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The resilience of children of HIV positive mothers with regard to the mother-child relationship

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Ineke van Dullemen

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Supervisor: **Prof. Liesel Ebersöhn**
Co-supervisors: **Prof. Irma Eloff**
Ms. Michelle Finestone

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Hierdie skripsie word in liefde en waardering opgedra aan my man en my ouers.

Dankie vir al jul liefde, belangstelling, ondersteuning, geduld en begrip.

Although the world is full of suffering, it is full also of the overcoming of it.

- Helen Keller

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SUMMARY

The resilience of children of HIV positive mothers with regard to the mother-child relationship

By

Ineke van Dullemen

SUPERVISOR	**:**	**PROF. LIESEL EBERSÖHN**
CO-SUPERVISOR	**:**	**PROF. IRMA ELOFF**
CO-SUPERVISOR	**:**	**MS. MICHELLE FINESTONE**
DEPARTMENT	**:**	**EDUCATIONAL PSYCHOLOGY**
DEGREE	**:**	**MEd (Educational Psychology)**

The purpose of this study was to explore and describe themes of resilience in the expressions and behaviours of six-year-old children with regard to the mother-child relationship, where the mothers are infected with HIV&AIDS. Themes of resilience were investigated within the framework of positive psychology. A study of limited scope was conducted from a phenomenological paradigm. I followed a mixed method methodological paradigm based on a case study design. I purposefully selected eleven six-year-old participants whose mothers are infected with HIV&AIDS from a five-year randomised control trail study (Kgolo Mmogo). Qualitative data collection methods included the transcriptions of structured baseline interviews relating to the Kinaesthetic Family Drawing (KFD), as well as the KFD per se. I utilised the scores from the Vineland Adaptive Behavior Scale (Vineland) as quantitative data collection strategy. The transcriptions were analysed by means of an inductive thematic analysis. For the analysis of the KFD I developed and piloted a framework of analysis. The raw scores from the Vineland were compared with the appropriate age norms and compared with themes of resilience identified from the KFD as well as the transcripts of the interviews.

I identified both internal and external resources of resilience. The findings of my study illustrate the presence of themes of resilience as well as non-resilience within the

participants and the mother-child relationships. More factors of resilience (protective factors) than non-resilience (risk factors) were identified. Secondly, it seems possible to use the KFD with the Vineland when exploring resilience as insights from both mother and child participants are measured. The integrated results from the different data sources indicate that although the results of the KFD and the transcriptions did not correlate with the results obtained from the Vineland, the results from the different data sources supplement one another. The use of the KFD as a measure to generate data related to resilience made it possible to evaluate adaptation and resilience in a specific cultural context unlike the Vineland. The results from the data sources indicate resilience and/or non-resilience in the mother-child relationship in terms of three categories namely, protective factors (Expressive Language Skills, Interpersonal Relationships and Play and Leisure Time), risk factors (Coping Skills and Gross Motor Skills) and a balance between protective and risk factors (Receptive Language, Daily Living Skills, personal and domestic, as well as Fine Motor Skills). It is feasible to use the KFD as a measure to identify themes of resilience and non-resilience when the drawing is accompanied by an interview.

KEY CONCEPTS

- **Kinaesthetic Family Drawing**
- **Mother-child relationship**
- **Phenomenological metatheoretical paradigm**
- **Positive Psychology**
- **Protective factors**
- **Resilience**
- **Risk factors**
- **Six-year-old child affected by HIV&AIDS**
- **Transcriptions**
- **Vineland Adaptive Behavior Scale**

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CHAPTER 1

ORIENTATION, PROBLEM STATEMENT, CONCEPTUALIZATION AND METHODOLOGICAL OVERVIEW

1.1 INTRODUCTORY ORIENTATION

In recent years growing emphasis has been placed on the emerging field of positive psychology (Seligman, in Snyder and Lopez, 2005). More emphasis has progressively been placed on the strengths and abilities of people by emphasising the importance of a movement away from focusing on the maladaptation of people, to highlighting people's strengths and abilities, using these strengths and abilities to overcome adversity. Within the framework of positive psychology the focus is on the child while the child is in a developmental stage. Attempts to improve functioning, ability and overall mental health at any particular time are considered (Roberts, Brown, Johnson and Reinke in Snyders and Lopez, 2005).

This study formed part of the Kgolo Mmogo project at Kalafong Hospital, which is a five-year randomised control trial study. The aim of this five-year longitudinal study is to explore resilience in the mother-child relationships, where the mothers are infected with HIV&AIDS. The rationale for my study was therefore to take a closer look at the themes of resilience that emerge from baseline assessment data sources with regard to the mother-child relationship. Preliminary field notes from the Kgolo Mmogo project (Finestone, 2008) have, with the onset of my study, determined that most of the children have not been informed that their mothers are infected with HIV. Some of the children however deduce their mothers' ill-health from different cues in their environment, for instance the ARV medicine that is being used by their mothers. Other contributing factors that emphasize the importance of resilience include poverty, abuse and molestation (Finestone, 2008).

