Connecting emotional awareness with resilience in a young child affected by HIV/AIDS

by

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DECLARATION OF OWN WORK

I, Susan Greyling (student number 20148705), declares that this mini-dissertation titled: *Connecting emotional awareness with resilience in a young child affected by HIV/AIDS* which I hereby submit for the degree Magister Educationis at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.

____

Susan Greyling
31 August 2009

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ABSTRACT

CONNECTING EMOTIONAL AWARENESS WITH RESILIENCE IN A YOUNG CHILD AFFECTED BY HIV/AIDS

Supervisor:	Dr. R. Ferreira
Co-supervisors:	Prof. I. Eloff
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Department:	Educational Psychology
Degree:	MEd (Educational Psychology)

The purpose of this study was to explore the potential connection between emotional awareness and resilience in a young child affected by HIV/AIDS. The study forms part of a broad research project, the Kgolo-Mmogo project, involving a multidisciplinary team of researchers from the University of Pretoria, South Africa and Yale University in the United States of America. The Kgolo-Mmogo project aims to investigate the adaptive functioning of children affected by HIV/AIDS, whilst potentially enhancing resilience. The project involves an assessment of the participating children, which is followed by a structured intervention and post-assessment.

The conceptual framework for my study was based on existing literature relating to early childhood development, emotional development, as well as children affected by HIV/AIDS and resilience. I followed a qualitative approach, anchored in the interpretivist paradigm. I utilised an instrumental case study research design and conveniently selected the participants, who were involved in the broader Kgolo-Mmogo project at the onset of my study. One five year old girl, her mother and the care workers who facilitated the intervention, participated in my study. I observed eleven intervention sessions, as well as the pre- and post assessment. In addition to observation, documented in the form of field notes, photographs and a research journal, I employed conversational interviews with the care workers, for data collection and member-checking purposes. I also conducted two semi-structured interviews with the mother of the participant.

Three main themes emerged subsequent to thematic data analysis. The first theme relates to developmentally appropriate skills that remained constant throughout my study, with the sub-themes associated with the cognitive, emotional and social domain of development. The second theme concerns accelerated emotional functioning in certain areas of development, with the sub-themes being an increased frequency in referring to feelings, and an increased differentiation when referring to feelings and desires. The last theme entails the enhancement of social skills, with the sub-themes relating to the formation of trusting relationships and enhanced communication about experiences. Based on the findings I obtained, I can conclude that the Kgolo-Mmogo intervention seemingly provided some learning opportunities to foster emotional resilience in a young, vulnerable child.

LIST OF KEY WORDS

- Early childhood development
- Emotional awareness
- Emotional development
- Intervention
- Kgolo-Mmogo project
- Resilience
- Young child affected by HIV/AIDS

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CHAPTER ONE
OVERVIEW AND RATIONALE

1.1 INTRODUCTION

Based on my interest in community development and research involving vulnerable individuals and communities throughout my studies in Educational Psychology, I was approached in 2005 to become involved in a broad research project, namely the Kgolo-Mmogo[1] project. This project focuses on the promotion of resilience in children of whom the mothers are infected with HIV[2].

I view the phenomenon ”resilience” as dynamic. For me, the concept implies movement that can be observed in terms of the consequences it delivers. The concept resilience is attributed to people who have shown the ability to survive and even thrive when facing life challenges. It implies internal and/or external factors in a person and the environment – so-called protective factors – which might serve to protect, strengthen or buffer an individual when facing life challenges (Simms Shepard, 2004; Prevatt, 2003). Buffers or protective factors can contribute to or enhance the internal and/or external strengths required when coping, thriving or *adapting* to difficult circumstances. On the other hand however, the stress and difficulties present in circumstances faced by individuals are regarded as risk factors (Simms Shepard, 2004, Prevatt, 2003) which may lead to pain or imbalance in the case of a child’s development and life in general.

Literature on resilience (Brooks, 2006; Morrison, Brown, D’Incau, Larson O’Farrell & Furlong, 2006; Brendtro, Brokenleg & Van Bockern, 2005; Luthar & Goldstein, 2004; Ong & Bergeman, 2004; Rutter, 1987) identifies several strengths or protective factors in children of diverse cultures that appear to be universal by nature. These factors include social and emotional competence, the ability to solve problems, having a sense of purpose, and autonomy. Several needs of children in various

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[1] The meaning of Kgolo-Mmogo is: “Growing together”
[2] The Kgolo-Mmogo project was launched in January 2007 and involves researchers from the University of Pretoria and Yale University.

cultures also appear to be similar, for example, the desire to belong, for autonomy, mastery and generosity and to experience a sense of independence (Brendtro *et al.*, 2005).

Despite existing literature on resilience indicating universal trends across cultures, I found limited material on resilience among young children, more specifically three to five year old children. As such, I decided on undertaking a study that might add to available research on resilience in this age group. I regard a distinction between the different age groups as important since different age groups are characterised by different needs, desires, responsibilities and levels of functioning (Erikson, 1980). For the purpose of my study I decided to focus on pre-school children, more specifically on the emotional development of this group of children, which may form part of resilience and that take place during early childhood. Subsequently, within the context of my study I explored emotional resilience.

1.2 RATIONALE FOR UNDERTAKING THE STUDY

To me, resilience forms part of life, of learning, of surviving, growing and experiencing joy. I regard resilience as being present in the lives of all human beings, appearing in various forms and intensities, with or without consistency over various time periods and contexts. I support the definition of resilience by Rickwood, Roberts, Batton, Marshall and Massie (2004), according to who resilience refers to an individual's ability to *adapt* to diversity through learning and developing resilient thoughts, behaviours and actions. This concept of *adaptational* processes partly originated with Masten (2001) who regards resilience as a common phenomenon that makes its appearance as a result of a human being's natural *adaptational* system. I believe that *adaptational* systems can be nurtured and enhanced by protective factors or inhibited by risk factors (Luthar, Cicchetti & Becker, 2000). For my study, I attempted to gain an understanding of how the awareness and identification of emotions might potentially serve as a protective factor, thereby amplifying emotional resilience. My attention to emotions therefore centres around the ability of young children to become aware of what they feel and secondly, to name such feelings.

My interest in the emotional domain stems from a personal fascination in the complexity of this facet of human beings. In support of the work by Dowling (2005) I regard emotions to have their own rhythm and speed, as being dynamic by nature and inherent to all experiences, thoughts and actions. Against the backdrop of my interest in the emotional aspect of human development and based on my decision to thus focus on the emotional domain for the purpose of my study, the following questions have crossed my mind: *"How can young children in challenging circumstances be supported to enjoy the benefit of optimum emotional development within their context?"; "What type of support is available and accessible to young children in areas with scarce resources who have limited access to professional support services?".* These questions have not only led me to the formulation of my research question, but also to some insight in terms of the potential impact of challenging circumstances on the development and future of vulnerable children. As such, I view children who are infected with and affected by HIV/AIDS in communities with scarce resources to be vulnerable; also in terms of their development.

Based on my personality and who I am, my first and foremost passion in life centres around utilising my time, knowledge and skills to the advantage of people who cannot afford to pay for help, while learning and advancing my knowledge. The Kgolo-Mmogo project provided me with such an opportunity to become involved in a research project, yet also indirectly support vulnerable children, aiming to promote their resilience and thereby potentially better equipping them for life. In the past my involvement in various community projects since my adolescent years has allowed me to encounter resilience among vulnerable people, as well as the potential value of research projects in this area. Subsequently, the invitation to become involved in the Kgolo-Mmogo project fitted my desire to get involved in the lives of vulnerable people (children) and conduct research in this area. My initial readings in the area of resilience confirmed that resilience among young children is an area of research that requires ongoing research (Luthar, Cicchetti & Becker, 2000).

1.3 CONTEXTUALISATION: THE KGOLO-MMOGO PROJECT

As already indicated, my study forms part of a bigger research project (the Kgolo-Mmogo project) involving a multidisciplinary team of researchers from the University

of Pretoria and Yale University. A structured support intervention was initially planned for children aged six to ten of mothers who are HIV-positive, in an attempt to investigate how resilience might be promoted among children by means of intervention. However, as the project progressed, the need was identified to also provide intervention to the three to five year old children of the mothers participating in the project. As a result, a fellow student[3] and I were approached to develop an intervention (Appendix A) for this age group to implement during the Kgolo-Mmogo project. The intervention was peer-reviewed and refined to ensure that the activities included in the intervention were developmentally appropriate for the three to five year age group, and more specifically to fit the developmental level of the children participating in the Kgolo-Mmogo project. The intervention addresses the six domains of development, namely the physical, emotional, conative, cognitive, spiritual and social domain. It should be noted that the complete intervention *per se* is not the focus of my study, although I focus on the emotional domain and sections of the intervention.

The intervention was implemented after an initial assessment of the participants' levels of resilience (in terms of the physical, emotional, conative, cognitive, spiritual and social domain of functioning), and was followed by a post-assessment. Volunteers from the community were trained to implement the intervention and have taken on the role of "care workers". The implementation and assessments have been and are still done by these care workers. A doctoral student has also been involved in the project, developing the assessment instrument for the children in the age group three to five.

1.4 PURPOSE OF THE STUDY

The purpose of my study was to explore and describe to what extent an intervention might potentially contribute to emotional awareness and enhance resilience in a five year old child affected by HIV/AIDS. Guided by this purpose, I attempted to explore a five year old child's ability to identify and express emotions prior to her receiving

---

3 M. Duvenhage, MEd (Educational Psychology).

the Kgolo-Mmogo intervention[4] (focusing *inter alia* on the physical, emotional, conative, cognitive, spiritual and social domain of development). After completion of the intervention, the participant's ability to identify and express her emotions was re-assessed, allowing me to compare the initial assessment results with those obtained after the intervention had been completed. For this purpose, I observed the initial assessment and post-assessment of the participating five year old girl, as well as eleven intervention sessions she participated in over a period of six months (May 2008 to September 2008). In addition, I obtained data from the care workers and the child's mother, who acted as secondary participants in my study.

1.5 RESEARCH QUESTIONS

My study was guided by the following primary research question: *How can emotional awareness, facilitated within an activity-based intervention, foster resilience in a five year old child affected by HIV/AIDS?*

In an attempt to answer the primary research question I have addressed the following secondary questions:

- What are the internal protective factors that contribute to emotional resilience in a young child?
- How might intervention activities contribute to building resilience in a five year old child, affected by HIV/AIDS?
- How might emotional awareness be promoted in a young child by means of an intervention (or not)?

1.6 ASSUMPTIONS OF THE STUDY

I approached my study with the following assumptions:

- An activity-based intervention can provide data which might allow a researcher to assess emotional awareness and resilience in young children affected by HIV/AIDS.

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[4] Intervention developed as part of the Kgolo-Mmogo project, focusing on the promotion of resilience among three to five year old children (refer to Appendix A).

- Emotional awareness can be facilitated within young children affected by HIV/AIDS.
- Age-appropriate development can contribute to the development of resilience in young children.
- Social interactions can provide a foundation for learning in the pre-school phase.

1.7 KEY CONCEPTS AND PHRASES

In the following sections I describe the key concepts and phrases I applied during my study.

1.7.1 EMOTIONAL AWARENESS

Emotional awareness serves as a foundation upon which other skills – such as emotional self-control – builds. In this manner, emotional awareness might be regarded as a prerequisite for self-regulation (Goleman, 2004; Ebersöhn, 2002; Lewis, 1992). I believe that awareness of emotions fosters the ability to express emotions. If, on the other hand, emotions remain unexpressed, tension may be caused in the nervous system and unconsciousness of a child (Panksepp & Smith Pasqualini, 2005).

1.7.2 RESILIENCE

Rutter (1987) believes that resilience is a function of the interaction between protective and risk factors. Problem conditions in children may be brought on by risk factors, such as poverty, socio-political instability, negligence, abuse and lack of care and support (Bellin & Kovacs, 2006; Felner, 2005; Jaffee, 2005; Kimhi & Shamai, 2004; Sandler, Wolchik, Davis, Haine & Ayers, 2003). On the other hand, literature on resilience also refers to concepts such as inner strength, coping, adapting and thriving as protective factors (Eloff, Boeving, Briggs-Gowan, De Villiers, Ebersöhn, Ferreira, Finestone, Harvey, Neufeld, Sikkema, Visser & Forsyth, 2007; Brooks, 2006; Morrison *et al.,* 2006; Brendtro *et al.,* 2005; Luthar & Goldstein, 2004; Ong & Bergeman, 2004) which might enhance emotional functioning and well-

being. For the purpose of this study resilience is defined as a phenomenon appearing as a result of a natural human *adaptational* system (Mastens, 2001) consisting of risk and protective factors. Resilience as concept is therefore accredited to individuals who have demonstrated the ability to endure, and more specifically thrive when experiencing life difficulties.

1.7.3 YOUNG CHILD AFFECTED BY HIV/AIDS

Within the context of my study, one five year old child participated who is affected by HIV/AIDS based on the fact that her mother is infected with HIV. Authors such as Cook and Du Toit (2005), Moletsane (2004) and Senior (2002) emphasise the possibility that children affected by HIV/AIDS may be orphaned, or experience vulnerability due to mental health problems and a need of security and food. Subsequently, children affected by HIV/AIDS often experience feelings of hopelessness, abandonment, anxiety and depression. In this study the aforementioned aspects could result in compromising healthy *adaptational* systems and can therefore be regarded as risk factors in the sense that they might be associated with negative life outcomes such as psychological problems, as well as potentially challenging a child's ability to adapt to potential demands (Ahmed, Seedat, Van Niekerk & Bulbulia, 2004; Van Haaften, Zherong & Van de Vijver, 2004).

1.7.4 INTERVENTION

In line with the focus of the Kgolo-Mmogo project, the intervention (Appendix A) that was developed in 2006 focuses on the enhancement of childhood resilience and the identification of factors that might contribute to or mediate resilience (Eloff, 2008). In developing the intervention, my fellow-student and I relied (among other sources) upon the work of Neill (2006) which states that the central process involved in building resilience, can be regarded as the training and development of *adaptive* coping skills.

The focus of the Kgolo-Mmogo intervention is therefore on utilising constructive activities in addressing the six domains of development, as referred to in the

purpose of the study, with the aim of creating success experiences such as mastery of skills. The intervention lasts eleven weeks and is facilitated by trained[5] care workers. For my study, only one participant was involved in the selected group and the sessions lasted for approximately forty minutes each, with regular short breaks. Based on the context of my study, I focused on the intervention sessions that relate to the emotional domain of development, in terms of the four basic emotions (sessions 11, 12 and 13) namely happy, sad, angry and scared (Dowling, 2005; Goleman, 2004; Greenberg & Snell, 1997). Although I have therefore been observing as many sessions as possible, my in-depth observations, documented as field notes, centre around these three sessions.

1.8 PARADIGMATIC APPROACH TO THE STUDY

I followed a qualitative approach embedded in the interpretivist paradigm. By means of a qualitative approach I was able to interact with the research participants (one five year old girl, her mother and the care workers facilitating the intervention – refer to section 1.9 for more detail) and in doing this, conduct research with them and not on them. My approach is embedded in my belief that qualitative research encompasses a sense of symbolic interaction (Garrick, 1999). The concept of symbolic interaction stems from my selected research approach according to which no specific set of rules exist (ethical rules remain uncompromised) to which a researcher and participant should adhere, and according to which a socially friendly approach is propagated that entails agreed upon rules and boundaries (Schwandt, 2000; Garrick,1999).

Based on my ontological stance, I believe that life experiences form one's reality. Based on my epistemological stance, reality can be understood through making observations and listening to what people say (Terre Blanche & Kelly, 2002; Schurink, 2000). I therefore view reality as subjective, but accessible through interaction and communication (Terre Blanche & Durrheim, 2002), thereby aligning with Interpretivism.

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[5] In preparation for their task as facilitators, my colleague and I trained the care workers in terms of the activities included in the intervention.

Through my selected research approach and paradigm I acted as the primary research instrument. I collected and analysed the research data myself (Terre Blanche & Kelly, 2002). Close observations of the participant supported me in gaining an "insider's perspective" on the intentions and motives behind actions (Schwandt, 2000), since I regard the participant (including secondary participants like the mother and care workers) as the author and origin of her feelings and thoughts (Terre Blanche & Durrheim, 2002). An insider's perspective implied a kind of "empathic identification" through which I attempted to understand the world of the participant and the meaning she gave to her experiences (Schwandt, 2000). In doing this I attempted to adopt an emic perspective to the study (Schurink, 2000; Schwandt, 2000). More specifically, I investigated the meanings the participants gave to the participating girl's experiences drawn from the intervention and potential life experiences expressed during the intervention. I attempted to portray the participant's experiences of the intervention as accurately as possible.

1.9 BRIEF OVERVIEW OF RESEARCH METHODOLOGY AND STRATEGIES

I selected an instrumental case study design (Stake, 2000). This allowed me to gain insight into the experiences and expectations of the selected primary participant (refer to section 3.3.2 for more detail on the selection of the participant) being a five year old child. I attempted to provide thorough and rich descriptions of the participant's behavioural and verbal expressions, which in turn assisted me in my aim to obtain an in-depth view into her life world (Mouton, 2001; Stake, 2000) and personal experiences (Huberman & Miles, 2002). The selected design further assisted me in answering my research questions as I explored how the identification and labelling of emotions may or may not have enhanced resilience in this young child affected by HIV/AIDS. During the study I also became aware of factors other than the focus of my study that could bear the attributes of protective factors in resilience.

One five year old girl, her mother and the three care workers facilitating the intervention participated in my study. For the purpose of my study, the participants were conveniently selected (Patton, 2002; McMillan & Schumacher, 2001) due to

them having been involved in the greater Kgolo-Mmogo project and participating in the project during the specific time frame that I started my field research. Please refer to section 3.3.2 for the selection criteria initially employed when purposefully selecting the participants for the broader Kgolo-Mmogo project. As the participants all form part of the Kgolo-Mmogo project, they were conveniently selected for the purpose of my study (Patton, 2002; McMillan & Schumacher, 2001).

I attempted to explore the potential enhancement of resilience by comparing the results obtained during the pre- and post-assessment. The pre-assessment commenced on 7 May 2008 and the post-assessment was completed on 30 October 2008. I observed the pre- and post-assessment activities, while making field notes. I also selected a few relevant sessions from the intervention programme (Appendix A) which were relevant to my research questions. I observed these sessions, made field notes and discussed them with the care workers who fulfilled the role of facilitators. In addition, the other sessions also provided valuable data, as emotional development is an implicit and underlying goal of all sessions.

For the purpose of my study I employed simple observation during the initial and follow-up assessment of the participant, as well as during the intervention sessions she participated in. I observed the participating child's behaviour, gestures, body language and interactions (Terre Blanche, Durrheim & Painter, 2006). As I was not able to understand any communication that transpired in the mother tongue of the Sotho-speaking girl, I regard careful observation and thorough field notes as central to my data collection and documentation process. I recorded field notes during and after each session, allowing me to revisit the data at later stages (Schurink, 2000).

I took photographs of the assessments[6] and relevant intervention sessions, capturing the events that took place. In this manner, photographs supported my attempt to capture and portray "lived moments" (Emmison, 2004:260). The visual data I obtained from photographs might have enhanced the trustworthiness of my study by capturing the physical context and actions of the participant that I refer to (Riley & Manias, 2004).

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[6] All identifying information has been removed for the purpose of this mini-dissertation.

In addition to observation and visual data collection techniques, I conducted informal conversational face-to-face interviews with the care workers facilitating the intervention directly after the assessment and intervention sessions I observed. I also conducted two interviews with the participating girl's mother; one early in the research process and one after the intervention had been completed. I conducted the interviews with the mother in an attempt to establish her perspective regarding her child's emotional development, more specifically the girl's ability to express emotions.

I captured my personal meaning-making processes, as well as references to relevant literature, in the form of a research journal (McMillan & Schumacher, 2001). In this way, journaling allowed me to keep track of my thought processes, as well as highlight the themes that emerged. It also enabled me to ask critical questions in a reflective manner on my data collection activities and the manner I completed these.

I thematically analysed my field notes, observations, visual data and verbatim transcripts of the interviews, identifying emerging themes and topics. By implementing thematic analysis I attempted to identify the relationships between the relevant elements of key words, messages, meanings and themes (Cohen, Manion & Morrison, 2003; Babbie & Mouton, 2001).

1.10 ETHICAL CONSIDERATIONS

In terms of *informed consent*, I provided the participants with accurate and comprehensive information in terms of my study and involvement in the broader project, as well as the advantages and disadvantages implied (Cohen *et al.*, 2003). As a result, the participants were able to make an informed decision on whether or not they wanted to participate (refer to Appendix B). I obtained informed consent from both the mother and the care workers. I also obtained verbal assent from the child participant.

Besides obtaining informed consent, I respected the *privacy* of the participants, encompassing *confidentiality* and *anonymity* by not revealing any of the participants' identities (Berg, 2001; Strydom, 2000). I remained aware of the principles of

protecting participants from harm and *being fair* towards them during all research activities (McMillan & Schumacher, 2001). Throughout, I focused on *avoiding any potential risk* to the participants that could harm them emotionally, mentally or physically (Berg, 2001). In chapter three, I discuss the ethical guidelines I adhered to in more detail.

