seven to eight years old children consider it legitimate to exclude other children who "threaten the social-conventional norms central to their group" from their own group and from other social groups (Killen & Rutland, 2013:119). Exclusion causes children to feel hurt and anxious and in more extreme cases children can experience depression or social withdrawal (Killen & Rutland, 2013:86). Some children can be genetically predisposed to peer-rejection, as temperament is related to social behaviours, thereby playing a role in predicting peer acceptance or rejection in childhood (Killen & Rutland, 2013:89).

There are peer group hierarchies or 'pecking orders' in children's homes which are seen as an inevitable part of life for children in care (Kendrick, 2012:293). The variance of social dominance between individuals of a group result in certain members taking a greater share of resources and having more power or influence than others (Mikami, Lerner & Lun, 2012:101). A child that does not conform to the characteristics and behavioural norms of their peer group may be rejected by their peers (Mikami et al., 2012:99).

Peer rejected children have a low social dominance, are ranked low in the 'pecking order' and are often bullied, teased and marginalised (Mikami et al., 2012:101). These children are at risk for aggression toward others and have a greater chance of dropping out of school, becoming involved in criminal activity, abusing substances

and suffering from mental health problems such as depression and anxiety disorders as adolescents and adults (Killen & Rutland, 2013:86; Mikami et al., 2012:99).

Bullying and peer violence are a major cause for concern for children in care, and encompass behaviours such as physical assault, verbal abuse and unwelcome sexual behaviour among others (Kendrick, 2012:292; Sayer, 2008:133). Children in care have an increased likelihood of delinquency and criminal behaviour, yet it is unclear from studies whether this is due to the environment they have been removed from or from being exposed to peer influences within the children's home (Kendrick, 2012:293; Sayer, 2008:133). Resilience to negative behaviours can be increased through interventions in the child and youth care centre and school context by means of appropriate programmes which may diminish risk factors such as substance use and association with deviant peers (Burton et al., 2009:104-105).

Children are unique and cannot be understood with a fixed, inflexible view of childhood (Sayer, 2008:112). It is important to recognise the uniqueness of each child, especially those in care whose circumstances encompass various difficulties which need to be viewed in the broader context and environment (Cocker & Allain, 2013:123). The uniqueness of each child, especially those in care, should also be understood in terms of the possible effects of alternative care on their needs. Following herewith is a brief discussion of the possible effects that placement in a child and youth care centre could have on a child's emotional needs and their awareness of emotions.

2.6.3 Emotional needs and emotional awareness of children in care

When children in care were asked what they regarded to be the most important aspects for them, they indicated the following (Mason, 2007:361-367; McAuley & Davis 2009:153):

- remaining connected to family and friends that make them feel secure, supported and wanted,
- feeling safe, looked after and cared for,
- having someone to talk to and whom they can trust,
- achieving something, and
- feeling good about themselves.

The wishes or needs described above can most probably be ascribed, to a large extent, to the children's prior experiences in life. Children in child and youth care centres are often deprived of a home life in which they could experience warmth, emotional involvement and sensitivity that will allow them to thrive in life (Clarke & Clarke, 2003:421; Knowles & Lander, 2011:126).

Social workers play a prominent role in the overall care of children in child and youth care centres. Research shows that children in care had certain ideas of which qualities social workers, as member of staff, should have. A 'good' social worker, according to children in care, should be genuine, thoughtful and caring (Allain, Cocker, Hinds, Naluwaga & Babondock, 2011:151). Other qualities that were appreciated in a social worker included trustworthiness, availability, and reliability, treating children as individuals, and allowing them to make their own decisions (Sayer, 2008:115).

Young people in care want to be shown respect and understanding, to be truly heard with understanding and empathy, and not seen through the eyes of a file in an office or as a number (Allain et al., 2011:151). The values of genuine interest, understanding and acceptance are vital keys to building relationships with children and are regarded as fundamental to gaining their trust and cooperation (Landreth, 2005:174; Sayer, 2008:127).

In addition to the trauma responsible for placing a child in a child and youth care centre, children can experience feelings of loss, abandonment and guilt (Knowles & Lander, 2011:126). Loss is described by Knowles and Lander (2011:129) as the "emotional and sometimes physical traumatic reaction some children go through when someone or something of great psychological importance to them is lost." Children in care can have incomplete and interrupted emotional experiences as a result of the losses caused by people who have come and gone from their lives, through death or through other traumatic experiences (Bolger & Millar, 2012:307; Knowles & Lander, 2011:129).

In response to experiences of loss children in care may feel intense, unfamiliar emotions they are unable to name (Knowles & Lander, 2011:130). Children often do not have the necessary coping skills for dealing with the shock the loss brings or the intensity of feelings it produces, and will need assistance in understanding that

losses are a natural part of life, to be accepted and dealt with over time (Bolger & Millar, 2012:307; Knowles & Lander, 2011:130). Separation and loss are experienced uniquely according to a child's perception or evaluation of the relationship and the loss.

The negative experiences that children in child and youth care centres were exposed to could have long lasting negative effects on their emotional and relational capacities. Depending on the age, gender and personality of the child, the development of children in care is impacted in three core areas: their ability to manage their own emotions, their capacity to form an attachment, and the development of a healthy sense of self and positive relationships (Davies & Wright, 2007:26; McAuley & Davis, 2009:149; Stanley, 2005:243, 246).

The inability to manage their emotions could be due to the effect of abuse, neglect and other traumatic experiences on key capacities related to emotional awareness; namely the ability to identify, label and describe their emotions. In this regard, Frewen et al. (2011:152) indicate that abuse and neglect during childhood cause children to experience difficulty identifying and describing what they feel, while Harris (2007:162) indicates that children who were exposed to trauma often find it difficult to name and tolerate their emotions. Di Ciacco (2008) in Knowles and Lander (2011:130) note that children that have experienced a traumatic event can unconsciously build an invisible wall around them to protect themselves from further harm. Blom (2006:90-91) also describes how children who experience trauma tend to block awareness of sensory experiences, which in turn affects their ability to become aware of their emotions.

Different authors suggest that enhancing traumatised children's emotional competencies can benefit them in terms of their behaviour, education, social relationships and mental health. Harris (2007:162) emphasises that negative behaviours that children present with are often caused by emotional distress due to trauma. The author advises that attending to the negative behaviours without attending to the child's emotional well-being are unlikely to produce positive results and may even exacerbate the negative behaviours. Camilla Batmanghelidjh (in Harris, 2007:153) is of the opinion that before educational progress can be shown in traumatised children, they need emotional progress and success. Children need

greater emotional competence if they wish to make and keep friends, as the ability to manage one's emotions and behaviour within a myriad of interpersonal situations enhances the successful development of relationships and may even lower the risk of mental health issues later in life (Cameron & Maginn, 2009:39).

Taking the above into account, it becomes clear that enhancing the emotional competence of children in care could considerably benefit their functioning and adjustment in the child and youth care centre and enhance their resilience. Resilience in children is described as “the ability to adapt effectively in the face of threats to development” (Berk, 2013:10).

Resilience is ascribed to people who are able to not only endure, but also thrive during adversity (Greyling, 2009:7). It appears to be built into the human system, yet there are wide differences between individuals in the strength of its expression, which is modulated by experience (Clarke & Clarke, 2003:418). Resilience appears to be a product of genetic factors, attachment styles and the relationships between these genetic and environmental factors (Houshyar & Kaufman, 2006:194).

Resilience is evident in the fact that many maltreated children do not develop psychosocial problems (Houshyar & Kaufman, 2006:194). It is not fully understood why some children can experience difficult, threatening life events and yet have the resilience to make necessary adjustments in order to negate its impact on other areas of their lives (Cocker & Allain, 2013:107). Resistance to stress is referred to as having a “hardy personality” characterised by a different approach to life, seeing life as a “series of challenges rather than threats or problems” (Grieve et al., 2005:185). Children's belief in their own ability to overcome challenging situations is closely related to their resilience and determines their thoughts, emotions, and behaviour (Burton et al., 2009:79). Children in care who are resilient have better outcomes in life than their counterparts (Cocker & Allain, 2013:134).

The researcher associates the development of resilience of children in care with the poignant words of Oaklander (2007:57):

“Children soon learn that life isn't perfect, that we live in a very chaotic world, a world of contradiction and dichotomy. ...parents who are raising children have their own personal difficulties to contend with.

Children learn to cope and compensate. Many do quite well in their living, growing and learning. Many don't."

Resilience can be enhanced in different ways. Children who receive consistent support at home, in school and from the community can overcome significant problems (McDevitt & Ormrod, 2013:449). Children dealing with the serious problems associated with mental health conditions are generally able to adjust effectively when they receive counselling and other mental health interventions (McDevitt & Ormrod, 2013:451). Resilience can also be promoted through developing an understanding of life experiences and identifying one's inherent strengths (Bolger & Millar, 2012:307). Children that are supported through the challenges they face can find the resources to work through a situation, adjust and move on. Strategies to cope with difficulties and successfully solve one's problems as well as taking responsibility for one's behaviour and feelings, can help children to develop and strengthen resilience (Knowles & Lander, 2011:137).

The development of emotional awareness may be linked to the development of emotional resilience (Greyling, 2009:21). When children become more aware of their own feelings, they in turn, become more aware of other people's feelings, which leads to healthy emotional development, healthy social development and social competence; all being aspects that are linked to resilience (Greyling, 2009:37).

Knoetze (2012) developed a programme to enhance the emotional awareness of children in middle childhood in a school setting. This programme was evaluated in this study with children in middle childhood in the setting of a child and youth care centre. A brief overview of the programme, as well as of the measuring of emotional awareness, is provided in the next section.

2.7 EMOTIONAL AWARENESS PROGRAMME

Social, emotional and behavioural skills are foundations which are laid in childhood and can be enhanced through training and practice (Coetzee & Jansen, 2007:2; Mosley, 2005:1). Due to the increasing focus on the advantages of emotional intelligence, efforts to teach children the skills underlying emotional intelligence have become more common (Berk, 2013:327). In this study, the EA Programme developed by Knoetze (2012) was evaluated. A comprehensive outline of the EA Programme (Knoetze, 2012) is provided as an attachment to the study (Appendix A).

The EA Programme is intended to achieve six main goals, namely to build the relationship between the educator (or facilitator of the programme) and the children, to enhance knowledge of different emotions, to obtain emotional language, to develop and show empathy, to develop emotional regulation skills, and to acquire and expand problem solving and decision making skills (Knoetze, 2012:140-142). These aims were covered in six different modules in the programme, with a seventh module focusing on summarising and termination. Each module included relevant activities to be implemented with the children.

The EA Programme focuses on relevant skills or competencies related to emotional intelligence which could enable children to optimally function in their environment. Skills that are relevant to emotional intelligence include: being aware of emotions and different intensities of emotions in themselves and in others, the ability to adequately express emotions, the ability to show empathy or sensitivity towards the emotions of others, and a capacity for emotional self-regulation (Coetzee & Jansen, 2007:2; Grieve et al., 2006:40-41; Mosley, 2005:2; Panju, 2008:23; Schiller, 2009:11; Stein, 2007:58-59).

The effects of the programme was measured by means of a standardised questionnaire, the Levels of Emotional Awareness Scale (LEAS-C), which is a measuring instrument to specifically measure emotional awareness in children (Bajgar et al., 2005:570). The LEAS-C consists of a questionnaire, a glossary of words and a scoring manual (Knoetze, 2012:175). The responses to the 12 open-ended questions on the questionnaire are scored according to the glossary of words and the levels of emotional awareness are ultimately derived from these scores. The effectiveness of the EA Programme can be determined by comparing the emotion words and levels of emotional awareness before and after the implementation of the programme. The EA Programme was developed for use with children in an Afrikaans medium school, however Knoetze (2012) provided a summary of the programme in English (refer Appendix A) for her thesis which was presented in English (Knoetze, 2012:136). She further translated the LEAS-C into Afrikaans with permission of the developers of the instrument (Knoetze, 2012:14). The programme content and activities, as well as the measuring instrument, were therefore suitable for use with a group of Afrikaans-speaking respondents, as was the case in this study.

2.8 SUMMARY

This chapter provided a background to the empirical study to evaluate an EA Programme for children in middle childhood in a child and youth care centre. The discussion in the chapter focused on relevant key concepts, starting with a contextualisation of emotions, emotional development in children, and the importance of emotional awareness as a key component of emotional intelligence. Further, the developmental characteristics of children in middle childhood were discussed to provide a better understanding of children in this life stage.

Children being cared for in child and youth care centres carry the consequences of trauma experienced prior to their placement in the centre, as well as due to being in alternative care. A discussion on the child in the child and youth care centre provided information on the context of the setting, as well as the effects of trauma and placement in alternative care on the functioning of children. It was further indicated how enhancing emotional awareness could possibly enhance the well-being and resilience of children in care. Finally, the EA Programme that was evaluated in the study was briefly outlined.

The research methodology and the ethical considerations for the study as well as the research results will be presented in Chapter 3.

CHAPTER 3

RESEARCH METHODOLOGY AND RESEARCH FINDINGS

3.1 INTRODUCTION

The aim of the study was to evaluate the effectiveness of an EA Programme that was developed to enhance the emotional awareness of children in middle childhood (Knoetze, 2012). The data was analysed by means of a standardised instrument, namely the LEAS-C Scoring Manual and Glossary (Bajgar & Lane, 2003). The research findings are presented in this chapter. The research methodology and the ethical considerations relevant to the study are first discussed, followed by the empirical findings of the study.

3.2. RESEARCH METHODOLOGY

The hypothesis and sub-hypotheses for the study, as well as the goal and objectives of the study were presented in Chapter 1 and will again be presented in the discussion of the empirical findings of the study towards the end of Chapter 3. The research methodology that guided the study is discussed in this section.

3.2.1 Research approach

The research followed a quantitative approach as this study considered a causal relationship between two variables, namely an EA Programme and the level of emotional awareness of children in middle childhood (Fouché & Delport, 2011:63; Rubin & Babbie, 2013:40; Struwig & Stead 2007:5).

Leading from this choice of approach, a hypothesis was formulated and all the research procedures were decided on in advance and adhered to, in order to maximise objectivity of the findings (Kumar, 2011:20; Rubin & Babbie, 2013:40, 85). To evaluate the effectiveness of an EA Programme the researcher required a specific, well structured research design, a data collection instrument tested for its validity and reliability and steps to minimise bias (Kumar, 2011:104-105).

In line with the research approach, the researcher utilised a quantitative standardised measuring instrument namely, the *Levels of Emotional Awareness Scale for Children* (LEAS-C) (Bajgar & Lane, 2003). This instrument was used to

determine the effect of the EA Programme on the levels of emotional awareness in children; specifically related to their ability to be in contact with their emotions, to discriminate between different emotions and to verbalise and 'own' their emotions. The effectiveness of the programme was determined on grounds of whether the hypothesis for the study could be confirmed or not (Fouché & Delpont, 2011:66).

3.2.2 Type of research

The type of research for this study was applied research which, as the name implies, is research that will be applied to provide solutions to issues impacting everyday problems (Denscombe, 2010:26, Kumar, 2011:10; Stangor, 2011:11). The EA Programme (Knoetze, 2012) ultimately aims to enhance children's well-being by increasing their emotional awareness, and could thus address problems related to the emotional awareness and emotional competencies of children in middle childhood being cared for in child and youth care centres.

The research was regarded as evaluation research as the study was intended to evaluate the effectiveness of an existing programme (Babbie, 2011:362; Bless & Higson-Smith, 2000:38-39; Fouché & De Vos, 2011:97). In this study the effectiveness of the EA Programme developed by Knoetze (2012) was evaluated. This study was undertaken in order to replicate the programme for verification and further exploration (Kumar, 2011:104).

3.2.3 Research design

The specific procedures used by the researcher in order to answer the research hypotheses were clarified prior to the research through the selection of an appropriate research design (Kumar, 2011:23, 93). An experimental design was utilised which consisted of three components: an independent and dependent variable, pre-testing and post-testing, and two comparative sample groups (Babbie, 2011:219).

As the two groups in the current study were not randomly selected, the research design was a quasi-experimental design, specifically the comparison group pre-test post-test design (Fouché et al., 2011:148-149; Kumar, 2011:113-114; Rubin & Babbie, 2013:192). Two groups, an experimental group and a comparison group, were selected from the study population. Both groups were exposed to a pre-test

and post-test within the same time frame, however only the experimental group was exposed to the independent variable (the EA Programme) for the purpose of data collection. The effect of the programme was determined by comparing pre-test and post-test data of the experimental and the comparison groups (Babbie, 2011:221; Kumar, 2011:117). For ethical reasons, the programme was made available on request to social workers for further implementation with the comparison group after the completion of the post-test.

Bless and Higson-Smith (2000:69) caution when using a pre-test post-test design that two factors can affect the results of the study, namely events emanating from the environment, known as history, and events emanating from within the respondent, known as maturation. In this study, history referred to external events such as staff turnover at the child and youth care centre while maturation referred to internal characteristics of the respondent, such as experiencing a traumatic event, for example the death of a loved one.

These factors can never be completely avoided but measures were implemented to limit them, such as the use of a comparison group who did not receive the intervention at the time of data collection (Wodarski & Hopson, 2012:97). The use of the comparison group helped to determine how respondents did without the intervention, thereby allowing the researcher to draw conclusions about the impact of the EA Programme on the group that actually received the intervention. The researcher assigned members to either the comparison or the experimental group and ensured both groups contained the same essential features, as determined by the sampling criteria.

The modules in the EA Programme were clearly structured and included prescribed activities, ensuring that the researcher implemented the programme as intended.

3.2.4 Research methods

Details on the research methods for the study are discussed in this section, including the study population and sampling, data collection and data analysis.

3.2.4.1 Study population and sampling

The population of the study provided boundaries for the study in that it indicated individuals who possessed specific characteristics relevant to the study (Strydom, 2011a:223). The population for this study was children in middle childhood who resided at a child and youth care centre in Pretoria at the time of the study.

A non probability sampling method was used to select the respondents for the study, namely convenience and purposive sampling (Krysiak & Finn, 2013:219, 229; Strydom, 2011a:231-232; Rubin & Babbie, 2013:174). The child and youth care centre was selected by means of convenience sampling, based on practical considerations such as geographical location and availability in terms of the study. The centre catered primarily for Afrikaans speaking children.

The respondents in the sample were selected from the population by means of purposive sampling, as it was based on the judgement of the researcher (Strydom, 2011a:232). The selection of the sample was based on the following criteria:

- Children between the ages of seven and ten years;
- Children attending an Afrikaans medium school;
- Children who did not receive therapeutic intervention with similar objectives as the EA Programme during the period the said programme was implemented.

The sample for the study consisted of 16 children. The respondents were assigned to the experimental and comparison groups by means of simple random sampling (Strydom, 2011a:228). Although the two groups started out with an equal number of respondents, three respondents in the comparison group did not wish to complete the post-test; resulting in the comparison group eventually being smaller than the experimental group.

3.2.4.2 Data collection

As a quantitative research approach was used, data was collected by means of a quantitative measuring instrument, namely a standardised questionnaire, the LEAS-C (*Levels of Emotional Awareness Scale for Children*) developed by Dr. Richard

Lane and Dr. Jane Bajcar (2003). Permission to use the questionnaire was obtained from the Department of Psychiatry at the University of Arizona, USA (Appendix B).

The LEAS-C consists of a questionnaire, a scoring manual and a glossary of words and assesses how children would experience emotions in different hypothetical situations (Bajcar et al., 2005:572-573). It entailed that the respondents were presented with a questionnaire consisting of 12 scenarios, each followed by an open ended question (Appendix C). The scenarios were translated into Afrikaans by Knoetze (2012) and were used in her research (refer Appendix D).

The LEAS-C is a measuring instrument used to specifically measure emotional awareness. It was used to collect data from both the experimental and comparison groups by way of a group administered questionnaire that was implemented as a pre-test prior to starting the EA Programme, and repeated as a post-test after the said programme was completed. The pre-test and post-test were conducted simultaneously for both the experimental and the comparison groups. The existing EA Programme (Knoetze, 2012) was implemented within a group setting with the experimental group, comprising of eight respondents aged between eight to 10 years who were living at a child and youth care centre in Pretoria at the time of the study. The programme took place over two months, twice a week in the afternoons.

Due to the time lapse between the pre-test and post-test, namely two months, reactivity was minimised. Reactivity refers to the possibility that the pre-test has in some way affected the respondents' answers in the post-test (Bless & Higson-Smith, 2000:127).

3.2.4.3 Data analysis

Once the data was collected it was analysed in order to answer the research hypotheses (Rubin & Babbie, 2013:47; Kumar, 2011:253). Data analysis refers to the process of interpreting and making sense of the data collected in order to determine and test relations between variables and draw conclusions from them (Fouché & Bartley, 2011:249). The data collected from the questionnaires were firstly carefully checked for completeness and consistency (Kumar, 2011:255) and then recorded and interpreted manually. Univariate analysis was used to summarise data related to a single variable (Fouché & Bartley, 2011:254), being emotional awareness.

The words in the responses to the twelve (12) questions were scored based according to the weight given to words in the glossary of words in the LEAS-C. For the purpose of her study, Knoetze (2012) adapted the glossary of words for the use with Afrikaans speaking respondents (refer Appendix E). The responses were then scored according to the different levels, from level zero to level five, in line with the instructions in the scoring manual (Bajgar & Lane, 2003) (refer Appendix F). For this purpose the answers given to each question were assessed according to the complexity of emotion, based on a response linked to the respondents themselves and a response related to another person mentioned in the scenarios in the questionnaire (Knoetze, 2012:175-176). The data was processed with the use of the Microsoft Excel programme.

The influence of the EA Programme was determined by comparing the pre-test and post-test scores of the experimental and comparison groups. It assisted the researcher in determining whether the emotional awareness of the respondents in the experimental group did change as a result of the EA Programme, and how it compared to the results for the comparison group (Durrheim, 1999:96); thereby proving or disproving the hypotheses.

Standardised instruments for data collection have been scientifically developed and tested for reliability and validity (Krysiak & Finn, 2013:245, 247). The LEAS-C is a standardised instrument and the reliability and validity thereof have been tested (Knoetze, 2012:177-178). Preliminary evidence indicates an acceptable internal consistency (co-efficient alpha =.66) and good inter-rater reliability ($r=.89$) of the LEAS-C (Bajgar & Lane, 2003 in Knoetze, 2012:178).