An effort was therefore made to contribute to different areas of knowledge. Since positive psychology is still an emerging field within Psychology, I ventured to make a contribution to this knowledge field in terms of resilience in the mother-child relationship. In addition, my study contributed to the information that already exists with regard to the mother-child relationship, where the mothers are infected with HIV&AIDS (Murphy and Marelich, 2008). The impact that this virus has on the daily functioning of people around the world necessitated such a study in order to support people in dealing with this adversity (Murphy and Marelich, 2008), especially on the continent of Africa where this disease has

reached a degree of considerable magnitude (Ebersöhn and Eloff, 2006; Bellamy, 2004; Bennell, 2003). From an educational psychological point of view my study furnished the perspective of the children, affected by HIV&AIDS and their perception of their world of experience. My main motivation for this specific study was twofold. Firstly this study was undertaken to make a contribution to the limited knowledge field related to children coping with HIV&AIDS within the South African context (Ebersöhn and Eloff, 2002). Furthermore, I ventured to make a contribution to the field of psychology and to bring home the realization that "*there is no human situation that is composed entirely of negative factors, even though what is positive may exist only in potential*" (Eloff, Ebersöhn and Viljoen, 2007).

The preliminary literature study (Finestone, 2008; Murphy and Marelich, 2008; Deborah, Foster, Zalot, Chester and King, 2007; Park and Peterson, 2007; Wallace and Bergeman, 2007; Ebersöhn and Maree, 2006; Snyders, and Lopez, 2005; Adams, Collair, Oswald and Perold, 2004; Seligman and Csikszentmihalyi, 2000) that was initially conducted indicated that limited information is available on the phenomena of resilience in children within the realm of positive psychology. Although children are born with a natural tendency to bounce back from hardship, the extent to which such resilience occurs in terms of the HIV&AIDS context is unclear (Ebersöhn and Eloff, 2002). The aim of my study was therefore to determine how resilient children are within the specific context of HIV by means of the Kinaesthetic Family Drawing (Anning and Ring, 2005; Dunn, O'Connor and Levy, 2002; Fury, Carison, and Sroufe, 1997; Di Leo, 1983; Burns, 1982), the transcripts of the structured baseline interviews as well as the Vineland Adaptive Behaviour Scale (De Bildt, Kraijer, Sytema and Minderaa, 2005; Sparrow, Balla and Cicchetti, 1984).

Children, particularly six-year-old[1] children, often find it hard to express their feelings verbally (Botha, Van Ede, Louw, Louw and Ferns in Louw, Van Ede and Louw, 1998). The Kinaesthetic Family Drawing therefore served as an interview and assessment aid for the children to express their emotions (Di Leo, 1973). It offers the opportunity to gain knowledge on the children's perception with regard to their current circumstances and the relationships within the home environment. On the other hand, the Vineland Adaptive Behavior Scale served as an instrument through which the mother's perspective of the child's adaptive behaviour could also be obtained. Throughout my research I endeavoured to relate these insights and understandings to resilience theory.

[1] Throughout this dissertation I constantly refer to the "six-year-old child/children" to simplify the actual writing process. It should however be noted that the children in my study fell between the ages of five years six months and six years eleven months.

1.2 PURPOSE AND PROBLEM STATEMENT

In the light of the above discussion as well as the aim of my study, the following primary research question was formulated: *What are the themes of resilience in the expressions and behaviours of six-year-old children with regard to the mother-child relationship, where the mothers are infected with HIV&AIDS?*

In order to address this primary research question the following secondary research questions were formulated:

- What are the themes of resilience that emerge from Kinaesthetic Family Drawings of six-year-old children whose mothers are infected by HIV?
- What is the feasibility of using the Kinaesthetic Family Drawing as a measure to identify themes of resilience in six-year-old children?
- What are the themes of resilience that emerge from the structured baseline interview transcripts relating to the Kinaesthetic Family Drawings of six-year-old children whose mothers are infected by HIV?
- What are the themes of resilience that emerge in terms of the Vineland Adaptive Behavior Scale of six-year-old children whose mothers are infected by HIV?
- How do the themes of resilience and/or non-resilience identified from the structured baseline interviews and the Kinaesthetic Family Drawing compare with themes identified from the Vineland Adaptive Behavior Scale?