1.11 FORESEEN CHALLENGES AT THE ONSET OF THE STUDY

The language of the participants presented a distinct challenge. As the selected girl does not speak English, I relied on the care workers for interpreting the communication that transpired between them and her, as well as the communication that transpired between the girl, her mother and me, although the mother could speak and read English. I am aware of the possibility that the interpretations of the care workers might have influenced the meanings given during the translation process, but I attempted to partially address this challenge by relying on my knowledge of non-verbal messages obtained during my training as educational psychologist. Furthermore, the fact that three care workers were involved provided an opportunity for them to support one another during the translations. My literature study and regular communication with the care workers also assisted me in addressing this challenge.

Secondly, the developmental level of the participating child implied a potential challenge, as her assessed levels of development differ from the norm portrayed in existing literature. This aspect altered and influenced my expectations resulting in me having to adapt some of my research methods to match the level of the participant. Regular reflection and discussions with my supervisors assisted me in addressing the challenge. Thirdly, in obtaining results and formulating findings, I was faced with the possibility of potential change in terms of resilience being the outcome of natural development and not necessarily a result of the intervention the selected girl had been participating in. In this regard, I faced the challenge of trying to determine to which aspect any difference in levels of resilience could be ascribed. I attempted to address this potential challenge by including interviews with the mother, making detailed field notes of my observations, observing as many intervention sessions as possible and reflecting continually. In addition, existing

literature on child development and resilience probably enabled me to make the necessary distinction in this regard. Furthermore, based on my selected methodology and the limited scope of this study I do not propose that my findings are generalisable, as I have merely attempted to explore and illustrate a single case. In chapter five I reflect on the challenges I experienced during the course of the study.

1.12 LAYOUT OF THE STUDY

My mini-dissertation is structured in five chapters.

CHAPTER ONE: OVERVIEW AND RATIONALE

Chapter one is an introductory chapter. This chapter provides a general and brief overview of the mini-dissertation, discussing aspects such as the rationale and purpose of the study, research questions, key concepts, selected research methodology and ethical considerations. It provides the necessary background against which the rest of the mini-dissertation can be read.

CHAPTER TWO: LITERATURE REVIEW

Chapter two comprises of the literature review I conducted for the purpose of my study. I discuss the theory of resilience in young children, as well as emotional aspects such as emotional awareness and the emotional development of three to five year old children.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

In chapter three I discuss my research design and methodology in terms of the relevant methods of data collection, documentation thereof, as well as the analysis and interpretation of the data.

CHAPTER FOUR: RESULTS AND FINDINGS OF THE STUDY

In chapter four I present the raw data I obtained and discuss my interpretation thereof. I present the themes that emerged during data analysis and explain how these relate to existing theory, as presented in chapter two.

CHAPTER FIVE: FINAL CONCLUSIONS AND RECOMMENDATIONS

Chapter five is the conclusive chapter of the mini-dissertation, providing a summary of the study. I relate the findings of the study to the original purpose of the study and the research questions as formulated in chapter one. I reflect on the challenges I experienced and make recommendations for potential future research projects. I also highlight the potential contributions of the study.

1.13 CONCLUSION

Chapter one provided an overview of what the reader can expect in the chapters to follow. I commenced the chapter with a discussion of the rationale and purpose of my study, after which I clarified the key concepts. I briefly introduced my paradigmatic perspective, research design and methodology, keeping in mind the ethical guidelines I followed.

Chapter two consists of a literature review. I discuss existing literature I consulted on the theory of resilience, specifically in terms of resilience relating to young children. In addition I explore emotional awareness and the emotional development of three to five year old children. I briefly refer to HIV/AIDS in terms of the effect of the pandemic on children affected by the pandemic.

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CHAPTER TWO
LITERATURE REVIEW

2.1 INTRODUCTION

In the previous chapter I provided an overview of my study. I discussed the rationale for undertaking the study in terms of my personal interest, as well as a need for ongoing research in the field of resilience of young children. I formulated my research questions and described the purpose of my study, namely to *explore how emotional awareness, facilitated within an activity-based intervention, might foster resilience in a five year old child affected by HIV/AIDS.*

In this chapter I explore existing literature on child development and resilience, more specifically emotional resilience of young children. After discussing child development in terms of the various domains of development, I explore resilience, specifically referring to resilience in childhood years. As background, I also discuss language as basis of expression, thinking and learning (Smith, Cowie & Blades, 2003) in turn resulting in thoughts about emotions, and subsequently resulting in the potential of being able to label emotions. I propose a link between these concepts that could therefore influence the development of emotions in young children. In this manner, I contemplate how these concepts might act as a catalyst or simply foster emotional resilience.

For the purpose of my study I thus attempt to link protective factors as described in resilience theory to the emotional domain and functioning of young children, based on literature on emotional development (Tremblay, Brun & Nadel, 2005) and emotional intelligence (Goleman, 2004). Figure 2.1 provides the conceptual framework of my study, illustrating the potential links and causalities I considered in terms of the focus of my study. It also serves as backdrop to the discussion following in this chapter.

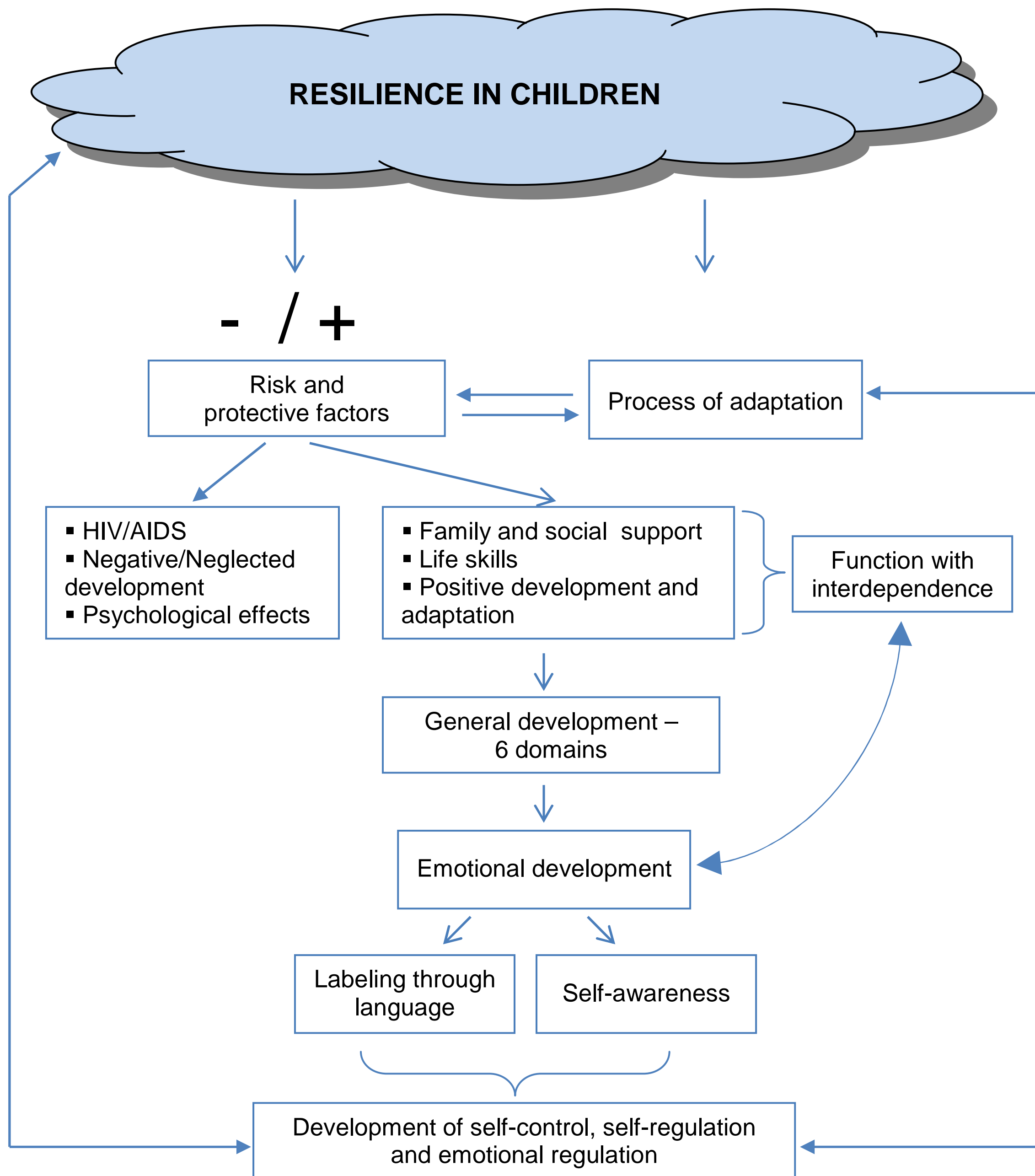

FIGURE 2.1: Conceptual framework (Adapted from Morrison *et al.*, 2006; Salovey, 2004; Ebersöhn, 2002; Saarni, 1997; Lewis, 1992; Rutter, 1987)

2.2 DEVELOPMENT OF THREE TO FIVE YEAR OLD CHILDREN

The developmental years of early childhood (two to six years of age) are recognised as the foundation years (Botha, Van Ede, Louw, Louw & Ferns, 2002). General development in early childhood focuses on the cognitive, emotional, physical, social, spiritual and conative domains of development. According to Piaget, cognitive development of the young child is characterised by the preoperational phase during

which the predominant mode of learning is intuitive by nature. The mental structures are therefore mostly intuitive and highly imaginative (Craig, 1996). According to Sprinthall and Sprinthall (1990), imagination and intuition form part of creativity, which in turn can build problem-solving skills in children. Thought processes are regarded as being based on the here and the now, whilst being able to recognise cause and effect, and being centred around physical aspects in the environment (Cockroft, 2002).

Supplementing Piaget's theory, Erik Berne (Thompson, Rudolph & Henderson, 2004) supplies an explanation of emotional development, stating that young children's basic emotional experiences can be summarised as feeling "OK" or "not OK" (Thompson *et al.*, 2004). The first identifiable emotions are usually that of anger, sadness, fear and happiness (Smith *et al.*, 2003; Lewis, 1992). As such, the manner in which a child thinks of him- or herself can influence the pertaining feelings of being "OK" or "not OK". Young children might not always be aware of their feelings, causing them to express behaviour resembling frustration and therefore an inability to regulate emotional states (Thomson *et al.,* 2004).

Erickson's theory (1963)[1] adds to the explanation of growth and development in early childhood years. According to Erikson's (1963) developmental theory, the human life-span is divided into eight stages, of which each stage poses a challenge that needs to be overcome in order to progress with positive adjustment to the next developmental stage. Each stage's challenges relate to a specific age group and are situated in the emotional domain of development (Erikson, 1963). Challenges resemble an amount of discomfort and conflict, which relates to potential resolutions.

For children in the life stage between two to six years of age, the primary life task and challenge that needs to be mastered is initiative *versus* guilt, with the purpose of potential resolution (Erikson, 1963). This age group therefore experiences particular environmental challenges as a direct cause of being able to use the body to walk and move around in the environment, becoming increasingly independent of adults and exposed to new physical tasks and challenges. Subsequently, an opportunity might arise where a child can either experience feelings of mastery after completing a task or experience feelings of guilt, based on the inability or lack of success to complete a

[1] I acknowledge the fact that Erikson (1963) is a dated source, yet relied on it as primary source, based on the groundbreaking work on emotional development by Erikson.

task. When a child has been able to resolve conflict with purposeful behaviour, a sense of personal control and responsibility starts to develop, pertaining to an increased amount of self-control and self-regulation (Hook, 2002). Vital aspects that could support children in resolving the challenges of this particular life stage include the support, care and love of primary caregivers. Care, support and love encourage young children to explore their environments with autonomy, whilst developing self-love and self-acceptance, in turn fostering the self-confidence to explore and master challenges in the environment (Hook 2002; Erikson, 1963).

The first set of challenges that young children typically face is situated in the physical environment and comprises of regular physical challenges that could be mastered with purposeful behaviour. The *physical domain* of early childhood development involves fine and gross motor development. This domain links to the *emotional domain* of development in that mastery of certain physical tasks might foster experiences of success and therefore promote a positive self-concept. In addition, the *physical domain* can also be linked to the *cognitive domain*, as physical actions may lead to an understanding of the environment, for example, when the brain is informed of the body's position in relation to objects in the environment. The cognitive development of concepts, such as proportion, balance and forms can also be influenced by physical activities such as building a tower of blocks (Botha *et al.*, 2002). In this manner, both perceptual development and a child's ability to solve problems can in turn foster cognitive development (Botha *et al.*, 2002).

In terms of the *social domain* of development, children are typically socialised through their caregivers, peers, day care workers, siblings and the media. In early childhood (two to six years), children become less egocentric and learn acceptable behaviour in terms of socialisation, such as sharing and playing alongside others (Botha *et al.*, 2002). According to Vygotsky (1986), human beings' social interactions serve as a source of cognitive structure and patterns. Therefore, speech allows a child to interact with others, whilst learning from them. The internalisation of social interactions is visible from the age of two years and takes place through inner speech (Cockroft, 2002), resulting in the tendency of learning firstly taking place on a social level, followed by learning on an individual level. Human beings' social interactions can serve as a source of cognitive structure and patterns (Vygotsky, 1986). As social

learning entails development in relation to others, children can learn from peers and adults they interact with.

In terms of the *spiritual domain*, young children typically develop the ability to dream, create mental images and fantasise about themselves and life during the age of two to six years. Finally, the *conative domain* entails that a person (child) is able to make a connection between knowing, feeling and acting. It entails purposeful behaviour, based on acting upon knowledge and feelings about a particular aspect. This domain captures the essence of free will and acting upon choices of the will (Huitt, 1999). Within the context of my study and based on my focus, I discuss the emotional domain of development in the next section. I follow this discussion with an exploration of the social development of three to five year old children, being another primary domain of development within the context of my study.

2.2.1 EMOTIONAL DEVELOPMENT OF THREE TO FIVE YEAR OLD CHILDREN

For the purpose of this discussion, I distinguish between emotional states and emotional expressions. Emotional states refer to internal experiences that might not always be visible in behaviour and to others, whereas emotional expressions can be observed (Lewis, 1992).

The early childhood years, specifically three to five years of age, are recognised as the so-called *age period*. During this period, children develop and learn their repertoire of emotions, with emotional learning being central among the various kinds of learning (Dowling, 2005; Goleman, 2004; Greenberg & Snell, 1997). Initially, the focus is on basic emotions such as sadness, happiness, fear and anger, after which the emotions gradually differentiate into more complex emotions such as pride, envy, shame and guilt. Complex emotions can develop as early as during the age of eighteen months (Dowling, 2005), which in turn can form building blocks for enabling children to learn life skills from a very young age. The building blocks for basic life skills can include developmental aspects in the *emotional domain* such as increased self-control, a sense of autonomy and sociability, which can in turn support a child to reach developmental goals.

Various researchers such as the father of Transactional Analysis, Eric Bernstein (Thompson *et al.*, 2004), as well as researchers such as Dowling (2005), view the early childhood years as crucial in personal development (Thompson *et al.*, 2004; Cockcroft, 2002) and regard this period not only as an important period in which to nurture emotions but also as a *"window of opportunity for emotional lessons"* (Goleman, 2004:199). In this manner, a basic life skill such as autonomous behaviour can be regarded as one outcome of emotional awareness. In the next section, I will discuss emotional awareness in more detail.

2.2.1.1 Emotional awareness as key component of emotional development in three to five year old children

Within the context of my study, emotional awareness as described by Salovey (2004) and Saarni (1997) refers to the ability to name personal emotions, develop an understanding of the origin of emotions and recognise the difference between feelings and actions. Hippe (2004) says that children with an accurate sense of self-awareness are able to embrace their strengths. To me, an essential goal in fostering resilience is for children to be able to perceive and utilise their strengths, allowing them to excel when facing challenges. In Figure 2.2, I situate emotional awareness within emotional regulation and resilience.

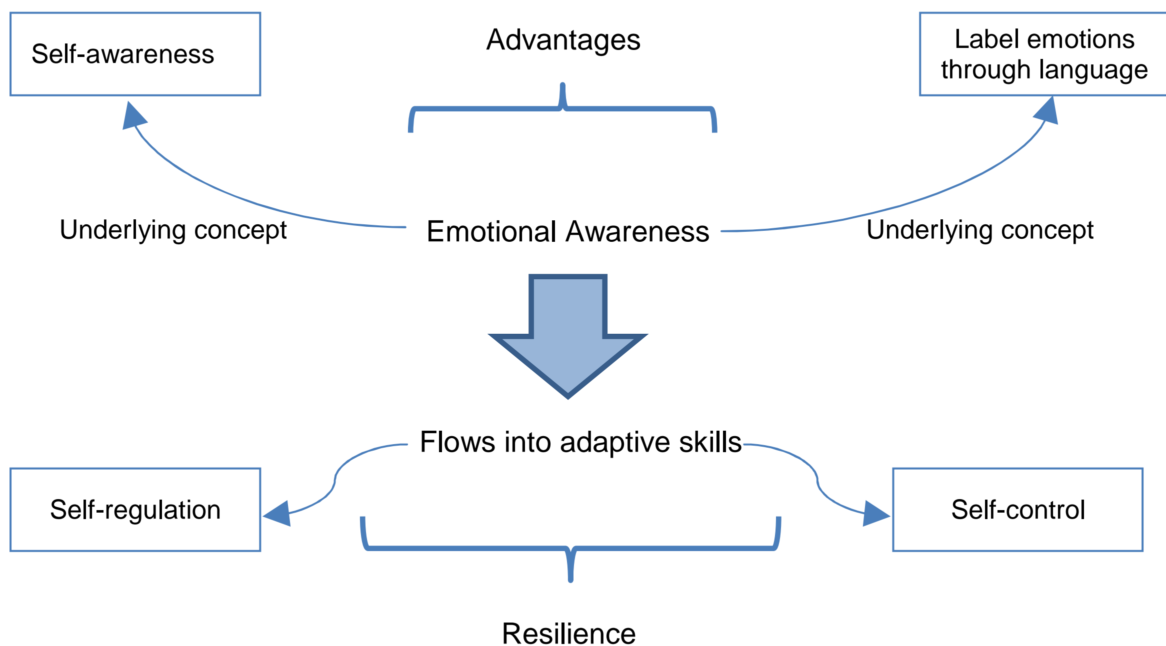

FIGURE 2.2: Emotional awareness as part of emotional regulation and resilience

According to Lewis (1992) children rely on self-awareness when processing information and deciding on the actions to take. Emotional awareness is closely related to self-awareness, as emotional states and therefore experiences are built on self-awareness (Lewis, 1992). Self-awareness is typically observable from the age of two years and is defined as an act of turning towards the self, whilst being able to make an evaluation of, for example, the own behaviour. Subsequently, self-awareness can give rise to emotional awareness (Lewis, 1992).

Within the context of my study, I view emotional awareness as the ability to increasingly name personal emotions, develop an understanding of the origin of emotions and recognise the difference between feelings and actions (Salovey, 2004; Feldman-Barrett & Salovey, 2002; Bar-On & Parker, 2000). In essence, I believe that emotional awareness entails the awareness of personal feelings and the act of associating an experience or a person with a feeling. Self-awareness develops alongside an awareness of others (Saarni, 1997), implying that the development of emotional awareness might influence the development of social development and therefore also impact not only on the development of emotional resilience, but also on social resilience.

According to Salovey (2004), the development of emotional awareness is fostered through language. In the next section, I explore language as underlying aspect of emotional development.

2.2.1.2 Language as key component in the emotional development of three to five year old children

The pre-school child has the ability to learn approximately nine new words every day and demonstrates an increased ability to understand the meaning of words relating to actions (Panksepp & Smith Pasqualini, 2005; Botha *et al.*, 2002; Nelson, 2002). The main components of emotions are regarded as the expressive/motor components, experiential components, regulatory components and recognition or processing components relating to meaning (Hatch, 1997).

The expressive component in emotional development can be observed in the behaviour of babies in terms of motor movements, subsequently evolving into

language in the early childhood years. This will in turn lead to the development of a child's ability to think in language format. Verbal thinking is reached around the age of two (Cockcroft, 2002). This level of development can be recognised when a child starts to name objects and aspects in the environment, and give indications of personal needs. As Vygotsky (1986) states, language is located within the context of culture (Cockcroft, 2002, Lewis, 1992). Being embedded within the context of culture, one can therefore assume that the development and meaning-making processes of language might also strongly be influenced by environmental factors.