It is recognised that the translation of the instrument into Afrikaans for the purpose of the study by Knoetze (2012) could have affected the validity and reliability of the data collection instrument. Further, the fact that the researcher implemented the EA Programme in this study could present a risk of bias in the interpretation of the research findings. In this regard the use of quantitative data collection methods, namely the LEAS-C instrument and the scoring manual, provided clear guidelines to ensure objectivity during data analysis.

3.3 ETHICAL CONSIDERATIONS

The researcher had an ethical responsibility both to the subjects of the study and to the scientific profession. This ethical responsibility is based on a set of moral and professional principles which guided the researcher's actions, from writing the research proposal to the completion of the study (Strydom, 2011b:114). Written permission to conduct the research was obtained from the management of the child and youth care centre where the empirical study was conducted (refer Appendix G). The research was also approved by the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria (Appendix H).

3.3.1 Avoidance of harm

Sensitivity to the likelihood of respondents being harmed by the proposed study was carefully considered and minimised as far as possible (Denscombe, 2010:63; Kumar, 2011:245). The EA Programme that was utilised in this study was developed to benefit children in middle childhood (Knoetze, 2012:180). The researcher considered that children in a child and youth care centre could be regarded as vulnerable due to their past trauma and the possibility of emotional harm could therefore not be overlooked (Strydom, 2011b:115).

The researcher provided for the contingency of the unlikely possibility that the programme might cause a degree of emotional distress by ensuring that the respondents could be referred for counselling to the appropriate social worker at the specific child and youth care centre, if needed. None of the respondents needed to be referred for counselling. Participants were further provided with comprehensive information on the research procedures and possible risks involved in participation, according to which they could provide their assent to participate on a voluntary basis.

3.3.2 Informed consent and voluntary participation

The respondents were minors and therefore not legally or mentally competent to give their informed consent to be part of the study (Kumar, 2011:244; Papalia et al., 2006:51; Somekh & Lewin, 2005:56). Informed consent was obtained from their legal guardian, namely the manager of the the child and youth care centre (informed consent letter attached as Appendix I).

Each respondent considered for the study gave their assent and were willing to take part in the study (informed assent letter attached as Appendix J). The researcher emphasised the respondents had a choice to participate or decline involvement in the study and could withdraw at any time, without any negative consequences.

The informed consent and assent letters provided complete and accurate information about the goal of the research, research procedures, possible advantages and disadvantages, whereby the legal guardian of the respondents and the respondents themselves could make an informed decision regarding participation in the study, as suggested by Strydom (2011b:117). All documentation was treated with discretion and stored safely in the researcher's office during the research process.

3.3.3 Confidentiality

The confidentiality of the respondents was of utmost importance as they were children in need of care and protection. Their names were not divulged to any party other than the researcher and the relevant social workers at the child and youth care centre. The privacy of the information shared was protected and restricted to being reported numerically via quantitative analysis (Kumar, 2011:246; Stangor, 2011:52). Code numbers were utilised in place of the respondents' names to keep track of pre-test and post-test questionnaires. The aspect of confidentiality was specifically stated in the letters of informed consent and informed assent. After completion of the research, raw data is stored securely according to the requirements of the University of Pretoria.

3.3.4 Denial of treatment

To ensure that none of the respondents were deprived of an intervention (Kumar 2011:246) the comparison group were also given access to the EA Programme (Knoetze, 2012) once the post-test for the study was completed. The researcher made the programme available to the senior social worker at the child and youth care centre, and orientated her to the implementation of the programme so that the programme can be presented to the comparison group and other children in the child and youth care centre.

3.3.5 Debriefing of respondents

The researcher provided all the respondents in this study with the opportunity for debriefing after the completion of the data collection. Debriefing focused on clarifying misperceptions related to the research, as well as giving the respondents the opportunity to reflect on their experience of participating in the research (Strydom, 2011b:122).

3.3.6 Actions and competence of researcher

The researcher conducted the entire research project in an ethical manner and accurately reported the findings of the study in the research report (Strydom, 2011b:123). The research was guided by the specific hypotheses made in advance prior to data collection and the researcher avoided bias by being honest, and not hiding or changing data to distort findings (Babbie, 2011:443; Denscombe, 2010:62; Kumar, 2011:246).

The researcher was competent to undertake the study as she is a qualified social worker, employed by an NGO that specialises in working with children and is currently working at a child and youth care centre. The child and youth care centre where the researcher works was not in any way affiliated to the child and youth care centre where the proposed study was done, therefore there was no conflict of interest. The researcher was trained both in understanding the Children's Act 38 of 2005 and attended a theoretical module on research methodology as part of her studies at the University of Pretoria. Competence and training in research is an imperative ethical consideration (Bless & Higson-Smith, 2000:11-12).

3.3.7 Publication of findings

The findings of the study are presented in this research report, as research findings should ideally be presented to the wider reading public (Strydom, 2011b:126). The research findings are presented in an accurate, objective and unbiased manner (Babbie, 2011:443; Denscombe, 2010:62; Kumar, 2011:246).

3.4 EMPIRICAL RESULTS

This section of the chapter focuses on the empirical data acquired by means of the standardised scale, namely the LEAS-C (*Levels of Emotional Awareness Scale for*

Children) developed by Lane and Bajgar (2003). The empirical results are presented in two sub-sections. In Section A the biographical profile of the respondents are described. In Section B the research findings in terms of the emotional vocabulary and the levels of emotional awareness of the respondents are presented.

3.4.1 Section A: Biographical profile of respondents

The final sample for the study consisted of 13 respondents; eight in the experimental group and five in the comparison group, after three respondents from the latter group withdrew from the study. The biographical information that was regarded as relevant to this study is the respondents' age, gender, language, school and school grade, and the house setting within the child and youth care centre.

3.4.1.1 Age of respondents

As suggested in the sampling criteria the age of the respondents was between eight to 10 years old with the exception of one respondent, in the comparison group, who only turned 8, two weeks after the EA Programme was completed. Children of this age are considered to be in middle childhood (Zembar & Blume, 2009:4), a developmental phase that is significant for attaining the skills provided by formal education such as reading, writing, cognitive and social skills (Huston & Ripke, 2006:7). The experiences during the middle childhood years are able to sustain, magnify or reverse both the advantages and disadvantages acquired in the early years (Huston & Ripke, 2006:2).

In this time of rapid growth and change children gain essential life skills, increase their self-awareness and self-regulation, and establish the building blocks for future interpersonal relationships (Huston & Ripke, 2006:8; Zembar & Blume, 2009:5-7). The respondents were therefore at an age where they could benefit from the EA Programme that aims to teach children in middle childhood skills to enhance their emotional awareness.

The age distribution of the respondents is presented in Table 3.1 below.

Table 3.1: Age of the respondents

Age	Experimental group		Comparison group	
	Frequency	Percentage	Frequency	Percentage
7 years			1	20%
8 years	1	12.5%		
9 years	6	75 %	2	40%
10 years	1	12.5%	2	40%

Most of the respondents were in the age group of nine to 10 years.

3.4.1.2 Gender

The experimental group consisted of eight respondents, which were equally distributed according to gender. The comparison group consisted of five respondents that completed both the pre-test and post-test and had three female and two male respondents. The gender composition of the two groups is presented in Table 3.2.

Table 3.2 Gender composition of respondents

Group	Gender	Frequency	Percentage
Experimental group	Male	4	50%
	Female	4	50%
Comparison group	Male	2	40%
	Female	3	60%

3.4.1.3 Language

All of the respondents were Afrikaans speaking. The respondents that participated in the study were all from one child and youth care centre. They attended three different Afrikaans medium, primary schools.

3.4.1.4 Schools that the respondents attended

The respondents attended three different schools; two being mainstream schools and one being a school for children with special learning needs. It was decided to include the latter respondent in the research, based on the ethical consideration of no denial of treatment. This respondent was 10 years old.

Table 3.3: School composition of respondents

School	Experimental group		Comparison group	
	Frequency	Percentage	Frequency	Percentage
School 1	7	87.5%	3	60%
School 2	1	12.5%	1	20%
School 3 (Special needs)	0	0%	1	20%

The majority of the respondents (12 out of 13) attended mainstream schools.

3.4.1.5 School grades

The school grade in which the respondents were, varied between grades two to five as seen in the table below.

Table 3.4 Grade composition of respondents

Grade	Experimental group		Comparison group	
	Frequency	Percentage	Frequency	Percentage
2	2	25%	2	40%
3	4	50%	2	40%
4	2	25%	0	0%
5	0	0%	1	20%

In the following section the different houses at the child and youth care centre in which the respondents resided, are indicated.

3.4.1.6 Housing at the child and youth care centre

The respondents lived in various houses at the child and youth care centre. Each house had a child and youth care worker acting as primary care-giver for the children in that particular house and as such each house can be seen as a type of 'family' with its own culture and rules. Only one of the houses (house 15) had respondents from both the experimental and comparison group. The houses the respondents lived in are indicated in Table 3.5.

Table 3.5: House composition of the respondents

House No.	Experimental group		Comparison group	
	Frequency	Percentage	Frequency	Percentage
2	1	12.5%	0	0%
5	1	12.5%	0	0%
10	0	0%	1	20%
14	3	37.5%	0	0%
15	3	37.5%	2	40%
16	0	0%	2	40%

The social workers employed at the child and youth care centre proposed respondents for the study, of which 16 children were eligible based on the sampling criteria. The entire group was pre-tested and then divided into two groups of eight, namely an experimental and a comparison group. The EA Programme was offered in a group setting to the experimental group, twice a week in the afternoons over a period of two months.

Three respondents of the comparison group chose not to complete the post-test and as such the results for this group were interpreted based on the remaining five respondents.

The research findings are presented in Section B.

3.4.2 Section B: Research findings

The EA Programme that the researcher implemented within the child and youth care centre aimed to establish whether respondents exposed to the programme would thereafter be better able to identify (be in contact with), own and express their emotions. The measuring instrument used was the LEAS-C (Bajgar & Lane, 2003) which is used to measure overall emotional awareness of children. The LEAS-C specifically measures the emotional vocabulary respondents used by weighting and accrediting a value to each emotion word used. These values varied between a score of zero to five for 12 questions providing for a maximum score of sixty (60) per respondent.

The research findings that would determine the effectiveness of the EA Programme (Knoetze, 2012) are discussed in two sub-sections. The first sub-section focuses on the extent to which the programme was effective in enhancing the emotional vocabulary of the respondents. The second sub-section focuses on the level of emotional awareness of the respondents.

3.4.2.1 Sub-section 1: Development of emotional vocabulary

As indicated above, one of the objectives of the measuring instrument (LEAS-C questionnaire) is to test emotional vocabulary. Expanding children's emotional vocabulary is prerequisite to increasing their ability to express their emotions (Knoetze, 2012:191).

According to the LEAS-C, emotional vocabulary is measured based on the weight attached to the emotion words in the responses to the 12 scenarios in the questionnaire. The complexity of emotion words are scored on a level from zero to five (Appendix F). While levels zero to three are scored by means of a glossary of words provided, levels four and five are scored based on an indication of an understanding of the complexity of emotions. The number of emotion words in the pre- and post-tests of the experimental and the comparison groups were compared in order to determine whether the EA Programme was effective in enhancing the emotional awareness, emotional vocabulary and emotional expression of the respondents.

The first part of the discussion of the development of emotional vocabulary focuses on the frequency of the emotion words, while the second part focuses on the use of weak and strong emotion words.

3.4.2.1.1 Frequency of responses according to LEAS-C levels of emotional value

In this section the frequency of emotion words on the different value levels are presented. The levels range from zero to five according to the emotional value of the words used.

- **Level zero responses**

Level zero responses are scored when no response is given or when the responses indicate a cognitive state, for example “I think” or “I expect” (refer Appendix F). Level zero responses, which are important to be included to reveal an inclusive picture of all the results obtained (Knoetze, 2012:192), thus apply to responses that indicate no response or no ‘owning’ of an emotion.

The frequency of level zero emotion word responses for the experimental and the comparison groups are presented in Figure 3.1 below.

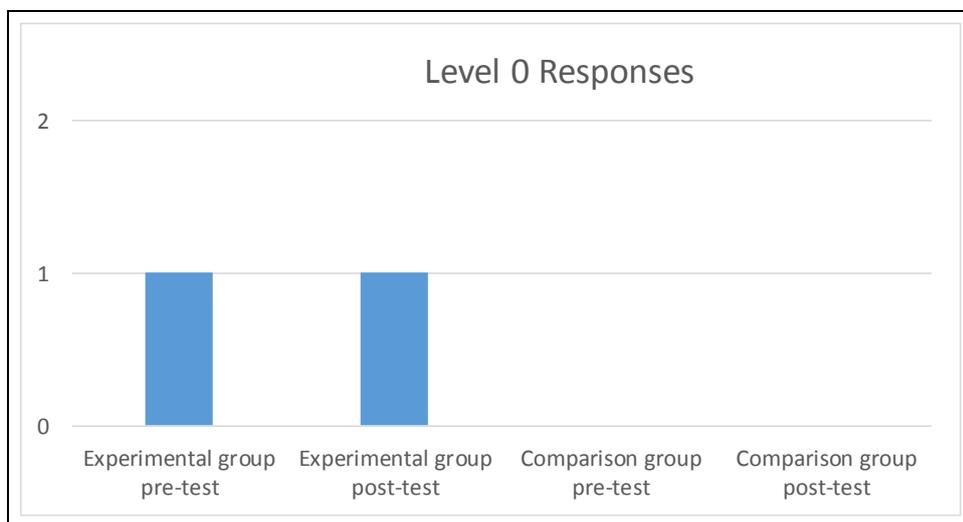


Figure 3.1: Level zero responses

As indicated in Figure 3.1 there were almost no level zero responses in the findings. The experimental group pre-test showed one (1) level zero response which remained consistent in the post-test while there were no level zero responses amongst the comparison group. In both the experimental and the comparison groups there were thus no change in the frequency of level zero responses from the pre-test to the post-test.

- **Level one responses**

A level one response indicates a low level of emotional awareness. This level response is evident in answers that show no acknowledgement of emotions, for example “I would feel nothing” or “I don’t know” as well as answers that refer to

bodily reactions to the scenario presented by the questions such as “I would feel sick” (refer Appendix F).

The responses of the experimental and the comparison groups are presented in Figure 3.2 below.

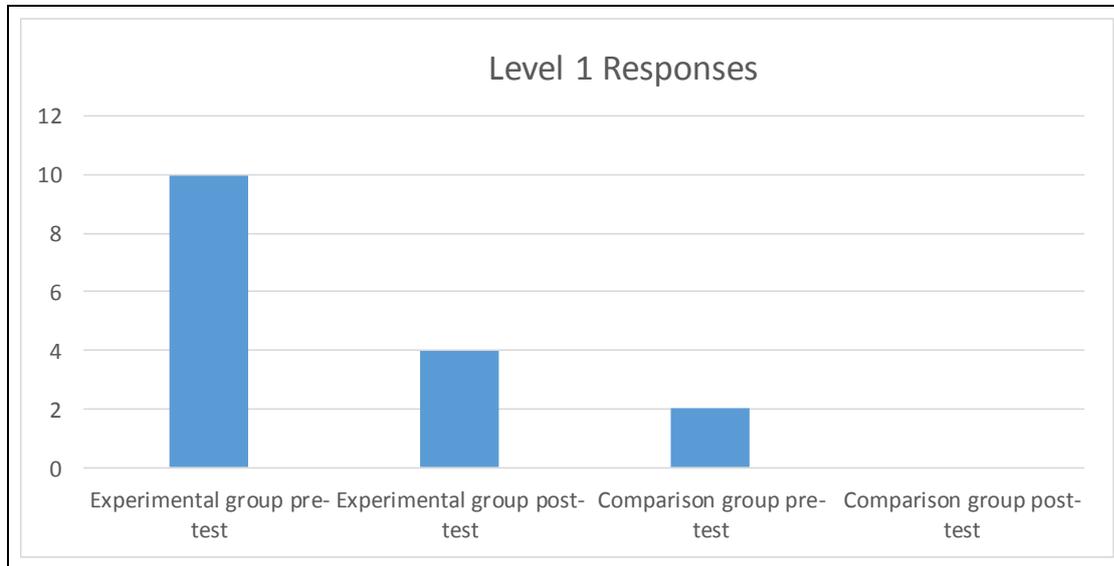


Figure 3.2: Level one responses

As indicated in Figure 3.2 the experimental group had 10 level one responses in the pre-test which decreased to four (4) in the post-test. The comparison group presented with much less level one emotion word responses from the start, namely only two (2) responses in the pre-test. In the comparison group the level one responses decreased from two (2) in the pre-test to zero (0) in the post-test. The results could indicate the EA Programme did have an effect on the emotion responses of the experimental group, should their level one responses be replaced by higher level responses. The findings for level one responses could therefore not be interpreted in isolation from the findings in the other levels.

- **Level two responses**

Level two responses are characterised by responses including an action such as “I would feel like punching a wall” or alternatively a response which indicates a generalised description of emotions such as “I would feel good” (refer Appendix F). The level two responses by the respondents are presented in Figure 3.3.

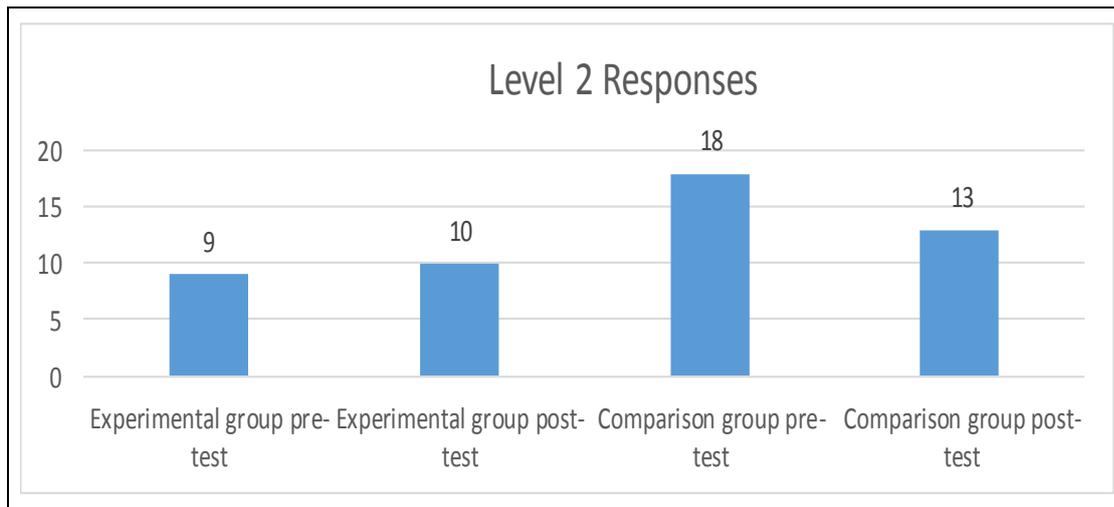


Figure 3.3: Level two responses

The respondents in the experimental group had nine (9) level two responses in the pre-test, which showed a slight increase to ten (10) level two responses in the post-test. The comparison group showed a decrease from 18 to 13 level two responses from the pre-test to the post-test. The increase in the level two responses of the experimental group was not much and the findings should be interpreted taking into consideration the results for the subsequent levels.

- **Level three responses**

According to the LEAS-C, 'level three responses' indicate single emotions that have a specific connotation, for example "I would feel angry" (refer Appendix F). Although these words reveal significant emotional value they are still used in isolation and without emotional description (Knoetze, 2012:194). Figure 3.4 indicates the level three responses in the pre- and post-test of the experimental and comparison groups.

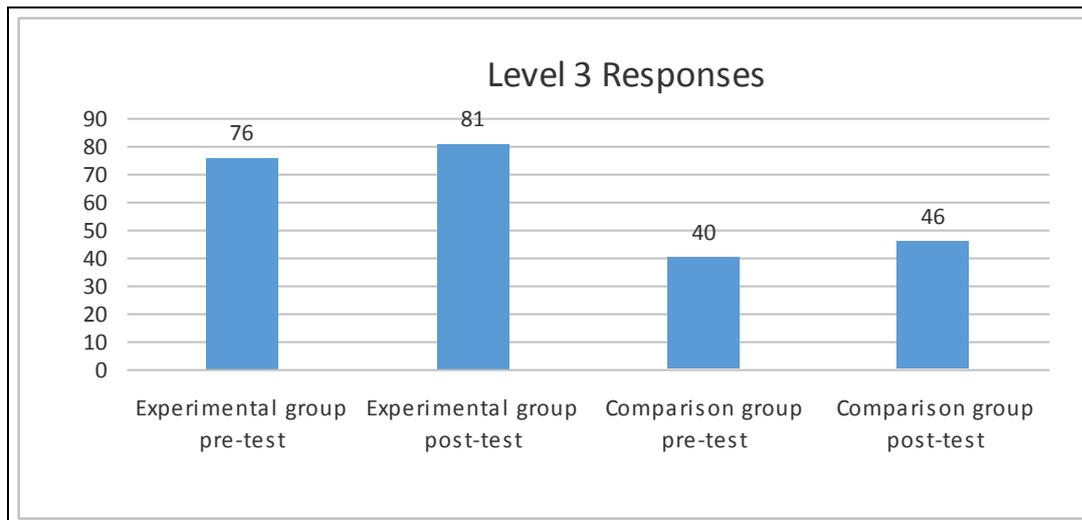


Figure 3.4: Level three responses

Figure 3.4 reveals that, in comparison to the level zero to two responses in the pre-test, both the comparison and experimental group showed a much higher number of level three responses in the pre-test. In both groups there was an increase in the number of level three responses from the pre- to the post-test. The number of level three post-test responses in the comparison group increased by six (6), while it increased by five (5) in the experimental group. The increase of the post-test results of the experimental group might have been as a result of exposure to the EA Programme. However, the almost equal increase in the level three responses in the comparison group implies that the changes in the experimental group cannot be ascribed exclusively to the EA Programme. Possible reasons for the increase in level three responses within the comparison group are discussed under the discussion of results and further speculated on in Chapter 4.

- **Level four responses**

Level four responses are indicated when respondents have used a combination of words that create an intricate description of an emotional state, thereby indicating increased emotional perception and the ability to express such emotions (Knoetze, 2012:195). Responses are regarded as on level four if the respondents use two or more level three responses that are clearly distinguishable from one another (refer Appendix F).