1.3 ASSUMPTIONS OF THE STUDY

1.3.1 Primary working assumption

Within the context of my study I had the following primary working assumption: *Six-year-old children have a relationship with their mothers and some degree of resilience occurs within this relationship.*

1.3.2 Underlying working assumptions

The following assumptions arose from my primary working assumption:

- Six-year-old children can express themselves through various means.
- The Kinaesthetic Family Drawings, transcribed baseline structured interviews as well as the Vineland Adaptive Behavior Scale can be used to identify themes of resilience.
- The identification of themes of resilience can be an aid in the process of effective intervention.
- The transcription and translation of the structured baseline interviews has in no way compromised the validity of the study.

1.4 CLARIFICATION OF KEY CONCEPTS

What follows is a brief look at the definition and discussion of the key concepts that will be defined in more detail in Chapter 2 of this dissertation.

1.4.1 The six-year-old child affected by HIV&AIDS

The six-year-old child is entering the middle childhood years (Louw, Van Ede and Louw, 1998; Biehler and Hudson, 1986). These years are generally a period of relative calm and stability when compared with the early childhood years as well as adolescence. This period is considered to be significant with regard to the child's cognitive, social, emotional and self-concept development (Losardo and Notari-Syverson, 2001; Louw *et al*., 1998; Erikson, 1968). These authors identified specific developmental tasks (Table 1.1) that should be mastered during this phase.

This statement pre-empts the view that the impact of trauma on the life of a six-year-old child would be extensive without resilience. Within the literature review attention is given to specific matters which relate to the six-year-old child's affective development as described by Erikson's Ego psychological theory (Erikson, 1968). Furthermore the six-

Table 1.1 Different stages relating to the development of six-year-old children according to different theorists

Developmental Tasks (Louw *et al*., 1998)	**Affective Development (Erikson)**	**Cognitive Development (Piaget)**	**Normative Development (Kohlberg)**
Refined motor development Establishing gender identification Development of various cognitive skills Extension of knowledge and social skills Developing greater self-knowledge Continued development of moral judgement and behaviour	Industry vs Inferiority Acquire new skills and knowledge Learn to cope with new social demands Success lead to a sense of competence Failure result in feelings of inferiority	Learn to use language and to represent objects by images and words Have difficulty taking other's viewpoint into consideration Use a single feature to classify objects	Instrumental Relativist Actions are based on satisfying own needs Obeying rules should have some sort of reward.

year-old child's cognitive and normative development is described by using the theories of Piaget and Kohlberg respectively (Piaget, 1936; Kohlberg, 1976). The abovementioned developmental tasks are evaluated by means of the Vineland Adaptive Behavioural Scales.

For the purpose of this study the term "child" therefore refers to the six-year-old child, taking into consideration the complexity of being in the middle childhood phase of development. All children in the study are currently in a position where they are facing great adversity, considering the fact that their mothers are infected with HIV&AIDS.

1.4.2 HIV&AIDS affected children

The continent of Africa has been affected by HIV&AIDS for many years. In recent years the impact of this disease on the livelihood of individuals has increased rapidly. According to Niskala (date unknown) *"HIV&AIDS is combining with food insecurity, poverty, worsening health care, dirty water and sanitation, uncontrolled urbanization and common disease"* to generate an unparalleled catastrophe, affecting the lives of children more and more.

The advances in HIV&AIDS treatment has resulted in many individuals living longer lives while infected with the virus. Furthermore these advances directly impacted on the number of mother-to-child transmissions, the consequence being that fewer children are infected during birth (Shapiro, Toumala, Samelson & The Pediatric AIDS Clinical Trial Group, 2002). According to Berer (2002) this results in more women infected with HIV&AIDS having children. When all of this is taken into consideration the impact of HIV&AIDS on the lives of children becomes evident.

Children are currently finding themselves in a position where they are unaware of the maternal HIV (Finestone, 2008; Nöstlinger, Jonckheer, De Belder, Van Wijngaerden, Wylock, Pelgrom and Colebunders, 2004), but where they have to deal with the direct effect of the virus on a daily basis therefore being affected by HIV&AIDS. The stigma related to HIV&AIDS and the discrimination as a result thereof, result in children feeling contemptible and experiencing their lives as aimless, senseless and out of control (Ebersöhn and Maree, 2006).

For the purpose of my study the concept HIV&AIDS affected children therefore refers to every child having to deal with the direct impact that the virus has on their daily lives whilst being aware or unaware of the maternal HIV&AIDS.