Language does not merely serve as a tool for emotional release or an avenue for children to make their needs known. It is also a means through which a child can engage in the social world and learn (Nelson, 2002). Learning on an individual level can be observed when children talk to themselves (private speech) while doing activities (Cockroft, 2002). Researchers such as Vygotsky (1986) regard self-talk as a method that children use to direct their behaviour (Ebersöhn, 2002; Eisenberg, Fabes & Losoya, 1997), as well as to guide them in mastering a task. Language, more specifically identifying and labelling emotions, may therefore evolve into a potential mental tool (verbal thinking) with which to handle emotions and guide behaviour (emotional regulation), with emotional awareness being the foundation of these functions and recognised as a fundamental skill in managing emotions (Salovey, 2004). In this manner, the labelling and naming of emotions (which are enhanced in language) may foster and enhance resilience.

As it is possible to stimulate the specific area of the brain allocated to emotional awareness, children can be taught to verbally label emotions (Greenberg & Snell, 1997). Greenberg and Snell (1997) explain that an important task related to emotional development is to direct thinking and attention. The labelling of emotions can foster children's problem-solving abilities, as it allows for thoughts and therefore thinking to emerge (Smith *et al.*, 2003). In this regard, various studies indicate that the ability of school-going children to be taught in school is significantly enhanced when emotional literacy is present (Goleman, 2004; Greenberg & Snell, 1997). As a result, I believe that emotional literacy starts with the basic skill of emotional awareness and the ability to label emotions. The aforementioned in turn is considered to be fundamental in the development of emotional competence

(Goleman, 2004; Greenberg & Snell, 1997), which could in turn foster emotional resilience. In the next section, I explore this idea in more detail.

2.2.1.3 Linking language to emotional awareness

The vital role of language and specifically expressive language in emotional development seems evident from the fact that assisting children to develop the skill of labelling emotions by supplying the correct vocabulary can foster emotional awareness in children (Greenberg & Snell, 1997). Emotional awareness facilitates the development of a vital developmental goal for three to five year old children, which is self-control and self-regulation, as stated in the following words: *"Through the verbal labelling of emotional states, the child develops a new and powerful form of self-control and self-expression"* (Greenberg & Snell, 1997:150). Furthermore, the skill of *self-expression* might in turn evolve into emotional literacy that can be regarded as a form of emotional competence and therefore can support resilience (Goleman, 2004; Greenberg & Snell, 1997).

The expression of emotions and the manner in which emotions are channelled and directed form part of a child's process of reaching developmental goals. Emotions are initially expressed through behaviour and later by means of language. Expression of emotions through sounds and language provides the opportunity for both infants and young children for emotional release to occur (Cockroft, 2002). Emotions are initially expressed with spontaneity (Dowling, 2005), followed by increased control as social rules and language are learned and acquired. Expression through language therefore becomes an increasingly important tool with which to express emotions and experiences.

Tremblay *et al.* (2005) note that, from the age of three years, children are increasingly able to talk about and label their emotional states apart from the here and the now. After this stage, they become increasingly interested in talking about their experiences (Nelson, 2002). The experimentation and meaning-making process of emotions are mostly visible as it comes to life during playful activities through behavioural and verbal expressions (Chazan, 2002). The aforementioned discussion therefore implies an interconnectedness between language, emotional and social

awareness or the lack thereof, as well as child behaviour. Figure 2.3 provides a summary of my understanding of the building blocks of emotional resilience.

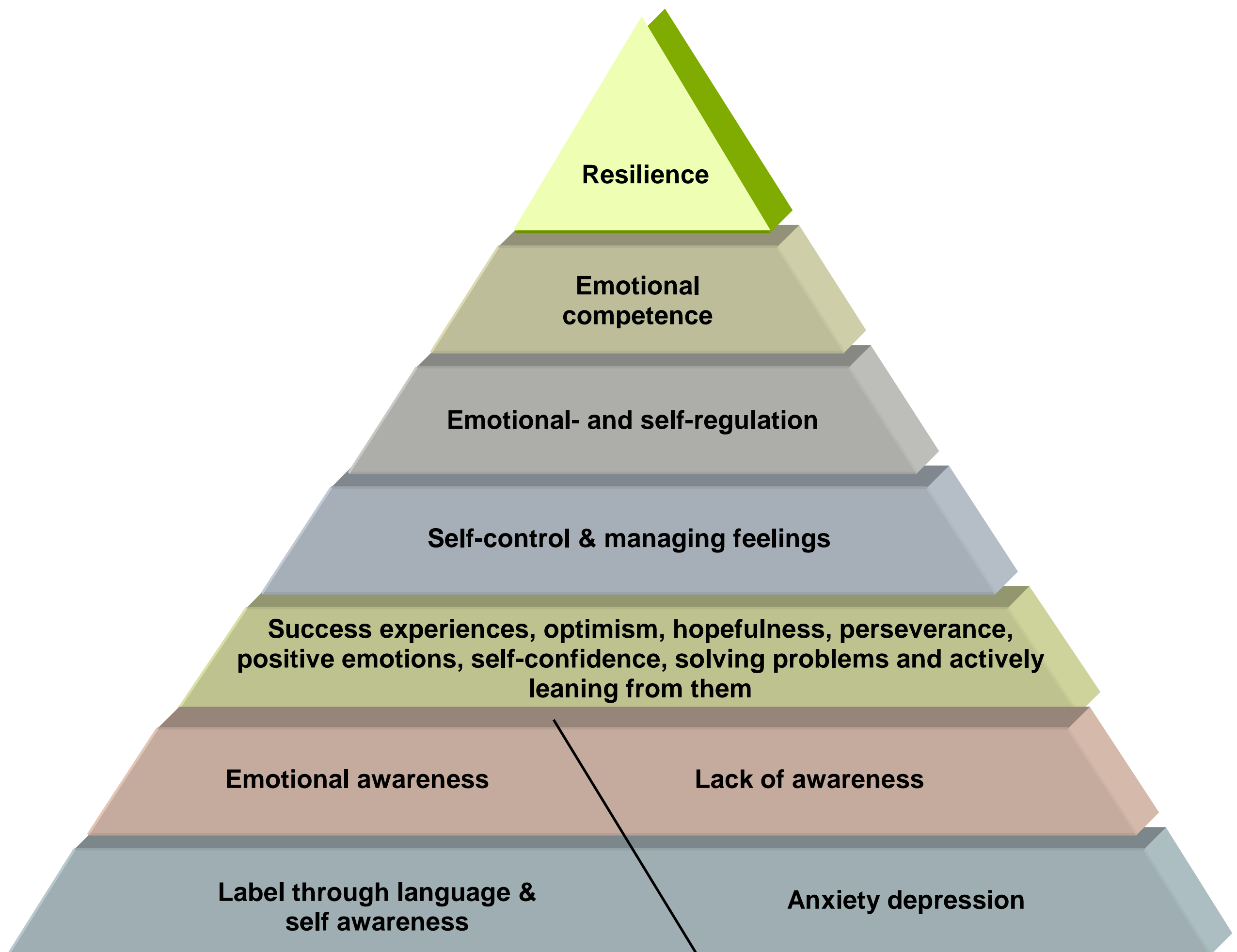

FIGURE 2.3: Language as potential building block in emotional resilience

2.2.2 SOCIAL DEVELOPMENT OF THREE TO FIVE YEAR OLD CHILDREN

Finestone (2004) defines social development as the ability to relate to other people with age and socially appropriate behaviour. Socialisation begins at birth. The first social bond a child establishes is with the primary caregiver, when social awareness develops by means of sensorial experiences. The first signs of communication can be identified when a baby starts making sounds (Dowling, 2005). Children between the ages of three to five are typically socialised by means of play, with the caregivers and family strongly contributing (Botha *et al*., 2002). For the pre-school child, the primary social developmental task is to master self-control and self-monitoring (Finestone, 2004), which can in turn assist the child in developing socially appropriate behaviour.

As mentioned earlier, children in this age group face the developmental challenge of initiative *versus* guilt (Erikson, 1963). During this life stage children are increasingly exposed to a wide sphere of social activities (Hook, 2002), resulting in the development of their language abilities, assisting them to explore their environments and socialise with others. Children generally explore their environment with energy, inquisitiveness and curiosity, by partaking in challenging activities and games, while asking questions (Hook, 2002). In this manner, they come across challenges more often, which might include challenges such as mastering physical activities and learning socially appropriate behaviour. The social environment therefore challenges children between the ages of three to five, expecting of them to actively master the social tasks put to them. In addressing such challenges, feelings of initiative might be experienced, which in turn can be built by means of purposeful behaviour (Erikson, 1963). In the next section, I turn my discussion to learning, which can be related to the social environment a child (or a learner) finds him- or herself in.

2.2.3 LEARNING BY MEANS OF SOCIAL EXPERIENCES

One of the central goals of learning in the early childhood years relates to the mastery of basic life skills, on which other learning experiences can be built. Besides the ability of three to five year old children to acquire new words and increasingly remember new items or concepts introduced to them (Botha *et al*., 2002) children of this age can learn caring behaviour from their primary caregivers. Primary caregivers' ability to express and manage emotions as well as demonstrate care is namely observed and cognitively incorporated into the social patterns of children who find themselves in this developmental phase. In this manner, a primary caregiver might influence a child's ability to express and control emotions in a socially appropriate manner (Saarni, 1997). These patterns of learning emphasises that learning takes place by means of socialisation during the early childhood years, more specifically by means of play.

By learning new things and being able to master tasks, pre-school children are able to experience success and develop or maintain a positive self-concept. Being able to complete tasks and developing competencies that result in children experiencing success, excellence and joy, can in turn enhance their levels of resilience (Brooks &

Goldstein, 2005; Greeff, 2005). This potential relationship between learning, the mastering of tasks, experiences of success, and the enhancement of resilience, emphasises the possibility of others (typically adults) to assist children in mastering tasks by means of focused or structured social interaction. Vygotsky (1986) uses the term *scaffolding* when referring to children who receive assistance, based on them experiencing difficulty in mastering the expected tasks. This process entails a child being supported to perform and succeed at a task he or she might otherwise not have been able to complete, thereby functioning in a so-called *zone of proximal development* (Smith *et al*., 2003; Cockroft, 2002).

2.3 RESILIENCE

In this section I explore resilience and the underlying theory thereof. I also discuss positive childhood development as a potential underlying aspect of resilience.

2.3.1 DEFINING RESILIENCE AS A PROCESS OF ADAPTATION

Research on resilience has grown over the past few years, resulting in resilience currently being defined in various manners. It is a highly nuanced concept that was introduced by Norman Garmezy more then fifty years ago (Brooks, 2006). Rutter (1987) contributed to conceptualising resilience by defining the concept as a function of the interaction between protective and risk factors in a human being's environment. Over the years researchers have started referring to resilience with more specificity, such as social, community or cognitive resilience (Luthar *et al.,* 2000). Despite the broadness of existing definitions for resilience, general consensus however seems to exist regarding a few aspects, such as the idea that resilience encompasses a human being's ability to either survive or thrive in difficult circumstance, or to escape a negative outcome in the face of a life stressor (Ahmed *et al*., 2004). Researchers are not merely building the concept of resilience but are also constantly refining it, by increasingly providing more specific definitions of resilience, such as the recently added definition for so-called *community resilience* (Ahmed *et al*., 2004; Kimhi & Shamai, 2004).

In an even broader sense, research on resilience covers aspects such as internal, environmental or external factors attributing to resilience (Ahmed *et al*., 2004; Yates,

Egeland & Sroufe, 2003). Internal aspects of resilience include observable characteristics and behaviour in human beings (Day, 2006; Reivich, Gillham, Chaplin & Seligman, 2005), whilst environmental factors relate to aspects such as the role that family, friends or perhaps a teacher might play in supporting a person (Morrison *et al.*, 2006; Masten & Powell, 2003). Learned skills, as an internal aspect of resilience, refer to factors such as life skills, the ability to make friends and sustain friendships, and solve problems – whether cognitive or social (Morrison *et al.*, 2006; Reivich *et al.*, 2005). Resilience can thus be viewed as a developmental process, during which children can learn the ability to access and utilise their external and internal resources (Mastens & Powell, 2003).

Although some researchers view resilience as a personal trait (Kimhi & Shamai, 2004), aligning with the idea that human beings either possess the ability to demonstrate resilience or not, I regard resilience as more than a trait, entailing a process of adaptation in any of the various aspects of a persons' development over a period of time (Yates *et al.*, 2003). I link resilience theory to developmental theory in that resilience can develop in human beings throughout their lives; as they employ dynamic processes of adaptation to the changes in life (Sandler, Wolchik, Davis, Haine & Ayers, 2003; Friesen & Brennan, 2005). In this regard, Besthorn (2005) refines the process of adaptation and classifies resilience in three categories, namely sustaining competence under stress, overcoming a challenge, and recovering from trauma.

The outcome of resilient behaviour and adaptation is usually linked to that of a positive outcome after facing difficulties, competent functioning when facing difficulties or recovery from risks such as trauma when re-establishing a sense of a disturbed equilibrium. As such, resilience can be described as a human being's ability to return to equilibrium after having experienced a disturbed equilibrium (Ong & Bergeman, 2004), resulting in the establishment of a new equilibrium and potential functioning on a new or higher level.

Evidence of resilience is often observed when human beings display positive self-esteem, self-efficacy, self-directedness and motivation (Dearden, 2004) therefore reflecting how they feel about themselves, their lives and their work. In this regard, existing literature on resilience state that children presenting with resilience generally

possess the ability to think positively, believe in themselves, know how to access support, and show achievement and self directedness, stemming from a positive self-esteem (Day, 2006; Brendtro *et al.*, 2005).

2.3.2 RISK AND PROTECTIVE FACTORS UNDERLYING RESILIENCE

Definitions of resilience include a distinction between so-called risk and protective factors, which are regarded as evident in everyday life. In identifying risk and protective factors, one might gain insight into some of the aspects that could cause stress or on the other hand support the adaptive process of children to their environment and changes faced in the environment. Based on this idea, I view protective factors as protective processes, where protective processes include the aspects present within children or their environments that either counteract harmful effects of any challenges they might face, or can be recognised as aspects that strengthen and enhance a child's ability to adapt to a challenge and build competence to deal with stressors (Brooks, 2006).

Risk factors on the other hand, refer to any aspect or circumstance that can cause strain or stress on an intra- and/or interpersonal level in a child. Risk factors generally include aspects such as poverty, familial disorganisation, parenting deficiencies and parental impairment (Prevatt, 2003). More specifically, and against the background of my study, children affected by HIV/AIDS become increasingly vulnerable when parents are sick or nearing death. Parental death and the absence of other support structures causes reduced support, and lead to siblings having to take care of younger siblings with little to no care and security, to mention but a few examples of stressors within this context (Moletsane, 2004).

Risk factors, such as those mentioned in the previous paragraph, can thus be seen to possess the potential of negatively impacting on any developmental domain of a child, with the child having to take on adult responsibilities and time consuming tasks that do not allow for normal development of educational abilities, as expected during childhood. According to Van Haaften *et al.* (2004) stress can lead to psychobiological changes in human beings. Stress as risk factor therefore has the potential to overshadow protective factors and degrade the natural adaptive system of a child. Subsequently, a child's ability to adapt to internal and external demands may in turn

be influenced negatively. In Figure 2.4, I summarise my understanding of risk and protective factors (as applicable to my study).

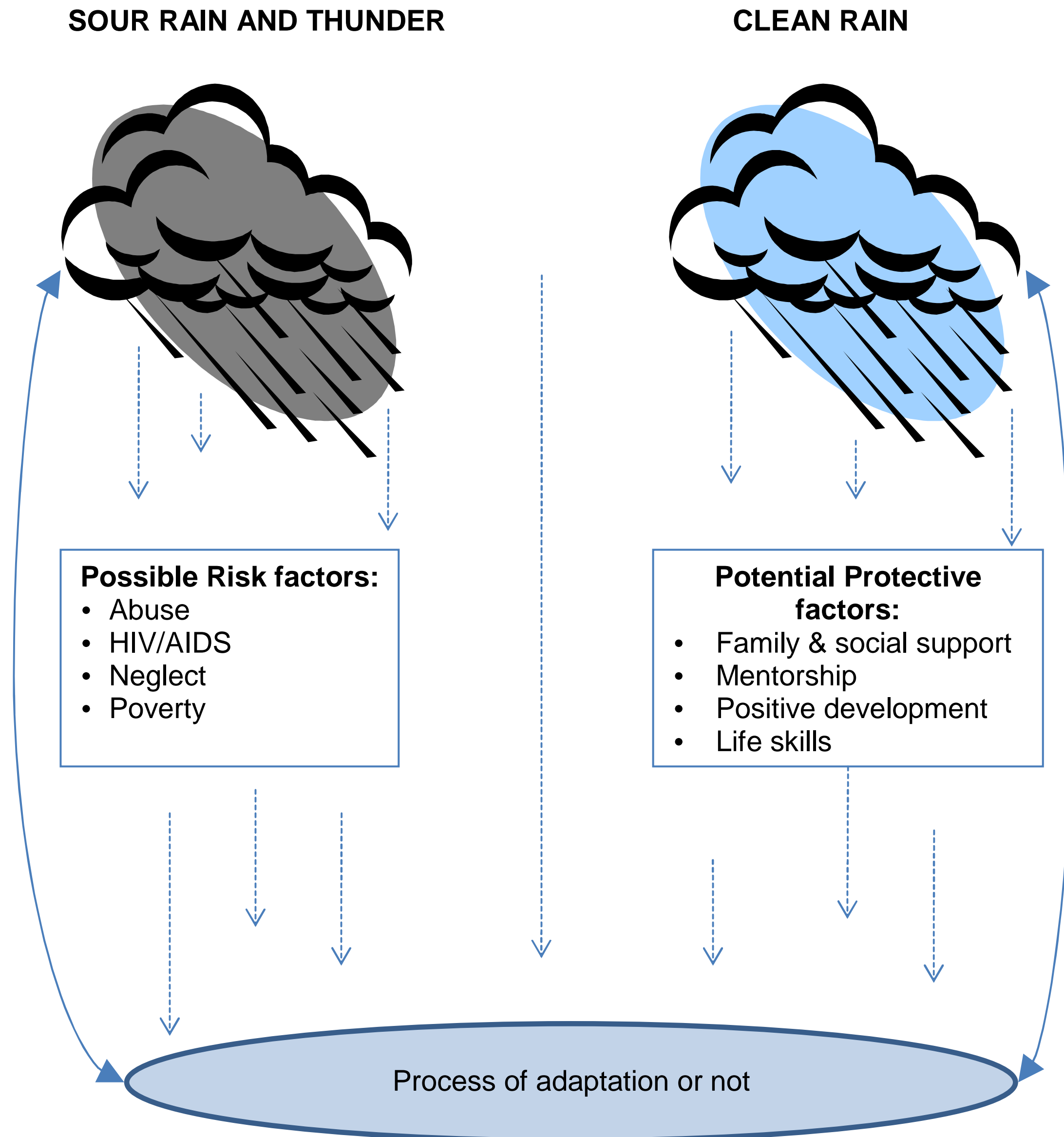

FIGURE 2.4: Risk and protective factors within the context of my study

2.3.2.1 Risk factors experienced by children affected by HIV/AIDS

Based on the context of my study, I now discuss risk factors within the context of children being affected by HIV/AIDS. South Africa is one of the countries most severely affected by the HIV/AIDS pandemic (UNAIDS, 2008; Whiteside & Sunter, 2000). According to Prinsloo (2005) it is estimated that more than eight million people between the ages of seventeen and forty-five years will die of AIDS between the year 2000 and 2010. A subsequent disastrous result of the HIV/AIDS pandemic is a loss

of income for families and communities, orphaned children, as well as children having to act as heads of households (Prinsloo, 2005). Households with either a child or grandparents acting as head of the house have been recognised to experience severe distress in that they are not able to provide adequate support to either themselves or the development of young children (Coombe, 2002). In addition, taking care of a household and siblings often results in a child not being able to attend school and access the education system (Coombe, 2002).

I believe that a lack of sufficient care can result in a delay in or the absence of developmentally appropriate tasks and life skills that may in turn cause the development of a skewed *adaptational* system. As stated, literature on resilience refer to risk factors as influences that might potentially impact on any or various levels of a child's life, resulting in increased vulnerability. These factors might further be associated with negative life outcomes such as psychological problems, as well as difficulty to *adapt* to potential demands and developmental goals (Ahmed *et al*., 2004; Van Haaften *et al*., 2004; Miles & Hurdle, 2003). Children in the age group two to six years who experience risk factors such as neglect, abuse or isolation could for example be inhibited in reaching the developmental goals expected of that developmental phase, namely autonomy, being able to build trusting relationships and forming a healthy self-esteem by using initiative when solving problems with purposeful and motivated behaviour (Hook, 2002).

The psychological challenges faced by children affected by HIV/AIDS include being confronted with death and grief, loss of identity, shame through stigmatisation in the community, as well as fear of and/or abandonment (Ebersöhn & Eloff, 2003). In terms of the expression of emotions, emotions often remain unexpressed and unresolved, which in turn can cause tension in the nervous system (Panksepp & Smith Pasqualini, 2005) and unconscious of a child. These tensions might result in depression or anxiety disorders which are often identified as disorders typically displayed by children affected by HIV/AIDS (Eloff, 2008; Moletsane, 2004). In the same manner, cognitive development and coping might be negatively influenced through emotional upsets such as anxiety, an inability to manage and control behaviour, as well as the experience of depression. According to Greenberg and Snell (1997), as well as Goleman (2004), working memory responsible for learning relies on attention, which is influenced by emotional states. Emotional states and the

regulation thereof thus have the influential ability to direct and drive learning experiences or cause the lack of learning when opportunities arise.