While there was no change in the experimental group’s pre- and post-test level four responses, the level four responses in the comparison group increased from zero (0) to one (1), as indicated in Figure 3.5.

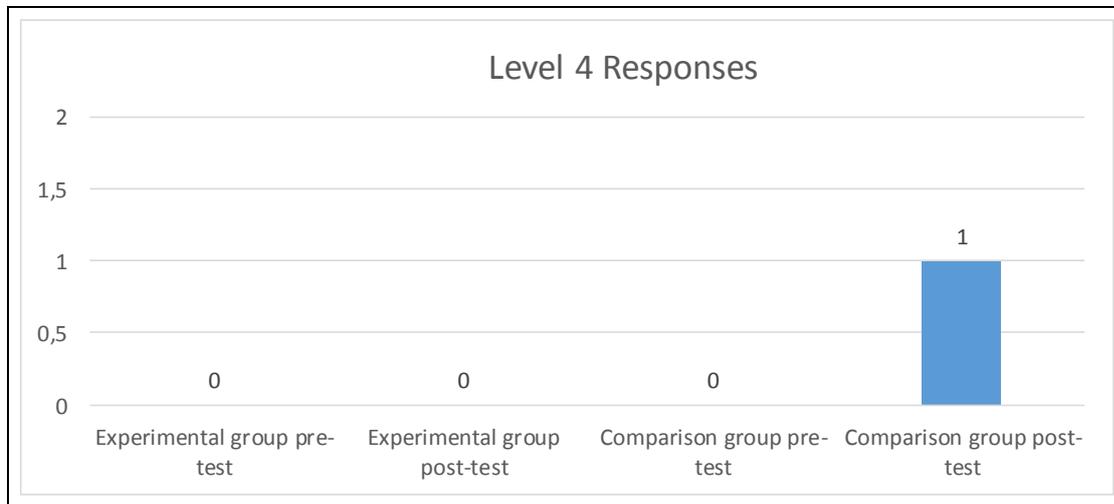


Figure 3.5 Level four responses

- **Level five responses**

To understand level five responses one must know that each of the 12 questions in the questionnaire has two parts; one part about the feelings of self and one about the feelings of another person. Level five responses are indicated by respondents having a level four response for both parts of a question (refer Appendix F). A level five response will therefore indicate how the person answering the question thinks they would feel as well as how they think the other person would feel (Knoetze, 2012:196).

There were no level 5 responses in the experimental or the comparison group.

3.4.2.1.2 Synopsis of response frequency

A summary of the responses from level zero to level five provides an overview of responses received. The total responses in the pre-test and the post-test of the experimental group and the comparison group are presented below. Figure 3.6 represents the total responses in the experimental group.

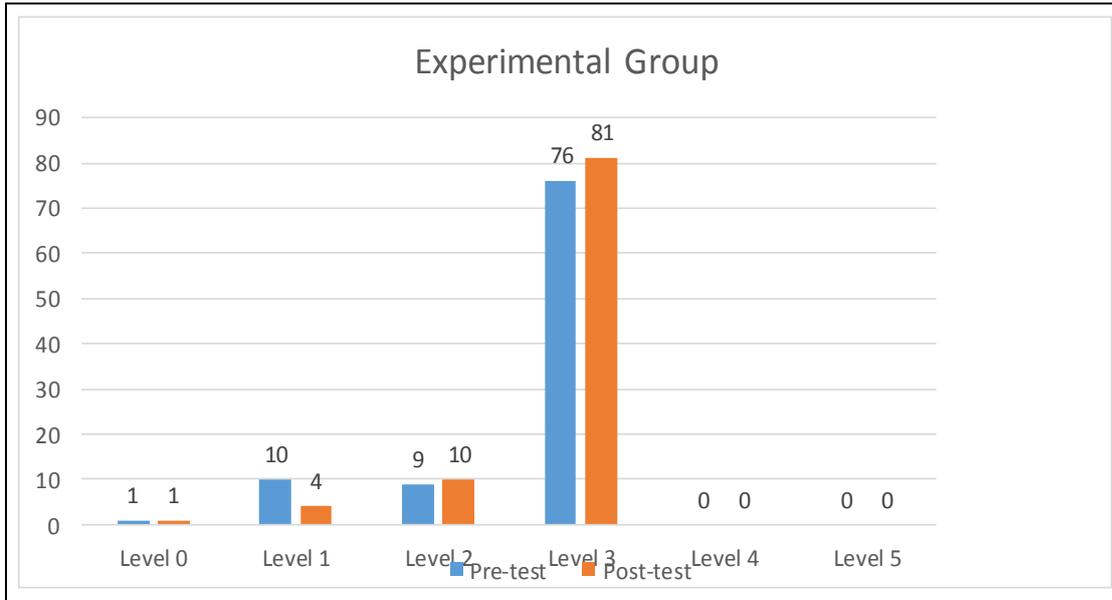


Figure 3.6 Synopsis of results of the experimental group

The total responses of the comparison group are presented in Figure 3.7.

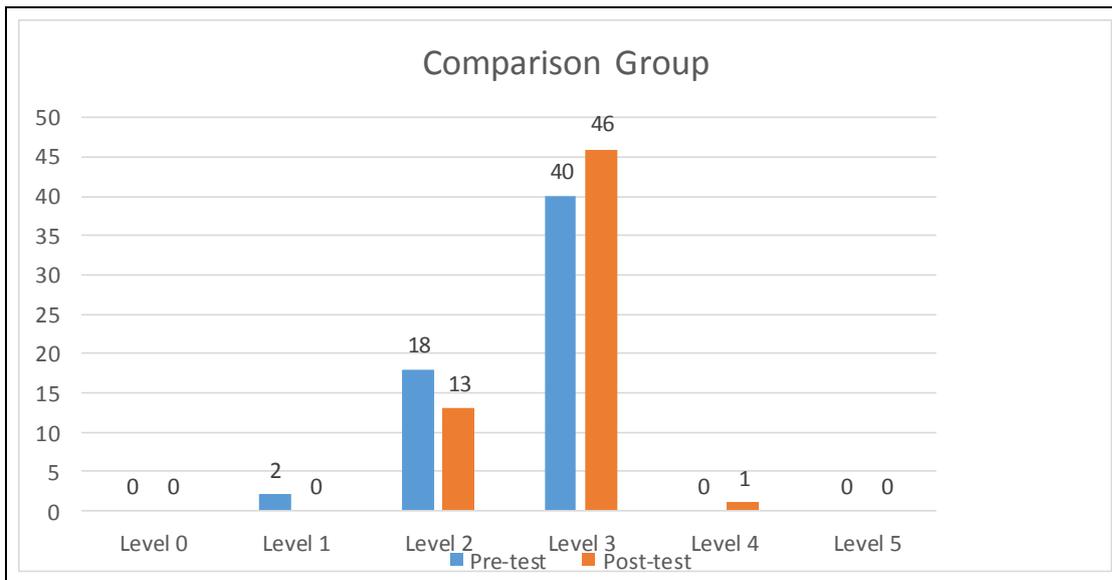


Figure 3.7 Synopsis of results of the comparison group

The above synopsis shows that the level zero responses were low in both groups. Level one responses in the comparison group was also quite low, indicating two (2) responses in the pre-test that decreased to zero (0) responses in the post-test. The experimental group started out with more level one responses than the comparison group, namely ten (10) responses in the pre-test. These responses decreased by six (6) in the post-test.

Conversely, the comparison group presented with more level two responses than the experimental group during the pre-test; showing eighteen (18) responses in the comparison group, compared to the nine (9) in the experimental group. Whereas the level two responses in the experimental group increased slightly from nine (9) to ten (10) from the pre- to the post-test, the level two responses in the comparison group decreased by a larger number from the pre- to the post-test; from eighteen (18) to thirteen (13) responses. Both groups showed a more or less similar increase in level three words from the pre- to the post-test. Although the comparison group showed a single response increase from zero (0) to one (1) response, both groups presented with no level five words.

The most noticeable changes between the responses of the experimental and the comparison groups were therefore observed in the level one and level two words. The changes indicate that the experimental group showed a slight improvement in emotional vocabulary on these levels, compared to the comparison group. This is observed in the greater decrease in level one words and the minimal increase in level two words in the experimental group. It is however recognised that the change can only be regarded as minimal.

It is valuable to explore the actual responses in light of the quality of emotional words to further determine the extent of development of emotional vocabulary of the respondents (Knoetze 2012:200). The quality of emotion words are indicated by either strong or weak emotion words.

3.4.2.2 Strong and weak emotion words

In the EA Programme she developed, Knoetze (2012:200) identified certain emotion words as being weak words, namely *better, good, bad, glad* and *sad*, while other words were regarded as being stronger emotional words. Strong words, namely *agony, worried, amazed, distressed, deceived, disappointed, furious, excited, jealous, nervous, pity, shocked, shy* and *surprised* are descriptive and add greater meaning to an emotional experience or feeling (Knoetze, 2012:200). As strong words do not generally form part of middle childhood day to day language an increase in use of these words can be an indication of enhanced emotional awareness (Knoetze, 2012:200). Comparing the use of weak and strong words in the pre- and

post tests should therefore further indicate whether respondents did gain higher levels of emotional language and the ability to use it.

3.4.2.2.1 Weak emotion words used by the respondents

Figure 3.8 below indicates the experimental group’s use of weak emotion words from pre-test to post-test. Some weak emotion words showed a decrease from the pre- to the post-test. The word *bad* showed a decrease from six to zero, while the use of the word *glad* also showed a decrease from 67 to 37. The words *good/well* and *sad/sorrow* increased from five to nine and 44 to 69 respectively. As seen in the literature review it appears easier for children to act being pleased than sad, angry or disgusted (Berk, 2013:413). Seen in this light, the results may show the respondents were more authentic in their post-test answers as they showed a higher number of responses for *sad/sorrow* in the post-test. The total number of weak words however remained fairly stable from the pre- to the post-test; with 122 and 115 words respectively.

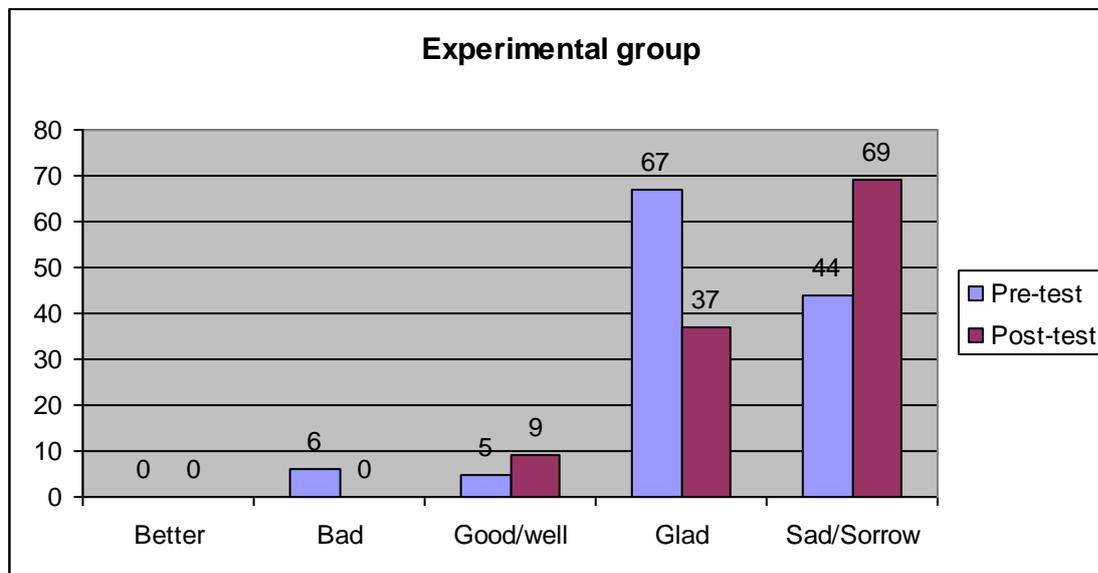


Figure 3.8: Weak emotion words used by the experimental group

In Figure 3.9 below the weak emotion words used by the comparison group are presented. The results of the comparison group’s use of weak emotion words show a decrease in the use of the words *better* (one to zero), *bad* (41 to 37), *good/well* (five to one). The word *glad* showed no change while the use of the word *sad/sorrow* increased from 15 to 18. The total number of weak words used by the comparison

group remained within a much similar range from the pre- to the post test. In the pre-test a total of 84 weak words were calculated, while 78 weak words were calculated in the post-test.

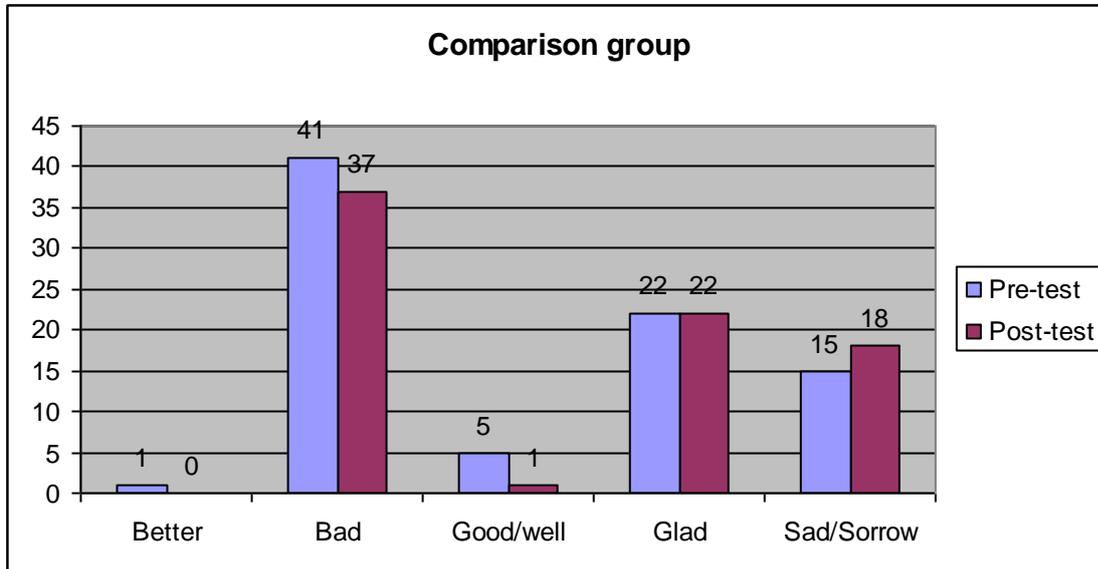


Figure 3.9: Weak emotion words used by the comparison group

Based on the fact that the experimental group consisted of eight respondents while the comparison group consisted of five members, it would not be viable to compare the frequencies of weak words between the two groups. However, a similar pattern was found in that in each group there was a slight decrease in the use of weak words from the pre-test to the post-test. The results related to the use of weak words should be considered in conjunction with the results of the use of strong emotion words.

3.4.2.2.2 Strong emotion words used by the respondents

The comparison of the use of strong emotion words of the experimental group's pre- and post-test is reflected in Figure 3.10 shown below. As will be observed, in the pre-test only two strong words, namely *worried* (1) and *shocked* (3) were used, compared to the three strong words, *disappointed* (1) *excited* (2) and *shocked* (1), that were used in the post-test. The results indicate a very slight increase in the variety of strong emotion words used by the experimental group however the frequency in the use of strong emotion words remained the same. Overall, the findings in the pre- and the post-test indicate that there was a very limited use of

strong emotion words by the respondents in the experimental group, both in the pre-test and in the post-test.

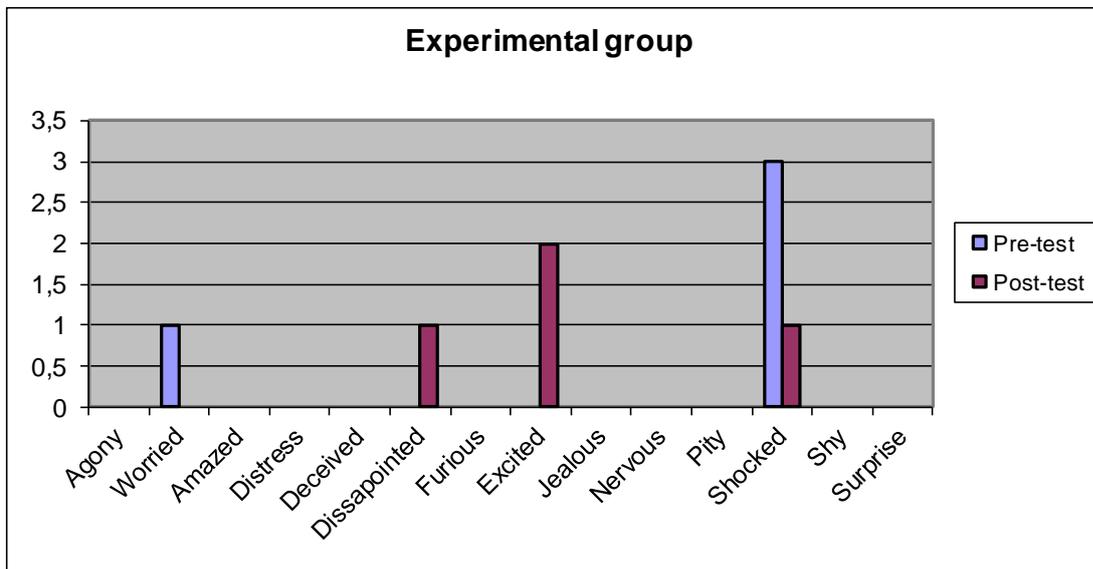


Figure 3.10: Strong emotion words used by the experimental group

Figure 3.11 depicted below reflect the use of strong emotion words used by the comparison group. Two strong words, *nervous* (2) and *surprise* (1), were used in the pre-test while three strong words, *furious* (1), *excited* (2) and *surprise* (1), were used in the post-test. The results show a very slight increase in the use of strong emotion words. The strong emotion words were used by one respondent who was in grade 5.

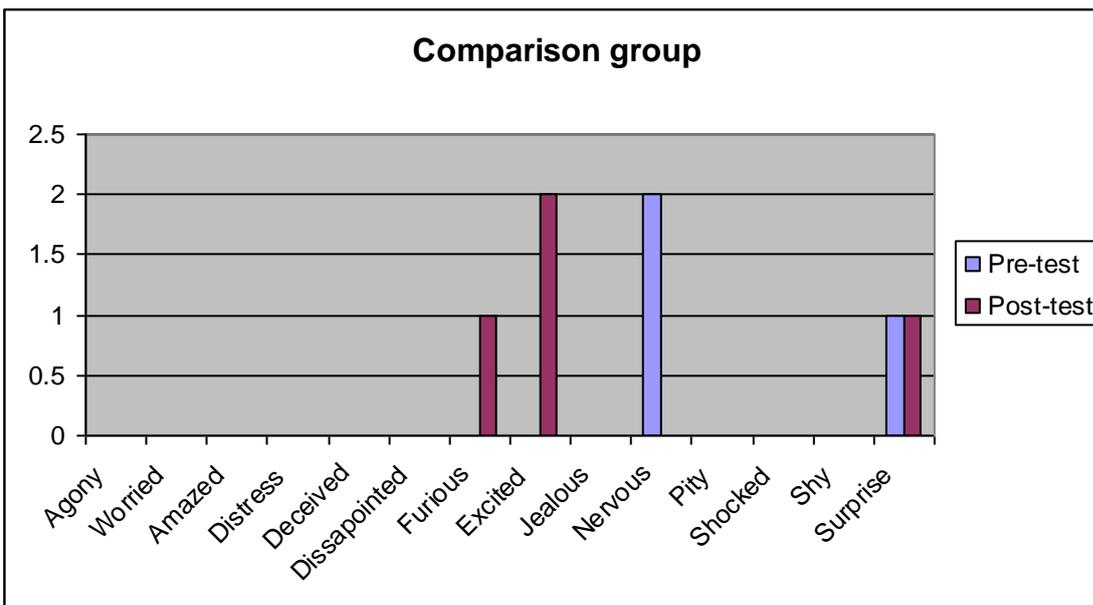


Figure 3.11: Strong emotion words used by the comparison group

In both the experimental and the comparison groups it was evident that there was a much higher incidence in the use of weak emotion words than in the use of strong emotion words. In both groups there was a minimal use of strong emotion words.

In the next section, the research findings related to the levels of emotional awareness levels of the experimental and comparison groups are presented.

3.4.3 Sub-section 2: Emotional awareness levels

In order to evaluate the effect of the EA Programme on the emotional awareness levels of the respondents in the experimental group the total number of emotion word responses obtained from the twelve scenarios in the questionnaires were calculated. The total frequency of emotion word responses of the experimental group were then compared with the total frequency of emotion word responses in the comparison group. The findings are visually presented in Figure 3.12.

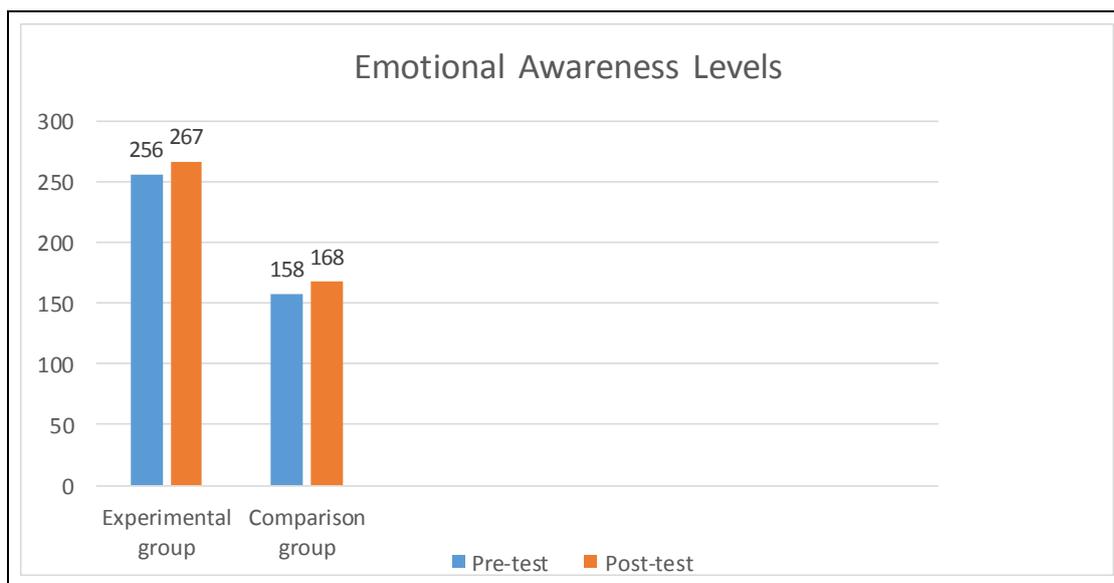


Figure 3.12 Emotional awareness of experimental and comparison group

Figure 3.12 indicates that the total points achieved by the experimental group in their pre-test amounted to 256 points, while it amounted to 267 points in the post-test. The experimental group's level of emotional awareness therefore increased by 11 points or 2.3%.