1.4.3 Mother-child relationship

Children's first, initial emotional attachment is usually formed with their primary caregiver, the mother (Bowlby, 1969). The mother-child relationship becomes the basis of security for most children, thus having specific implications for the future of the child. Mothers who are available and quick to respond to their children's needs establish a sense of security (Van Wagner, date unknown). Within the mother-child relationship the parenting style of the mother affects the child's later, mature intellectual and emotional functioning (Husen and Postlethwaite, 1991; Bowlby, 1969). Furthermore research found that an affectionate and encouraging mother-child relationship contributes to a more robust buffer against adversity (Deborah, Foster, Zalot, Chester and King, 2007). When it is taken into consideration that "*human attachment behavior and emotions are adaptive*" (Bowlby, 1969) the necessity and importance of resilience within the mother-child relationship becomes clear. When all of the above are taken into consideration, it becomes clear that the mother-child relationship has a direct influence on the resilience of the six-year-old child.

For the purpose of my study the mother–child relationship therefore refers to the relationship that the HIV&AIDS infected mother and her six-year-old child has, from the child's perspective.

1.4.4 Kinaesthetic Family Drawing

Children's drawings are often used as a means of obtaining information which relates to the child's emotions, attitude and reactions. Kinaesthetic Family Drawings can be used to explore the family relations as well as family interaction from the child's point of view (Skybo, Ryan-Wenger and Su, 2007; Anning and Ring, 2005; Dunn, O'Connor and Levy, 2002; Fury, Carison, and Sroufe, 1997; Louw *et al*., 1998; Di Leo, 1983; Burns, 1982). The Kinaesthetic Family Drawing can be used as an unstructured projective technique that may reveal the child's emotions in relation to individuals whom he/she regards as most significant and whose influence is most powerful (Di Leo, 1973).

For the purpose of my study the Kinaesthetic Family Drawings were used in conjunction with structured baseline interview transcripts, as a method of obtaining information with regard to the family's functioning from the child's point of view. The drawings as well as the interviews were administered by Research Assistants from the Kgolo Mmogo project prior to any intervention. Analysing and interpreting the drawings from a phenomenological perspective together with the data obtained from transcripts of the interviews enabled me to identify specific themes of resilience that the child is aware and

to some extent unaware of. During the literature study special attention was given to literature relating to the use and interpretation of the Kinaesthetic Family Drawings in African cultures in order to find appropriate norms that are not biased and that are culture appropriate.

1.4.5 Vineland Adaptive Behavior Scale

The Vineland Adaptive Behavior Scale (Sparrow, Balla and Cicchetti, 1985) formed part of the baseline assessment done by the Research Assistants. It is a quantitative measuring instrument used to measure a person's daily functioning. Within this scale there are four behaviour domains that are assessed: Communication, Daily Living Skills, Socialization, and Motor Skills. All these skills contribute in my opinion to what society view as a well-adapted individual (Sparrow, Cicchetti and Balla, 2005), therefore necessitating this questionnaire's inclusion in this study.

For the purpose of my study the Vineland Adaptive Behavior Scale results, as scored by Kgolo Mmogo Research Assistants, was used as a method of obtaining information with regard to the child's functioning from the mother's point of view. Both the quantitative and qualitative interpretation of the questionnaire enabled me to identify specific themes of resilience and non-resilience that exist within the child and also within the mother-child relationship.

1.5 CONCEPTUAL FRAMEWORK

Resilience situated within the framework of positive psychology

A number of studies have been done which relate to resilience in children (Masten and Reed in Snyder and Lopez, 2005). According to Masten and Reed (2005) resilience refers to experiences characterized by patterns of positive adaptation in the context of considerable adversity or menace. The authors state that:

> ".....two major judgements are required to identify individuals as belonging in this class of phenomena. First, there is a judgement that individuals are *doing OK* or *better than OK* with respect to a set of expectations for behaviour. Second, there is a judgement that there have been extenuating circumstances that posed a threat to good outcomes."

Positive psychology entails the systematic assessment of human strengths and qualities at either a subjective, individual, or institutional level (Seligman and Csikszentmihalyi,

2000). The constructs of interest in positive psychology, namely strengths and qualities, are both complex and multidimensional (Wallace and Bergeman, 2007). Ebersöhn and Maree (2006) state that resilience can "be viewed as a type of giftedness". When all of this is taken into consideration it becomes obvious where the focus of positive psychology lies – focusing on strengths and in a sense, special abilities.

For the purpose of my study themes of resilience were investigated within the framework of positive psychology. I identified both internal and external resources of resilience, linking these to the three pillars of positive psychology as described by Seligman and Csikszentmihalyi (2000), namely positive experiences and emotions; positive traits and positive institutions; culminating these into the working model, *I have, I am, I can* proposed by Grotberg (2003).