The challenges children affected by HIV/AIDS typically face can be viewed as forming part of various interrelated systems. These systems might be represented through the ecosystemic model that was developed by Bronfenbrenner for the purpose of illustrating the interaction between a person's development and the various systems embedded in a particular social context (Bronfenbrenner & Ceci, 1994). According to this theory, the person and social context are interrelated and form complex relationships. The systems consist firstly of a microsystem, which entails the patterns, relations and activities within individuals' immediate environments, followed by the mesosystem that comprises of the relationship between the microsystem and the mesosystem (Swart & Pettipher, 2005; Bronfenbrenner & Ceci, 1994). The mesosystem includes family members and individuals interacting with systems surrounding them, such as the school environment. The next system is the exosystem which refers to an environment that the individual is not directly involved in, but which might still be affected by the events in these environments, for example the welfare of extended family members. The last system is the macrosystem, comprising of belief, ideologies and values which might resemble specific motivations for behaviour, such as valuing social justice and raising children accordingly. In Figure 2.5 on the following page, I illustrate my understanding and application of Bronfenbrenner's theory to my study.

My case study formed part of a larger research project, as mentioned previously. The participants come from low socio-economic backgrounds, resulting in them experiencing various challenges within their environment. Taking into consideration the effects of poverty, such as limited access to food, health care and education (Eloff, 2008; Moletsane, 2004), as well as the effect of HIV/AIDS in causing sickness and death, exacerbates already challenging living circumstances, or risk factors. In this manner, challenges of the environment might have an impact on the development of the participant.

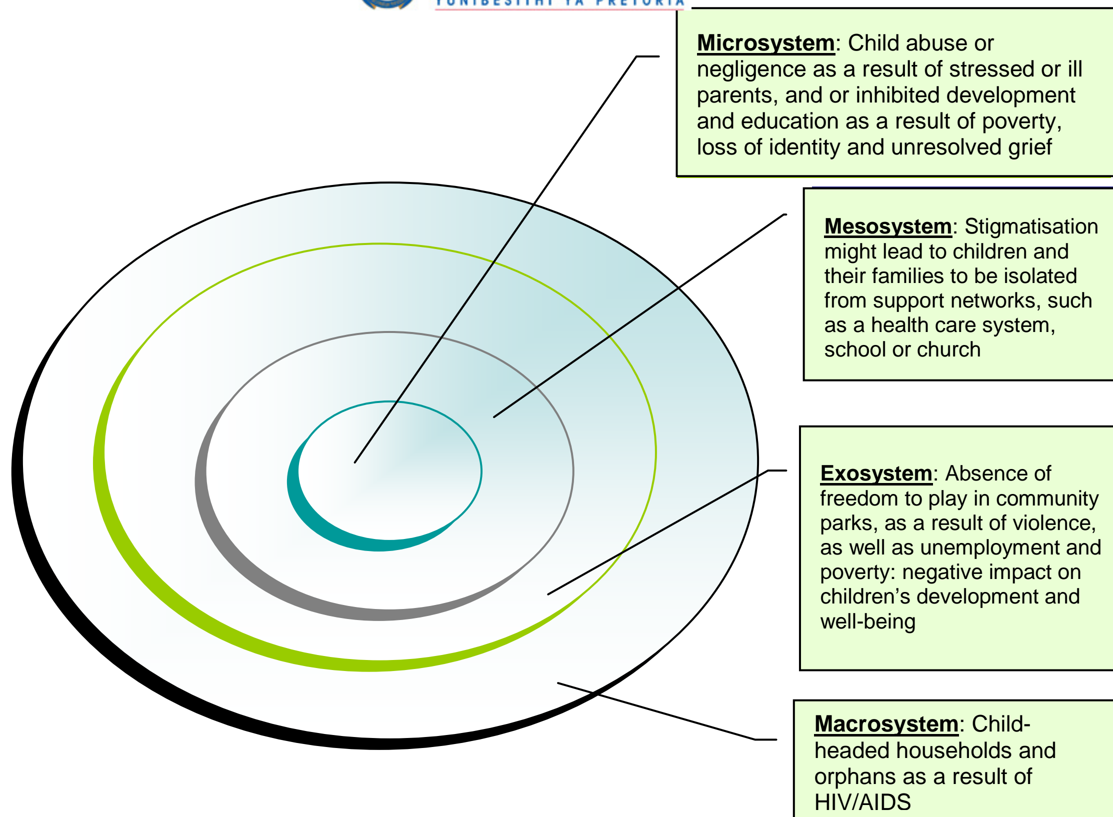

FIGURE 2.5: Negative effects of HIV/AIDS in terms of the ecosystemic model of Bronfenbrenner (Adapted from Swart & Pettipher, 2005; Bronfenbrenner & Ceci, 1994)

2.3.2.2 Potential protective factors in resilient children

I view resilience as an *adaptive* process in terms of an individual's environment (Bernard, 2004), that continue throughout life. In my view of resilience, I acknowledge the presence of risk and protective factors in any child's life. Rutter (1987) suggests that a dynamic interaction exists between risk and protective factors. As such, protective factors refer to factors that could support a child to adapt when faced with difficult circumstances, experiences and therefore risk factors. This process of adaptation may change during the different developmental stages of life. However, Rutter's (1987) statement that resilience is a dynamic process leads me to believe that resilience can be learned at any developmental stage.

Protective factors include aspects of social support such as family and friends, personal attributes or patterns, as well as the availability and accessibility of resources in the community (Rutter, 1987). Protective factors identified in young children's environments centre around factors that relate to the receiving of adequate

care and support from caregivers and family members (Brendtro *et al.*, 2005; Brookmeyer, Henrich & Schwab-Stone, 2005; Ungar, 2005; Ahmed *et al.*, 2004; Luthar & Goldstein, 2004; Ong & Bergeman, 2004). In addition, other protective factors are identified such as effective teaching at home and school, advice from caring others, careful supervision and discipline and environmental opportunities that facilitate meaningful involvement in actions that might develop into pro-active behaviour, as well as children having role models that can provide mentorship and encouragement (Kumpfer, 1999).

As mentioned before, resilient children are often characterised by a positive self-esteem, self-confidence, positive thinking and motivation. These traits enclose the essence of emotional intelligence and basic life skills, which imply that children possess the ability to acquire emotional, cognitive and behavioural resilience, which may in turn facilitate competence in the life tasks they take on. Literature on resilience often refer to concepts such as inner strength, coping, adapting and thriving as protective factors (Morrison *et al.,* 2006; Brendtro *et al.*, 2005; Bernard, 2004). Based on a study by Tugade, Fredrickson and Feldman Barrett (2004), positive emotions can contribute to an individual's well-being and therefore effective *adaptation*. As such, positive emotions can be regarded as a valuable function of resilience, rather than a mere by-product thereof.

I relate emotional resilience to the idea of inner strength, awareness of options and choices, perseverance and positive emotions. I view the aforementioned aspects as qualities of emotional functioning. I regard these qualities as part of human beings' *adaptational* systems that might foster resilience (Bernard, 2004; Williams, Davey & Klock-Powell, 2003). Furthermore, I believe that a child first needs to have a clear awareness of specific and basic emotional states before being able to become aware and therefore access emotional functions that form part of more complex emotional states and abilities, such as inner strength, perseverance, positive emotions and success experiences.

To me, the above mentioned emotional functions can be linked to the concept of building emotional resources from which to draw strength when adapting to challenges. It follows that children who master tasks and build success experiences, build a positive self-concept. In turn, the self-concept is built up of the resources of

success experiences consisting of solving problems and adapting to their environments (Bernard, 2004; Botha *et al.*, 2002).

2.3.3 CHARACTERISTICS OF RESILIENT CHILDREN

Brooks (2006), Goldstein and Brooks (2005), as well as Thomsen (2002) are of the opinion that resilient children portray a proactive nature, sense of coherence, self-control, positive self-concept, a sense of purpose and the ability to overcome challenges. Children who are able to sustain competence amid stressful events have been seen to cope using acquired coping skills (Besthorn, 2005). Children overcoming a challenge are regarded as able to obtain a positive outcome despite negative circumstances. In the same manner, children who have recovered from trauma are regarded to possess the ability to view significant life lessons as meaningful experiences amidst a devastating experience and therefore show the ability to continue with their lives (Besthorn, 2005). Resilience in children can be summarised as the capacity to resist destructive forces and to construct and uphold a positive life style. Within the context of my study, these forces entail aspects such as possible emotional abuse, educational neglect, poverty, HIV/AIDS and the absence of age-appropriate skills such as identifying and labelling emotions, self-control and self-regulation that links to managing emotions, to mention but a few.

The focus into the inquiry of resilience in children can be narrowed down to how children thrive emotionally, cognitively and socially (Reivich *et al.*, 2005). Although resilience in the early development stage has not received the same amount of attention and focus as resilience in middle childhood and adolescence (Reivich *et al.*, 2005), pathways to resilience appear to be similar for the various developmental stages of children. These pathways resemble factors such as having access to health and emotional care, food and shelter; and developing a healthy self-esteem and a sense of self-efficacy (Jordan, 2005; Shure & Aberson, 2005), which might in turn impact on the general development of children.

For my study, I made the assumption that one can link resilience to the six domains of childhood development, believing that every developmental level bears opportunity for resilience to be fostered. The domains of development I chose to briefly address

when referring to resilience are the cognitive, emotional, physical, social, spiritual and conative domains, based on the theory of early childhood development.

2.3.4 LINKING RESILIENCE WITH THE MAIN DOMAINS OF EARLY CHILDHOOD DEVELOPMENT

Resilient children generally appear to possess active skills, such as being able to engage and communicate with people, solve problems by generating options and show autonomous behaviour (Reivich *et al.*, 2005). The aforementioned implies problem-solving abilities (*cognitive domain* of development) as an underlying source of focus. Cognitive resilience resembles the skill of problem solving that could be linked to resilient behaviour, when children portray autonomous behaviour. Cognitive characteristics of competence and therefore cognitive resilience is demonstrated by children being achievement orientated; able to enhance their academic skills; gifted in certain areas of development; able to delay gratification in order to achieve success; able to exercise good judgement and discernment with reflective skills; and able to develop insight into their actions (Kumpfer, 1999). Resilience therefore encompasses problem solving as a basic component (Brooks & Goldstein, 2005) resulting in my belief that children who appear to be effective problem solvers bear the characteristic of having developed a resilient mindset. Such children are generally able to direct their thinking into actions, and act on them with self-confidence and hopefulness, while perceiving success to be rooted in their efforts and abilities (Brooks & Goldstein, 2005). Success experiences not only build and strengthen resilient behaviour, but also enhance competence which, I believe, can lay a foundation for children to build on other successes in life.

Experiencing success and being able to recognise experiences of success from early childhood form an integral part of the development of the self-concept (*emotional domain* of development) and therefore emotional competence (Brooks & Goldstein, 2005). For young children, emotional competence starts with self-control and an increasing ability to manage their emotions, thereby becoming increasingly able to adapt to demands and expectations in their environment, as can be expected of pre-school children. Furthermore, self-control and effective control of emotions may flow into the life skill of emotional regulation, which can be regarded as the centre of

emotional competence (Salovey, 2004). Emotional regulation therefore seems to form a central part of emotional resilience.

Emotionally resilient children typically display an optimistic perspective towards life, with hopefulness that challenges can be overcome (Kumpfer, 1999). Early signs of developing emotional regulation can be seen when a young child displays the ability to control feelings, such as anger and fear (Brooks & Goldstein, 2005), thereby visibly developing emotional control. As mentioned, success experiences usually enhance emotional competence and a positive self-concept (Brooks & Goldstein, 2005). In the next section, I discuss optimal emotional development of children in more detail, based on the focus of my study.

In early childhood, factors that children might mobilise to build their self-concepts include factors such as adapting to new learning experiences or meeting educational expectations, with a large focus on physical activities and opportunities, such as sport or music (Botha *et al.*, 2002). Challenges like these can be regarded as opportunities to experience success and serve as backdrop against which children can test and build life skills and talents. In young children, the *physical domain of development* consists of motor development which can serve to stimulate self-evaluation and problem-solving abilities (Botha *et al.*, 2002), in turn creating an opportunity for strengthening the self-concept and potentially attributing to a sense of emotional competence.

Children involved in school-going or other environmental activities are further exposed to the opportunity for *social development*, which may comprise of familial support, peer interactions and having a relationship with a competent caregiver (Mastens & Powell, 2003). The aforementioned factors can be regarded as attributing factors on a social level to resilience in children. Social resilience implies that children can communicate well with others and subsequently possess the ability to solve social problems based on well-developed communication skills (Mastens & Powell, 2003), in turn demonstrating problem-solving abilities.

The *spiritual domain of development* includes more than religious beliefs that may serve as a spiritual and emotional basis for a sense of community in interactions and during support. It entails the ability to recognise one's uniqueness in life and create

dreams and goals, whilst being aware of the potential to make a unique contribution to life (Kumpfer, 1999). The spiritual domain furthermore includes existentialism, whereby people develop the belief that they have a mission or purpose in life through building on challenging experiences that they had overcome and sharing these with others, for them to benefit from it.

The last developmental domain under discussion is the *conative domain*. This domain relates to striving or the desire to search for an answer to the question of "why"; in other words the striving component of motivated behaviour. Children demonstrate conative development when they portray a sense of proactiveness as they behave goal orientated and practise deliberate and planned behaviour, as apposed to habitual or reactive behaviours.

2.3.5 OPTIMAL EMOTIONAL AND SOCIAL DEVELOPMENT IN RESILIENT CHILDREN

Childhood emotions are often regarded as the *"Cinderella of cognitive development"* and an aspect that can *"energize intellectual thinking"* (Dowling, 2005:61). Optimal emotional functioning can therefore be regarded as a protective factor within the framework of resilience, as it can either serve as a factor that inhibits development or serves to guide it.

As mentioned before, self-awareness and social awareness develops simultaneously (Nelson, 2002; Lewis, 1992) from the age of two and a half years. As children become aware of their own feelings, they also become aware of others' feelings. As such, it appears as if healthy emotional development might foster healthy social development. This statement is supported by the fact that children as young as two and a half years can demonstrate care towards others, which may in turn enhance the building and strengthening of social bonds, while fostering the development of social competence (Dowling, 2005; Goleman, 2004) and therefore resilience.

In summary, emotional competence is influenced by emotional awareness in that emotional awareness can be regarded as a fundamental component and essential part in the development of emotional regulation (Saarni, 1997), being a core life skill for all human beings (Ebersöhn, 2002). Emotional awareness and self-control develops interdependently; implying that one can learn to control and manage what one becomes aware of whilst potentially promoting self-control (Greenberg & Snell,

1997). According to Saarni (1997), as well as Mayer and Salovey (1997), being aware of what one feels, also provides one with options and potential solutions to problems (Greenberg & Snell, 1997). When awareness of feelings support the process of becoming aware of options, these options in turn promote children's ability to reach developmental goals such as autonomy, in the case of three to five year old children (Erikson, 1963), that could foster the development of skills such as self-efficacy, which is a trait of resilience.

2.4 CONCLUSION

Chapter two provided an overview of existing literature on child development and resilience in terms of the importance and potential of optimal emotional development and functioning that might impact on the various aspects of a child's life. I discussed emotional awareness, the potential role language might fulfil and how this might be related to resilience in children.

In the following chapter I discuss the research methodology and design I applied. Throughout, I provide reasons for my choices, against the background of the focus of my study.

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CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

Chapter two provided the theoretical framework of my study, which guided me in planning and conducting my research. My literature review focused the emotional development of three to five year old children, with specific reference to emotional awareness. I also discussed resilience and vulnerability within the context of HIV/AIDS as backdrop to the study.

In this chapter I discuss the empirical part of my study. I explain my paradigmatic approach, research design and methodology, as well as the data analysis and interpretation processes I employed. I discuss the ethical principals that I followed in conducting this study and explain the quality criteria I attempted to adhere to.

3.2 PARADIGMATIC APPROACH

I followed a qualitative approach embedded in the interpretivist paradigm. The aforementioned approach allowed me to interact with the research participants and conduct the research with them and not on them (Schurink, 2000). According to my epistemological stance, knowledge is built on observations and interpretations, which links to my ontological stance, according to which I, the researcher, can make sense of and understand reality. It follows that data were created during contact and interaction with the research participants in the study (Babbie & Mouton, 2001; Terre Blanche & Durrheim, 2002).

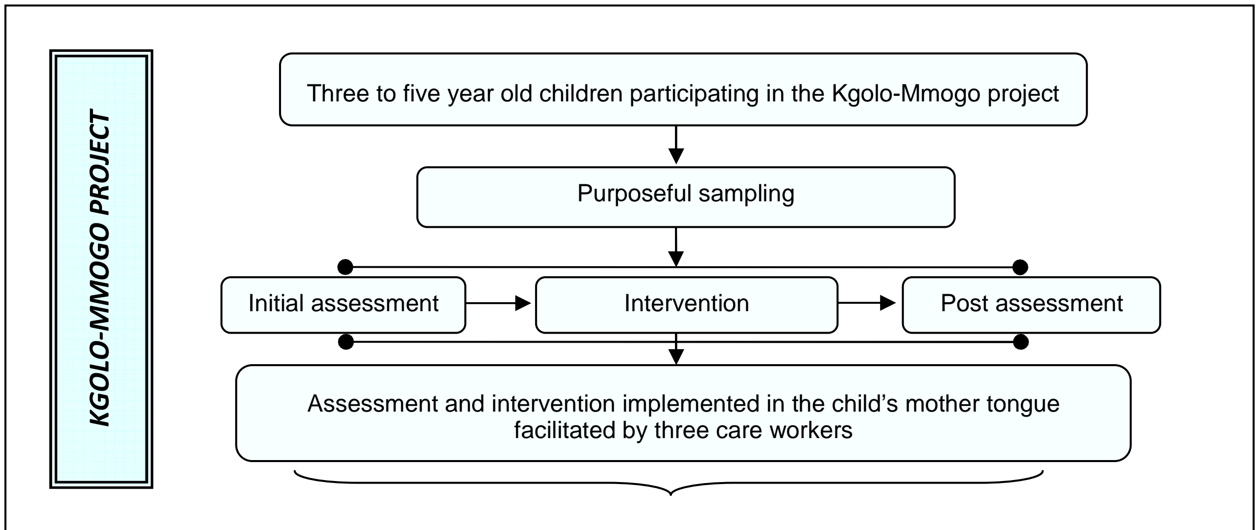
The interpretivist approach provided me as social researcher with the opportunity to be involved in the social world of the primary research participant by making close contact and being in the presence of the participant (Babbie & Mouton, 2001). Closeness and interaction serve the purpose of allowing me to look at firsthand authentic accounts of the meanings given and interpretations held by the participant

with regard to her life experiences. This supported me in gaining an understanding of the participant's actions and experiences, rather then drawing distant conclusions (Schwandt, 2000). I could rely on firsthand accounts of what I had heard and observed, and provide detailed descriptions of relevant accounts, such as verbal and non-verbal expressions (Terre Blanche & Kelly, 2002).

The data I collected were enriched by my descriptions of the meanings I observed and the possible reasons for the actions of the participants (Babbie & Mouton, 2001). In this manner, I used the interpreted data to infer my understanding of potential ways in which an intervention could (or could not) promote the awareness of emotions and potentially foster resilience in a young child. Having interpreted the data myself and considering interpretation *per se,* I acknowledge the potential influence of subjectivity with me fulfilling the role of research instrument. In qualitative research however, subjectivity is recognised as part of the research process and bears the essential characteristic of enhancing learning experiences through contact with people (Lincoln & Guba, 2000). Learning through interaction thus moulds and forms interpretations and understanding. Having attempted to distinguish and portray that distinction between my understanding and experiences, and those of the participants, I relied on regular reflection, noting potential reasons for my accounts, interpretations and interests (Creswell, 2007; Schwandt, 2000). Throughout, I attempted to note the meanings the participants gave to their experiences drawn from the intervention. I continually attempted to portray the participant's experiences of the intervention with as much accuracy as possible.

3.3 RESEARCH METHODOLOGY AND STRATEGIES

In this section I provide an overview of the research process (Figure 3.1), followed by a discussion of the research design and methodological strategies implemented in this study.