The total points achieved by the comparison group amounted to 158 points in the pre-test and 168 points in the post-test. The comparison group's level of emotional awareness therefore increased by 10 points or 3.3%.

The findings show that the levels of emotional awareness of both the experimental group and the comparison group increased during the time of the research. It suggests that the increase in the levels of emotional awareness in the experimental group could not be ascribed to their exposure to the EA Programme only.

3.5 DISCUSSION OF RESULTS

The aim of the study was to evaluate the effectiveness of an EA Programme with children in middle childhood who resided in a child and youth care centre. This study considered the following hypothesis: *if an Emotional Awareness Programme is implemented for children in middle childhood in a child and youth care centre then the level of emotional functioning of the children will be enhanced*. The sub-hypotheses were:

- If an Emotional Awareness Program is implemented for children in middle childhood within the context of a child and youth care centre their ability to be **in contact with their emotions** will be enhanced.
- If an Emotional Awareness Program is implemented for children in middle childhood within the context of a child and youth care centre their ability to **discriminate between different emotions** will increase.
- If an Emotional Awareness Program is implemented for children in middle childhood within the context of a child and youth care centre they will gain the ability to **verbalise and “own” their emotions**.

To determine whether these hypotheses could be confirmed, the empirical findings will be discussed within the following considerations: emotional expression; the development of emotional vocabulary; the development of emotional awareness; and the success of the EA Programme (Knoetze, 2012: 212) within the context of a child and youth care centre.

3.5.1 Emotional vocabulary and emotional expression

Children's ability to express their emotions is a central aspect of their emotional development and their well-being, social acceptance and successful functioning (Doherty & Hughes, 2014:329). Children could therefore benefit from programmes that are intended to enhance their capacity for emotional expression, such as the EA Programme (Knoetze, 2012) that was evaluated in this study.

The empirical results with regard to emotional expression indicated that the respondents in the experimental group did show a decrease in the use of level one words, a minimal increase in level two words and a slight increase in level three emotion words after their exposure to the EA Programme. However, the research results did not indicate an increase of level four or five responses which requires blending of emotions. The research however noticed that there were attempts in the post-test responses to express emotions more strongly by adding the word "more" or "much" (the Afrikaans term "baie") before the emotion word.

In the pre-test it was evident that both the experimental and the comparison groups were more likely to use weak rather than strong emotion words. Although there was a slight increase in the variety of strong emotion words in experimental group, this increase was minimal. Further the frequency of strong emotion words remained constant from the pre- to the post-test. Therefore, although the emotion words used within the EA Programme were introduced and explained to the respondents, their ability to utilise these strong words in the post-test showed minimal improvement.

Children in middle childhood are generally able to understand and express both primary and complex emotions (Berk, 2013:408; Doherty & Hughes, 2014:331); thus both weak and strong emotion words. In middle childhood they learn words to describe emotions and learn the difference between feeling and expressing emotions (Berk, 2013:412; McDevitt & Ormrod, 2013:436). They develop the capacity to understand triggers to certain emotions and that more than one emotion can be experienced in one particular situation (Louw & Louw, 2007a:244).

In the interpretation of the findings it should be kept in mind that children in child and youth care centres have mostly experienced trauma caused by, among others, abuse, neglect, and a loss of their home and family (Stanley, 2005:240). Trauma can

have significant effects on the child's emotional capacities and Harris (2007:162) relates the emotional or behavioural problems often found in traumatised children to post traumatic stress disorder. The effects of trauma such as abuse and neglect can be observed in children having difficulty to identify, name and describe their emotions (Frewen et al., 2011:152; Harris, 2007:162).

The context of care within the child and youth care centre can also pose challenges to children's emotional development and emotional functioning. The development of the emotional pathways within the brain is dependent on the child's interaction with parents and care-givers (Papalia et al., 2006:201, 214; Schiller, 2009:13). Children need the opportunities to form secure attachment bonds, which are dependent on warmth, sensitive care and the emotional involvement of the care-giver. However this opportunity is often not available in the context of the child and youth care centre (Clarke & Clarke, 2003:421; Knowles & Lander, 2011:126). Less than optimal care experiences of children in child and youth care centres can have long-lasting effects on children's ability to form healthy attachments and on their emotional capacities (Berk, 2013:433; Davies & Wright, 2007:26; McAuley & Davis, 2009:149; Stanley, 2005:243, 246).

In this sense it could be postulated that children being cared for in a child and youth care centre experience many challenges that will affect their emotional development, including their ability to identify, name and express their emotions. The research findings were thus influenced by the aspects related to the environment and within the respondents, described respectively as history and maturation (Bless & Higson-Smith, 2000:69).

The researcher observed a number of factors relevant to the context of the child and youth care centre as well as to children being cared for in these centres that could affect the implementation of the EA Programme and the completion of the LEAS-C questionnaires. These factors are discussed below in terms of the consideration of the success of the EA Programme within a child and youth care context.

3.5.2 Development of emotional awareness

Emotional literacy begins with emotional awareness and the skill of labelling emotions (Greyling, 2009:22). Oaklander (2006:39) postulates that an adequate

emotional vocabulary helps children become more aware of their emotions and increases ways of expressing nuances in their feelings. The findings in terms of the respondents' emotional vocabulary and emotional expression skills help to explain the findings of the study in terms of the levels of emotional awareness.

The findings of the study indicated that the EA Programme resulted in a slight increase in the levels of emotional awareness in experimental group, where an increase of 2.3% was observed. However, based on the fact that the comparison group showed a slightly greater increase in levels of emotional awareness (3.3%), without being exposed to the EA Programme, it could not be concluded that the higher levels of emotional awareness in the experimental group could be ascribed to the programme.

In reaching optimal emotional awareness one should remember that the emotional awareness and emotional expression of children are affected by the development of cognitive skills that allow for increased understanding and expression of the complexities of emotion (Bajgar et al., 2005:571). For children in child and youth care centres, the effects of multiple placements, of prior abuse or neglect, and the higher prevalence of mental health issues can have a negative effect on their cognitive functioning, as often seen in their poorer academic achievement (Cocker & Allain, 2013:154). The researcher made mention of this aspect in the limitations of the study described in Chapter 1, indicating that some of the respondents found it difficult to master the written tasks related to the programme and the data collection. This could affect their ability to optimally benefit from an EA Programme that requires a certain level of cognitive functioning. It could therefore be of value to extend the duration of the EA Programme for these children to allow them to better integrate the strong emotion words and become more comfortable in using them for expression.

Another factor that can negatively affect the levels of emotional awareness of children in a child and youth care centre is the fact that traumatised children tend to block off their awareness, including the awareness of emotions (Blom, 2006:90-91, 123). These children can unconsciously build a barrier around them to protect themselves against harm (Knowles & Lander, 2011:130). It may therefore be a more challenging task to enhance the emotional awareness of children in child and youth care centres and a longer exposure to the EA Programme may be needed.

3.5.3 Success of the EA Programme within a child and youth care centre

The findings of the study indicate that the implementation of the EA Programme over a period of two months showed some improvement in the emotional vocabulary and levels of emotional awareness of the respondents in the experimental group. However, these improvements were marginal and could not indisputably be assigned to exposure to the programme, as a similar pattern was observed in the comparison group.

The researcher hypothesises the findings may have been influenced due to a number of factors as follows:

- A set of siblings were included in the study (one in the experimental group and one in the comparison group) and some respondents from both groups lived in the same house. In the experience of the researcher, children in child and youth care centres tend to be very curious about what is happening with other children in the centre and easily discuss what they did in group work.
- Some of the respondents found it difficult to master the level of reading and writing required for their optimal engagement in the EA Programme and the completion of the pre- and post-test questionnaires. This necessitated adapting the programme to limit written work and instead incorporate more discussions and assisting some of the children in their pre- and post-tests by reading the questions out loud.
- The researcher experienced that the respondents were very easily provoked and consequently many outbursts occurred. In addition some respondents were repeatedly teased which resulted in these children withdrawing from participation or becoming aggressive. Children in child and youth care centres have a lowered capacity to manage their emotions due to exposure to trauma (Knowles & Lander, 2011:125; McAuley & Davis, 2009:147; Stanley, 2005:239-240, 243). Harris (2007:155) indicates that traumatised children tend to over-react to even the slightest stressor, which could make activities related to teaching, leading and learning challenging for both child and teacher, or the presenter of the EA Programme in the case of this study.

- Due to the EA Programme being offered at the child and youth care centre the sessions could only be scheduled for once the children had returned from school and had lunch. The time was consequently set for 15:00 to 16:30. The motivation of the respondents to participate in the study during the afternoons was particularly low as they were tired, had homework and for some they had to forego other leisure activities they enjoyed, such as cycling, in order to attend the sessions. This seemed to create an expectation from the respondents that the sessions should be entertaining and worthwhile.

Although the pre-test and post-test results did not indicate a substantial change in the respondents' levels of emotional awareness, the researcher became aware of improvements in other areas of functioning of the respondents in the experimental group. The following are examples of the achievement of some of the six goals inherent in the EA Programme (Knoetze, 2012:140-142):

- Positive feedback was received from the social workers at the child and youth care centre, and teachers regarding the improved behaviour of some of the respondents during the implementation of the EA Programme.
- Respondents that started off being very reactive later became calmer in the group and reflected greater self control.
- During a session towards the end of the programme, half of the respondents voiced that they needed to take responsibility for their own actions irrespective of provocation from others. This is a particularly significant realisation for children in child and youth care centres who often tend to blame others for their behaviour and emotions.
- After a particularly trying session one respondent that had spent most of her time avoiding participation with the group announced to the group: "Nou het die golf gewen" (translated "Now the wave has won"). This was in reference to material in the EA Programme referring to emotional regulation and turned an otherwise seemingly insignificant session into one of the most powerful.

3.6 SUMMARY

This chapter elaborated on the analysis of the data gleaned from the pre- and post test in the study, based on the LEAS-C questionnaires completed by the respondents. After a description of the research methodology and the ethical considerations for the study, the empirical findings were presented in tabular and graphic form.

From the results of the study it can be concluded that there was a positive, however limited increase in the emotional vocabulary and emotional awareness of the respondents in the experimental group. However, when compared with the findings obtained from the comparison group, it could not be concluded that the increase in the levels of awareness of the experimental group was as a result of their exposure to the EA Programme, as the comparison group also showed a limited increase in their emotional vocabulary and emotional awareness levels.

The conclusions and recommendations are presented in Chapter 4. Further, the accomplishment of the goal and objectives of the study will also be indicated in Chapter 4.

CHAPTER 4

CONCLUSIONS AND RECCOMENDATIONS

4.1 INTRODUCTION

The aim of the research study was to evaluate the effectiveness of the EA Programme designed by Knoetze (2012) with children in middle childhood that resided at a child and youth care centre. The programme had already proved beneficial in a classroom setting according to research undertaken by Knoetze (2012), yet a child and youth care centre is a vastly different context. The focus of the study was therefore on the context of the child and youth care centre. There can be no doubt that children in child and youth care centres have been traumatised and would greatly benefit from enhanced emotional awareness.

The purpose of this chapter is to conclude the research by presenting conclusions and recommendations based on the research findings. The researcher will again present the goal, objectives, hypothesis and sub-hypotheses for the study. The content of the research report is summarised, followed by the conclusions and recommendations, and an indication of the achievement of the goal and objectives of the study.

4.2 GOAL AND OBJECTIVES OF THE STUDY

The goal of the study was to evaluate the effectiveness of an Emotional Awareness Programme with children in middle childhood being cared for in a child and youth care centre in Pretoria.

The objectives that guided the study were as follows:

- To conceptualise emotional awareness theoretically with specific emphasis on children in the middle childhood developmental phase within a child and youth care centre.
- To evaluate whether an emotional awareness programme will enhance the ability of children in middle childhood to be in contact with their emotions.
- To evaluate whether an emotional awareness programme will increase the ability of children in middle childhood to discriminate between different emotions.

- To evaluate whether an emotional awareness programme will enhance the ability of children in middle childhood to verbalise and ‘own’ their emotions.
- To draw conclusions about the applicability of the emotional awareness programme within a child and youth care centre.

To achieve the above goal and objectives, the researcher implemented an EA Programme (Knoetze, 2012) with children in middle childhood in a child and youth care centre in Pretoria. The effects of the programme were measured by using the LEAS-C (Bajgar & Lane, 2003), a standardised measuring instrument intended to measure emotional awareness in children.

There were initially sixteen respondents that met the sampling criteria for the study and participated in the study; eight in the experimental group and eight in the comparison group. However three of the respondents in the comparison group preferred to be excluded from the post-test. The following main hypothesis and sub-hypotheses guided the interpretation of the findings of the study:

Main hypothesis: If an Emotional Awareness Programme is implemented for children in middle childhood in a child and youth care centre in Pretoria then the emotional functioning of the children will be enhanced.

Sub- hypotheses:

- If an Emotional Awareness Programme is implemented for children in middle childhood in a child and youth care centre their ability to be in contact with their emotions will be enhanced.
- If an Emotional Awareness Programme is implemented for children in middle childhood in a child and youth care centre their ability to discriminate between different emotions will increase.
- If an Emotional Awareness Programme is implemented for children in middle childhood in a child and youth care centre they will gain the ability to verbalise and “own” their emotions.

The findings of the study with regard to the main and sub-hypotheses are indicated in chapter three and understood in light of the literature review in chapter two.

4.3 CONTENTS OF THE RESEARCH REPORT

The research report consists of four chapters, which are summarised below:

- **Chapter one** provided the background of the study and included aspects regarding the theoretical framework, main and sub-hypotheses, goal and objectives guiding the study. The research methodology was summarised and the limitations of the study were discussed.
- **Chapter two** included a literature review on the main aspects of the study namely emotional awareness and the development thereof, the holistic development of children in middle childhood and lastly the child in the context of the child and youth care centre.
- **Chapter three** provided a detailed description of the research methods used to conduct the study and the ethical considerations underlying the study. The empirical findings were presented and discussed.
- **Chapter four** offers conclusions and recommendations in light of the empirical findings.

4.4 CONCLUSIONS

This section focuses on the conclusions reached by the researcher based on the empirical results as well as the experience of implementing the EA Programme in the context of a child and youth care centre.

Emotional awareness: The skills required for developing emotional intelligence or competence include the ability to identify and express emotions, determine the intensity of the emotions and the ability to regulate or manage one's emotions (Mosley, 2005:2; Panju, 2008:23; Schiller, 2009:11; Stein, 2007:59). These skills are closely linked with emotional awareness and are part of the objectives of the EA Programme developed by Knoetze (2012:140-142) that was implemented and evaluated in this study. The programme was therefore a suitable intervention to enhance emotional awareness in children in middle childhood. The programme also related to the theoretical framework for the study, being Gestalt theory, as it was developed based on Gestalt principles (Knoetze, 2012:136). Gestalt theory views awareness as the foundation for well-being and proposes that emotional awareness

in children can enable them to acknowledge, experience and appropriately express their emotions (Blom, 2006:123; Henderson & Thompson, 2011:224).

Middle childhood: The developmental stage of middle childhood falls between six and 12 years of age (Zembar & Blume, 2009:4). It is at this time that children develop the emotional competencies to become aware of their own and other people's emotions, to verbalise and regulate their emotions, and express emotions according to social and cultural rules (Arnett, 2013:355; Papalia et al., 2006:381). It is also the time that children enter formal schooling and learn to read and write, which were necessary skills to complete the LEAS-C questionnaire. However, it needs to be kept in mind that children being cared for in a child and youth care centre may be delayed in the level of reading and writing required for their full engagement in the EA Programme and for the completion of the LEAS-C questionnaire. The trauma prior to their placements, multiple placements, and the higher incidence of physical or mental health issues of children in care negatively affect their academic abilities (Cocker & Allain, 2013:154). Their more limited ability to read and write, as observed in this study, could impact on the benefits they derive from the programme as well as have an influence on the empirical findings.

The child in the child and youth care centre: Child and youth care centres provide care for children that have been exposed to trauma, which negatively affects their capacity to manage their emotions (Knowles & Lander, 2011:125; McAuley & Davis, 2009:147; Stanley, 2005:239-240, 243). Their higher levels of reactivity to situations can pose challenges for engaging them in activities of teaching and learning (Harris, 2007:155). These factors can have a significant influence on the implementation of the EA Programme and ultimately on the effectiveness thereof.

The child and youth care centre: In contrast to the school setting where the EA Programme was initially implemented within a structured classroom routine (Knoetze, 2012), the setting in a child and youth care centre provides a less formal structure. The time of day that was available for implementing the programme (in the afternoons after school) could present challenges in terms of children's motivation to attend the programme, as well as their full engagement in the programme. For school-age children, afternoons are usually the time set aside for homework, extramural activities and leisure.

Emotional Awareness Programme: The EA Programme was developed by Knoetze (2012) to enhance the emotional awareness of children in middle childhood by achieving six main goals, namely to build the relationship between the educator (or facilitator of the programme) and the children, to enhance knowledge of different emotions, to obtain emotional language, to develop and show empathy, to develop emotional regulation, and to acquire and expand problem solving and decision making skills (Knoetze, 2012:140-142). These aims were covered in six different modules in the programme, with a seventh module focusing on summarising and termination. These goals are vitally important for children in child and youth care centres, whose awareness of emotions, ability to regulate their emotions and capacity to form positive relationships are often lowered because of prior exposure to trauma and by the care-giving environment. It can be postulated that, even though the benefits of the programme may not be reflected in the pre- and post-test scores due to challenges related to these children's reading and writing abilities, benefits may manifest in other aspects of their functioning within the child and youth care centre. This view relates to the concept of holism in Gestalt theory (Blom, 2006:22; Fall et al., 2010:205-206) which proposes that enhancing a child's functioning in one domain may benefit his or her functioning in other domains of life.

Measuring instrument: A standardised questionnaire namely the *Levels of Emotional Awareness Scale* (LEAS-C) quantified the effects of the EA Programme. This measuring instrument specifically measures emotional awareness in children (Bajgar et al., 2005:570). The LEAS-C consists of a questionnaire, a glossary of words and a scoring manual (Knoetze, 2012:175). The responses to the 12 open-ended questions on the questionnaire are scored according to the glossary of words and the levels of emotional awareness are ultimately derived from these scores. It needs to be taken into account that, apart from the questionnaire being more difficult to complete by children in a child and youth care centre in the case where a child may have lower reading and writing capacities, some of the scenarios in the questionnaire may be less relevant to these children. Questions involving the mother and father are scenarios to which children living in a child and youth care centre may not necessarily relate. These factors could influence the effect of the programme, as well as the measurement of emotional awareness for children in a child and youth care centre.

4.5 RECOMMENDATIONS

The researcher proposes the following recommendations:

- The engagement of the respondents is of crucial importance for the success of the EA Programme. Children in a child and youth care centre may pose challenges to optimal engagement as their reading and writing skills as well as their socio-emotional skills may not be at an age-appropriate level. Group work is also not suitable for all children and some children could be at risk of not being accepted by the majority of the group. For future implementation and evaluation of the EA Programme it is recommended to make the group as homogenous as possible especially with regard to the children's cognitive ability and reading and writing skills when implementing the programme in a child and youth care centre.
- A further recommendation would be to have two facilitators implementing the EA Programme in a child and youth care centre. This would ensure that the lesson continues while one person is free to deal with disruptions or assist individuals with reading and writing if need be.
- The researcher recommends that the implementation of the EA Programme in a child and youth care centre should be extended and run over a longer period, covering less work per session, to accommodate children who present with learning difficulties and poor concentration. Longer exposure to the programme can help to reinforce the desired learning.

Given the socio-emotional needs of children in child and youth care centres, further research on the implementation and evaluation of the EA Programme within the child and youth care centre is recommended. Research could form the basis of adjustments in the implementation of the programme to fit with the context and could ultimately be of great benefit to children being cared for in child and youth care centres. The following recommendations are proposed in terms of further research:

- Consideration should be given to adapt certain elements of the EA Programme to the specific needs of children in a child and youth care centre. The programme could include more activities based on verbal interactions to lower the reliance on activities that are based on reading and writing.

- In terms of the measurement of emotional awareness, it is recommended that the LEAS-C scenarios be adapted for implementation in a child and youth care context to increase the chances that the children can relate to the scenarios.
- The researcher recommends an additional measuring tool such as an observation checklist to measure the observable behaviour manifestation of emotional awareness of children in child and youth care centres. Such a tool can provide opportunities to measure changes that are not reliant on the reading and writing skills of the children.

4.6 ACCOMPLISHMENT OF THE GOAL AND OBJECTIVES OF THE STUDY

The degree to which the five objectives of the study were accomplished, are considered in this section of the chapter. The goal of the study was to evaluate the effectiveness of an emotional awareness programme with children in middle childhood being cared for in a child and youth care centre in Pretoria. The accomplishment of the objectives of the study is indicated in Table 4.1 below.

Table 4.1: Accomplishments of the objectives of the study

Objective	Achievement of objective
1. To conceptualise emotional awareness theoretically with specific emphasis on children in middle childhood developmental phase within a child and youth care centre.	This objective was achieved through the literature review in Chapter 2 which focussed on the key concepts of the study, namely emotions, emotional intelligence, emotional awareness, middle childhood and child and youth care centres.
2. To evaluate whether an emotional awareness programme will enhance the ability of children in middle childhood to be in contact with their emotions .	This objective was achieved through analysis of the data from the pre- and post-test results of the respondents in the experimental and comparison groups. The findings were presented in Chapter 3.