1.6 PARADIGMATIC PERSPECTIVE

During my study I followed a phenomenological metatheoretical paradigm with a mixed method approach (Tashakkori and Teddlie, 1998). Using a phenomenological paradigm enabled me to interpret data that were obtained within the participants' natural environment (Jansen in Maree, 2007). Phenomenology is an interpretive paradigm that developed from the interpretivist paradigm (Nieuwenhuis in Maree, 2007). According to the phenomenological paradigm there are many ways of interpreting the same experience and the meaning of this experience is what constitutes reality to individuals (Ary, Jacobs and Razavieh, 2002; Van Manen, 1990). The participants' subjective experiences were acknowledged as their realities facilitating the process of identifying themes of resilience (Adams *et al*., 2004).

1.7 OVERVIEW OF RESEARCH DESIGN AND METHODOLOGY

Since a complete discussion of my research design, research methodology, data collections strategies and thematic data analysis follows in Chapter 3 only a brief summary is included in the next section in order to help the reader understand my frame of mind during my research study.

1.7.1 Research context

As mentioned earlier my research formed part of a five-year randomised control trial at Kalafong Hospital in Gauteng, South Africa. The participants in the research all came from townships in the surrounding area where adversity is part of their daily living. In spite of having to deal with the stress and effects of HIV&AIDS other co-morbid factors

that form part of many of their lives include poverty, malnutrition due to poverty, abuse and neglect (Forsyth, 2005).

1.7.2 Research design

Since the purpose of my study was to discover and describe interaction or significant aspects, distinctive of the themes of resilience within the mother-child relationship (Silverman, 2000), the study was conducted within the framework of a qualitative thematic analysis, involving a single group which was selected purposefully.

1.7.3 Selection of participants

I selected eleven participants randomly (Neuman, 1997) from a sample chosen purposefully from participants of the Kgolo Mmogo project at Kalafong Hospital.

The selection criteria (Neuman, 1997) for my sample included the following: each participant had to be between five years six months and six years eleven months old, HIV negative, the child of a mother infected by HIV and all relevant data sources had to have been completed by the participant and the mother respectively. No other family members, with the exception of the child were infected by HIV. Furthermore criteria for selection of the eleven participants were based on the clarity (the overall size of the figures in the drawings, drawings that were not drawn to light and much detail was omitted due to this factor and the human figures had too be distinctively human) of the Kinaesthetic Family Drawing as well as the degree to which the instruction was understood and completed by the participant. The transcripts of the structured baseline interviews relating to the Kinaesthetic Family Drawing had to be complete and descriptive in that the responses given by the participants should have been explanatory and not only consist of Yes/No responses. Lastly the participants had to have given consent to participation in the Kgolo Mmogo project.

1.7.4 Data collection

Children, particularly six-year-old children, often find it hard to express their feelings verbally (Botha, Van Ede, Louw, Louw and Ferns in Louw, Van Ede and Louw, 1998). The Kinaesthetic Family Drawing therefore served as an interview and assessment aid for the children to give expression to their emotions (Di Leo, 1973). It offers the opportunity to gain knowledge on the children's perception with regard to their current circumstances and the relationships within the home environment. On the other hand the Vineland Adaptive Behavior Scale served as an instrument through which the mother's perspective

of the child's adaptive behaviour could also be obtained. Throughout my research I endeavoured to relate these insights and understandings to resilience theory.

The data were collected by Research Assistants from different backgrounds, e.g. psychologists, nurses as well as individuals trained within the field of HIV&AIDS (Finestone, 2008).

Six-year-old children were asked to draw a Kinaesthetic Family Drawing. The participants were instructed in their mother tongue to draw all the family members, each busy with an activity. Discussions whilst drawing were audio-taped, transcribed and later translated. At the same interval the Research Assistants put the questions of the Vineland Adaptive Behavior Scale to the mothers of the children individually.

In order to triangulate data, the Vineland Adaptive Behavioural Scale results were used to assess the participants' level of adaptive development. The information obtained from this instrument also informed me of the mother's view relating to her child's resilience at that specific time. A more in-depth description and explanation of the specific instruments that were used for the purpose of my research will be given in Chapter 3 of this dissertation.

1.7.5 Data analysis and interpretation

The first phase entailed interpreting the Kinaesthetic Family Drawings as well as the transcripts of the structured baseline interviews relating to the drawings, thus gaining a clearer understanding of the participants' life world in terms of resilience. This contributed to more accurate interpretation.

During the second phase of the research the Vineland Adaptive Behavioural Scale results were used to assess the participants' level of adaptive development. With the use of this instrument the researcher aspired to triangulate data by comparing the level of adaptive functioning with themes of resilience that were identified from the Kinaesthetic Family Drawing as well as the transcripts of the structured baseline interviews.

Data analysis consisted of identifying emerging themes from the different data sources. According to Hatch (2002) data analysis is a logical search for meaning and therefore a way to process qualitative data so that what has been discovered can be shared with others.