MY STUDY

Convenient selection of one five year old girl, her mother and the care workers facilitating the intervention

Data collection for my study

Building trust

Observation
Field notes
Visual data collection
Interviews
Research Journal

Child
Mother
Care workers

Initial assessment
Selected intervention sessions
Follow-up assessment

Data Analysis
Crystallization
Findings
Existing Literature

FIGURE 3.1: Research process

3.3.1 RESEARCH DESIGN

I selected an instrumental case study design with the goal of gaining insight into the experiences and expectations of the selected primary participant, being a five year old child. Through the instrumental case study design I looked at the unique life world of the participant (Janesick, 2000). I attempted to provide detailed and rich descriptions of the participant's behavioural and verbal expressions, informing my understanding of her life world by gaining an in-depth view into her perceptions and experiences (Mouton, 2001; Huberman & Miles, 2002; Stake, 2000).

The selected design did not merely support my attempt to answer my research questions. It also assisted me in becoming aware of factors potentially contributing to the participant's resilience that did not relate to the focus of the intervention, which was to explore how the identification and labelling of emotions may or may not have enhanced resilience in this young child. The instrumental design therefore supported me in looking at aspects apart from the critical issues of focus (Cohen *et al*., 2003; Stake, 2000).

Despite the aforementioned benefits of a case study design, the design also implied some challenges. One of the potential limitations identified by Cohen *et al.* (2003) is that the findings of a case study will not be open for cross-checking, as biases and subjective decisions might play a role. Besides being aware of this potential limitation, I strove to maintain a sense of openness and relied on personal reflections to limit the possibility of being biased. I constantly made my thoughts, motives and reasons for choices known to my supervisors who assisted me in a critical reflective process. I further attempted to address the potential limitation through member-checking (Janesick, 2000) whereby I shared my viewpoints and understanding with the care workers who facilitated the intervention, requesting feedback from them on my ideas and initial interpretations.

Researchers' biases are often present in qualitative studies (Garrick, 1999), with researchers being research instruments (Terre Blanche & Durrheim, 2002), whose subjective thoughts initiate the research process. According to Flyvberg (2004) a case study research design requires of a researcher to note personal assumptions

and eliminate invalid ones through critical reflection and member-checking, while conducting an in-depth study of the phenomenon of focus. The *"force of example"*, such as my case study, should not be underestimated (Flyvberg, 2004:425). It should rather be viewed as a presentation of a true case, although not generalisable *per se*, which implies another potential limitation.

The purpose of my study was, however, not to make generalisations, but to merely present the case and to show how the *"phenomenon exists"* (Stake, 2000:444) within the context of a structured intervention. Besides providing an in-depth explanation of one case, the case study design provided me with a learning opportunity (Flyvberg, 2004) where I was able to practise the skill of fusing theory within the field of practice (Cohen *et al.*, 2003) whilst demonstrating my thinking and theoretical knowledge (Stake, 2000).

3.3.2 SELECTION OF PARTICIPANTS

The primary participant of my study (a five year old girl) formed part of the Kgolo-Mmogo project, for which she was referred to by voluntary counselling training counsellors (VCT-counsellors) based on an initial screening at a health clinic in the Pretoria area. The selection criteria for the children participating in the Kgolo-Mmogo project (intervention for younger children) are as follows:

- Children are between the ages of three and five years
- The children's mothers are HIV-positive
- No sibling or other children in the household are HIV-positive
- Participating children are HIV-negative
- The family reside in the Pretoria region
- The children and their mothers speak English, Tswana, Sotho, Zulu or Sepedi.

Although the conveniently selected five year old girl fulfilled the role of primary participant for my study, her mother and three care workers facilitating the intervention were involved as secondary participants. The mother was referred to the Kgolo-Mmogo project based on the fact that she is HIV-positive, which led to the involvement of her five year old child in the intervention group. As I merely focussed

on one case forming part of an existing project, the primary participant in my study was therefore selected conveniently for this purpose, based on her involvement in the Kgolo-Mmogo project, for which she was initially selected randomly (Patton, 2002; McMillan & Schumacher, 2001). For the purpose of my study, the participant was thus accessible at the time when I commenced with my field work.

3.3.3 DATA COLLECTION AND DOCUMENTATION

I regard the collection of data as a process rather than a system or strategy (Terre Blanche & Kelly, 2002). I employed multiple data collection and documentation strategies, relying on observation, field notes, visual data collection, interviews, and a research journal, as well as analysis of the pre- and post-assessment of the participant. As a multiple method approach allows for crystallisation, I could attempt to display multiple facets of my study (Janesick, 2000) by providing a deep and complex understanding of the life world of the participating girl (Richardson, 2000). In preparation of my data collection activities I familiarised myself with the background of the participant in order to be able to approach the selected data collection activities in a sensitive manner (Strydom, 2000). I continually used this information and background to guide my understanding of what I observed, therefore being informed in my meaning-making process of the data.

Besides observing the pre- and post-assessment sessions I selected four relevant sessions (Appendix A – sessions ten to thirteen) from the intervention programme for data collection purposes, based on their relevance in terms of my research questions. Although I observed all eleven individual intervention sessions with the participant, I specifically focused on the four intervention sessions relating to the emotional domain of development, based on the focus of my study. Throughout, I made field notes and facilitated discussions with the care workers who facilitated the intervention. My observations and field notes made during the pre- and post-assessment activities further assisted me in exploring any potential change in resilience between the two sessions. For this purpose, I focused on a comparison of relevant sections of the results obtained during the two assessment opportunities. The pre-assessment was conducted on 7 and 14 May 2008 and the post-assessment was completed on 30 October 2008. As in the case of the intervention

session I observed, I conducted informal interviews with the care workers after each assessment session, focusing on my observations and area of interest.

3.3.3.1 Observation documented as field notes

Simple observations allowed me as researcher to access and investigate the phenomenon under study (Patton, 2002). I observed the initial and post-assessment of the participating girl, consisting of five sessions in total. I also observed eleven intervention sessions that the child participated in, each lasting an hour and a half. For the purpose of obtaining as much data as possible on the participating child's behaviour and experiences, I furthermore attended one joint session of 45 minutes, consisting of activities that the mother and child completed as a team.

As mentioned in chapter one, I focused on observing the participating child's behaviour, gestures, body language and social interactions, with the aim of identifying emotion-related aspects (Terre Blanche *et al.*, 2006). By being present in the manner I observed the session, I utilised observation-as-context-of-interaction (Angrosino & Mays de Pérez, 2000). This method of observation allowed me to make observations on an interactional and interpersonal level. This kind of observation also supports the interpretivist paradigm I relied upon, as it allowed me to interpret the actions and expressions of the child participant (Angrosino & Mays de Pérez, 2000). Communicating with the participant and understanding her communication with the care workers, however, posed a challenge to me, since I could not speak the mother tongue of the participant. Careful observations, as well as thorough field notes were therefore regarded as key data collection and documentation strategies.

I compiled field notes (Appendix C) during and after each session, which allowed me to revisit the data during later stages, guiding my process of data analysis (Schurink, 2000). As such, I relied on field notes to provide a detailed production of the events I observed during each session (Schurink, 2000), as well as of the impressions I held of the research events and progress (Eisenhardt, 2002). I utilised Eisenhardt's (2002) suggestions for making field notes focusing on the activities, time and place, actions and expressions of the participant. In addition to my

observational notes that exclude interpretations, I made theoretical notes, involving the process of deriving meaning from my observational notes. This enabled me to distinguish between emic and etic categories for the data I collected, where the emic perspective represents or explains the participant's views or reactions as thoroughly as possible, whilst etic categories relate to my views and interpretations. Thirdly, I compiled methodological field notes, serving the purpose of being more evaluative and allowing me to reflect on myself as researcher and on the methodological process I followed (McMillan & Schumacher, 2001; Schurink, 2000). In addition, after each session, I had an informal discussion with the care workers on my observations of the particular session during which I made field notes of their observations and interpretations, as well as their opinions regarding the observations that I shared with them.

3.3.3.2 Visual data collection

I photographed[6] the sessions I observed, capturing the events that took place, more specifically any events that could be related to the emotional domain of the development of young children. I attempted to gain as much insight as possible into the child's interactions and emotional expressions, capturing some *"lived moments"* (Emmison, 2004:260).

The visual data that I obtained in the form of photographs (Appendix C) may have contributed to enhancing the trustworthiness of my study by having captured the physical context and actions of the participant (Riley & Manias, 2004). The value of capturing "lived moments" and actual events relates with Emmison's theory (2004) on visual data's communicability on historical events, and therefore historical "lived moments", making the applicability of his theory relevant to my study.

One of the challenges that arose in my attempt to capture the context and actions of the participating child relates to my attempt to capture as much data as possible that could relate to and portray the focus of my study. At times, I however missed opportunities to capture special events through photographs, due to my involvement

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[6] Informed consent was obtained from the participating child and her mother to photograph the sessions. However, all identifying information has been removed from the photographs included in this mini-dissertation.

in other research activities such as making field notes. Yet, by including photographs, I gained the opportunity to capture emotional expressions that manifested through behavioural expressions (Riley & Manias, 2004), such as happiness and the participating child's ability to build a trusting relationship.

3.3.3.3 Interviews

Research interviews are regarded as symbolic interactions that allow researchers to interact with participants and access *"intersubjective depth"* and *"deep mutual understanding"* (Miller & Glassner, 2004:126). I employed informal conversational face-to-face interviews with the care workers who facilitated the intervention directly after the pre- and post-assessment sessions, as well as after each of the eleven intervention sessions I observed. In addition to interviewing the care workers I conducted two semi-structured interviews with the participating child's mother who also attended intervention sessions as part of the Kgolo-Mmogo project. The first interview was held early in the research process, after the assessment sessions and before the intervention commenced. The second interview took place after the relevant intervention sessions had been completed. I conducted the interviews with the mother for the purpose of drawing a possible correlation between the mother's initial perception of her child's level of emotional development, as well as her perception of her child's emotional development after the intervention sessions had been completed, more specifically in terms of the girl's ability to express emotions,.

Throughout, I was guided by open-ended questions, focusing on the perceptions and experiences of the care workers, that of the mother as well as the expressions of the child, as translated by the care workers. I made field notes of every translation made by the care workers, respecting the fact that the interviews had to be conducted in the language of the participant, as well as on the individual's level of understanding (Berg, 2001). To me, not being able to speak the mother tongue of the participating child and mother posed a challenge. I subsequently had to rely on the care workers to act as interpreters during any communication between the mother and me. All interviews were audio-taped and transcribed verbatim in English. I included transcripts of the various interviews I conducted in Appendix D.

3.3.3.4 Research journal

Janesick (2000) regards the process of compiling a research journal as a rigorous process of data documentation, self-awareness and ownership of personal perspective (Patton, 2002). I have kept a research journal which allowed me to reflect in depth on the research process and patterns, capturing my confusion, potential directions and progress (Burns, 2000). I did not only capture my personal meaning-making processes, but also appropriate references to potentially relevant literature (McMillan & Schumacher, 2001). As mentioned in chapter one, journaling enabled me to keep track of my thought processes, and allowed me to discover and identify potential emerging themes during the interpretation of data and my personal meaning-making process. Journaling also served as catalyst in asking critical questions in a reflective manner on the data collection activities completed and the data collected. The technique assisted me in gaining an awareness of my own biases that I was not aware of prior to the commencement of my study (Janesick, 2000).

My research journal formed part of my reflective practice during the research process, capturing not only my thoughts and experiences, but also external reflections (Etherington, 2004) shared between my supervisors and me, as well as the care workers. I included excerpts from my journal in Appendix E.

3.3.3.5 Comparison and analysis of the outcome of the assessments

As mentioned before, an assessment focusing on the resilience of young children (Möller, 2007) was designed as part of the Kgolo-Mmogo project. The assessment instrument was administered to all three to five year old children participating in the project, both prior to the commencement of the intervention and thereafter. The assessment was aimed to determine the levels of functioning in terms of the main domains of childhood development, namely the cognitive, social, spiritual, physical, emotional and conative domains. For the purpose of development of the instrument, the assumption was made that these domains could influence the development of adaptive skills in young children.

Within the context of my study I analysed appropriate sections (included in Appendix C) of the results of the assessment prior to the commencement of the intervention in an attempt to obtain information on the levels of functioning in terms of developmental and emotional adaptive skills of the participating child at the onset of my study. After undergoing the intervention, I compared the relevant sections of the results of the post-assessment done after the intervention had been completed (included in Appendix C) with those obtained during the initial assessment. I therefore partly relied on the results of the pre- and post-assessments in determining the potential influence of the intervention on the resilience of the participating child, focusing on her ability to express herself and subsequently demonstrate emotional resilience.

3.3.4 DATA ANALYSIS AND INTERPRETATION

I conducted inductive data analysis, thereby categorising and organising the data obtained in an attempt to identify relationships (Berg, 2001; McMillan & Schumacher, 2001). Once the relationships were identified, I attempted to obtain an understanding of the dynamics and meanings of these relationships (Eisenhardt, 2002), attempting to determine if or how the intervention could have influenced the emotional awareness of the participant (or not). My goal in implementing thematic analysis was to identify the relationships between the relevant elements of key words, messages, meanings and themes (Cohen *et al.,* 2003; Babbie & Mouton, 2001).

According to Creswell (2007) the purpose of thematic data analysis is the identification and understanding of key issues from the complexity of a case, through examining key words and phrases in a relating text (Babbie & Mouton, 2001). My process of data analysis comprised of reading and re-reading the data in order to identify emerging themes and discover potential meanings (Kelly, 2002). My literature review served the purpose of informing me in identifying and coding meaningful pieces of information such as potential themes and sub-themes derived from the data into specific categories (Ryan & Bernard, 2000). I did not merely classify data that fit into codes, but also identified the data that did not fit into identified themes and codes (Kelly, 2002). The identification of emerging themes

and sub-themes was derived from my field notes, pre- and post-assessment, observations, visual data and verbatim transcripts of the interviews. Coding and thematising were at times interrelated to one another, since themes appeared to change during the process of coding (Kelly, 2002) and my understanding of the phenomenon expanded.

After my initial data analysis, I consulted the care worker who facilitated the intervention for the sake of member-checking. My purpose was to gain insight into the accuracy of the identified topics and themes, as well as to make sure that my analysis included the participants' perspectives and interpretations (Cohen *et al.*, 2003). As my initial interpretations commenced during the data collection phase, I was able to make assumptions, raise new questions and answer questions relevant to the study as the research progressed (Kelly, 2002; Babbie & Mouton, 2001).

3.4 MY ROLE AS RESEARCHER

I adopted an interactive social role in my attempt to record observations and interactions with the participants (McMillan & Schumacher, 2001). Since the research process was dynamic I attempted not to merely answer my research questions, but also identify other questions that might lead to further studies (Cohen *et al.*, 2003).

I was responsible for all data collection and analysis activities. A large amount of time was spent in the role of observer, where I observed the participant engaged in the intervention activities. I observed the actions and verbal expressions of the participant during the activities and relied on the care workers facilitating the activities to interpret the communication that transpires between them. After each session I fulfilled the role of interviewer, whereby I conducted informal conversational interviews to explore the meanings that the care workers held about the actions and experiences of the primary research participant. We shared views, as well as completed member-checking (Babbie & Mouton, 2001). During member-checking discussions, I shared my interpretations of the raw data and my observations, at times of the previous sessions, in an attempt to establish the authenticity thereof.

In conclusion, based on the data collection strategies I selected, the research activities resulted in me adopting the role of reflexive and critical analyst, besides fulfilling the role of primary research instrument (Terre Blanche *et al.*, 2006; Flyvberg, 2004; Pink, 2004). Being a Master's student and novice researcher, I was also exposed to the process of learning research skills and developing a *"nuanced view of* reality*"* by exploring people's experiences in real life situations (Flyvberg, 2004:422).

3.5 ETHICAL CONSIDERATIONS

I followed the research ethical principles as prescribed by the Ethics Committee of the Faculty of Education, University of Pretoria (2008).

3.5.1 PROTECTION FROM HARM

In my search for knowledge, I was inclined to take responsibility for the research process and towards the research participants, based on the social nature of the study (Cohen *et al.,* 2003; Strydom, 2000). Throughout the research process I was focused on and committed to *avoiding any potential risks* to the participants that could cause harm on an emotional, mental or physical level (Berg, 2001). During my field work and research activities I did not only strive to protect participants from harm, but also treated each participant with fairness, sensitivity and respect (McMillan & Schumacher, 2001). I was therefore continuously sensitive to the participants' needs and respectful of their wishes and actions. I tried not to deceive or persuade them into partaking in actions that they did not feel comfortable in doing, and did not include any actions that might have resulted in negative consequences for the participants (Barrett, 2000).

3.5.2 INFORMED CONSENT

Diener and Crandall (in Cohen *et al.*, 2003:51) identifies informed consent as *"procedures in which individuals choose whether to participate in an investigation after being informed of facts that would likely influence their decisions",* or simply

being informed with knowledge about the research (Barrett, 2000). The participants in my study were informed about the nature and purpose of the research activities, as well as the processes involved in my study. The potential advantages and disadvantages of my study were clearly communicated to them (Cohen *et al.*, 2003), after which written consent was obtained from the mother (can speak English) and care workers before the research activities commenced (Appendix B). Verbal assent was also obtained from the child participant with the assistance of the caretakers asking the child participant whether she wanted me to be present or not. Informed consent included permission for photographs to be taken during the sessions. In providing informed consent, the participants were informed that they had the freedom to withdraw from the research activities at any point in time.

3.5.3 PRIVACY, CONFIDENTIALITY AND ANONYMITY

Throughout the study I respected the *privacy* of the participants, encompassing *confidentiality* and *anonymity* and therefore not revealing the participants' identities in the data I collected, neither in my internal and external research reflections (Berg, 2001; Strydom, 2000). According to Strydom (2000) the right to privacy is viewed as the right of participants in which they have the capacity and power to decide on the amount of personal information that can be revealed, as well as to whom. *"Anonymity naturally ensures the privacy of the participant"* (Strydom, 2000:28) while the process of handling information is kept confidential (Berg, 2001: 57).

I have not and will not disclose the identities of the participants involved in my study. I have also handled the information gathered during my field work in a confidential manner and have taken precautionary measures to store the data in a safe environment. After completion of this study, data will be stored safely by the Kgolo-Mmogo research team and destroyed after the required period of fifteen years (Patton, 2002; Terre Blanche & Durrheim, 2002; McMillan & Schumacher, 2001).

3.6 RIGOUR OF THE STUDY

Poggenpoel (2000) describes Guba's approach to the trustworthiness of qualitative studies in terms of credibility (internal validity in quantitative studies), transferability

(external validity), dependability (reliability) and confirmability (objectivity). In the following sections, I discuss the techniques I employed in my study in an attempt to ensure that the findings are credible, dependable, confirmable, transferable and authentic.

3.6.1 CREDIBILITY

Credibility is defined and described as a criterion to demonstrate that research is conducted in a way that enhances accuracy. *Credibility* can be attributed to the manner in which a study is being described and identified (Babbie & Mouton, 2001; Poggenpoel, 2000).

I attempted to obtain *credible* findings by adopting established research methods as discussed in the section on data collection and documentation (Flyvberg, 2004; Shenton, 2004; Babbie & Mouton, 2001). Furthermore, I participated in regular debriefing sessions with my supervisors in an attempt to address challenges and consider alternative approaches when my field work required it. Supervision sessions, as well as member-checking, enabled me to gather and portray information as accurately as possible. Lastly, I aimed to provide rich descriptions of the study in my attempt to promote credibility (Shenton, 2004).

3.6.2 DEPENDABILITY

Dependability implies that research results will remain the same when a study is repeated with similar measurements, participants and contexts (Shenton, 2004; Babbie & Mouton, 2001). As my study was interpretive and qualitative by nature, my main purpose was to gain an understanding of human behaviour in a nuanced manner, based on the context-specific perceptions and experiences of the participants (Flyvberg, 2004). However, I strove to enhance the possibility of dependable findings by means of debriefing sessions with peers and co-researchers in the project, persistent field observations, member-checking and a research journal (Cohen *et al.*, 2003; McMillan & Schumacher, 2001). The aforementioned methods supported the recording of multiple interpretations of events, adding to a relevant and holistic view (Cohen *et al.,* 2003).

3.6.3 CONFIRMABILITY

Confirmability requires that collected data portray the findings of a study and not the biases of the researcher (Poggenpoel, 2000). Approaching my study from an interpretivist stance, however, implies that my research might not be free from bias and preconceived ideas. Yet, I have aimed to obtain confirmable findings by continually reflecting on my methodological choices, preferences and actions (Shenton, 2004). Guidance from my supervisors, as well as member-checking, further supported me in my attempt to report research findings that reflect the experiences and perceptions of the participants (Flyvberg, 2004; Cohen *et al.*, 2003; McMillan & Schumacher, 2001).

3.6.4 TRANSFERABILITY

Transferability in qualitative studies refers to the ability of a researcher to demonstrate the *"applicability of one set of findings to another context"* (Poggenpoel, 2000:351). Cohen *et al.* (2003) highlights the value of significance above frequency and therefore uniqueness against the generalisation of a case study design. Janesick (2000) mentions that critical incidents can provide insight and understanding of cases, while uncovering the meanings of lived experience of individuals.