<p>3. To evaluate whether an emotional awareness programme will increase the ability of children in middle childhood to discriminate between different emotions.</p>	<p>This objective was achieved through analysis of the data received from the pre- and post-tests of the experimental and comparison groups, as discussed in Chapter 3.</p>
<p>4. To evaluate whether an emotional awareness programme will enhance the ability of children in middle childhood to verbalise and 'own' their emotions.</p>	<p>The fourth objective was also achieved through the analysis of the data provided by pre- and post tests of both groups, and which was discussed in Chapter 3.</p>
<p>5. To draw conclusions about the applicability of the emotional awareness programme within a child and youth care centre.</p>	<p>Conclusions and the applicability of the EA Programme within a child and youth care centre have been discussed in Chapter 4.</p>

4.7 SUMMARY

Emotional awareness is a fundamental aspect in the emotional development of children. However, children in child and youth care centres face many challenges which could affect their emotional awareness and thus their emotional development. The implementation of an EA Programme could therefore benefit children in child and youth care centres.

The goal and objectives of this study, in which an EA Programme was evaluated in the context of a child and youth care centre, were achieved. The findings of the study highlighted that the context of the child and youth care centre with regards to the traumatised child and the care context could have a marked influence on the implementation of the programme and the measurement of the effects thereof. Further research is recommended on the implementation of the EA Programme in the context of child and youth care centres in the South African context.

REFERENCES

- Allain, L., Cocker, C., Hinds, O., Naluwaga, E. & Babondock, A. 2011. What's important for looked after children? The views of young people leaving care. In Cocker, C & Allain, L. (Eds). *Advanced social work with children and families*. Exeter: Learning Matters.
- Arnett, J.J. 2014. *Human development: A cultural approach*. 1st ed. Essex: Pearson Education.
- Babbie, E. 2011. *Introduction to Social Research*. 5th ed. USA: Wadsworth.
- Bajgar, J. & Lane, R. 2003. Levels of emotional awareness scale for children. Available:
<http://www.uow.edu.au/content/groups/public/@web/@health/@iimh/documents/doc/uow025451.pdf>. (Accessed 2014/10/11).
- Bajgar, J., Ciarrochi, J., Lane, R. & Deane, F.P. 2005. Development of the Levels of Emotional Awareness Scale for Children (LEAS-C). *British Journal of Developmental Psychology*, 23(4):569-586.
- Baron, R.A., Branscombe, N.R. & Byrne, D. 2008. *Social psychology*. 12th ed. Boston: Pearson.
- Berk, L.E. 2013. *Child development*. 9th ed. Boston: Pearson.
- Bless, C. & Higson-Smith, C. 2000. *Fundamentals of social research methods an African perspective*. 3rd ed. Pretoria: Juta.
- Blom, R. 2006. *The handbook of gestalt play therapy: Practical guidelines for child therapists*. London: Jessica Kingsley.
- Bolger, J. & Millar, J. 2012. Residential child care in practice. In Davies.M. (Ed). *Social Work with children and families: Enhancing the lives of vulnerable people*. London: Palgrave Macmillan.
- Burton, P., Leoschut, L. & Bonora, A. 2009. *Walking the tightrope: Youth resiliency to crime in South Africa*. Cape Town: Centre for justice and crime prevention.

Cameron, R.J., & Maginn, C. 2009. *Achieving positive outcomes for children in care*. London: SAGE.

Carroll, F. & Oaklander, V. 1997. Gestalt play therapy. In O'Connor, K.J. & Braverman, L.M. (Ed). *Play therapy practice and theory: A comparative presentation*. New York: John Wiley and Sons.

Clarke, A. & Clarke, A. 2003. *Human resilience: A fifty year quest*. London: Jessica Kingsley.

Cocker, C. & Allain, L. 2013. *Social work with looked after children 2nd ed*. London: SAGE.

Coetzee, M. & Jansen, C. 2007. *Emotional intelligence in the classroom: The secret of happy teachers*. Cape Town: Juta.

Davies, J. & Wright, J. 2007. Children's voices: A review of the literature pertinent to looked-after children's views of mental health services. *Child and adolescent mental health*, 13(1):26-31.

DeAngelis, T. 2012. Social Awareness + Emotional Skills = Successful Kids. In Junn, E.N. & Boyatzis, C.J. (Eds). *Child growth and development*. New York: Mc Graw Hill.

Deater-Deckard, K., Mullineaux, P.Y., Petrill, S.A. & Thompson, L.A. 2008. Effortful control, surgency, and reading skills in middle childhood. *Read Writ.*, 22(1):107-116.

Denscombe, M. 2010. *Ground rules for social research: Guidelines for good practice*. 2nd ed. England: McGraw Hill.

Deutschendorf, H. 2009. *The other kind of smart: Simple ways to boost your emotional intelligence for greater personal effectiveness and success*. New York: Amacom.

Doherty, J. & Hughes, M. 2014. *Child development: theory and practice 0-11*. 2nd ed. London: Pearson.

Durrheim, K. 1999. Quantitative analysis. In Terre Blanche, M. & Durrheim, K. *Research in practice: Applied methods for the social sciences*. Cape Town: UCT Press.

Fall, K.A., Holden, J.M. & Marquis, A. 2010. *Theoretical models of counselling and psychotherapy*. 2nd ed. New York: Routledge.

Ford, J.D., Pat-Horenczyk, R. & Brom, D. 2009a. Introduction. In Brom, D & Pat-Horenczyk, R & Ford, JD (Ed). *Treating traumatised children: Risk resilience and recovery*. Sussex: Routledge.

Ford, J.D., Albert, D.B. & Hawke, J. 2009b. Prevention and treatment interventions for traumatised children: restoring children's capacity for self-regulation. In Brom, D & Pat-Horenczyk, R & Ford, JD (Ed). *Treating traumatised children: Risk resilience and recovery*. Sussex: Routledge.

Fouché, C.B. & Bartley, A. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. 2011. *Research at grass roots: For the social sciences and human services professions*. 4th ed. Pretoria: Van Schaik.

Fouché, C.B. & Delpont, C.S.L. 2011. Introduction to the research process. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. *Research at grassroots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik.

Fouché, C.B., Delpont, C.S.L. & De Vos, A.S. 2011. Quantitative research designs. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. *Research at grassroots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik.

Fouché, C.B. & De Vos, A.S. 2011. Formal formulations. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. *Research at grassroots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik.

Frewen, P.A., Dozois, D.J.A., Neufeld, R.W.J. & Lanius, R.A. 2012. Disturbances of emotional awareness and expression in posttraumatic stress disorder: meta mood, emotion regulation, mindfulness, and interference of emotional expressiveness. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(2):152-161.

Geldard, K., Geldard, D. & Foo, R.Y. 2013. *Counselling Children. A Practical Introduction*. London: SAGE.

Goleman, D. 1995. *Emotional Intelligence. Why it can matter more than IQ*. London: Bloomsbury.

- Greyling, S. 2009. *Connecting emotional awareness with resilience in a young child affected by HIV/AIDS*. Pretoria: University of Pretoria. (MEd Dissertation).
- Grieve, K., Van Deventer, V. & Mojapelo-Batka, M. 2005. *A student's A-Z of psychology*. Pretoria: Juta and Co.
- Harris, B. 2007. *Supporting the emotional work of school leaders*. London: SAGE.
- Henderson, D.A. & Thompson, C.L. 2011. *Counselling children*. 8th ed. New York: Brooks/Cole.
- Holborn, L. & Eddy, G. 2011. *First steps to healing the South African Family*. Johannesburg: South African Institute of Race Relations.
- Houshyar, S. & Kaufman, J. 2006. Resiliency in maltreated children. In Goldstein & Brooks (Ed). *Handbook of resilience in children*. New York: Springer.
- Huston, A.C. & Ripke, M.N. 2006. *Developmental contexts in middle childhood: Bridges to adolescence and adulthood*. Cape Town: Cambridge.
- Jakobsen, T.B. 2009. What troubled children need: Constructions of everyday life in residential care. *Children & Society*, 24(3):215-226.
- Kendrick, A. 2012. What research tells us about residential childcare. In Davies, M. (Ed). *Social Work with children and families: Enhancing the lives of vulnerable people*. London: Palgrave Macmillan.
- Killen, M & Rutland, A. 2013. *Children and social exclusion: Morality, prejudice and group identity*. Oxford: Wiley and Blackwell.
- Knoetze, J.S. 2012. *An emotional awareness program for children in middle childhood for utilisation in the educational system*. Pretoria: University of Pretoria. (DPhil Thesis).
- Knowles, G. & Lander, V. 2011. *Diversity, equality and achievement in education*. London: SAGE.
- Krysiak, J.L. & Finn, J. 2013. *Research for effective social work practice*. 3rd ed. New York: Routledge Taylor and Francis.

- Kumar, R. 2011. *Research methodology: A step-by-step guide for beginners*. 3rd ed. London: SAGE.
- Landreth, G.L. 2005. *Play therapy: The art of the relationship*. 2nd ed. New York: Brunner-Routledge.
- Leeson, C. 2010. The emotional labour of caring about looked-after children. *Child and Family Social Work*, 15(4):483-491.
- Lehrer, J. 2012. Don't !: The secret of self-control. In Junn, E.N. & Boyatzis, C.J. (Eds). *Child growth and development*. New York: McGraw Hill.
- Louw, D. & Kail, R. 2007. Basic Concepts of Child and Adolescent Development. In Louw, D. & Louw, A. *Child and Adolescent Development*. Bloemfontein: Psychology Publications.
- Louw, A. & Louw, D. 2007a. Middle Childhood. In Louw, D. & Louw, A. *Child and Adolescent Development*. Bloemfontein: Psychology Publications.
- Louw, D. & Louw, A. 2007b. The Neonatal Phase and Infancy. In Louw, D. & Louw, A. *Child and Adolescent Development*. Bloemfontein: Psychology Publications.
- Maiese, M. 2011. *Embodiment, emotion, and cognition*. London: Palgrave Macmillan.
- Mason, J. 2007. A children's standpoint: Needs in out-of-home care. *Children and Society*, 22(5):358-369.
- Mavroveli, S., Petrides, K.V., Sangareau, Y. & Furnham, A. 2009. Exploring the relationship between trait emotional intelligence and objective socio-emotional outcomes in childhood. *British journal of educational psychology*, 79(2):259-272.
- McAuley, C. & Davis, T. 2009. Emotional well-being and mental health of looked after children in England. *Child and Family Social Work*, 14(2):147-155.
- McDevitt, T.M. & Ormrod, J.E. 2013. *Child development and education*. 5th ed. Boston: Pearson education.

Mental illness in children on the increase. 2012. Available: <http://www.health24.com/Parenting/Child/Mind/Mental-illness-in-children-on-the-increase-20120721> (Accessed 2014/09/13).

Mikami, A.Y., Lerner, M.D. & Lun, J. 2012. Social context influences on children's rejection by their peers. In Junn, E.N. & Boyatzis, C.J. (Ed). *Child growth development*. New York: Mc Graw Hill.

Mosley, J. 2005. *Circle time for young children: Essential Guides for Early Practitioners*. New York: Routledge.

Oaklander, V. 2001. Gestalt play therapy. *International Journal of Play Therapy*, 10(2):45-55.

Oaklander, V. 2006. *Hidden treasure: A map to the child's inner self*. London: Karnac.

Oaklander, V. 2007. *Windows to our children*. Maine: Gestalt Journal Press.

Panju, M. 2008. *7 Successful strategies to promote emotional intelligence in the classroom*. London: Network Continuum.

Papalia, D.E., Olds, S.W. & Feldman, R.D. 2006. *A child's world: Infancy through adolescence*. 10th ed. New York: McGraw-Hill.

Pitjeng, P. 2014. Personal interview with Ms. Puseletso Pitjeng from Department Social Development in Tshwane. 27 August. Pretoria.

Rubin, A. & Babbie, E. 2013. *Essential research methods for social work*. 3rd ed. New York: Brooks Cole Cengage.

Sayer, T. 2008. *Critical practice in working with children*. Hampshire: Palgrave Macmillan.

Schiller, P. 2009. *Seven skills for school success: Activities to develop social and emotional intelligence in young children*. Beltsville MD: Gryphon House.

Shepherd, T.L. 2010. *Working with students with emotional and behaviour disorders: Characteristics and teaching strategies*. London: Pearson.

Sheridan, S.M., Eagle, J.W. & Dowd, S.E. 2006. Families as contexts for children's adaptation. In Goldstein and Brooks (Ed). *Handbook of resilience in children*. New York: Springer.

Siegler, R., DeLoache, J. & Eisenberg, N. 2011. *How children develop*. New York: Worth.

Smith, M. 2012. Theory in residential care. In Davies.M. (Ed). *Social Work with children and families: Enhancing the lives of vulnerable people*. London: Palgrave Macmillan.

Somekh, B. & Lewin, C. 2005. *Research methods in the social sciences*. London: SAGE.

Stangor, C. 2011. *Research methods for the behavioural sciences*. 4th ed. California: Wadsworth Cengage.

Stanley, N. 2005. The mental health of looked after children: matching response to need. *Health and Social Care in the Community*, 13(3):239-248.

Stanley, J. 2012. Residential child care policy. In Davies.M. (Ed). *Social Work with children and families: Enhancing the lives of vulnerable people*. London: Palgrave Macmillan.

Stein, S.J. 2007. *Make your workplace great: The 7 keys to an emotionally intelligent organisation*. Mississauga: John Wiley.

Sternberg, R.J. 2009. *Cognitive psychology* 5th ed. California: Wadsworth Cengage.

Stigma stops parents from seeking help. 2012. Available: <http://www.health24.com/Parenting/Child/Mind/Stigma-stops-parents-from-seeking-help-20120721> (Accessed 2014/09/13).

Struwig, F.W. & Stead, G.B. 2007. *Planning, designing and reporting research*. Cape Town: Maskew Miller Longman.

Strydom, H. 2011a. Sampling in the quantitative paradigm. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at grass roots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik.

Strydom, H. 2011b. Ethical aspects of research in the social sciences and human service professions. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at grass roots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik.

Sue, D., Sue, D.W. & Sue, S. 2006. *Understanding abnormal behaviour*. 8th ed. Boston: Houghton Mifflin Company.

The Children's Act No. 38 of 2005 (Published in the Government Gazette, (28944) Pretoria: Government Printer).

Thompson, R.J., Mata, J., Jaeggi, S.M., Buschkuhl, M., Jonides, J. & Gotlib, I.H. 2011. Concurrent and prospective relations between attention to emotion and affect intensity: An experience sampling study. *American Psychological Association*, 11(6):1489-1494.

Tonnesvang, J., Hammink, J., Sommer, U. & Sonne, M. 2010. Gestalt therapy and cognitive therapy-contrasts or complementarities. *Psychotherapy Theory, Research, Practice, Training*, 47(4):586-602.

Trevarthen, C. 2005. Action and emotion in development of cultural intelligence: why infants have feelings like ours. In Nadel, J. & Muir, D. *Emotional development*. New York: Oxford University Press.

Veirman, E., Brouwers, S.A. & Fontaine, J.R.J. 2011. The assessment of emotional awareness in children: validation of the levels of emotional awareness scale for children. *European Journal of Psychological Assessment*, 27(4):265-273.

Wodarski, J.S. & Hopson, L.M. 2012. *Research methods for evidence-based practice*. Thousand Oaks: SAGE.

Zembar, M.J. & Blume, L.B. 2009. *Middle childhood development: A contextual approach*. London: Allyn & Bacon/Pearson.

Zilberstein, K. & Messer, E.A. 2010. Building a secure base: treatment of a child with disorganised attachment. *Clinical Social Work*, 38(1):85-97.

APPENDIX A

EMOTIONAL AWARENESS PROGRAM

KNOETZE (2012:140-162)

Supply knowledge of different emotions

Emotional awareness is achieved when a learner is able to distinguish between different emotions and possesses the ability to associate different experiences with the specific emotion that would accompany it. Knowledge of different emotions and their consequences is thus the first step in acquiring emotional awareness.

Obtain emotional language

Emotional language enables learners to express the feelings that they feel inside but are not able to describe due to a lack of emotional vocabulary. Emotions of emotional trauma need to be expressed in some way and if not through the correct means, it would be expressed through deviant behaviour, aggressiveness, overreacting in emotional situations.

Develop and show empathy

When learners are acquainted with different emotions and their effect on their lives, they are also able to recognize and understand these emotions in others. It is therefore important to have them understand what empathy is and how it is a useful asset in one's relation with others.

Develop emotional regulation

The mere knowledge of emotion and the ability to become aware of certain emotions in one's daily life would not benefit much without the ability to regulate these emotions to one's best interest. This entails the ability to assess a situation and anticipate the emotion which it might bring about. The emotional knowledge that one already has will serve as a guide to the manner in which the emotion is to be handled, but emotional regulation will determine whether the learners would be able to use this knowledge to their advantage and to the best interest of the situation.

7.3 EMOTIONAL AWARENESS PROGRAM

The Emotional Awareness Program is developed to address different emotional aspects that are essential for the expansion of emotional knowledge in order to grow to be emotionally aware. The researcher identified aspects most applicable for developing insight regarding emotion and its effect on the daily life of the learner in the middle childhood phase. These aspects aim to achieve six main goals, namely to:

Build and strengthen the relationship between the educator and the learners

An environment where the learners feel that they are in a safe and secure connection within their relationship with their educator is beneficial for the learners to develop emotional awareness.

140

141

Acquire and expand problem solving and decision making skills

Emotions usually occur along with certain decisions or problems. Problem solving or decision-making techniques are hence hand in hand with emotional growth and the expansion of emotional knowledge. The program therefore focuses on this skill and attempts to teach the learners how to address problems, make decisions and acquire solutions to their problems.

These goals were integrated into seven different modules with different activities aiming to achieve the goal of the module, namely:

- Build and strengthen relationship with learners.
- Knowledge of different emotions.
- Emotional language.
- Empathy.
- Emotional regulation.
- Problem solving.
- Summarizing and termination.

The remaining part of this chapter focuses thus on the seven modules, their activities and content as a translated summary of the actual program.

7.3.1 Module 1: Build and Strengthen Relationship with Learners

Activity 1.1:	“Who am I?”
Goal of activity	Learners can internalise much more and much quicker if it is presented within a relationship and atmosphere where they feel secure and safe. In order to achieve this it is therefore necessary that learners come to the understanding that they are recognized as worthy and hold a significant and special place within their class. This module thus fertilizes the soil for the seeds that are to be sown during

	the course of the program. Learners are directed to discover their own uniqueness and they experience that others take note of them, and are interested in them in their effort to get to know each other better.
Activity	Each learner has a turn to be “friend of the day”. This entails a series of activities, which introduces the learner to the class, focussing on deeper aspects than the basic name, age, address or academic achievement. A form with questions on interests and other relevant matters is to be completed by each learner. A photo of “friend of the day” is then attached to the form and displayed on a bulletin board for that day. The rest of the class also has the task of gathering information from the “friend of the day” with the result that the learner is the main attraction for that day and experiences that he/she is important and special to the rest of the class. “Who am I?” checklist. Photo of each learner. Instructions to the educator to conduct the discussion on “friend of the day”.
Material needed	
Activity 1.2:	Class Compliments
Goal of activity	Solidarity and a sense of belonging are of utmost importance to learners in this developmental phase. If learners experience themselves to be part of a successful group (class), the positive feeling of being successful and worthy will spill over to the individual’s mindset regarding his/her behaviour, involvement and input. The goal of this activity is thus to promote group cohesion through highlighting the class’ collective successes and achievements. This joint recognition thus aims at the underlying goal, namely individual self-confidence and contentment with oneself.
Activity	The educator and other personnel make an effort to compliment the class

	on different aspects conveying their good behaviour, exemplary work in class, academic achievement, manners, obedience. A chart for this purpose is affixed in the class and learners are encouraged to write the compliments they get on the chart. This activity is to be preceded with an explanation by the educator that he/she wanted them to share in the pride that he/she experiences when her class is complimented by the headmaster.
Material needed	"Class Compliment Chart". Instructions to the educator.
Activity 1.3:	My rights in class
Goal of activity	To strengthen relationships in class through highlighting the concept of personal rights and that everyone is allowed to expect respect, but also carries the responsibility to respect the rights of others.
Activity	A story about an animal classroom, where everything went wrong due to monkey's doing, is read to the class. The story hints to specific rights and responsibilities, which the educator will utilize afterwards to direct the class in compiling a set of "rights" for the learners in the class.
Material needed	"My rights in class" chart. "Chaos in animal land" story. Instructions to the educator.

7.3.2 Module 2: Knowledge of Different Emotions

	Emotion Bingo
Goal of activity	In order to develop emotional awareness one needs to be able to distinguish between different emotions. It is further necessary to acquire the ability to associate different experiences with the emotion it would bring about. This activity focuses thus on acquiring the correct word for

Activity	different emotions and utilizing it in the correct context. Each learner receives an Emotion Bingo Card and ten individual Emotion Labels, which they pick out of a bag without peeping at the pictures. The educator calls one emotion at a time if a learner has that emotion, it is placed on the Bingo Card. The first learner who has four in a row (horizontally, vertically or across) calls "BINGO". That learner then gets to answer a question on the emotion that completed his "BINGO". The educator asks the questions from the "Bingo question card" supplied to her.
Material needed	Bingo play set. Instructions to the educator.
Activity 2.2	Memory match
Goal of activity	To recognize emotions and group them together. This activity causes the learners to recap on the new emotion words that were taught to them and the acquired knowledge is then reinforced through a fun game.
Activity	Learners play this game in pairs. Each pair receives a Memory Match play set and the rules. The educator explains the objective of the game to the learners.
Material needed	Memory match play set. Instructions to the educator.
Activity 2.3	Speech
Goal of activity	Emotions were identified, recognized, reinforced and inculcated. It is now expected that learners should be able to expand on emotions and appropriately discuss an emotion, as it would occur in daily life. Learners are thus guided to own the knowledge that they have obtained and to apply that knowledge according to their comprehension of the situation that is chosen for the speech. Parents usually assist in the preparation for speeches and discussions regarding emotions and obtained knowledge between learner and parent are also aroused through this activity.
Activity	Each learner draws a card from a bag with 30 cards, each with a different

	emotion on it. The learner prepares a speech on the topic, "The day when I was _____". E.g., the day when I was sad / the day when I was ashamed / the day when I was confused.
Material needed	Topic cards. Instruction to the educator.