In my study a thematic analysis (Neuman, 1997) was done in order to investigate themes of resilience that arose from the Kinaesthetic Family Drawings and the transcripts of the structured baseline interviews related to the Kinaesthetic Family Drawings done with the participants. These themes were compared with the results of the Vineland Adaptive Behavioural Scale. The qualitative data analysis therefore became an interpretive task; interpretations were actively constructed, keeping the context in mind (Ezzy, 2002).

The research context was taken into consideration while analysing and interpreting data. Neuman (1997), states that it is important to "note what came before or what surrounds the focus of the study". The research context plays an important role in the findings of any study. According to Neuman (1997)

> "When a researcher removes an event, social action, answer to a question, or conversation from the social context in which it appears, or ignores the context, social meaning and significance are distorted."

What is apparent from the above is that although the participants in my study are currently in a position where they have to deal with the effects of HIV&AIDS, for the majority of them this adversity is but another factor that will tap into their limited resources as well as their relationship with their mothers, requiring resilience in order to deal with all the different adversities that form part of their daily living.

1.7.6 Quality criteria and trustworthiness

Throughout the research process I made every effort to ensure that the interpretation of data was credible and trustworthy.

1.7.6.1 Credibility of data interpretation

McMillan and Schumacher (2001) identified possible strategies to enhance the credibility of qualitative studies. Of these strategies I made use of expanded fieldwork, various data resources, multiple researchers as well as a reliable translator to translate interviews.

1.7.6.2 Trustworthiness

Trustworthiness in qualitative research relates the ability of the researcher to ensure that the study is valuable and of a high quality (Lincoln and Cuba, in Johnson and Turner, 2003).

Trustworthiness can be enhanced by abiding to specific criteria namely reliability, transferability, objectivity as well as authenticity (Guba in Denzin and Lincoln, 1998).

For the purpose of this research I made use of different data sources in order to verify my own findings. Throughout my research I also had contact sessions with my supervisor as well as co-supervisor in order to ensure that my research and findings were both credible and trustworthy. Furthermore I made use of an objective psychologist to control and verify the themes of resilience that I identified as well as all my findings.

1.8 ETHICAL CONSIDERATIONS

For the duration and purpose of my study the following ethical principles and values were adhered to (Allan, 2001):

- Informed consent: The participants' mothers were fully informed by the Research Assistants about the purpose of the research as well as the research process. It was explained to them that participation in the research project remained voluntary throughout the process and that they could withdraw at any given time. The participants signed a consent form at the onset of the Kgolo Mmogo project.
- Privacy: The confidentiality and anonymity of the participants were protected at all times. Participants' names were not used on any drawings, transcripts of interviews or questionnaires. For the purpose of identification only their identification numbers were used. The data were not discussed with anyone other than the designated supervisors.
- Trust: The participants were not subjected to any acts of deception or perfidy in the research process or its published outcomes.
- Safety in participation: All measures possible were taken by the Research Assistants to protect the participants against any physical and emotional harm that might be a direct result of the research project.
- Security: All measures possible were taken to ensure that all data were kept in a safe place with limited access. A specific room had been identified for this purpose at Kalafong Hospital. The room was locked at all times.
- Ethical clearance was obtained from the Ethics Committee of the University of Pretoria. Furthermore I adhered to the Ethical Code as relating to Psychologists and Intern Psychologists as prescribed by the Health Professions Counsel of South Africa.

1.9 PROJECTED CHALLENGES OF THE STUDY

The following possible challenges were anticipated at the onset of my study:

- The first challenge related to my study was the different languages spoken by the research participants. All interviews were translated into English, the caveat being that some of the authentic meaning might have unintentionally been omitted.
- The specific age of the participant might also have served as a challenge since the six-year-old child might find it hard to express his/her thoughts. The motivation levels of the participants taking part in the study had to be considered as well. The Research Assistants therefore tried to elicit the participants' best efforts by various means.
- Another possible challenge was the various Research Assistants that were used to collect the data. The different training backgrounds from which these assistants came might have had an influence on the data.
- The different socio-economic backgrounds of the participants, specifically the quality of education, were also deemed a possible challenge to the study.

1.10 CHAPTER OUTLINE

The chapter outline of the study and dissertation are as follows:

Chapter 1: Orientation, Problem Statement, Conceptualization and Methodological Overview

Chapter 1 is the introductory chapter to the study and briefly describes and explains what was done during this specific study. It provides a general orientation, states the research question, defines the key concepts and explains the purpose of the study. It also very briefly introduces the theoretical framework and research methodology that was used during my study.

Chapter 2: Literature study

Chapter 2 contains an in-depth discussion of the current literature relating to my study. It explores the key concepts within my study, namely the six-year old child, HIV&AIDS affected children, the mother-child relationship, Kinaesthetic Family Drawings and the Vineland Adaptive Behavior Scale. Throughout this chapter I endeavoured to take a critical stance on available literature. Furthermore in this chapter I described the conceptual framework underpinning my study and provided a visual representation of my conceptual framework.