Within the context of my study, I did not attempt to produce generalisable findings, but pursued transferability. I attempted to provide accurate and detailed information on the case, having described the context of the study, as well as any other aspects that related to the phenomenon under study. This might enable other researchers to compare their studies against my proposed study in determining whether or not the findings I obtained may be transferred to or utilised within the context of their studies (Shenton, 2004).

3.6.5 AUTHENTICITY

I utilised multiple strategies in collecting and capturing my own perceptions, experiences and interpretations, as well as those of the participants. In this manner,

I attempted to portray my findings with balance, fairness and completeness (Patton, 2002). I thus tried to present the events that occurred by means of clear descriptions of the exact events, thereby presenting the complexities of the case in as much detail as possible. As such, I aimed to provide a final product that could allow a reader of this mini-dissertation to understand the case and gain an understanding of the experiences of the primary participant, as they were revealed to me.

3.7 CONCLUSION

In this chapter I provided a description of the research process I followed. I discussed my paradigmatic approach, the research design, methods of data collection and documentation, as well as the data analysis and interpretation I conducted. I concluded the chapter with a description of the ethical guidelines I considered, and a reflection on the rigour of my study.

In the chapter to follow, I discuss and present the results I obtained. I present my analysis and interpretation of the data, discussing my results against the background of the literature presented in chapter two.

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CHAPTER FOUR
RESULTS AND FINDINGS OF THE STUDY

4.1 INTRODUCTION

In chapter three I discussed my paradigmatic approach, research design and methodology, as well as the data analysis and interpretation procedures I employed. I provided the ethical guidelines I followed in conducting this study and explained the quality criteria I attempted to adhere to in order to add rigour to my study.

In this chapter I report on the results and findings of my study. In presenting the results, I include accounts of my field notes, references to interviews, as well as examples from the pre- and post-assessment. I then discuss my findings, situating them in terms of the literature study I conducted and thereby addressing my research questions.

4.2 REFLECTING ON THE RESEARCH PROCESS

After being granted the opportunity to join a research project, I commenced my research journey with a literature study on resilience and child development. A colleague and I designed an intervention, upon which I clarified the focus of my study, based on my interest in the emotional domain of development, and the potential link thereof with resilience.

I relied on observation as primary data collection strategy. This choice allowed me to observe one child participant's emotional behaviour and expressions throughout the intervention, paying attention to special and meaningful events that might have occurred. Therefore, in addition to the advantages of obtaining a broader view of the participant's behaviour during the different activities, I could observe her emotional states and her verbal, as well as behavioural expressions. Furthermore, my constant presence allowed for a trusting relationship to be established within the first few sessions.

Throughout, I made field notes of my observations and took photographs of the sessions and interactions. I was fortunate to be in the presence of at least one care worker at all times, who could interpret events and communication that transpired in the child's mother tongue language.

After each session I employed member-checking, presenting my initial interpretations to the care workers and noting their observations and opinions, whilst making sure that I had followed the series of events during the session without misunderstandings. Although most of my communication comprised of informal conversations with the care workers, I managed to engage in two brief informal conversations with the mother of the child participant too, besides the two planned semi-structured interviews with the mother.

4.3 RESULTS OF THE STUDY

In Figure 4.1, I present an overview of the themes and sub-themes that emerged, which I discuss in the sections that follow. My discussion of the results in terms of the themes and sub-themes that emerged is followed by a discussion of my findings, situating the results I obtained within the background of existing literature.

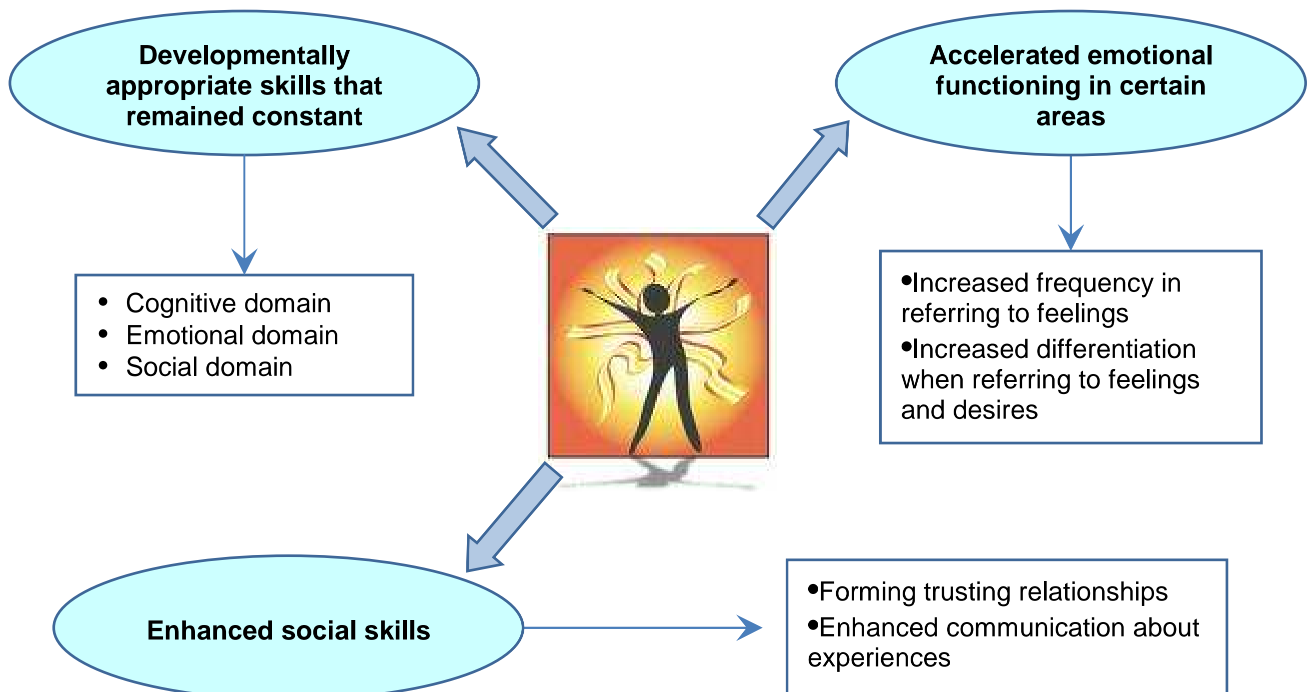

FIGURE 4.1: Overview of the themes and sub-themes that emerged

Based on my data analysis[7], three main themes emerged, each comprising of sub-themes. In discussing the themes and sub-themes, the coding system provided in Table 4.1 will apply when referring to data.

TABLE 4.1: Coding system for discussion of results

CODE	DESCRIPTION	CODE	DESCRIPTION
FN	Field notes	ASM	Pre-assessment
S	Session	P.ASM	Post-assessment
J	Research Journal	INF – CV	Informal conversation
INT	Interviews		

4.3.1 THEME 1: DEVELOPMENTALLY APPROPRIATE SKILLS THAT REMAINED CONSTANT

During the study, the participant demonstrated certain skills and characteristics that can be associated with typical development of a five year old child and that remained constant for the duration of my study and the intervention she participated in. These skills and traits can be related to the cognitive, emotional and social domain of development.

4.3.1.1 Sub-theme 1.1: Cognitive domain

In terms of the cognitive domain, the participant appeared to display age-appropriate problem-solving skills throughout my study. I observed the first indication of potential problem-solving abilities by Nondo[8] when session four drew to a close and she was not able to finish the particular activity due to time constraints. The participant namely received a piece of clay and was instructed to make anything of her choice. Time, however did not allow her to complete an identifiable product, upon which Nondo spontaneously requested to take the clay home: *"Can I take the clay; I want to make something at home?"* (FN – S4). When attending

[7] Data analysis comprised of an analysis of my field notes, photographs, transcribed interviews and the pre- and post-assessment. My field notes consist of detailed descriptions of my observations and the comments of the care workers facilitating the intervention. The assessment, however, contains broad descriptions of the events that transpired.

[8] For the purpose of my discussion, I will use Nondo as pseudonym for the participant.

session five, she brought a human figure that she had made at home, upon which I stated in my field notes: *"She appears proud of her hand work, she smiles, shows it to everyone. This demonstrates involvement and trust"* (FN – S5). In this manner, Nondo appeared to demonstrate problem-solving skills, by finding a way to adhere to the request to make something with the clay, despite her not having sufficient time to do so during the session. In addition to this incident, Nondo's cognitive development could be observed in her ability to remain focused when participating in activities, for example, when receiving instructions to make herself a name tag, when she listened while looking at the care worker talking to her, and then proceeded to do what was requested. Another example from my field notes reflecting Nondo's ability to focus was when she listened to the care worker explaining and naming the body parts, after which she named her own body parts correctly. Nondo also displayed the ability to solve problems during challenging activities during session eight, when she was following an obstacle course and appeared uncertain about where to go at one point. She hesitated for a while, chose a route that looked doable and proceeded. Subsequently, I noted in my field notes that she completed the course seemingly happy: *"She responded with increased enthusiasm by smiling and laughing as the care workers praised and encouraged her. She tried to do the course faster each time she repeated it"* (FN – S8).

My first semi-structured interview with Nondo's mother confirmed my observation of Nondo's problem-solving skills, when the mother mentioned her daughter's eagerness to assist in solving problems at home, for example, calling her (mother) if one of her friends needed help: *"She would say to me, Mommy come, my friend is hurt"* (INT – 1). Nondo's apparent problem-solving skills were further demonstrated when she wanted to solve a problem for one of the puppets in the story that was told to her by the care worker during intervention session eleven. Upon being presented with a puppet that had lost its toy and was crying, Nondo intuitively requested the puppet not to cry and suggested that she will help the puppet look for the lost toy: *"Don't cry, let's go look for it"* (FN – S11; Photo 4.1).

PHOTO 4.1 DEMONSTRATING PROBLEM-SOLVING BEHAVIOUR BY SUGGESTING A SOLUTION TO PUPPET WHO HAD LOST HIS TOY

4.3.1.2 Sub-theme 1.2: Emotional domain

Throughout the intervention Nondo appeared to display the following characteristics: self-confidence, care, optimism, and hopefulness. These characteristics can be regarded as developmentally appropriate in terms of the emotional development of a five year old child. I firstly observed Nondo to be *self-confident* during the pre-assessment (Photo 4.2), noting in my research journal that she looked comfortable while interacting with the other two children, by smiling and making eye contact with them (J – 1; Photo 4.3).

PHOTO 4.2: DEMONSTRATING SELF-CONFIDENCE

PHOTO 4.3: MAKING EYE CONTACT

Nondo's supposed *self-confidence* was further demonstrated by her separating from her mother with ease when attending the intervention sessions, as summarised in the following excerpt from my field notes: *"Her mother only walks with her to the door, whereby she leaves her mother with obvious comfort and enters the room while greeting us friendly"* (FN – S14). Although Nondo did not say much at the onset of my study, she always greeted me and easily made eye contact. During the intervention sessions, she appeared to be *self-confident* by engaging in all activities with spontaneity, yet demonstrating *self-control* while following the care workers' instructions and completing the activities she participated in seemingly *self-confident*. I summarised this tendency in the following words, based on my observation: *"There is energy in her actions; she listens and 'actions' the activity independently and with no hesitance"* (FN – S2). I further noted an example during session four, when Nondo sang a song that the care workers had taught her, capturing my thoughts as follows: *"She sings with enthusiasm, smiling and loves doing what she is doing right now"* (J – 4, Photo 4.4). In addition to singing to the care workers, Nondo also mentioned that she was going to sing the new song to her teacher at school, once again demonstrating potential signs of self-confidence: *"I am going to sing to my teacher"* (FN – S4; J – S4).

PHOTO 4.4: SINGING AND DANCING, WITH SELF-CONFIDENCE AND JOY

During session five, Nondo brought a human clay figure and showed it to the care workers and myself with apparent pride: *"She smiles and shows it to everyone"* (FN – S5); and *"She has pride in what she does if she can show it with a sense of expectancy to us – the smile says she expects to get positive feedback"* (J – S5). Her sense of *self-confidence* appeared to become more evident as the session continued when Nondo mentioned that the name tag that she had made looked very pretty: *"I like my name"* and *"I like my name tag"* (FN – S5). I summarised my thoughts in my research journal and captured her sense of self-confidence by means of a photograph: *"She appears self-confident and shows pride in what she does, therefore shows initiative that is developmentally appropriate"* (J – 5; Photo 4.5).

PHOTO 4.5: DEMONSTRATING HER NAME TAG WITH PRIDE

During the next session (session six) Nondo once again demonstrated *self-confidence* by initiating the continuation of a game between her and a care worker. I mentioned in my journal (J – 6), that she looked as if she was enjoying communication and that the building of trust seemed to form part of the game they

played, being a pretend game of talking on a cellular phone, during which Nondo did most of the talking. In addition to maintaining a game, Nondo also invented new games for her and the care workers whenever an opportunity arose, such as using a hop-scotch pattern to dance while singing during session six. I noted this observed *self-confidence* in my field notes: *"She danced, sang and laughed while we clapped hands. She looked positive, positive about her actions and does them with no hesitance"* (FN – S6). In support of my observations, Nondo's apparent *self-confidence* and enthusiasm is demonstrated in Photo 4.6. In terms of the development of the emotional domain specifically, Nondo also seemed to demonstrate *self-confidence* by sharing personal experiences with the research team during the relevant sessions (FN – S10, 11, 12 and 13 as examples).

PHOTO 4.6: DISPLAYED ENTHUSIASM AND SELF-CONFIDENCE

Signs of *caring* were initially demonstrated by means of the participant's non-verbal behaviour. During the first few sessions, when two other children also attended the intervention sessions, Nondo initiated a game with them. She went about this in a careful manner, by gently throwing a ball towards them (FN – S2). In this regard I noted: *"She looks before she throws the ball gently to the other child"*. Nondo's potential ability to *care* was further confirmed during my first interview with the mother, during which the mother explained Nondo would see when someone is worried. She, for example, would ask her mother what is wrong when she saw that the mother was not feeling well and asked what she could do to make her happy: *"Mommy, are you happy or cross? Mommy what can I do to make you happy?"* (INT – 1). Nondo's caring tendency was further demonstrated during the second interview with the mother, when she quoted her daughter: *"Mommy, everything will be fine"* (INT – 2). The mother further mentioned that Nondo is an understanding

child (INT – 2) and that she would help a friend or call someone to help if a friend were to get hurt (INT – 2). During the activities using the puppets, Nondo once again demonstrated care by, for example, saying to the puppet: *"Don't cry, let's go look for it"* (FN – S11).

Although *optimism* was initially merely visible in Nondo's non-verbal behaviour, it was none the less visible in the positive attitude with which she participated in the activities from the onset of my study. My research journal entries reflect Nondo's apparent optimism: *"Nondo seems to be a happy and positive child"* (J – 2) and *"I get the idea she has a sense of positivism and optimism engrained in her behaviour"* (J – 9). My field notes support my observations of the participant demonstrating optimism: *"She smiled a lot and looked happy"* (FN – S2). In support of my observation, Photo 4.7 captures Nondo's optimism.

PHOTO 4.7: A POSITIVE AND OPTIMISTIC REFLECTION OF NONDO

Optimism was further apparent in Nondo's behaviour when attending the sessions with a smile on her face and greeting us with friendliness: *"She smiles and greets us when she enters the room"* (FN – S2). Her enthusiasm and *optimism* was especially noticeable during session four, when she learned a new song, and sang it with energy and apparent *optimism*: *"She sings loud and with a flow of energy"* (FN – S3). At the end of this particular session, Nondo's mother mentioned that her daughter was excited every time she came to the sessions and that Nondo loved to tell her about everything that she had done in each session: *"Nondo is very excited to come to the sessions. She tells me everything she does when we travel home"* (INT – 1).

4.3.1.3 Sub-theme 1.3: Social domain

During both the pre- and post-assessment Nondo appeared to demonstrate a positive view about her environment, the ability to follow the rules of games and was able to communicate sufficiently with others. Based on the pre-assessment, the care worker noted: *"… she is very active, she is jolly and easy. She can give us more information than expected"; "She views her environment positively, plays, communicates well with others, talking, sticking to the rules"; "The child is very understanding and loves others in playing and doing activities";* and *"She could handle conflict with understanding and good spirit"* (ASM).

Throughout the intervention Nondo appeared to display basic age-appropriate *social skills* by greeting the care workers and myself in an appropriate manner. I captured my observations in my field notes: *"While greeting, she makes eye contact and appears friendly"* (FN – S2). The care workers regarded Nondo as a child who displayed a sense of ease, mentioning: *"She is very comfortable"* (FN – S2). Potential *social skills* and *adaptability* was further demonstrated through Nondo's spontaneous engagement in the intervention activities: *"She appears at ease and to be enjoying the activities"* (FN – S6). Another aspect of social development that might be related to age-appropriate development of a five year old child, as displayed by Nondo, relates to her apparent ability to share toys/sweets, play with peers and initiate games, such as playing with a ball or mimicking others at the start of the session. Concerning these traits, I documented my observations in the following manner: *"She initiates a game of mimicking my behaviour. I respond and start mimicking her behaviour. She seems to enjoy the interaction."* (FN – S2); and *"She makes contact with me and draws my attention through mimicking my behaviour, and of course I respond and we play this game for a while"* (FN – S3).

4.3.2 THEME 2: ACCELERATED EMOTIONAL FUNCTIONING IN CERTAIN AREAS OF EMOTIONAL DEVELOPMENT

As the intervention progressed, Nondo appeared to become increasingly comfortable with me and the care workers in verbally expressing her needs, feelings

and desires. Secondly, she seemed to be more able to refer to and differentiate between the emotions she experienced, as the study progressed.

4.3.2.1 Sub-theme 2.1: Increased frequency in referring to her feelings

Although Nondo initially appeared to rely on non-verbal behaviour to express her feelings: *"She follows instructions quietly and obediently"* (FN – S2), she appeared to increasingly start relying on verbal expressions of her desires and feelings around session six and session nine. Her increased verbal expressions are also demonstrated by the pre- and post-assessment. During the pre-assessment Nondo was not able to name any emotions, resulting in the answers in this section of the pre-assessment questionnaire being left open (ASM – emotional domain). During the post-assessment, however, the answer sheet is completed, indicating that Nondo was able to identify the emotions *happy* and *angry*, and provide examples of particular experiences relating to the relevant emotions (P.ASM – emotional domain). Nondo further demonstrated increased ability to express her emotions verbally during an activity where she participated in a game of play-talking on a cellular phone (session six). She made up her own conversations and demonstrated a sense of comfort while play-talking to the care workers: *"Her non-verbal behaviour appears relaxed as she play-talks to the care worker"* (FN – S6). I captured the event in my research journal: *"For a moment she appeared immersed in playing and to have forgotten about my presence in the room"* (J – 6). During this session, Nondo also requested the care workers to keep quiet and allow her to sing a song, indicating her desire to others. Another example of Nondo expressing her ideas verbally is when she mentioned that she liked what the materials for decorating her name tag could do: *"I like my name tag"*; *"I like what the materials can do"* (FN – S6).

During the intervention activities that focused on the emotional domain of development, the participant did not appear familiar with naming the four basic emotions: *"She appeared confused, not knowing what is expected of her"* (FN – S10). After completion of the first intervention session that focused on the emotional domain, however, Nondo seemed to demonstrate more familiarity and comfort with naming and expressing emotions: *"I cried when my mom slapped me"* (FN – 11).

During the sessions, the care workers did not merely encourage Nondo to say what she felt, but also took great care to demonstrate, provide examples and explain the four basic emotions to Nondo. Examples of the care workers' explanations include: *"You took my toy and I want to play with it – grrrr"* (FN – S10); *"I am so happy, it's my birthday and I have lots of sweets, are you happy Nondo?"* (FN – S11); *"I lost my teddy bear, uhh"* (FN – S11); and *"You hurt me, I am angry. Why did you hurt me?"* (FN – S12). The four basic emotions were also recapped during session thirteen in the form of a story being told with puppets, providing illustrations of the four emotions. I captured my thoughts during this session in my research journal: *"The participant's ability to express and name emotions appeared to have potentially increased, seeing that she could name happy without assistance and anger with assistance, whilst demonstrating a potential understanding for sad and scared"* (J – 13).

4.3.2.2 Sub-theme 2.2: Increased differentiation when referring to feelings and desires

During the pre-assessment Nondo was seemingly unable to name emotions, but demonstrated a potential understanding of the emotion *happy,* smiling and nodding at the care worker when receiving an explanation of the emotion happy. During initial interactions (session one and two) the participant provided broad emotional expressions when asked questions, such as: *"How are you?"*, responding with: *"I feel fine"* (FN – S2). Initially she appeared quiet and communicated primarily by means of non-verbal interactions: *"The participant obediently follows instruction and does not say much"* (FN – S2); *"She waves and smiles"* (FN – S2); and *"Today we shook hands"* (FN – S3). An entry in my research journal further reflects Nondo's apparent obedience and quietness: *"She appears to be obedient, wants to please the care workers and follows the instructions with little or no talking"* (J – 3).