7.3.3 Module 3: Emotional Language

Activity 3.1	"Zaki's balloon full of mixed up feelings"
Goal of activity	Developing the learner's emotional language with a broadened emotional vocabulary. This is achieved through the identification of emotions (that they had already learned) in a story. The aim is to develop the ability to identify these emotions in the context of a practical example and weigh the positive and negative traits of the emotion. This promotes the learners' comfort with the emotional language being taught to them.
Activity	Read the story of "Zaki's balloon full of mixed up feelings" and discuss the learner's feelings regarding the story (the educator helps organize their thoughts and puts them on the right track). Read the story again and this time the learners have to write all the emotions they can identify down. A competition can determine who gets the most with a small prize (toffee) for the winner. The educator conducts a listening test afterwards and incorporates more questions on the emotions involved and the context in which they were experienced. This serves as the normal listening test for the week but also reinforces the knowledge regarding emotions.
Material needed	Story.

	List of questions. Instructions to the educator.
Activity 3.2	Emotional vocabulary
Goal of activity	Bruce (2010:6) defines emotional literacy, as "a developed awareness and understanding of one's own and the emotions of others. This information guides our thinking and is expressed in our communication and thinking". Developing emotional language has benefits at school and at home. Acquiring emotional vocabulary enables learners to efficiently express themselves and therefore aids their overall perception of themselves, their friends, the world around them and their position within this environment in which they have a part to play.
Activity	Flashcards containing different emotions portrayed in different situations where the emotion might be experienced are used to guide the learners in identifying the emotion involved. The aim is to find emotion words to replace words like sad, glad, good, bad. E.g., glad to ecstatic, bad to dreadful, good to fabulous and sad to gloomy. Each learner chooses one positive and one negative emotion with the assignment to search for situations where these emotions occur, during the day. A paragraph is then written on the next day on the emotion and the situation where it occurred.
Material needed	Flashcards on emotional situations. Instructions to the educator.
Activity 3.3	Charades
Goal of activity	Expand emotional vocabulary.
Activity	Emotion picture cards are drawn from a bag and the learners are expected to determine the emotion depicted according to the knowledge attained with the flashcard activity. The emotion is then demonstrated with a game of charades. They are thus not allowed to demonstrate elementary emotions like sad, glad or bad – they need to utilize higher-level vocabulary. The person who correctly determines the emotion has the next turn.

Material needed	Emotion picture cards. Instructions to the educator.
------------------------	---

7.3.4 Module 4: Empathy

This module is introduced with additional information to the educator on empathy and its value and essence in the lives of children. It further furnishes indicators on the empathic mindset of the educator in teaching this ability to learners.

Activity 4.1	Understanding emotions of others. Facial expression and body language
Goal of activity	Introduce the concept of empathy and lay the foundation for the notion of how empathic reactions have value for oneself and others.
Activity	<p>Explanation of what empathy entails with specific reference to four aspects, namely:</p> <ul style="list-style-type: none"> • the meaning of the word empathy; • the ability to put oneself in the shoes of another; • the capacity to attempt to understand what another person is feeling; and • the correct reaction to another person's feelings according to the ability to understand what he/she is feeling. <p>This is followed by a discussion where the learners get to brainstorm their ideas on how to know what another person is feeling without that person telling what he/she is feeling.</p> <p>When the learners had enough time to deliberate on this aspect they each receive a picture in which a situation is depicted where a person is comforted by another in an empathic manner. Each learner has to write a story of what happens in the picture and concludes the story by stating the best empathic reaction for the situation.</p>

148

Material needed	Discussion material for the educator. Empathy pictures.
Activity 4.2	Development of empathic feelings "Bessie must stay dry"
Goal of activity	To illustrate a practical example of empathy in a manner easily comprehensible to kids of this age. The goal of this activity is for the learners to develop an understanding of empathy and recognition thereof, should they experience it in their lives.
Activity	<p>The story is read to the class. This story is about a family dog that became old and frail and the attempts of a boy to ensure that she stays dry when she has to go out. His planning regarding this originates from his own discomfort in when he finds himself in wet weather. This story thus illustrates the concept of attempting to feel what another is feeling and reacting accordingly to assist them.</p> <p>A list of questions is discussed afterwards and the educator ensures that the class comprehends and buys into the idea of being empathetic to others.</p> <p>Story. Instructions to the educator.</p>
Activity 4.3	Reinforcement – Construct sentences
Goal of activity	Learners in this developmental phase require sufficient repetition of a concept before owning it and incorporating it into their daily lives. This activity's goal is to furnish the learners with the opportunity to put the information they received concerning empathy to practice from their own viewpoint and disposition regarding it. This activity also serves as a measuring instrument for the educator to determine whether the learners mastered the concept of empathy and to evaluate their ability to feel and show empathy.
Activity	Learners construct sentences on five themes provided to them on a

149

	<p>sentence sheet. These themes are compiled to encourage reactions where learners place themselves in another person's shoes. It will therefore evidently elicit empathic sentences from learners who understood empathic feelings and reactions from earlier activities.</p> <p>Sentence sheet with themes.</p> <p>Instructions to the educator.</p> <p>Empathy modeling and speech</p> <p>Bodily awareness guides learners to self-knowledge and moves them to inner control and a better grasp on assertiveness and insight. This activity combines two aspects, namely further development of empathic abilities and bodily awareness techniques namely further development of empathic abilities through bodily awareness techniques. Different skills are thus utilized and a stronger sense of mastering is obtained.</p> <p>Learners choose an emotion card from a bag and demonstrate it to the class by only making use of facial expressions and body language (e.g. not only a depressed face but also hanging shoulders and an arched back).</p> <p>The educator instructs learners to demonstrate with their face and body how they feel. The rest of the class guess what is being demonstrated.</p> <p>When all the basic emotions were covered, the educator encourages learners to expand the emotions to higher-level feeling words, e.g. unhappy to miserable, gloomy, despondent or hopeless.</p> <p>When this is mastered the rest of the class stop guessing what the emotion is, but provide a reaction which will help, support or acknowledge the problem situation or troubled person.</p> <p>Learners divide into five groups and each group receives a situation to portray. The situation is to be played out and the group is to react</p>
Material needed	
Activity 4.4	
Goal of activity	
Pre-activity	

	<p>empathetically towards the person experiencing the problem.</p> <p>It is explained to the learners that they showed empathy in this activity and they are encouraged to keep on practicing this ability in situations around them.</p>
Activity	<p>Learners prepare a speech on one of three provided topics. Example: You were best friends with Diana/David since you were both in pre-school. From the beginning of this year, you also became friends with Anne/Aaron. Yesterday Diana/David told you that she does not like Annie/Aaron and that you should not be friends with him/her either. Annie/Aaron sits alone on the playground during breaks and looks very sad due to this decision. What are you going to do?</p>
Material needed	<p>Emotions in bag.</p> <p>Emotion situations for group activity.</p> <p>Speech topics.</p> <p>Instructions to the educator.</p>

7.3.5 Module 5: Emotional Regulation

Emotional regulation is the ability to express a variety of emotions in the correct context and to react in the correct manner on each emotion. Learners who have emotional regulation abilities easily adapt to new situations or to people unknown to them. They consist of high frustration tolerance, are able to control their negative emotions and take the needs and preferences of others into consideration. Learners without emotional regulation abilities display limited emotion, signs of depression, excessive tearfulness, an inability to cope, excessive worrying and behaviour resulting from intense emotions (Witmer, Doll & Strain in Charlesworth, 2010:327).

Identifying verbal expressions of emotions is the first step in acquiring emotional regulation. Learners may fail to express their emotions verbally because of their incorrect notion that other

people obviously know what they are thinking. They further do not possess the emotional vocabulary in which to express themselves or are too unsure of themselves to make use of the emotional vocabulary they do have (Kostelnik, Whiren, Soderman, Stein & Gregory, 2002:234).

Educators can motivate learners to express emotions in an acceptable manner by reminding them to make use of words that explain their feelings and needs. Phrases which can be utilized in emotional situations can be suggested by the use of examples from their frame of reference.

Regulating negative emotions, especially the potentially destructive and aggressive ones, is important in different facets of functioning. It should also be noted that the mere suppression of a negative emotion is not the desirable way to handle emotions as it usually brings about additional, negative repercussions. Emotional regulation is hence important to equip the individual with the capacity for prolonged healthy emotional discharge. It also aids in determining when emotional discharge is heading in a direction that will have negative consequences for themselves or others. It has been found that a well-adapted person should be able to experience an emotion like anger and express it efficiently. The skill that needs to be mastered is thus to be able to determine when and under which circumstances anger can be expressed and which form of expression is acceptable. This important concept of emotional regulation is thus to develop the ability to regulate unacceptable, impulsive behaviour when a strong emotion is experienced in an effort to control that emotion and the consequences thereof.

Visualisation	
Activity 5.1	Emotional regulation is a complicated concept for learners of this age but it is necessary and possible for them to take note of it. This activity thus aims to introduce learners to the idea behind emotional regulation and to explain it in a practical manner.
Goal of activity	This activity should be performed in a place where it will not be interrupted, for example by someone entering the classroom or the intercom going off. The rugby field, gym class or tennis court away from the normal school activities would be a sensible choice.

<p>There must be enough space for everyone to lie down without touching each other. They close their eyes and listen while the provided text is read to them in a very calm, collected and tone-measured voice. This text commences with instructions aiming to relax the body and focus the learners' attention on the voice they hear and the content of the text. They are then systematically led into visualising the text that is read. The aim is that they experience this narrative as if they are experiencing it in real life.</p> <p>After the visualisation exercise is through, the activity is concluded with a discussion with prescribed questions, which aims to reinforce the concept of being in charge of emotions if one chooses to be. An uncomplicated explanation is given. This is then linked to the visualisation where the learner experienced the uneasy effect of being out of control when hit by a wave in the ocean. This is then compared to the follow-up in the visualisation and the feeling of mastering when the knowledge of the wave's strength was utilized to stand firm and strong against it. Because the wave's capability was known, the learner was not caught off guard, thrown down and hurt.</p> <p>The above is then compared to the way an emotional situation is handled and how this visualisation experience can serve as an example of preparing oneself to have emotional regulation abilities.</p> <p>The learners receive an activity where they have to sort nine pictures in the correct order to indicate the process of gaining control over a situation which was previously unknown – in other words acquiring control over the wave and control over emotional situations: "emotional regulation".</p> <p>Visualisation text. Clarification to draw the link between visualisation and emotional regulation. Pictures to reinforce the activity's message.</p>	Material needed
--	------------------------

Activity 5.2	Reinforcement of concept
Goal of activity	A practical experience of uncontrolled emotion. This activity aims to reinforce the content of the previous activity.
Activity	<p>The educator negotiates with one learner to act out a prescribed event, where the learner overreacts to a bottle of water that is accidentally spilled. What to do and say and how to handle the situation is prescribed and planned in such a manner that the rest of the class would experience feelings of disbelief, dismay and maybe even panic as a result of this behaviour. The designated learner runs out of the class as if he/she cannot handle the situation any further. When the learner returns later on, a similar incident occurs and the learner then handles the situation with assertiveness, emotional control and awareness, in total contrast to the previous behaviour.</p> <p>The educator then informs the class that this was a performance and not the learners' true reaction. A link is drawn to the visualisation exercise and the content that was taught regarding the ability to control and regulate emotions. The whole incident is analysed through specific questions to the learners and the two different reactions of the "actor" are discussed. Their feelings and experiences during the enactment are examined to illustrate the value of emotional regulation for oneself and with regard to one's relationships.</p> <p>The learners are divided into groups of three to four pupils. Flashcards that illustrate emotional incidents are then given to each group with the instruction to construct a role-play. The role-play should have two parts:</p> <p>Enact the incident on the flashcard by playing out an unmitigated reaction to the event.</p>

	Enact the incident on the flashcard by playing out a reaction to the event as if one knows and understands the emotion, and is prepared to handle it.
Material needed	Instructions to the educator and learner regarding the water bottle activity. Flashcards.
Activity 5.3	Rehearsing emotional regulation in practice
Goal of activity	Emotional regulation was illustrated on the learners' level and they were also involved in a situation that depicted the advantage of regulating emotions. They were further personally included when they role-played emotional regulation within certain prescribed situations. This activity thus aims to put the learners to the challenge of implementing the whole process of emotional awareness by recognising emotions, analysing them and reacting with emotional regulation (to it).
Activity	<p>Distribute the "Win the Wave" worksheet. The learners are instructed to identify incidents where they or someone else was knocked over by the "wave" and they have to come up with a better reaction or solution to that problem. The other side of the worksheet is for incidents or situations where they or someone else was able to see the "wave" that was approaching and reacted with a plan (emotional regulation) and therefore "won the wave".</p> <p>This activity is to be done over two school days or during a weekend at home. The learners can be encouraged to educate the rest of the family on how to see the wave of emotions when it approaches and how to keep standing through it. This provides the opportunity for the educator to recap the steps with them when giving the assignment. Explaining this at home is a further method of repetition for the learners and will aid their perception and insight regarding it.</p>
Material needed	Win the wave worksheet. Instructions to the educator.

7.3.6 Module 6: Problem Solving and Decision Making

<p>Activity 6.1</p> <p>Goal of activity</p>	<p>Generate a problem</p> <p>This simple activity aims to highlight that potential problems should be dismantled logically and systematically to understand it better before attempting to solve it. The idea is that a systematic approach to a problem promotes solving the problem. If there is no plan or method in the way a problem is approached, the probability of solving it successfully is limited. Emotions play an important role in problem solving. One finds that learners with weak emotional associations find it hard to make even undemanding decisions, for they are uncertain about how their choice would make them feel.</p> <p>This activity is a practical introduction to the systematic approach to a problem in order to highlight the process of problem solving.</p>
<p>Activity</p>	<p>Learners divide into groups of five or six learners. Each group receives a pre-built figurine with the instruction to observe it and then take it apart. They most probably will not pay much attention to the way it was constructed and where each part fits. When they are finished, they are instructed to rebuild it to the exact figurine that they received.</p> <p>The learners will attempt to rebuild it correctly but will most likely be unsuccessful. If they realize that they cannot succeed or that it has pieces left over, they are introduced to the correct process of approaching a problem or decision in contrast to just jumping in and taking unmitigated steps. The correct process is as follows:</p> <ul style="list-style-type: none"> • Identify the problem • Generate solutions • Evaluate possible solutions and decide on the best plan of action

	<p>and apply it.</p> <ul style="list-style-type: none"> • Evaluate the outcome/solution and if unsuccessful go back to step two. <p>These steps are then also reformulated in child-friendly language (in the program) with descriptions of what it entails and with a graphic presentation in the form of “The decision making tree”. It is further also linked to the figure building activity – for thorough comprehension by the learners.</p>
	<div data-bbox="638 492 845 716" style="text-align: center;"> </div> <p>The educator draws a rough sketch of the decision-making tree on the black board and explains that this is an easy way to remember the steps to problem solving. The idea is that a problem, which occurs in the roots of the tree, will have an effect on the branches and leaves of the tree when the problem is transported to them via the trunk. A problem (roots) should thus be addressed through plans and decisions (trunk) to provide solutions (healthy branches and leaves).</p> <p>The educator works on two or three examples of problem solving with the learners in the form of a class discussion.</p> <ul style="list-style-type: none"> • Example in child-friendly language What is the problem?: My dog is lost • Plans that may solve this problem:

	<p>Go search all the dog's hiding places. Ask the neighbours if they saw the dog. Put notices of your lost dog in the neighbourhood</p> <ul style="list-style-type: none"> Decide on the best plan for your problem and implement your decision: You realize that the dog has only been gone for a very short time and may therefore not be too far away. You look under the bed, in the cupboard, in the dirty washing and behind the T.V., but still cannot find him. Think about this solution, if it did not solve your problem – go back to step 2: You thought the dog was in the house but did not find him there, so you need to try another plan. The learner goes back to his/her plans and go on to his/her second plan, "go ask the neighbours". The neighbours did see him being hit by a car. He was not hurt badly, but it seemed like his leg was broken. The driver stopped and drove away with the dog, so they advise him/her to check with the vet. The learner contacts the animal clinic and they indicate that a dog with a broken leg was delivered to them. The learner's parents take him/her to the vet and he/she finds the dog. PROBLEM SOLVED!
Material needed	<p>Figure to take apart and rebuild. Poster of decision making tree. Instructions to the educator.</p>
Activity 6.2	Problem solving skills
Goal of activity	Learners are guided to make decisions in the correct manner to emphasize the steps in problem solving.
Activity	The story of Maraai Maroeia tree is read to the learners and the concept of problem solving is discussed according to the content of the story. The

	<p>idea is to put the steps in problem solving in figurative description and reiterate the "problem solving tree".</p> <p>Step 1: Identify the problem (roots) Step 2: Devise plans (trunk) Decide on the best plan and implement it (trunk transport plan to branches and leaves) Step 3: Solution (branches and leaves grow, and the tree is happy and healthy, but if not go back to step 2)</p>
Material needed	<p>The story of Maraai Maroeia tree. Poster of "The decision making tree." Instructions to the educator.</p>
Activity 6.3	Assess problem solving skills
Goal of activity	Assess the learners' problem-solving skills and their ability to apply it.
Activity	<p>Each learner receives a worksheet with the problem solving steps. They will be solving three problems with this:</p> <p>1st: A fictional problem – guided by the educator. 2nd: A problem that they have personally experienced previously maybe with friends, bad test results, friction at home. 3rd: An example problem they go search for at home, in break time or amongst their friends.</p>
Material needed	<p>Worksheets. Instructions to the educator.</p>

7.3.7 Module 7: Summarizing and termination

Revision of different emotions	
Activity 7.1	Revision of the emotions that were learned and reinforcing the different meanings and experiences that are linked to each of them.
Goal of activity	Guide the learners in their attempt to name as many emotions as possible and thereafter provide short explanations of what each emotion entails. The learners are guided past the elementary emotions like angry, scared, sad, glad and happy. The aim is to broaden their focus to more complicated and complex emotional experiences, like:
Activity	<ul style="list-style-type: none"> • disappointed - I got bad marks in a test • anxious - there is a noise outside my window • betrayed - my brother told my mom that I broke a glass • surprise - grandma came to visit unexpectedly • humiliated - I fell in front of the other kids and they laughed at me • concerned - my dog is ill • tolerant - I listen patiently to my friends' daily complaint about her sandwiches • inferior - a educator said to me that I am the naughtiest kid in her class • affectionate - I think how much I love my grandma • excited - we're going on holiday • envious - my friend invites another girl to play with us and I am scared that she would push me aside <p>The activity further aims to enhance the comprehension of learners regarding the vast difference between the ways your body experience different emotions.</p>

	The learners write the emotions that they can recall on the worksheet "Emotions for smart kids" and add a situation which would evoke the emotion in the column provided for it.
	In the next activity the learners receive the worksheet "Emotions in colour". The learners are guided to allow themselves to experience the bodily sensation each of these situations brings about. They are led to feel as if they are really giving a loving hug to mom and therefore experience the warm loving feeling it brings about. The "emotions in colour" worksheet has different emotions written in different fonts. After the learners experienced the emotion according to the instructions provided in the program they choose the emotion in the font that best fits the experience that the emotion brought about. The word is then coloured in the colour that the learner feels goes well with the emotion. In this manner the right brain is incorporated in settling this emotion and its bodily effect for the learner. This will further prepare them not to feel overwhelmed when specific emotions are experienced in future. Each emotion is dealt with separately as prescribed in the program.
Material needed	"Emotions for smart kids" worksheet. "Emotions in colour" worksheet. Instructions from program.
Activity 7.2	Revision of different emotions
Goal of activity	Emphasize higher level emotions.
Activity	Learners divide into pairs and play "Your face – my face" with the aids and instructions provided in the program. This game analyses the learners' knowledge of different emotions and their ability to demonstrate and describe it correctly. This is done through a fun game, which actively involves every learner and serves as a measuring instrument for the educator to determine if the emotions are correctly understood and incorporated by the learners.

Material needed	“Your face – my face” game. Instructions in program.
Activity 7.3	Revision
Goal of activity	Evaluate the learners’ ability to match higher-level emotions correctly.
Activity	Each learner receives a form with different emotion words to cut out. The form also contains a list of different emotional events. The learners need to match the emotion that would be the result of the event in the list, correctly. Another activity in the same manner is also included in this session. A discussion of the correct answers follows; there will be instances where different emotions will be applicable to the same situation – depending on the learners own experience of it. The aim is that learners should display a thorough comprehension of the emotional effect of these practical situations and the specific emotions accompanying it.
Material needed	Emotional awareness checklist A and B. Instructions to the educator.

7.4 SUMMARY

The emotional awareness program is developed in language and with activities that can be utilized for learners from grade one to grade seven. Younger learners will only spend more time on every activity and handle it at a slower pace where older learners will be able to grasp the concepts much faster. The educator involved will also present the program to older learners in a different manner than it is presented to younger learners.

The Emotional Awareness Program covers six aspects which promote emotional growth and abilities and which aim to guide the learners to enhanced emotional awareness. The program was developed in its current form with features to enable the researcher to measure the learners’ progress and to fit into a given time frame. It was therefore limited to a seven-week programme,

APPENDIX B

LEAS

Levels of Emotional Awareness Scale

AGREEMENT

In exchange for use of the Levels of Emotional Awareness Scale (LEAS) and a copy of the scoring manual, I agree, if requested, to provide photocopies of all the raw data that I collect as well as my scoring for each item. I also agree, if requested, to provide basic demographic and clinical data, when available, on each subject who completes the scale. Furthermore, I agree not to make the LEAS or the scoring manual available to other investigators without first obtaining permission from the authors.

12 MARCH 2014
Date


Signature

MS. CATHERINE MCLEAN
Name (printed)

Please complete the following information:

Name: CATHERINE MCLEAN
Address: 209 KOERDE STREET, WIERDA PARK, CENTURION
Phone: 012 4606375
Fax: 012 4606375
Email: cathy@childwelfare.co.za

Please return this form to:

RICHARD D. LANE, M.D., PH.D.
DEPARTMENT OF PSYCHIATRY
UNIVERSITY OF ARIZONA HEALTH SCIENCES CENTER
TUCSON, ARIZONA 85724-5002
U.S.A.

APPENDIX C

LEVELS OF EMOTIONAL AWARENESS FOR CHILDREN (LEAS-C)

Name: _____

Male: Female:

Age: _____

Grade: _____ School: _____

Today's date: ____ / ____ / ____

Instructions

On the following page certain situations are described. There are two people involved in every situation - you and another person. Please describe how you would feel in the situation. Then describe how you think the other person would feel. You must use the word "feel" in your answer. It does not matter if your answer is short or long, and it does not matter if you make spelling mistakes. There is no right or wrong answer. All you must remember is to write about is how you and the other person would feel.