Chapter 3: Research Design and Methodology

Chapter 3 discusses the entire research process in terms of the research design, selection of participants, data collection, data analysis as well as interpretation.

Chapter 4: Results

Chapter 4 presents the results of the study in terms of the themes of resilience and/or non-resilience that emerged from the data sources.

Chapter 5: Findings, Conclusion and Recommendations

In the concluding chapter the findings of the study are presented together with conclusions and ideas for possible future research studies, as well as the potential value of my study.

1.11 SUMMARY

This chapter was an attempt to provide general background information on my study to the reader. A concise discussion of the nature and extent of my study was given. I explained the various components of my study briefly in order to show what this study's aims were.

In Chapter 2 I focus on the conceptual framework of my study as well as the key concepts that underpin this framework. An in-depth discussion on the various concepts is presented.

CHAPTER 2

LITERATURE STUDY

2.1 INTRODUCTORY ORIENTATION

In this chapter the focus shifts to the exploration and investigation of the main concepts of my study; HIV&AIDS in the South African context; the experiences and behaviour of the six-year-old child affected by HIV&AIDS, the mother-child relationship, as well as the use of the Kinaesthetic Family Drawing as a metaphor for expression in African children. Within every subsection I include viewpoints from various authors and problematise the relevant literature as relating to my study.

I conclude the chapter with a discussion of my conceptual framework. I position resilience within the framework of positive psychology and explore the implication, in doing this, within the field of Psychology.

2.2 HIV&AIDS IN THE SOUTH AFRICAN CONTEXT

The continent of Africa has been affected by HIV&AIDS for many years (Foster, 2002). For the purpose of my study I focused more on the phenomena of children, specifically six-year-olds, coping with the effects of this disease on a daily basis. As mentioned in Chapter 1, HIV&AIDS are for the most part not the only factor that children need to contemplate as daily living becomes more and more of a challenge. My research formed part of a five-year randomised control trial done at Kalafong Hospital in Gauteng, South Africa. The participants in the research all came from low socio-economic backgrounds in the surrounding area, where adversity is part of their daily living. In spite of having to deal with the stress and effects of HIV&AIDS, other co-morbid factors that form part of many of the participants' lives include poverty, malnutrition due to poverty, abuse and neglect (Forsyth, 2005).

According to Richter and Rama (2006), the needs and demanding circumstances of children affected by HIV&AIDS is for the most part indiscernible as affected children tend to be living in families and communities where the communal suffering (of both the children and their caretakers) is largely hidden and unnoticed. Bauman, Camacho, Silver, Hudis and Draimin (2002) found that children specifically are more inclined to internalize signs of distress, which results in their needs often going unnoticed since significant others remain unaware of their needs. Table 2.1 summarizes the impact that HIV&AIDS has on children in Southern African as described by Richter and Rama (2006).

Table 2.1 Summary of multiple losses and their causes as experienced by children affected by HIV&AIDS

Loss of	Causes
Health and vitality	Poor health care; malnutrition; infections
Economic support	Due to ailing or deceased breadwinners
Parents/caregivers	Due to ailing or deceased breadwinners
Families	As a result of suffering, mobility and relocation.
Connections to social institutions	Due to stigmatization and isolation, lack of finance and nurturance of ill parents/caretakers
Opportunities to learn	Due to caretaking responsibilities as well as parents/caregivers being too ill or weak to give the children the necessary attention
Hope and opportunities	As a result of depression, bereavement and feelings of loss

Adapted from Bauman *et al*., 2002; Ebersöhn and Eloff, 2002 and Richter and Rama, 2006.

The advances in HIV&AIDS treatment has resulted in many individuals living longer lives while infected with the virus. Furthermore, these advances directly impacted on the number of mother-to-child transmissions, the consequence being that fewer children are infected during birth (Shapiro, Toumala, Samelson & The Pediatric AIDS Clinical Trial Group, 2002). According to Berer (2002) this results in more women infected with HIV&AIDS having children and consequently the extended families, relatives and the larger community serving as the most important support for children affected by HIV&AIDS (Richter and Rama, 2006). According to research (Bauman *et al*., 2002; Richter and Rama, 2006), this has left children in circumstances that are often characterised by abandonment, mistreatment and abuse. Furthermore the larger community within which children find themselves is also troubled by violence, poverty, homelessness and other illnesses which impact directly on the mental health of the children (Ebersöhn, 2007) who have to cope with grief, loss of identity, shame, stigmatization, fear of abandonment as well as rejection (Ebersöhn and Eloff, 2002; Mohangi, 2008).