As the sessions progressed, Nondo started demonstrating an increased ability to voice her desires and feelings: *"Keep quiet, I want to sing to you"* (FN – S9). During the post-assessment she clearly demonstrated an increased understanding of the emotions happy, scared and mad, in being able to identify happy without assistance and angry with assistance: *"She could identify and name happy with no assistance*

and angry with the help of the care worker" (FN – S9). Photo 4.8 illustrates her identifying the angry face, receiving assistance.

PHOTO 4.8: IDENTIFYING ANGER

Nondo's mother confirmed that Nondo was able to express her desires and feelings towards the end of the study: *"She tells me everything. She can say if she feels happy or sad"* (INT – 1). In addition, Nondo appeared able to progressively voice her feelings and desires towards the care workers as the intervention progressed, for example requesting a care worker to tell her another story during session ten, after the one that had been told, using the hand puppets: *"Tell me another story, I like this"* (FN – S10).

During the first session of the intervention focusing on emotions (session 10), Nondo appeared to gain a basic understanding of the emotions happy, scared and angry, according to the care workers (FN – S10). Following this, Nondo managed to identify the happy face with the assistance of the care workers (providing illustrations by using the puppets): *"With explaining and giving illustrations using the puppets, Nondo managed to pick the happy face"* (FN – S11). Nondo was also able to give examples of things that make her happy, in saying: *"I am happy when Mom buys me a dress"* (FN – S11). In addition, she was able to provide examples of experiences that linked to particular emotions during session twelve, saying: *"I get angry when Mom slaps me"* (FN – S12); *"I cried when I had to stay at home"* (FN – S11); and *"A boy hit me and I cried"* (FN – S12). In further support of her apparent increased expressive abilities, Nondo's mother mentioned during the second semi-structured interview with her that Nondo started demonstrating the ability to communicate her feelings in the presence of her mother, for example saying, *"I'm*

cross at my friend" (INT – 2); and *"When I am angry at my brother I tell my dad …"* (FN – S14).

4.3.3 THEME 3: ENHANCED SOCIAL SKILLS

In terms of social skills, Nondo appeared to be able to form trusting relationships, and progressively started communicating about her experiences as my study progressed.

4.3.3.1 Sub-theme 3.1: Forming trusting relationships

At the onset of the intervention Nondo only demonstrated being comfortable in the presence of the care workers and myself in a non-verbal manner, by making eye contact, smiling and being friendly, as noted in my field notes and research journal: *"She makes eye contact with ease and appears comfortable around us"* (FN – S2); and: *"Although being a friendly child, she looks at ease around us, relaxed"* (J – 2). As the intervention progressed, however, her sociability seemed to improve on both a non-verbal and a verbal level.

Although the participant appeared to trust us from the start, the trusting relationship seemingly developed as the study progressed. Nondo, for example, started making physical contact during session three when she took my hand when greeting me with a smile, displaying that she felt safe enough to make physical contact with me and engage in interaction. She increasingly sought contact during sessions six, seven, eleven and twelve, giving me a high-five and playing with my hair (FN – S3, S6, S7, S11 and S12), thereby confirming her trust in and comfort with being around me. In session six, Nondo initiated a game of dancing with the care workers, displaying her feelings of trust by apparently believing that they would participate: *"She initiated a dance, whereby the care workers followed her and also started dancing. Looks like she feels accepted and free to be spontaneous"* (J – 6). This activity and interaction is captured in Photo 4.9.

PHOTO 4.9: NONDO ENGAGING THE CARE WORKERS TO DANCE WITH HER

Nondo's trust in the care workers thus appeared to develop as the sessions progressed. Towards the end of the intervention, she no longer only gave the care workers and me hugs when greeting us, but shared personal experiences with us, such as: *"When I am happy I sing, laugh and dance"* (FN – S11). In addition, she more openly displayed her trust in the care workers, as illustrated in Photo 4.10.

PHOTO 4.10: BUILDING TRUST

4.3.3.2 Sub-theme 3.2: Enhanced communication about experiences

As mentioned, Nondo's verbal interactions were minimal during the first few sessions. She appeared reserved and shy, and would, for example, merely greet with a smile and say: *"I am fine"*, when asked how she was doing (FN – S1, 2 and 3). As early as session four, however, Nondo started elaborating when conversing, for example saying: *"I sang this song to my teacher at school"*, thereby indicating a more specific and detailed verbal expression about her experience. During another activity in session four, Nondo announced: *"I like this"*. In session five, she mentioned that she would use colours to make a name tag that she liked. During

this session she also mentioned that she enjoyed what the materials do, and stated that she liked her name and would show her name tag to her friends: *"I'm going to show this to my friends"* (FN – S5). She also stated that she had friends at school whom she loved very much (FN – S5).

In session nine Nondo participated in an obstacle course, during which she joyfully exclaimed that she liked the activity (FN – S9). Later on in the session, when the intervention activities had been terminated and she could engage in free play, she spontaneously mentioned that she had done sums at school that day and started shouting them out loud while riding on her scooter. In my field notes I noted her expression of experiences as follows: *"Nondo appeared energised by the events of the session and proceeded to maintain the flow of positive emotions through sharing her experiences from school, probably wanting to continue to build success experiences through engaging in a positive manner with the care workers and receiving praise from them"* (FN – S9). As the intervention progressed, several other examples of Nondo sharing her experiences and expressions occurred: *"I cried when my mommy slapped me"* (FN – S11); *"I don't like teacher Pretty"* (FN – S13); and *"A boy pushed me at school"* (FN – S13).

4.4 FINDINGS

Based on the themes and sub-themes that emerged, I found that the participant in my study seemingly demonstrated improved communication skills regarding her feelings and showed enhanced sociability and social skills as the intervention progressed, whilst maintaining characteristics that resembled age-appropriate developmental behaviour for the duration of the intervention. In the next section, I discuss the findings of my study, against the background of the literature study included in chapter two.

4.4.1 MAINTAINING DEVELOPMENTALLY APPROPRIATE SKILLS

The participant in my study demonstrated several age-appropriate skills that resembled typical development in terms of her cognitive, social and emotional functioning.

4.4.1.1 Cognitive domain of development

I found that the participant relied upon age-appropriate problem-solving abilities when faced with challenges. In this manner, problem-solving abilities can be regarded as an underlying source of focus (purposeful and motivated behaviour) and cognitive development. Studies by Brooks and Goldstein (2005), Reivich *et al.* (2005), Mastens and Powell (2003), as well as Kumpfer (1999) correspond with my finding that the process of problem-solving can be regarded as underlying to resilience. Hook (2002) further confirms this idea by believing that the solving of challenges with purposeful and motivated behaviour could assist a child to adapt to his or her environment as cognitive development takes place within a social environment (also refer to studies by Cockroft, 2002; Sprinthall & Sprinthall, 1990).

In my study I further found that the participant's ability to think positively also appeared to correlate with resilience. This finding is supported by the work of Day (2006), Brendtro *et al.* (2005) and Dearden (2004). Furthermore, Reivich *et al.* (2005) state that positive thinking could enable a child to generate options and therefore possible solutions.

4.4.1.2 Emotional domain of development

The ability to sustain impulses and exercise self-control is a life skill expected to develop during early childhood. Self-control in a five year old is regarded as a developmental goal that supports the development of a state during which emotions can be managed. In my study, the participant displayed appropriate levels of self-control and the ability to sustain and manage her impulses. This typical tendency of a five year old child correlates with research done by Salovey (2004), as well as Botha *et al.* (2002).

Self-control can support young children's ability to adapt to the demands in their environments and demonstrate increased autonomous behaviour. A study by Brooks and Goldstein (2005), for example, indicates that essential life skills of emotional regulation and self-regulation starts with self-control in pre-school children. In terms of the findings of my study, I found that the participant demonstrated self-control and was therefore able to manage her impulses, focus and give attention to the instructions of the care workers.

Self-confidence and the desire to build upon success experiences was an aspect regularly demonstrated by the participant in my study. This natural drive and desire to learn and build on experience in the age group three to five is supported by the work of Hook (2002) and Erikson (1963) defining these particular developmental years as important for mastering the developmental challenge of initiative *versus* guilt. Children in this developmental phase should thus actively build their self-concept by mastering tasks and overcoming challenges, in turn building their self-concept.

In my opinion, traits such as hopefulness and optimism might contribute to children being active and engaging in their environments. A typical pre-school child is characterised by high levels of energy resulting in exploration and experimentation within the environment (Sprinthall & Sprinthall, 1990). Throughout the intervention in my study the participant displayed behaviour that relates to optimism and hopefulness observable in her positive expectations. Optimism furthermore seemed to be related to her positive attitude towards the care workers and me, as well as towards the activities she participated in with joy and excitement.

Another skill that I constantly observed in the child participant was a *caring* attitude and behaviour towards others. A study by Lewis (1992) confirms this ability of young children, indicating that young children typically demonstrate the capacity to experience and display empathy and care from the age of two and a half years, which could in turn serve the purpose of strengthening and building social bonds, such as friendships.

4.4.1.3 Social domain of development

The participant in my study demonstrated social skills, being able to make friends, communicate and actively participate in the intervention by following the instructions given to her. During the pre-school years children typically learn acceptable behaviour by means of socialisation with caregivers and family, or by merely playing alongside peers (Botha *et al.*, 2002). In this manner, the behaviour displayed by the participant in my study correlates with that of an average five year old child.

As acceptable behaviour is learned, language and therefore vocabulary can increase accordingly. Language is used by young children to express themselves, experience emotional release, or socialise with others. Learned skills, such a social skills, correlate with both age-appropriate development (Botha *et al.*, 2002) and resilience. Specific skills are utilised to adapt to certain environmental demands. In this manner, supportive social structures may be formed by making friends and solving problems (Brendtro *et al.*, 2005; Mastens & Powell, 2003). In my study I found that the participant applied her learned skills by adapting to a new environment, namely the intervention she participated in. She established trusting relationships which appeared to assist her in being comfortable during the sessions and feeling safe enough to explore her environment, interact with the care workers and me, and participate in every activity that provided a learning opportunity. She communicated during the sessions and apparently learned new vocabulary, thereby displaying an increased ability to express her feelings and share her experiences.

4.4.2 ACCELERATED EMOTIONAL FUNCTIONING

During early childhood development, emotional functioning seems to be central to development in general. Emotional development in the early childhood years can be fostered in various manners, of which the identification and naming of emotions in terms of appropriate vocabulary are two possibilities.

4.4.2.1 Increased differentiation when referring to feelings and desires

In my study, I found that the participant was increasingly able to voice and name her feelings as the study progressed. Although the ability to understand and identify the four basic emotions is regarded as developmentally appropriate for pre-school children by researchers such as Lewis (1992), as well as Smith *et al.* (2003), the participant in my study did not display this skill at the onset of my study, during the pre-assessment phase. Yet, she seemed to have developed the skill as the intervention progressed, after being exposed to demonstrations and explanations of the basic emotions by the care workers who facilitated the intervention. She thus appeared to master the expectation generally associated with her age group, namely to be able to evaluate her own behaviour, become emotionally aware, develop more complex, differentiated emotions, and relate experiences of cause to effect (Dowling, 2005; Cockroft, 2002; Greenberg & Snell, 1997; Lewis, 1992).

As mentioned, the participant in my study was however only able to name and identify her feelings towards the end of the intervention, demonstrating her ability to become emotionally aware and use vocabulary to identify her feelings. A study by Tremblay *et al.* (2005) illustrates that children in this particular age group should not merely be able to identify the four basic emotions of happy, sad, mad and scared, but also relate them to past experiences. In my study, the child participant only started demonstrating this ability as the study progressed.

Demonstrating the ability to build emotional vocabulary is further supported by the work of Botha *et al.* (2002), as well as Nelson (2002), stating that pre-school children can learn nine new words per day, and subsequently show an increased ability to understand the meaning of the words they learn. The participant in my study displayed this ability too by seemingly learning to name the basic emotions. In this manner, my findings correlate with those of the studies of Dowling (2005), Goleman (2004), as well as Greenberg and Snell (1997), indicate that children's learning is initiated on an emotional level of development.

Concerning the idea that emotional learning might be regarded as the primary underlying level in focus in learning activities, occurring by means of socialisation

(Cockroft, 2002), the participant in my study demonstrated the ability to learn during intervention activities that were facilitated by means of social interaction. As such, I found that the research participant responded to praise and encouragement during activities, which motivated her to participate, learn to master a challenge and complete a task. She shared experiences and feelings, whilst the care workers assisted her (Vygotsky's scaffolding) in acquiring the knowledge to master a task. Such learning through social interaction correlates with a study by Eisenberg *et al*. (1997), stating that children's emotional expressive abilities are influenced by their primary caregivers' demonstration of emotions. The potential influence of an established relationship of trust can also not be discarded as a contributing factor.

Based on this line of argumentation, I propose a potential link between children's *emotional expressive* abilities and what they learn from *caregivers' expressive* abilities. The aforementioned hypothesis might be supported by Vygotsky's (1986) theory on children being assisted with mastering tasks that they would otherwise not have been able to master on their own. In terms of Vygotsky's (1986) identification of assistance in mastering tasks being called the *zone of proximal development*, the care workers facilitating the intervention in my study used the activities as basis of illustration, explaining and repeating activities which could be related to the identification and naming of emotions. As such, I found that the participant in my study seemed to have benefited from the assistance provided by the care workers, by demonstrating progression in her ability to express emotions.

In summary, although the participant in my study was not able to name emotions during the first part of the intervention by merely looking at a paper displaying a sad face, she developed this ability as the intervention progressed. In line with these findings, Panksepp and Smith Pasqualini (2005) mention that it is not uncommon for children up to five years to not easily recognise emotions on paper, despite their potential to understand emotions. According to my findings, however, children receiving assistance (in the form of Vygotsky's scaffolding) to perform at a zone of proximal development, could be able to more easily recognise facial expressions presented on paper, as their own awareness broadens and becomes differentiated. This is, however, a hypothesis that requires more research.

4.4.2.2 Increased frequency in referring to feelings

Children in the age group three to five years do not merely learn approximately nine new words per day as indicated by Botha *et al.* (2002), they also learn socially acceptable behaviour from the people they interact with. The participant in my study demonstrated this ability to learn from the care workers and implement what she had learned during her participation in the activities. As the intervention progressed, the participant more frequently expressed and referred to her feelings in a verbal manner. Such an increased ability in young children to identify and express emotions correlates with a study by Greenberg and Snell (1997), indicating that children receiving assistance to label emotions in using the relevant vocabulary generally show an increased ability to become aware of their emotions and therefore express and eventually regulate their emotions.

This finding further corresponds with studies by Lewis (1992) and Saarni (1997) that state that self-awareness and emotional awareness can develop simultaneously in typical emotional development in three to five year old children, being visible in their behaviour when demonstrating an increased frequency to provide emotional expressions or merely expressing themselves verbally. Emotional awareness and self-awareness further relate to the ability to access and be aware of one's own feelings and label them, as summarised in a study by Salovey (2004). The ability to identify emotions could enable a young child to vent emotions by relying on language, and more specifically appropriate manners in which to reach emotional release. These correlations also align with research by Nelson (2002), explaining that language can serve the purpose of making connections with the social world and provide opportunities for emotions to be released by means of expressions.

4.4.3 ENHANCED SOCIAL SKILLS

The participant in my study portrayed the ability to form trusting relationships that were seemingly strengthened as the intervention progressed. At the same time, she progressively engaged in enhanced communication with the care workers and me.

4.4.3.1 Forming trusting relationships

In my study I found that the trust between the participant and the care workers increased as the study progressed. As the social bond was strengthened, communication transpired more often and the participant and the care workers got to know each other better and share experiences with one another. In line with this finding, positive emotional development is generally viewed as a factor that could enhance the development of social skills (Dowling, 2005; Goleman, 2004; Nelson, 2002), thereby enabling children to form trusting relationships. As the participant in my study became comfortable in sharing her feelings and experiences with the care workers, the relationship became seemingly closer and more trusting in nature, followed by the more regular sharing of personal experiences.

According to Botha *et al.* (2002), children socialise by means of engagement with others. In my study, this seemed to be true in terms of the participant being in close contact with the care workers facilitating the intervention. The relationship between the participant and the care workers appeared to encourage social engagement and were seemingly used by the young child to learn from. This finding of my study is supported by the work of Cockroft (2002). In further support, Erikson (1963) states that children receiving adequate love and care from the mother or primary caregiver generally demonstrate the ability to firstly trust the mother, and then others. A trusting relationship with the primary caregiver and the reception of love and care could improve a child's ability to accept the self, in turn encouraging a demonstration of autonomous behaviour and the ability to strengthen trusting relationships.

Further findings of my study relate to the participant displaying emotions of *optimism* throughout the intervention, which was noticeable in her interactions with both the care workers and me. This finding corroborates with a study by Tugade *et al.* (2004), who indicate that positive emotions and *optimism* can foster an individual's well-being and effective *adaptation*, with the adaptation also relating to an ability to adapt and form trusting relationships in a new environment.

4.4.3.2 Enhanced communication about experiences

The participant in my study demonstrated the ability to learn to talk about her experiences, identify emotions and mention her feelings more often. This ability is demonstrated in a study by Botha *et al*. (2002), done with pre-school children illustrating their ability to learn nine new words per day, with emotional learning taking priority over other forms of learning (Dowling, 2005; Goleman, 2004; Greenberg & Snell, 1997). The finding correlates with a study by Hippe (2004), where it was found that pre-school children can develop an understanding of the origin of emotions, the meaning thereof and the differences between feelings and actions (Panksepp & Smith Pasqualini, 2005; Botha *et al.,* 2002; Nelson, 2002). This finding in terms of the awareness and understanding of emotions further supports the idea of pre-school children potentially being able to process information, generate options and decide on a course of action to be taken, which could in turn assist in adapting to the demands in the environment. Studies by Reivich *et al*. (2005) and Lewis (1992), confirm this correlation. In my study, I further found that the participant could provide a solution, relating to an emotion (toward the end of the intervention) as she demonstrated caring behaviour and the need to solve a problem when becoming aware of a sad emotion. This was also noticeable in her increased ability to voice her feelings and relevant expressions.

Finally, my study indicated that a pre-school child's ability to talk about experiences can be enhanced by means of an activity-based structured intervention. This finding is supported by the study of Tremblay *et al.* (2005) indicating that preschool children can develop increased abilities to talk about, or assertively talk about and label their emotional states with the necessary guidance. The participant in my study could for example identify her emotional states and relate them to past experiences at school and at home towards the end of the study, after being guided to do so.

4.5 REVISITING MY CONCEPTUAL FRAMEWORK IN TERMS OF THE FINDINGS OBTAINED

In Figure 4.2, I situate the findings I obtained within my conceptual framework provided in chapter two.

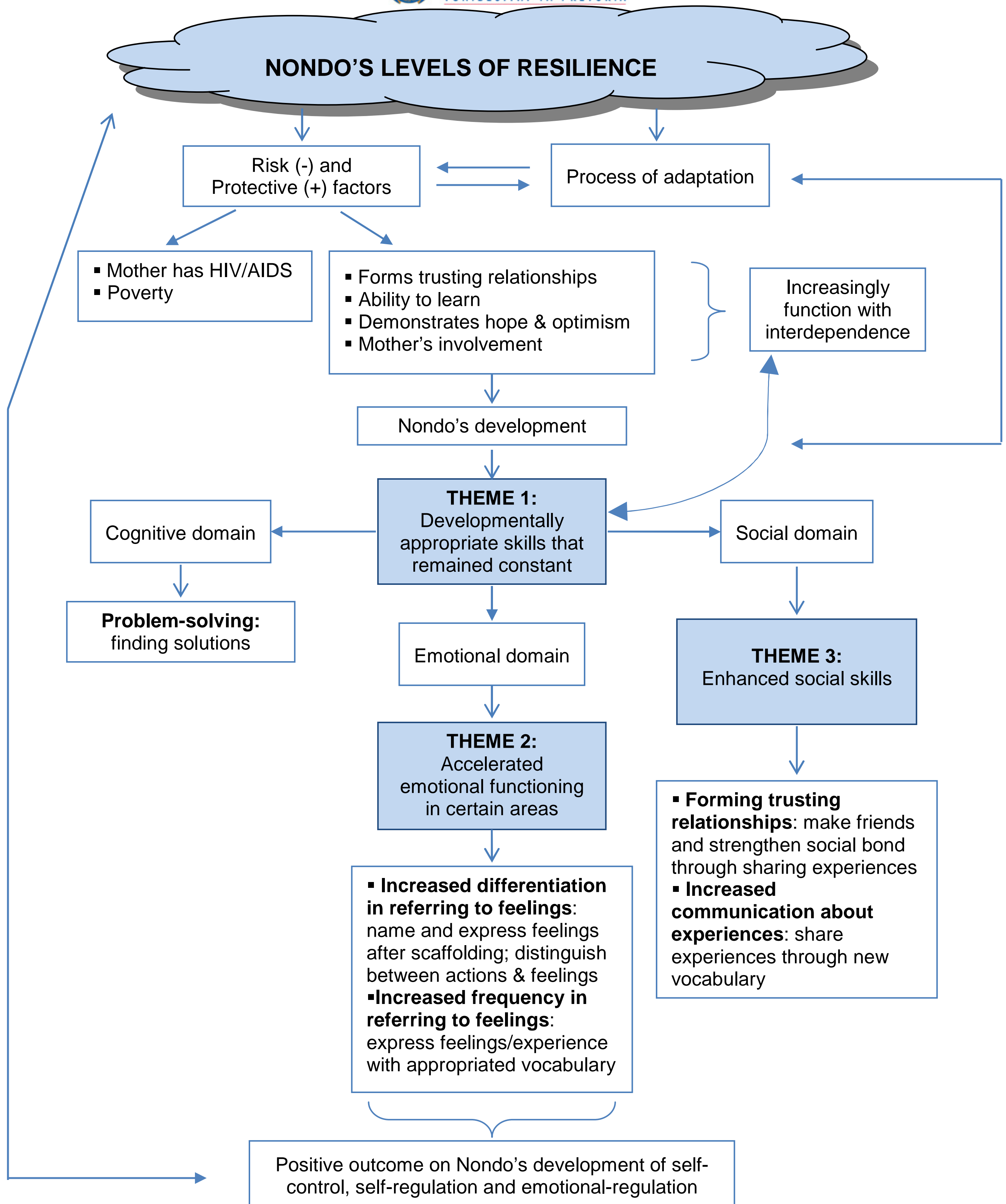

FIGURE 4.2: Revisiting conceptual framework

4.6 CONCLUSION

In this chapter I presented the results of my study in terms of the themes and sub-themes that emerged. I used quotations and photographs as supportive evidence. Thereafter I discussed my findings, interpreting the identified themes and sub-themes against the background of existing literature.