© Bajgar & Lane (2003)

1. You and your friend run an important race for which you have both practiced for a long time. When you are almost at the winning line you sprain your ankle, fall on the ground and cannot run any further.

How will you feel?

How will your friend feel?

2. You and your mother come home in the evening. When you turn in to your street you see fire engines parked close to your house.

How would you feel?

How would your mother feel?

3. You and your friend decide to save your pocket money to buy something special. A few days later your friend tells you that he changed his mind and has spent his money.

How would you feel?

How would your friend feel?

4. Someone who usually says bad/ugly things about you comes to you and says something nice/good about you.

How would you feel?

How would the other person feel?

5. Your dad tells you that your dog was run over by a car and had to be put down at the vet.
How would you feel?

How would your dad feel?

6. You and other children are running around at break time. You and another child run into each other and both fall hard onto the ground.

How would you feel?

How would the other child feel?

7. The dentist tells you there are problems with your teeth which requires immediate attention. The dentist makes an appointment for you for the next day.

How would you feel?

How would the dentist feel?

8. Your teacher tells you that your work is not good and it must improve.

How would you feel?

How would your teacher feel?

9. You have become good friends with a new child in class. You often play together and you feel you know each other very well. One day he/she invites you to his/her house. You find out that they are very rich and your friend has everything you always wanted. Your friend tells you that

he/she kept it a secret because he/she was afraid that children would only want to be his/her friend because they were interested in his/her money.

How would you feel?

How would your friend feel?

10. A team is being formed and most of the players have been chosen. There are two children which have not been chosen yet and you are one of them but only one more player is needed.

How would you feel?

How would the other child feel?

11. Your friend shares chips with you and other children. You discover he has given more chips to the others than you.

How would you feel?

How would your friend feel?

12. Your best friend comes to visit you after being away for a few weeks.

How would you feel?

How would your friend feel?

APPENDIX D

VLAKKE VAN EMOSIONELE BEWUSSYNSKAAL VIR KINDERS (LEAS-C)

Naam: _____

Manlik Vroulik

Ouderdom: ____

Graad: ____ Skool: _____

Vandag se datum: ____/____/____

Aanwysings

Op die volgende bladsye word verskillende situasies beskryf. By elke situasie is twee mense betrokke – jy en `n ander persoon. Beskryf asb. hoe jy in hierdie situasie sal voel. Beskryf ook hoe jy dink die ander persoon sal voel. Jy moet die woord “voel” in jou antwoorde gebruik. Dit maak nie saak of jou antwoord kort of lank is nie, dit maak ook nie saak as daar spelfoute is nie. Daar is nie `n regte of verkeerde antwoord nie. Al wat jy moet onthou is om te skryf hoe jy en die ander persoon sal voel.

© Bajgar & Lane (2003)

1. Jy hardloop in 'n belangrike resies saam met jou maatjie saam wie jy al lank geoefen het. Toe jy amper by die wenstreep is swik jy jou enkel, val op die grond en kan nie verder hardloop nie.

Hoe sal jy voel? _____

Hoe sal jou maatjie voel? _____

2. Jy en jou ma kom in die aand huistoe. Toe julle by julle straat indraai sien jy brandweerwaens wat naby julle huis geparkeer is.

Hoe sal jy voel? _____

Hoe sal jou ma voel? _____

3. Jy en jou maatjie besluit om julle sakgeld te spaar om saam iets spesiaal te koop. `n Paar dae later vertel jou maatjie jou dat hy van plan verander het en sy geld gebruik het.

Hoe sal jy voel? _____

Hoe sal jou maatjie voel? _____

4. Iemand wat voorheen lelike dinge van jou gesê het kom na jou toe en sê iets mooi/goed.

Hoe sal jy voel? _____

Hoe sal die ander persoon voel? _____

5. Jou pa sê vir jou dat julle hond deur 'n motor raakgery is en dat die veearts hom moes uitsit.

Hoe sal jy voel? _____

Hoe sal jou pa voel? _____

6. Jy en 'n klomp ander kinders hardloop pouse rond. Jy en 'n ander kind hardloop in mekaar vas en julle val albei hard op die grond.

Hoe sal jy voel? _____

Hoe sal die ander kind voel? _____

7. Die tandarts sê vir jou dat daar probleme met jou tande is wat dadelik moet aandag kry. Die tandarts maak vir jou 'n afspraak vir die volgende dag.

Hoe sal jy voel? _____

Hoe sal die tandarts voel? _____

8. Jou juffrou sê vir jou dat jou werk nie goed is nie en moet verbeter.

Hoe sal jy voel? _____

Hoe sal juffrou voel? _____

9. Jy het groot maats met 'n nuwe kind in julle klas geword. Julle speel baie saam en julle voel dat julle mekaar al baie goed ken. Eendag nooi sy jou na haar huis toe. Jy vind uit dat hulle baie ryk is en dat jou maatjie alles het wat jy nog altyd wou gehad het. Sy sê vir jou dat sy dit 'n geheim gehou het omdat sy bang was dat die kinders net in haar sou belangstel oor haar geld.

Hoe sal jy voel? _____

Hoe sal jou maatjie voel? _____

10. 'n Span word gekies en die meeste van die spelers is reeds gekies. Daar is twee kinders oor wat nog nie gekies is nie en jy is een van hulle, maar daar is nog net een speler nodig.

Hoe sal jy voel? _____

Hoe sal die ander kind voel? _____

11. Jou maatjie deel chips met jou en ander kinders. Jy kom agter dat hy meer chips vir die ander kinders as vir jou gee.

Hoe sal jy voel? _____

Hoe sal jou maatjie voel? _____

12. Jou beste maatjie kom jou sien nadat hy/sy vir 'n paar weke weg was.

Hoe sal jy voel? _____

Hoe sal jou maatjie voel? _____

APPENDIX E

Level 0

absorbed	opgeneem
achievement, sense of	sukses
adequate	voldoende
alerted	lewendig
alone	alleen
aloneness	eensaamheid
at fault	skuld dra
attentive	oplettend
aware	bewus
beaten	verslaan
bewildered	ontsteld
certain	verseker
complimented (2)	komplimenteer
confused	verward
conscious, self-	selfbewus
control, sense of-	beheersing (self)
control, under	beheer
coordinated	gekoördineerd
contemplative	oordenkend
deceitful	bedrieglik
deserves	verdiens
deserving	verdiens
detached	onbevange
detachment	onbevangenheid
different	uiteenlopend
disbelief	ongeloof
disbelieving	ongeloof
dishonest	oneerlik
disillusioned	ontnugter
distant	koel
diverted	ontspan
doubtful	onseker
dumbfounded	oorbluf
expect	verwag
expectations, raising-	verwagting
faith, have-	geloof
firm (2)	ferm
genuine (2)	eg
have faith	geloof
have faith in	vertroue
hindrance	hinder
honest	eerlik
ignorant (2)	onwetend/onkundig
indecisive	besluiteloos
insincere (2)	onopreg/huigel
intelligent (2)	intelligent
irresponsible (2)	onverantwoordelik
justified	geregverdig
matter of fact	
misinformed	oningelig

misled	mislei
mistaken	verkeerd/onjuis
neutral	neutraal
normal	normaal
oblivious	vergeetagtig
open to suggestions	oop vir voorstelle
open-minded	oopkop
pensive	peinsend
perplexed	verward
preoccupied	besig
productive	produktief
professional (2)	professioneel
puzzled	deurmekaar
raising expectations	skep verwagting
ready	gereed
reassurance	versekering
receptive	ontvanklik
reconcile (3)	versoen
removed	verwyder
respect	respek
responsible (2)	verantwoordelik
responsive	reaktief
restrained (2)	beteuel
righteous	regverdig
rolling my eyes	oe rol
self-conscious	selfbewus
sense of control	selfbeheer
sensitive (2)	sensitief
sincere (2)	opreg
skeptical	skepties
smart (2)	slim
stupid (2)	stupid
sure	seker
transparent	deursigtig
truthful	praat die waarheid
uncertain	onseker
uncoordinated	nie gekoördineerd
under control	onder beheer
understanding	verstaan
undeserving	onverdiend
unprofessional (2)	onprofessioneel
unsure	onseker
value	waarde
wonder	wonder

Level 1

alive	lewendig
apathetic	apaties
at-a-loss-for-words	sonder woorde
blood-pressure-goes-up	bloedruk styg
closed	geslote
denial	ontkenning
discomfort (2)	ongemak
disoriented	gedisorienteer
distracted	afgetrokke/gesteurd
dizzy	duiselig
don't-know-what-the-person-feels	weet nie hoe iem voel
drained (3)	gedreineer
dumb	dom
exhausted	uitgeput
frail (2)	swak
groggy	duiselig
healthy	gesond
heart attack, like having a-	hartaanval (voel so)
heart beating	hartklop
heart in throat	hart in keel
heart racing	harklop jaag
hot	warm
hungry	honger
hurt (3)	seer
I-wouldn't-care-how-he-felt	sou omgee hoe hy voel
impartial	onpartydig
impassive	ongevoelig
indifferent	onverskillig
injured (2)	beseer
invigorated	verfrissend
it wouldn't matter	maak nie saak
lethargic	lusteloos
like-having-a-heart-attack	soos hartaanval he
nauseous	naar
no idea	geen idee
not feel anything	gevoeloos
nothing	niks
numb (2)	lam
one's-heart-goes-to-one's-throat	hart in die keel
pain (3)	pyn
relaxed (3)	ontspanne
revived	herleef/opfris
sensual	sensueel
sexually ready	seksueel gereed
sick (2)	siek
sleepy	vaak/lomerig
small (2)	klein
stresses	stres
strong (2)	sterk
suffer (3)	ly

suffering (3)	lyding
thirsty	dors
tired	moeg
unaffected	ongeaffekteer/onaangeraak
unfazed	
unhealthy	ongesond
weak (2)	swak
worn out	uitgewas
wouldn't matter	maak nie saak

LEVEL 2

a duty to	verantwoordelikheid teenoor
aback, taken-	verras
abandoned	verlate
accepted	aanvaar
accepting	aanvaarbaar
accommodating	akkomodeer
accomplishment, sense of-	vervulling
acquisitive	hebsugtig
admiration	admireer/bewonder
advantage of, taken-	voordeel trek
aggressive	aggressief
agitated	opwindig
aimless	doelloos
alienated	vervreemd
aloof	afsydig
alright	als reg
altruistic	onselfsugtig
antagonistic	antagonisties/maak vyand
antsy	
apologetic	verskonend
appreciated	gewaardeerd
aroused	opwek
arrogant	arrogant
ass, like an-	
at-a-loss (unable to help)	
at ease	gemaklik
at-the-end-of-my/their-ropes	moedeloos
attacked	aangeval
authoritarian	outoriter
awesome	verskriklik/awesome
awful	aaklig
awkward	ongemaklik/onbehendig
backed-into-a-corner	in 'n hoek wees
bad	sleg
bad mood, in a-	slegte bui
badly	erg
begrudge	misgun
belittled	verkleineer
belligerent	oorlogsugtig
benevolent	liefdadig
best	beste
betrayed	veraai
better	beter
blame	blameer
blameworthy	afkeuringswaardig
boastful	opsnyerig (se woordeboek)
bold	dapper/kordaat/waagmoed
bothered	gepla
brave	braaf
brightening-up-my-day	my dag ophelder

bugged	
bumped	
bumped out	
burden, like a-	oorlas
burdened	belas
burned out	uitbrand
businesslike	
carefree	sorgvry
careless	agterlosig
catatonic	katatonies
caught	uitgevang
cautious	versigtig
challenged	uitdaging
chastised	kasty
cheap	goedkoop
cheated	gekul/verneuk
cheerful	opgeruimd
childish	kinderagtig
close	naby
closer	nader
clumsy	lomp
clutz, like a-	lomp persoon
cocky	eiewys
cold-hearted	hartvogtig
comfort	gemak
comfortable	gemaklike
comforted	troos
committed	pleeg
compelled	genoodsaak
competitive	kompetierend
complacent	selfvoldaan
complimentary	komplimenter
complimented (0)	gekomplimenteer
compromised	in gevaar gestel
conciliatory	versoenend
condescending	neerbuigend
confidence, loss of-	verloor selfvertroue
confident	hoopvol/vol vertrou
conflict	konflik
conflicted	konflikterende
congratulatory	gelukwensend
connection	konneksie
conniving	slinks
conscientious	pligsgetrou
considerate	konsidererend
console	troos
consoling	troos
constricted	ingeperk
contrite	berou
contrition	wroeging
cool	
cool, lose one's-	

cope, unable to-
 courageous dapper
 coy skaam
 cranky knorrig
 crappy waardeloos
 crazy mal
 crushed verpletter
 cry, I would- huil, ek sal-
 curse vloek
 cynical sinies
 dead inside dood van binne
 deceived verraai
 decent behoorlik/ordentlik
 decimated uitgewis
 defeated verslaan
 defensive verdedig
 degraded degradeer
 demolished verwoes/vernietig
 dependable staatmaak
 dependent afhanklike
 deserted verlate
 desirous gretig
 desolate eensaam/doods
 destroyed vernietig
 determination determinasie
 determined gedetermineerd
 devastated geteisterd
 devilish duiwelagtig
 devious agterbaks
 disapproval afkeurend
 discomfort (1) ongemaklik
 disengaged onbetrokke
 disgrace onteer
 disheartened mismoedig
 disturbed gesteur
 dominant dominand
 double-crossed-(if-betrayed) as verraai
 down af
 downhearted teneergedruk
 dreadful vreeslis
 driven gedrewe
 dumb (1) dom
 dutiful pligsgetrou
 dying inside dood van binne
 ease, at- gemaklik
 ease, ill at- ongemaklik
 easy maklik
 edgy nerwe (dun)
 empowered bemagtig
 emptiness leegheid
 empty leeg
 encouraged aangemoedig

endangered gedreigde
 energetic energiek
 energized energiek
 enticed gelok
 excellent puik
 exposed blootgestel
 fabulous ongelooflik
 fantastic fantastied
 fed up keelvol
 fine fyn
 firm (0) ferm
 flattered gevlei
 flexible buigbaar
 flustered verbouereerd
 fool, like a- dom voel
 foolish dom
 fortunate bevoorreg
 frail (1) broos
 freak out freak uit
 free vry
 friendly vriendelik
 fucked
 full of passion passievol
 funny snaaks
 gauche vrypostig
 generous vrygewig
 genuine (0) opreg
 giving om te gee
 gloat spog
 glorified geprys
 good goed
 good will welwillendheid
 gracious gasieus
 great goed
 greedy gierig
 grim aaklik
 grouchy knorrig
 grudge wrok
 grumpy brom/nors
 guarded bewaakte
 hardened gehard
 hassled gejaagd
 haughty hoogmoedig
 heel, like a-
 helpful hulpvaardig
 helpless hulpeloos
 helplessness, sense of- hulpeloos
 hesitance huiwering
 hesitancy huiweringheid
 honorable eerbare
 honored vereer
 horny

horrible	verskriklik
humble	beskeie
hurried	gejaagd
hurry, in a-	haastig
hyped up	ophef
hysterical	histeries
I would cry	Ek sal huil
I would laugh	Ek sal lag
I would smile	Ek sal glimlag
idiot, like an-	idiot, soos `n
idiotic	idioties
ignorant	onkundig
ill at ease	ongemaklik
ill-will	onwillig
impatient	ongeduldig
important	belangrik
important, self-	belangrik, self-
imposed upon	opgele
impressed	beindruk
in a bad mood	in `n slegte bui
in a hurry	haastig
in control (of my daily activities)	onder beheer
in jeopardy	bereig
in shock	in skok
inadequate	onvoldoende
inclined	geneig
incompetent	onbekwaam/onbevoeg
inconsiderate	onbedagsaam/onnadenkend
inconvenienced	ongemaklik
incredible	ongelooflik
indebted (3)	verskuldig
indulgent	toegewend
ingratiating	innemend
injured (1)	geskend
insecure	onveilig
insensitive	onsensitief
insignificant	onbenullig
insincere (0)	huigelagtig/onopreg
insulted	beledig
intelligent (0)	intelligent
intimate	intiem
irked	
irresponsible (0)	onverantwoordelik
irritable	geirriteerd
irritated	geirriteerd
isolated	geisoleerd
jeopardy, in-	in gedrang
jilted	
jingoistic	
jolly	jolig
keep your spirits up	gemoed lig
kind	vriendelik

king, like a-	koning, soos `n
klutz, like a-	lomp
laugh, I would	lag, ek sal
led on	aanleiding gee
leery	handig
left out	uitgesluit
lied to	gejok vir
lifting spirits	gemoed lig
like a clutz/klutz	
like a failure	soos `n mislukking
like a fool	soos `n fool/dwaas
like a heel	
like a king	soos `n koning
like a knife was in my heart	soos `n mes deur my hart
like a loser	soos `n mislukking
like a queen	soos `n koningin
like an ass	soos `n
like an idiot	soos `n idioot
like-doing-something (voluntary)iets doen (onwillekeurig)	
like shit	elendig
lonely	eensaam
lose one's cool	verloor jou cool/beheer
lose temper	verloor humeur
loss of confidence	verlies aan selfvertroue
lost	verlore
low	laag
lousy	aaklig
loyal	lojaal
lucky	gelukkig
manipulated	manipuleer
mean	gemeen
miserable	misrabel/goor
missed	gemis
mixed up	deurmekaar
mood, in a bad-	bui, in slegte
mope	verknies
motivated	gemotiveerd
motivational	motiverend
moved	geraak
naïve	naief
nasty	mislik
nationalism	nasionalisme
need to ...	behoefte aan
need to defend	nodig om te verdedig
need to help	behoefte om te help
needed	nodig
needy	afhanklik
negative	negatief
negatively	negatief
neglected	verwaarloos
neglectful	verwaarlosend
nerves	senuwees

nice lekker
 numb (1) lam
 obligated verplig
 obliged verplig
 obnoxious onaangenaam
 odd vreemd
 offended tenagekom
 okay OK
 on edge op rand
 on guard paraat
 on-the-spot blootgestel
 on-top-of-the-world
 opinionated uitgesproke
 oppressed onderdruk
 optimistic optimisties
 ornery oorgevoelig
 ought to ... behoort te
 out of place uit jou plek
 outstanding uitstaande
 overindulgent
 overwhelming oorweldig
 pampered pamperlang
 paralyzed verlam
 passion, full of- passievol
 patient geduldig
 patriotic patrioties
 patronized
 patronizing neerhalend
 pessimistic pessimisties
 petrified versteen
 pompous deftig/statig
 poorly swak
 positive positief
 powerful kragtig
 pressed for time gejaagd
 pressured druk
 professional (0) professioneel
 protected beskermd
 psyched
 pulled (in 2 directions) trek
 purposeful doelgerig
 put down afbreek
 put off afsit
 put out uitsit
 put upon opsit
 qualified gekwalifiseerd
 queen, like a- koningin, soos
 rattled van stryk gebring
 ready to fuck
 reassurance (0) gerusstellend
 reassured gerusstel
 reckless onverantwoordelik

rejected verwerp/afkeur
 rejuvenated vernuwe
 reliable betroubaar
 reluctant huiwerig
 repent berou
 repentant berouvol
 reserved gereserveerd
 resolute vasberade
 resolve to oplos
 resolved to opgelos
 resourceful vindingryk
 respectful respek
 responsible (0) verantwoordelik
 restless rusteloos
 restrained (0) terug gehou
 restricted verbode
 reticence aarseling
 rewarded beloon
 righteous, self- regverdig, self
 robbed besteel
 romantic romanties
 rotten vrot
 rude onbeskof
 rushed gejaagd
 safe veilig
 sarcastic sarkasties
 secure veillig
 self important belangrik self
 self-righteous regverdig self
 selfish selfsugtig
 selfless onselfsugtig
 sense-of-accomplishment gevoel van prestasie (gevoel)
 sense of helplessness gevoel van hulpeloosheid
 sense of urgency gevoel van dringendheid
 sensitive (0) sensitief
 serious ernstig
 settled gevestig
 sexually turned on
 shafted
 shaken geruk
 sheepish bedeesd
 shit, like-
 shitty
 shock, in- skok. in
 shocked geskok
 short tempered kort humeur
 shy skaam
 sick (1) siek
 silly laf
 sincere (0) opreg
 slighted geminag
 small (1) klein

smart (0)	slim/intelligent
smile, I would-	glimlag, ek sal
smug	selfvoldaan
sneaky	
snobbish	snobberig
snubbed	
solicitous	kwel
soothed	kalm
special	spesiaal
spirits up, keep your-	moed hou
stabbed in the back	in rug gesteek
steadfast	standvastig
stood up	opstaan vir
strange	vreemd
stressed	gestres
strong (1)	sterk
stunned	stomgeslaan
stupid (0)	stupid
sublime	verhewe
successful	suksesvol
suicidal	selfmoordneigings
superior	superieur/beter/hoer
superiority	meerderwaardigheid
supported	ondersteun
supportive	ondersteunend
suspect	vermoed
taken aback	verras
taken advantage of	gebruik maak
taken care of	versorg
tearful	tranerig
tempered, short-	humeur, kort
temptation	verleiding
tempted	verlei
tenderness	teerheid/deernis
tentative	tentatief/ tydelik
terrible	verskriklik
threatened	bedreig
thrilled	opgewonde
tickled pink	
timid	versigtig/ beskeie
tolerant	verdraagsaam
torn	verskeur
touched	geraak
trapped	vasgekeer
triumphant	trionfantlik
troubled	onrustig
trustable/trusted/trustworthy	betroubaar
turmoil	warboel/ontstuimig
unable to cope	
unappreciated	nie gewaardeerd
uncomfortable	ongemaklik
understood	verstaan/begryp

uneasy	ongemaklik
unfortunate	betreurenswaardig
unimportant	onbelangrik
unlucky	ongelukkig
unnerved	ontsenu
unprofessional (0)	onprofessioneel
unprotected	onbeskermd
unreliable	onbetroubaar
unsettled	onrustig/ ontwrig
untrustable	onbetroubaar
unworthy	onwaardig
upbeat	opgewek
upset	ontsteld
urgency	dringendheid
urgency, sense of-	dringendheid, gevoel van
used	gebruikte
useful	bruikbaar
useless	nutteloos/ onbruikbaar
valued	gewaardeerd
vengeance	wraak
victorious	oorwin
vindictive	wraaksugtig
violated	onteer/ geskend
virtuous	deugszaam
vulnerable	kwesbaar
weak (1)	swak
weighted	gewigtig
weird	weird/ vreemd/eienaardig
welcome	welkom
welcomes	verwelkom
well	goed
well-being	welstand
willpower	wilskrag
wonderful	wonderlik
worthless	waardeloos
worthwhile	moeite werd
worthy	waardig
wronged	verontreg/benadeel
zonked out	