In chapter five I present an overview of my study, followed by my final conclusions. I identify the potential limitations of my study, discuss the possible contributions and make some recommendations, based on the findings I obtained.

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CHAPTER FIVE
FINAL CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In chapter four, I presented the results of my study in terms of the themes and sub-themes that emerged. I then interpreted my findings against the backdrop of chapter two.

Chapter five consists of an overview of the previous chapters, followed by my final conclusions, as I revisit my research questions formulated in chapter one. I also reflect on the potential contributions of my study, discuss the limitations I identified and make recommendations for training, practice and further research.

5.2 OVERVIEW OF THE PRECEDING CHAPTERS

Chapter one comprised of a broad overview of the study. I stated that the purpose of my study was to explore the potential connection between emotional awareness and resilience in young children affected by HIV/AIDS, as also reflected in my research questions. I provided an overview of my epistemological and methodological assumptions, as well as the research methodology I employed. I concluded the chapter with a brief summary of the ethical guidelines I followed and the criteria related to the rigour of my study.

In *chapter two* I provided an outline of the theoretical framework of my study. I explored literature on early childhood development, specifically referring to the six primary domains of development, namely the cognitive, emotional, physical, social, conative and spiritual domains. I then discussed emotional development in more depth, with a particular focus on emotional awareness and the potential role that language could fulfill in the emotional awareness of the pre-school child. The second section of my discussion of existing literature focused on the concept of resilience in terms of risk and protective factors. I related age-appropriate

development to protective factors in young children, whilst linking the effects of HIV/AIDS to risk factors. I concluded the chapter by drawing a possible correlation between resilience and age-appropriate development in young children.

Chapter three provided a detailed discussion of my research approach, epistemological stance and the methodological strategies I employed during my study. I followed a qualitative approach anchored in an interpretivist paradigm, based on my ontological stance that experiences inform what individuals experience as reality. I selected an instrumental case study research design, involving one five year old girl (and her mother and the care workers who facilitated the intervention) as participants. As they were already participating in the broader Kgolo-Mmogo project, the participants were conveniently selected for the purpose of my study.

Chapter four included my research results and an interpretation of my findings. In my study, three main themes emerged, each comprising of a number of sub-themes. The first main theme relates to developmentally appropriate skills that remained constant throughout my study, with the sub-themes relating to the cognitive, emotional and social domain of development. The second theme relates to accelerated emotional functioning in certain areas of development, with the sub-themes including an increased differentiation and frequency in referring to feelings. The last theme concerns enhanced social skills, with the sub-themes of forming trusting relationships and enhanced communication about experiences. I concluded chapter four by discussing correlations, but also identifying contradictions between the findings I obtained and those included in existing literature.

5.3 FINAL CONCLUSIONS

In this section I present my conclusions by answering my secondary and subsequently my primary research question, as formulated in chapter one.

5.3.1 SECONDARY RESEARCH QUESTION ONE: *What are the internal protective factors that contribute to emotional resilience in a young child?*

Based on my literature study, I identified several internal factors that might predict resilience in young children, such as a positive self-esteem, motivation, self-directedness, the ability to persevere, problem-solving abilities, the forming of trusting relationships, self-control and emotional regulation, as well as a sense of purpose in life. In line with my literature review, the findings of my study highlight the aforementioned traits and skills (internal factors of resilience in young children) as developmental goals that need to be mastered by young children. A developmental goal might for example involve a three year old child trying to master self-control. Achieving developmental goals can, in turn, result in the development of valuable life skills that a young child might rely upon to adapt to the challenges of life.

In this manner, expected developmental tasks that have been mastered might enhance a young child's level of resilience. In my study, I found that the participating child demonstrated self-control, problem-solving abilities, as well as the ability to form trusting relationships for the duration of the study. These aspects seemingly assisted her in adapting to new environments and partaking in an intervention facilitated by adults whom she did not know in advance, with challenges being posed to her throughout the intervention. Although the mentioned traits and abilities remained constant throughout my study, I relate them to internal protective factors, in other words potential factors enhancing the child's level of resilience.

Another aspect often mentioned in literature on resilience is that supportive relationships might foster resilience in children. Lending support to a young child could, for example, include listening to the child and providing comfort when needed. During my study, the care workers provided such comfort in reaction to the communicated needs or emotional expressions by the child during the intervention sessions. As a result, the child participant appeared to be able to voice her feelings and receive comfort when the need arose. In addition to her spontaneous expression of emotions, the care workers often probed her with the necessary

sensitivity into explaining the cause of expressed emotions. Subsequently, the expression of emotions seemed to enhance the relationship of trust between the care workers and the participating child, in turn resulting in the child seemingly feeling safe and consoled.

Based on the findings of my study, I can conclude that the sharing of feelings by means of verbal expressions by a young child might serve as a catalyst for care workers (adults) to respond with efficiency to the emotional needs of a child, whilst building trust. I can further conclude that emotional expressions might thus be linked to the development of emotional resilience, as developmental goals are reached, that could in turn develop into essential life skills. Self-control, for example, can therefore develop into the life skill of emotional regulation and ultimately emotional competence.

5.3.2 SECONDARY RESEARCH QUESTION TWO: *How might intervention activities contribute to building resilience in a five year old child, affected by HIV/AIDS?*

The activities presented during the intervention are regarded as developmentally appropriate, allowing for the participant to understand and partake in them with comfort. Activities were based on the element of play, thereby provoking a sense of expectation and excitement. As such, the nature of the activities seemed to have encouraged and motivated the child to participate in the activities. As the activities focused on the developmental goals of young children, the correlating aspects of resilience in young children could be addressed by means of the structured intervention.

Apart from the element of interest and enjoyment, an element of challenge was present in the activities included in the intervention. The participant constantly faced opportunities to pursue challenging activities and master them with the support of the care workers, in turn building her self-confidence based on her experiences of success, as well as the encouragement and praise of care workers. However, praise and encouragement did not merely facilitate motivated behaviour; it also appeared to foster confidence and the energy to move to a bigger challenge.

In observing the intervention, I found that the child participant responded in a positive manner. As the study progressed, I observed several protective factors which could build resilience in this young child who participated, such as self-confidence and self-esteem; elicited demonstration of perseverance and problem-solving abilities; stimulated optimism and joy; and the pursuit of opportunities which could foster trusting relationships. In this manner, the child's participation in the intervention seemed to have enhanced her levels of resilience.

Within a relationship of trust, the research participant appeared to feel safe enough to display spontaneous behaviour, implement unique and creative ideas during the sessions, approach challenges with the necessary freedom to make mistakes and persevere, and communicate and share personal experiences and feelings with others. In summary, I can conclude that the elements of trust, comfort and encouragement might have supported this young child when facing a challenge, allowing her to do so with confidence and build onto previous success experiences.

Lastly, the intervention activities, which allowed for scaffolding to take place, seemed to have fostered learning and therefore resilience in the child who participated. During the intervention sessions the participant was assisted and encouraged to express herself and more particularly her emotions. With the necessary assistance, modelling and explanations (scaffolding), the participant demonstrated an increased ability to identify and express her emotions, thus functioning in her so-called zone of proximal development and in accordance with her learned new skills. In this regard, I can conclude that the child participant not only displayed the ability to learn, but specifically to learn the relevant vocabulary for basic emotions and to use these to identify her feelings, resulting in an increased sense of emotional awareness.

5.3.3 SECONDARY RESEARCH QUESTION THREE*: How might emotional awareness be promoted in a young child by means of an intervention (or not)?*

My literature study on emotional awareness indicates that emotional awareness (in emotional development) can be fostered by labelling emotions verbally, which in turn can build children's capacity to manage their emotions. Based on the nature

and sessions of the intervention, a safe and supportive environment was provided for the child participant in my study, to develop emotional awareness. Age-appropriate activities seemed to provide an opportunity and exposure to aspects that could foster emotional awareness, such as acquiring the relevant vocabulary to name specific feelings. During the intervention, I found that emotional awareness could be observed when the care workers provided explanations of emotions, supplying vocabulary that could be used by the child participant in naming her emotions. In addition, they regularly repeated and created opportunities where emotional awareness could be practiced and therefore memorised, as well as modelled (through puppets and personal behaviour) to the child. Finally, a trusting relationship appeared to have assisted the participant in building emotional awareness.

Based on the findings of my study, I can fuse theory with practice by linking some characteristics displayed by an individual resembling increased levels of resilience, for example by associating the ability to recognise emotions (receptive language) with the ability to name and identify emotions (expressive language). These abilities can, in turn, be regarded as mental tools that could assist a young child in guiding and managing his or her behaviour. The aforementioned mental tools seemed to have been effectively facilitated in the five year old child who participated in my study. There was opportunity, age-appropriate activities, scaffolding and a trusting relationship. In conclusion, emotional awareness could be related to the frequency of the child participant's expressions of her feelings, which I regard as the result of regular opportunities and the child becoming familiar with the vocabulary of expressing and naming emotions.

5.3.4 PRIMARY RESEARCH QUESTION: *How can emotional awareness, facilitated within an activity-based intervention, foster resilience in a five year old child affected by HIV/AIDS?*

In reflecting on my primary research question, I can conclude that the Kgolo-Mmogo intervention might have contributed to the enhancement of resilience, specifically in the case of the child who formed the focus of my inquiry. The intervention namely appeared to have provided an opportunity for stimulating activities to be facilitated,

focusing on resilience. However, I acknowledge the variety of other factors that might have been contributed to the observed increased levels of resilience ad emotional functioning, such as one-on-one interaction, the role of a trusting relationship, natural processes and maturation and the participant's exposure to examples of other individuals displaying resilience, emotional and social skills.

Although emotional resilience in the child thus proved to be challenging to measure, I was able to focus on and observe the various aspects of emotional development, of which emotional awareness and expression of feelings are examples and indicators of potential emotional resilience. Therefore, I was able to investigate emotional awareness by observing *verbal expressions of feelings* and the *increased differentiation* and occurrence thereof, as displayed by the participating child. This in turn, could be related to the development of emotional competence, which provides an indication of resilience in children.

Based on the findings of my study I can thus conclude that the intervention allowed me to link emotional awareness to resilience in a child, indicating that an activity-based intervention allowed for the participant's emotional awareness to seemingly enhance her levels of resilience. However, I further conclude that the effectiveness of the intervention was probably based on the trusting relationship between the care workers facilitating the intervention and the participant, as it allowed the participant with the required freedom and comfort to learn within the safe environment of the intervention she participated in. Lastly, I conclude that emotional awareness cannot be stimulated by means of a single or only a few intervention activities, but through the repetition, explanation (scaffolding) and modelling of skills, such as *identifying and naming emotions.*

5.4 POSSIBLE CONTRIBUTIONS OF THE STUDY

My study can possibly contribute to existing literature on Educational Psychology, the emotional development of young children, the design of interventions with young children and the enhancement of resilience. Many ways exist to describe how emotional development and resilience in children can be addressed. Structured interventions are one example, as employed within the context of the Kgolo-Mmogo

project. The manner in which the said intervention was employed, might add value to other intervention initiatives that are employed, specifically those focusing on child development or resilience. Yet, a few primary principles need to be considered when planning such an intervention. Firstly, the intervention needs to consist of age-appropriate activities, more specifically activities that appeal to the interest of the audience/children. Secondly, interventions should address specific developmental areas or needs. Finally, the implementation of interventions should be done within a safe environment in which the participants can feel comfortable to share and benefit from the experience.

As I linked aspects of development to resilience in my study, with the focus on the potential connection between emotional development and the development of basic life skills that correlate with the development of resilience, my study could contribute to the knowledge base on child development and resilience. For young children exposed to risk factors, such as poverty and a lack of education, merely reaching age-appropriate goals can be regarded as a challenge. In such instances, focus should be given to developmental milestones, being the building blocks for learning and optimal development. Addressing basic, yet essential building blocks can enhance a child's mastery of developmental tasks and adaptation to challenges in the environment, which in turn correlates with the potential development of resilience in children.

As emotional development forms the foundation of any learning in young children, emotional awareness can be regarded as the primary building block which may foster resilience by means of fun and playful activities during an intervention, as indicated and demonstrated by my study. In this manner, practitioners in the helping professions might find my study helpful in supporting children and enhancing their resilience.

My study might inform other researchers of the aspects of resilience that might be observed and facilitated when designing an intervention for pre-school children. As such, my study might add insight into the aspects surrounding such an intervention, as well as the potential contributing factors in the environment that could foster optimal development by means of an intervention. The included examples of

potential methods for enhancing emotional awareness in therapy or by means of interventions might also be used by psychologists and practitioners in helping professions designing their particular therapy or interventions.

5.5 CHALLENGES AND POTENTIAL LIMITATIONS OF THE STUDY

Communication posed to be a challenge during my study, as I could not understand the communication that transpired between the care workers and the child participant. I attempted to address this challenge by relying on my knowledge as a Master's student in Educational Psychology in terms of the observation of non-verbal behaviour, and then relating my observations to the interpretation of the care workers, who acted as interpreters. After each session the care worker and I discussed my observations, as well as their experiences of the sessions. As more than one care worker facilitated any given session, I could rely on the other care workers who assisted with the session, for interpretations of the communication as it transpired during the pre- and post-assessment, as well as during the intervention sessions.

A second potential limitation of my study relates to the question whether or not the child participant demonstrated increased social skills and emotional awareness/expressions as a result of the intervention, or as a result of the trusting relationships that were established between her and the care workers facilitating the intervention, motivating her to communicate more freely. As mentioned, the participant demonstrated some age-appropriate social skills at the beginning of the intervention and throughout the duration of my study, by for example greeting us at the beginning of each session with a smile or waving of her hand. This tendency later progressed to more specific verbalisation, after participation in the intervention sessions. I can conclude that the progress that took place can probably be attributed to the stimulation presented by means of the intervention activities. The intervention activities did not only provide an opportunity for the participant to engage in stimulating activities that could foster growth and learning; the trusting relationship (as part of the intervention) further supported the progress of the participant learning from the sessions, by providing her with feelings of acceptance, encouragement and a safe environment in which learning could take place. As such, although the relationship of trust most probably contributed to the outcome of

the study, I can conclude the probability that the intervention also contributed in terms of stimulating the development of specific skills related to resilience in the primary research participant. The trusting relationship further can also be seen as impacting on the mesosystem of the child participant's eco-systemic context.

Thirdly, I am aware of the potential limitation that the findings of my study are not generalisable. However, based on my selected research paradigm (Interpretivism) and my research design (case study), I never aimed to obtain generalisable findings. Throughout, my purpose remained that of portraying an in-depth view of one research participant, making a potential contribution in a specific area of research. In terms of transferability, however, the findings of my study may be transferred to similar contexts, based on the in-depth descriptions I have provided and in accordance with the judgment of the reader of this report.

Fourthly, the question arose as to whether the increased ability of the child participant to express her feelings and share experiences was an outcome of her natural development, or indeed a result of the intervention. Taking into consideration that the participant made broad and few verbal expressions at the beginning of the intervention, progressing to more specific and differentiated expressions after being exposed to modelling, explanations and assistance (scaffolding) on how to express herself verbally, I can conclude that the intervention and the manner in which it was conducted (namely through scaffolding) most probably steered the progress made by the participant. I do, however, not discard the potential contributing role that age-appropriate development could have fulfilled.

5.6 RECOMMENDATIONS

In this section, I make recommendations for training, practice and future research, based on the findings I obtained and the conclusions I came to.

5.6.1 RECOMMENDATIONS FOR TRAINING

Based on the findings of my study, I recommend that theory on age-appropriate intervention, the development of emotional skills in children, as well as potential ways of enhancing resilience, be included in the training of counsellors, educators,

psychologists and students in the helping professions, with the goal of fostering emotional resilience in children. The level of such training can be adapted in terms of undergraduate and postgraduate programmes for students who wish to follow a career path in working with children, and more specifically vulnerable children.

In addition to formal programmes, informal training/workshops can be developed in order to train primary and secondary caregivers of children, with the aim of building emotional resilience in young children. People in supportive roles may benefit from training of this nature.

5.6.2 RECOMMENDATIONS FOR PRACTICE

Recommendations in terms of implementing the principles of the intervention in practice include that this particular intervention or similar interventions can be implemented by counsellors, psychologists, students and teachers working with vulnerable children in the private practice or as part of community projects, with the purpose of supporting the development of resilience in children. This type of intervention can be implemented for groups of children, or be adapted to apply with individual children in therapeutic environments.

Based on my findings, I further recommend that intervention or therapeutic intervention activities may be developed, focusing on the building blocks of emotional development in order to facilitate emotional resilience. However, the manner in which such an intervention is planned and facilitated, as well as the environment created for the child involved, should be guided by the findings I obtained. The environment in which supportive activities are facilitated should therefore be an environment that fosters optimal development and learning through the formation of trusting relationships, followed by the provision of scaffolding as assistance to a child moving to a higher level of development or simply mastering a task.

5.6.3 RECOMMENDATIONS FOR FUTURE RESEARCH

In terms of potential future research the following focus areas could be considered:

- Primary caregivers' expression of emotions and the impact thereof on pre-school children's ability to express their emotions, within a supportive context.
- Monitoring and evaluating diverse interventions as part of preventative work in schools and community projects that could address resilience in vulnerable children of all age groups.
- Potential factors, methods or interventions that might contribute to the facilitation of emotional awareness and related development of resilience in older children who are not able to manage their emotions or experience difficulty in establishing their feelings.
- The potential influence of trusting relationships on the outcome of interventions with vulnerable children of all age groups.
- The potential relation between other domains of development and resilience.
- Manner in which assistance to a child to perform in the zone of proximal development could enhance emotional awareness (or not), with the goal of fostering emotional competence.

5.7 CONCLUDING REFLECTIONS

My motivation to focus on the potential outcome of an intervention with a child affected by HIV/AIDS relates to my belief that preventative work can contribute to children's lives in such a way that they might be equipped to more effectively deal with the challenges they face in life. I believe that children can be educated, motivated and encouraged to become emotionally and socially skilled and competent to address the challenges they face.

In my opinion, the earlier one can identify potential risk and protective factors the greater the potential advantage for children receiving intervention. As such, I regard it as important to identify processes that could contribute to positive outcomes when facing challenges and how such outcomes may have been promoted by protective factors. Focusing on children's strengths can be valuable when identifying these protective factors and processes that could foster positive outcomes when faced with adversities.

Against the background and outcome of my study, I can conclude that factors such as reaching developmental tasks, experiencing a sense of security, and acquiring social and emotional skills can be regarded as crucial aspects in enhancing resilience, which might be addressed on some level by means of a structured intervention. My personal reflection of my study is that the intervention allowed me to obtain some insight into a range of domains of a five year old child's development and how certain aspects of resilience can potentially relate to development. These aspects include the theme of building self-confidence and a positive self-concept. Based on my observations and findings, I can conclude that an activity-based intervention designed to address emotional awareness (as part of emotional development) can be experienced as both pleasurable and challenging by the children involved. If such an intervention provides optimal age-appropriate learning opportunities, within a safe environment and trusting relationships, emotional resilience might be fostered in a young, vulnerable child.

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APPENDICES

APPENDIX A: **Kgolo-Mmogo Intervention**

APPENDIX B : **Permission to conduct research and informed consent**

APPENDIX C : **Assessment, Field Notes and Photographs**

APPENDIX D: **Interviews**

APPENDIX E : **Research journal**

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