LEVEL 3

abashed	aangegryp	commiseration	deernis/meegevoel/barmhartig
affection	toegeneentheid/liefde	compassionate	besorg
affectionate	liefdevol	concern	besorgdeid
afraid	bang	concerned	
aggravated	verswarend/ vererger	concern, self-	verag/minag
agonize	angstig hieroor	contempt	vergeneog
agony	angs	content	begeer/smag
alarmed	verontrus/bekommerd	crave	nuuskierig
amazed	verstom/verbaas	curious	deflekteer/ uitgewas
ambitious	ambisieus	deflated	moedeloos
ambivalent	ambivalent/teenstrydig	dejected	bly/verheug
amused	geamuseerd/vermaak	delighted	ylend
anger	woede	delirious	ontmoedig
angered	kwaad gemaak/woedend	demoralized	depressief
angry	kwaad	depressed	depressie
anguish	benoudheid	depression	begeerte
animosity	vyandigheid/wrok	desire	begerig van
annoy	irriteer	desirous of	wanhopig
annoyance	irritasie	despairing	desperaat
annoyed	geirriterend	desperate	verag
annoying	irriterende	despise	neerslagtig
anticipate	verwag/voorspel	despondent	toegewy
anticipated	verwag	devoted	toewyding
anticipation	verwagting	devotion	teleurgesteld
anxious	verwagting	disappointed	telegesteld
appalled	angstig/bekommerd	discontent	onvergenoegd
appalling	ontsteld	discouraged	mismoedig
appreciate	ontstellend	disdain	minagting/veragting
appreciative	waardeer	disgust	afgryse
apprehensive	waardierend	disgusted	afgryse, gevul met
ashamed	bekommerd	dislike/d	hou nie van/ afkeer
astonished	skaam	dismayed	verskrik
at peace	verstom	dissatisfied	ontevrede
awe	tevrede	distaste	onsmaaklik
bereft	verwondering	distraught	verbysterd
bitter	stom geslaan	distressed	benoud
bitterness	bitter	distrust	wantrouig
bittersweet	bitterheid	doomed	gedoem/verlore
bliss	bittersoet	drained (1)	gedreineer
bored	geluk	dread	vrees
broken hearted	verveeld	dreaded	gevreesde
calm	gebreekte hart	dreading	sien op na..,
calm down	kalm	dying for	sterf vir
care	kalm	eager	gretig
cared for	kalm	eagerness	gretigheid
caring	omgee	ecstatic	ekstasies
chagrin	omgee vir	elated	verheug/opgetrek
cherish	versorgend/sorgsaam	embarrass	verlee
cherished	hartseer	embarrassed	verlee
commiserate	koester/waardeer	embarrassment	verleentheid
	gekoester	empathy	empatie
	kla	enjoy	geniet

enjoyed	geniet	horror	verskrikking/gruwel
enjoying	te geniet	horror stricken	met afgryse gevoel
enraged	woedend	hostility	vyandigheid
enthusiastic	entoesiasties	humorous feeling	grappig voel
envied	beny	humiliate	verneder/verkleineer
envious	afgunstig	humiliated	vernederd
envy	beny	humility	nederig
envying	nydigheid/afguns	hurt (1)	seer
euphoric	eufories	in love	verlief
exasperated	verbitterd	incensed	ontstoke / verstom
excited	opgewonde	indebted (2)	verskuldig
excitement	opwinding	indignant	verontwaardig
exhilarated	lewenslustig	inquisitive	nuuskierig
exhilarating		inspired	geinspireer
exhilaration		interest	belangstelling/belang
expectant	afwagting	interested	stel belang
exuberant	uitbundig	intimidated	intimiderend
fascinated	gefasineerd	intrigued (cf. fascinated)	gefassineer/geboei
fear	vrees	irate	kwaad
forgiveness	vergifnis	jealous	jaloers
frantic	woes	jealousy	jaloesie
frightened	bang	jovial	joviaal
frustrate	frustreer	joy	vreugde/blydskap
frustrating	frustrerend	jubilant	in die wolke / jubelend
fulfilled	vervul	jumping for joy	... van plesier
fuming		let down	steek gelaat
furious	woedend/kwaad	like	hou
futility, sense of-	nutteloosheid	liked	gehou
getting hopes up	moed skep	long for	verlang na
glad	bly	longing	begeer
gladness	blydskap	look forward	sien uit
gleeful	verheug	looks forward	
gloomy	somber	loss, sense of-	verlies
grateful	dankbaar	love	liefde
gratification	bevredigend	love, in-	verlief
gratified	tevrede	loved	geliefd
gratitude	waardering	loving	liefdevol
grief	rou/droefheid	mad	kranksinnig
guilty	skuldig	malicious	opsetlik
happiness	vreugde/blydskap	melancholic	melankolies
happy	gelukkig	mellow	sag/ gemaklik
hate	haat	miffed	
hated	gehaat	miss	mis
hatred	vyandskap	mixed up emotionally	verwarring / deurmekaar
hatred, self-	selfhaat	morose	ongeduldig
heartbroken	stukkend/hartseer	mournful	bedroef
hope	hoop	nervous	senuweeagtig
hopeful	hoopvol	nurturing	vertroeteling
hopefully	hopelik	outraged	woedend/verontwaardiging
hopeless	hopeloos	overjoy	
hopes up, getting-	hoop kry	pain (1)	pyn
horrified	afgryse	panic	paniek

paranoid	paranois	sentimental	sentimenteel
peace, at-peaceful	in vrede vreedsaam	serene	rustig
peevied	hy was kwaad	shame	skaam
perturbed	ontsteld	smiling ear to ear	glimlag van oor tot oor
piqued	gewek	sorrow	verdriet/hartseer
pissed off		sorry	jammer
pity	jammer	startled	geskrik
pity, self-pleasant	selfbejammering	stricken, horror-suffer (1)	met afgryse
pleasantly	aangename	suffering (1)	ly
pleased	aangename	sullen	lyding
pleasure	verheugd	supercilious	nors
prefer	plesier	surprise	verwaand
preferred	verkies	surprised	verras
pride	verkies	suspicious	agterdogtig
proud	trots	sympathetic	simpatiek
rebellious	trots	sympathy	simpatie
reconcile	rebels	take care	sorg vir / dra sorg
regret	versoen	tense	gespanne
regretful	berou	tension	spanning
relaxed (1)	berouvol	terrified	vreesbevange
relief	ontspanne	terror	vrees
relieved	verlig	thankful	dankbaar
relish	verligting	ticked off	vies raak
remiss	genot put	tranquility	rustigheid
remorse	genot put	trepidation	angs/bewing
reproach, self-resentful	nalatig	trust	vertrou
resigned	spyt	unconcern	onbetrokkendheid
revel	verwyf	uneasy	ongemaklik
reveled	gebelgd	ungrateful	ondankbaar
reveling	bedank	unhappy	ongelukkig
vengeful	verlustig	uptight	
rueful	verlustig	vindicated (cf. relieved)	geregverdig/reg bewys
sad	wraaksugtig	want	wil hê
saddened	bedroef	wanted	wil hê
sadness	hartseer	wants	wil hê
satisfaction	hartseer	warm (affectionate)	liefdevol
satisfied	hartseer	wary	versigtig
satisfy	tevredenheid	weary	uitgeput/moeg
satisfying	tevrede	willing	gewillig
savor	tevrede	wish	wens
scare	tevredenheid	wishes	wense
scared	geniet	woeful	ongelukkig
scorn	skrik/bang maak	worried	bekommerd
self concern	bang	worries	bekommernis
self hatred	spot	worry	bekommer
self pity	selfkommer	yearning	begeerte/verlange
self reproach	selfhaat		
sense of futility	selfbejammering		
sense of loss	selfverwyf		
	nutteloosheid		
	verlies		

APPENDIX F

LEAS Scoring Manual & Glossary

Contents:

- I. Guidelines for LEAS Scoring
- II. Glossary by Level
- III. Alphabetical Glossary
- IV. Examples of Scored LEAS Scenarios
- V. Levels of Emotional Awareness Scale

©1991 RICHARD D. LANE, M.D.
DEPARTMENT OF PSYCHIATRY
UNIVERSITY OF ARIZONA HEALTH SCIENCES CENTER
TUCSON, ARIZONA 85724

LEAS Scoring Manual & Glossary
C:\Users\user\Desktop\MSW\Documents\JOHANNELI KNOETZE - MSW NAVORSING 2014 -
EMOTIONAL AWARENESS\Dokumentasie\LEAS Scoring Manual.docx 08/14/15 4:27 PM
RICHARD D. LANE, MD phone: (520)626-6812 fax: (520)626-4070

I. Guidelines for LEAS Scoring

I. GUIDELINES FOR LEAS SCORING

The LEAS consists of 20 scenarios which are each rated on a 5- point scale. These scores are summed to generate a maximum possible total score of 100. The guidelines described below address how the 5-point rating for each scenario is made.

There are three separate ratings which must be made for each scenario: (1) self, (2) other, (3) total. The ratings for "self" and "other" are made in exactly the same way: the description of emotion for each person is assigned the level score from 0 to 4 which is the highest level achieved for that item. Thus, there is one "self" score from 0 to 4 and one "other" score from 0 to 4 for each scenario. Every feeling mentioned in a scenario can potentially be rated for "self" or "other."

In making these ratings, the criteria listed below should be followed explicitly. Emotion which is implied by or can be inferred from a response but which is not explicitly stated should not be scored. If a feeling is explicitly mentioned but denied, e.g., I wouldn't feel embarrassed, it is scored as if the emotion in question was present. If a feeling is not specifically attributed to self or other but to "someone" or "one," it is not rated. Similarly, if emotions are described which are not a response to the scenario per se but rather reflect the general belief system of the respondent, the emotions are not rated. If only one word is listed, attribute it to the self. Incidental comments contained in the description which convey emotion such as "I hope" are rated if they are embedded in the emotional response.

All words in the glossary are classified according to the level that they best fit. If there is another level that they might also fit less commonly, that secondary level is indicated in parentheses. Words must be interpreted in relation to the scenario, e.g., pain in the first scenario is scored 1, while in scenario 12 is scored 3.

The "total" score for each item is the highest of these two ("self" and "other") scores, except in the case of two level 4 scores in which case the

guidelines for level 5 should be followed. All of the scoring guidelines for these ratings are listed below.

LEVEL 0

At least one of the following guidelines must be met:

1. **No response** given to the item.
2. Description of a **thought or impression which reflects an act of cognition** without any indication of the emotional reaction which followed from the cognitive act. A good rule of thumb here is if the word "think" can substitute for the word "feel" without any change in meaning, e.g. I would feel that they were wrong; I would feel that the remarks were justified.
3. Words that describe **cognitive states**, e.g. puzzled, confused, uncertain. Included here is "I expect..." because "expect" is a cognition.
4. Words that reflect **conclusions reached from evaluative judgments** which do not consistently have an associated positive or negative emotional tone, e.g. adequate, alone, justified.

LEVEL 1

At least one of the following guidelines must be met:

1. Explicit, simple statement that the person would **feel nothing**, a statement that the **respondent does not know how the person in question would feel**, or a statement acknowledging the possibility of **having feelings without specifying what they are**, e.g. closed, denial, indifferent.
2. Any **bodily sensation or physical feeling**, e.g. I'd feel pain, tingling, achy, nauseated.

LEVEL 2

At least one of the following guidelines must be met:

1. An **action tendency, if it is demonstrative of an emotion**, e.g. "I'd feel like punching the wall." A response would be scored here if the person felt like doing something which required mediation by the voluntary motor system. Actions per se are not rated as feelings. Included here are comments such as "feeling so much that I would probably only be able to sit and stare at my stereo" (i.e. catatonic).
2. Reference to a conscious state which is **global** in nature and focuses on a key word whose usual meaning is **not emotional**, e.g. I'd feel ... good, bad, upset, awful, terrible, great, weird, etc. Words such as "strong" or "weak" would be scored here if they did not clearly refer to a physical state.
3. **Personality traits which have an inherent action component** where the person is the initiator of the behavior, e.g., authoritarian, pompous, patriotic, defensive, greedy, haughty.
4. **Passively experienced actions** with emotional connotations, e.g. abandoned, offended, soothed, manipulated, appreciated.
5. **Actions that inherently convey emotion**, e.g. mope, laugh, cry, soothe, console.
6. **Nonspecific emotions** that cannot be categorized with any one primary emotion, e.g. irritated, upset, aroused.
7. Words that reflect **cognitions that have distinctly positive or negative emotional connotations**, e.g. fortunate, triumphant, unworthy, lucky.

LEVEL 3

At least one of the following guidelines must be met:

1. Emotions that have a **well-differentiated** connotation, e.g. happy, sad, angry, want, anticipate, disappointed, etc.
2. Words which are **closely allied to specific emotions**, e.g. pissed off, look forward, dying for, let down.
3. Words that inherently **convey an exchange of emotion**, e.g. sympathize, empathize, commiserate.
4. **Complex emotions** such as "remorse" are scored here if it is the only emotion mentioned.
5. **Single words which refer to multiple emotions** would be scored here if the multiple emotions were not specified or referred to in some way, e.g. "I'd feel ambivalent."
6. If **two or more feelings are expressed which are so similar in meaning that they cannot be readily distinguished**, i.e. LEVEL 4 criterion #2 is not satisfied (e.g. "at peace" = "relaxed" therefore is scored as LEVEL 3 not LEVEL 4).

LEVEL 4

(Two or more LEVEL 3 emotions which are distinguishable from each other)

At least one of the following guidelines must be met:

1. **Opposing emotions** are described. Examples of opposing dyads include joy-sadness, interested-bored, anger-fear, surprise-anticipation, acceptance-disgust.
2. **Qualitatively distinct emotions** are described. The test of whether a feeling state is distinct is if an outside observer could look at two people,

each of whom is manifesting the facial expression of one of the emotions which is to be contrasted, and reliably identify who is feeling what (e.g. "at peace" = "relaxed" therefore would be scored as LEVEL 3 not LEVEL 4).

3. **Quantitatively distinct emotions** are described through the use of words that describe different emotions, not use of adverbs such as "more" or "less," e.g. "My feeling was somewhere between ecstatic and delighted." Another sufficient but not necessary criterion for making quantitative distinctions is that provided by #2 above.

4. When **different reasons are given for a single emotional response**, e.g. I would feel angry with myself and angry with my neighbor.

LEVEL 5

All of the following guidelines must be met:

1. Each individual's emotional reaction meets level 4 guidelines. (**Self = 4 and Other = 4**)
2. The reactions of the two **individuals are clearly different** from each other, either in specific content or overall tone. If the emotions which contribute to the level 4 score in each of the two individuals are the same, reasons should be given to account for differences in the overall tone of the two reactions.

APPENDIX G



Jakaranda

Kinder en Gesinsorg Maatskappy
Child and Family Care Centre

Reg. Kinderhuis/Children's Home

Privaatsak/Private Bag x11
Lynn East
0039
Talitha Kumi str
East Lynne

Tel: (012) 800-4700
Faks/Fax: (012) 800-4443
www.jacarandachildren.co.za

NPO Reg. nr 001-649NPO
Art.21 Mpy./ Sec. 21 Co. Reg nr: 2001/016848/08

03/03/2014

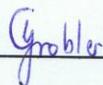
To whom it may concern,

Jakaranda and Louis Botha Children's Homes have approved that Catherine Mclean may undertake her research with our children.

Further details will be discussed.

Thank – you.

Kind regards,



Charlene Grobler

Department Head: Multi – Disciplinary Development Centre

Bank Besonderhede/Bank Details: ABSA – Derdepoort **Tak kode/Branch Code :** 335245 **Rek. No./Account No. :** 1430140724

Beskermerhere/Patrons: Ryk Neethling, Bobby Van Jaarsveld, Adv. Paul Rothmann **Beskermvroue/Patrons :** Berdette van Zyl

Direkteure/Directors: (Voorsitter/Chairman) Ds./Rev. JH van Loggerenberg, Mnr./Mr. JB Kruger, Adv. SA Visser, Dr. U Schiller, Ds./Rev. DH Janse v. Rensburg, Mnr./Mr. GL Botha, Mnr./Mr. O Truter, Mnr./Mr. LS de Kock, Me. RA Fourie, (Uitvoerende Direkteur/Executive Director) Mnr./Mr. M Erwee

APPENDIX H



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

5 August 2014

Dear Prof Lombard

Project: Evaluation of an emotional awareness programme for children in middle childhood in a child and youth care centre in Pretoria
Researcher: C Mclean
Supervisor: Dr MP le Roux
Department: Social Work and Criminology
Reference numbers: 13301692

Thank you for the application that was submitted for ethical consideration.

I am pleased to inform you that the above application was **approved** by the **Research Ethics Committee** on 31 July 2014. Data collection may therefore commence.

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 the 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 Karen Harris
Acting Chair: Postgraduate Committee &
Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: Karen.harris@up.ac.za

Research Ethics Committee Members: Dr L Blokland; Prof Prof M-H Coetzee; Dr JEH Grobler; Prof KL Harris (Acting Chair); Ms H Klopper; Dr C Panebianco-Warrens; Dr Charles Puttergill; Prof GM Spies; Dr Y Spies; Prof E Taljard; Dr P Wood

APPENDIX I



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work & Criminology

Researcher: Ms. Catherine Mclean

Contact details: 082 337 6386

Institution: Department of Social Work and Criminology, University of Pretoria

INFORMED CONSENT BY LEGAL GUARDIAN

Name of guardian: _____

Name of participant: _____

1. Research title

Evaluation of an emotional awareness programme for children in middle childhood in a child and youth care centre in Pretoria

2. Purpose of the research study

The purpose of this study is to evaluate an emotional awareness programme for children in middle childhood in a child and youth care centre in Pretoria.

3. Procedures

The researcher will request a list of children that fit the selection criteria from which the participants will be selected and randomly assigned to either a comparison or experimental group. Both groups will complete a questionnaire to establish their level of emotional awareness. The experimental group will then be exposed to a seven week, emotional awareness program consisting of three, sixty minute sessions per week. The sessions will be run by the researcher, a social worker, in a small group setting at the child and youth care centre. After the seven weeks both groups will complete the questionnaire once again.

The program will also be made available to the control group after the study has been completed.

The questionnaires, the recordings and transcripts thereof will only be accessible to those directly involved in the research, namely the researcher and her supervisor. Participants will not be identifiable as codes rather than their names will be used.

4. Risks involved in the research study

A minor possibility exists that the participant may experience emotional distress as the activities could trigger emotions and memories. Should a participant display any signs of emotional distress, the social worker responsible for that child will be notified as soon as possible. Participants will be given the opportunity to ask questions and discuss any of their concerns on an ongoing basis to ensure clarification and prevent misconceptions.

5. Benefits of the research study

There are no direct benefits or any financial gains for the participant taking part in this study. Participation in this study may however contribute to designing effective emotional awareness programs for utilisation in child and youth care centres. In addition, the participants' emotional awareness may be enhanced through exposure to the seven week program which is believed will be to their benefit.

6. Voluntary participation

The participant is under no obligation to participate, and should he/she choose to withdraw after the study has commenced, he/she will be allowed to do so immediately without any negative consequences.

7. Confidentiality of information

The information provided by participants will be handled with strict confidentiality and participants will not be identifiable. Questionnaires will be secured in a locked cabinet. Only the researcher and her supervisor will have access to the research data. After completion of the research all the research information will be safely stored at the Department of Social Work and Criminology, University of Pretoria, for a period of 15 years. The results of this research may appear in professional publications, be presented at a professional conference or utilised for future research purposes, but the participants' privacy will be respected.

8. Contact details

If more information is required about this research, please feel free to contact the researcher at: e-mail: cathy@childwelfare.co.za or cell number: 082 337 6386.

9. Permission for participation in the research study

I, the undersigned, have read the information provided above and all my questions have been answered satisfactorily. I give consent for the above-named minor in my legal care to participate in this research study.

Guardian: _____

Date: _____

Researcher: _____

Date: _____

APPENDIX J



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work & Criminology

Researcher: Ms. Catherine Mclean
Contact details: 082 337 6386
Institution: Department of Social Work and Criminology, University of Pretoria

INFORMED ASSENT BY PARTICIPANT

Name of participant: _____

Title of the research: *Evaluation of an emotional awareness programme for children in middle childhood in a child and youth care centre in Pretoria*

Dear participant

I am doing a project to find out whether certain stories and activities can help children to understand and talk about their feelings and things they go through. It is believed that this will help children to become emotionally clever which will help them build good relationships and better cope with situations in life. It is hoped that the information from this study will be used in the future to further help children in child and youth care centres.

If you decide to take part in the project, I will ask you to attend seven weeks of small group sessions, where we will do different activities and talk about your feelings and experiences. The sessions will take place three times a week, for about 60 minutes, at the children's home.

Before the first session, you will fill in a questionnaire (a form) with questions about different make believe situations in which you or others could find yourselves. You will fill in the same questionnaire again at the end of the project.

What you say in the sessions, the information on the forms and our discussions will be kept private. The forms will be safely locked away at the University of Pretoria.

When I finish my project, I will write a report about the information that I got from the forms. When someone reads this report they will not know who gave me the information, because nobody will know who you are or what you look like. Your name will not be written anywhere as I will use a code instead of your real name.

You can choose if you want to take part in the project. If you decide that you do not want to take part, nothing bad will happen. If you decide to take part in the project, but then decide that you want to stop, you can stop at any time and no-one will be angry with you. Although you will not get a reward for taking part, I will be able to find ways to help other children to deal with feelings and experiences that bother them. If you have any questions, you can ask me any time.

If you want to take part in the project, you can sign your name at the bottom of the page. When you sign your name it means that you have read or listened to the information in this letter and feel that all your questions have been answered. It also means that you freely give your permission to take part in this project.

I freely give my permission to participate in this project. If I have any questions, I can ask Ms. C. Mclean at any time during the project. I can contact her on her cell phone number or talk to her during the group sessions.

Participant: _____ Date: _____

Researcher: _____ Date: _____