Children are currently finding themselves in a position where they are mostly unaware of maternal HIV (Finestone, 2008; Nöstlinger, Jonckheer, De Belder, Van Wijngaerden, Wylock, Pelgrom and Colebunders, 2004), but where they have to deal with the direct effect of the virus on a daily basis. In addition the stigma related to HIV&AIDS and the

discrimination as a result thereof, result in children feeling shameful and experiencing their lives as aimless, senseless and out of control (Ebersöhn and Maree, 2006).

Research by Rao, Sagar, Kabra and Lodha (2007) highlights the importance of social norms and tradition in coping with a stressor such as HIV&AIDS. Since only a limited number of studies have been done on children coping with HIV&AIDS in South Africa (e.g. Bauman, 2002; Ebersöhn and Eloff, 2002; Mohangi, 2008; Richter and Rama, 2006), the aim of this study was also to determine to what extent children affected by HIV&AIDS were able to cope independently with the effects of this disease.

2.3 THE SIX-YEAR-OLD CHILD AFFECTED BY HIV&AIDS

As mentioned earlier the six-year-old child's development is significant with regard to the child's cognitive, social, emotional and self-concept development (Louw, *et al*., 1998). These authors also identified specific developmental tasks that should be mastered during this phase. These include refined motor development, establishing gender identification, development of various cognitive skills, extension of knowledge and social skills, developing greater self-knowledge as well as continued development of moral judgement and behaviour - development on an affective, cognitive and normative level.

In the absence of resilience the impact of trauma (in this case being affected by HIV&AIDS), on the life of a six-year-old child would be extensive. Many theorists (Ericson, 1968; Kohlberg, 1976; Piaget, 1975, 1936) have contributed to our understanding of human development. I have chosen to focus on four specific theorists, namely Erik Erikson, Jean Piaget, Lev Vygotsky and Lawrence Kohlberg, as they "*are central to understanding human development in general, but particularly within differing social contexts*" (Donald, Lazarus and Lolwana, 2006). It should however be noted that what follows is not a discussion of the different theories in totality but rather a brief discussion of the main aspects of each theory as relating to the affective, cognitive and normative life of the six-year-old child affected by HIV&AIDS.

2.3.1 **The Psychosocial Developmental Theory** - Erik H. Erikson

Erik Erikson (1968) described human development as

> "growth from the point of view of the conflicts, inner and outer, which the vital (well adjusted) personality weathers, re-emerging from each crisis with an increased sense of inner unity, with an increase of good judgement, and an increase in the capacity *to do well* according to his own standards and to the standards of those who are significant to him."

Erikson's Psychosocial Developmental Theory is a well-established life-span theory (Donald *et al*., 2006) in that this theory emphasises the importance of the social and environmental influences on a child (http://chdsw.educ.kent.edu/rainey). Erikson divided the human life-span into eight stages, each with its own *crisis/challenge* that has to be dealt and coped with in order to become a well adjusted, integrated individual. The crisis/challenge has its origins in the emotional needs as relating to the specific developmental age that a person finds himself/herself in. The crisis/challenge occurs in a specific order, each crucially important in order to reach the next developmental stage in the life cycle (Erikson, 1968; Donald *et al*., 2006).

According to Louw *et al*., (1998) each crisis is the result of the interaction between the individual and the social environment, where the individual has his/her own needs and possibilities apposed to the demands of the environment and the possibilities that the environment presents. These stages are summarised in Fig. 2.1, which was adapted from the spiral of psychosocial development presented by Donald *et al*., (2006). What follows is a short discussion on the psychosocial development of the six-year-old child as relating to my study.

The six-year-old child's crisis/challenge is described within stage 4: *Industry vs. Inferiority*. The challenge during this stage is to start taking on tasks and develop competencies that are essential for functioning in adulthood (Donald *et al*., 2006; Biehler and Hudson, 1986). Therefore the peer group forms an integral part of the child's life world. The peer group provides the opportunity to measure him/herself and his/her abilities against a norm group. Industry is mainly accomplished through allowing a child to do things and to make things with the acknowledgement of the child's effort and the appropriate praise for accomplishments (Biehler and Hudson, 1986). These authors also state that disapproval and a restriction on activities lead to inferiority since the six-year-old child is eagerly absorbed in skills, tasks and productivity, wanting to succeed. As can be expected it is important for the child to experience success in order for him to develop a feeling of competence (Louw *et al*., 1998). The feeling of achievement excites and motivates the child concerning life and inspires him/her to accomplish new tasks (http://chdsw.educ.kent.edu/rainey). According to Erikson (1968) the essential role of the initiative stage to later identity development is that of emancipation of the child – releasing the child's initiative and determination for mature tasks at hand with the prospect of fulfilling his/her potential.

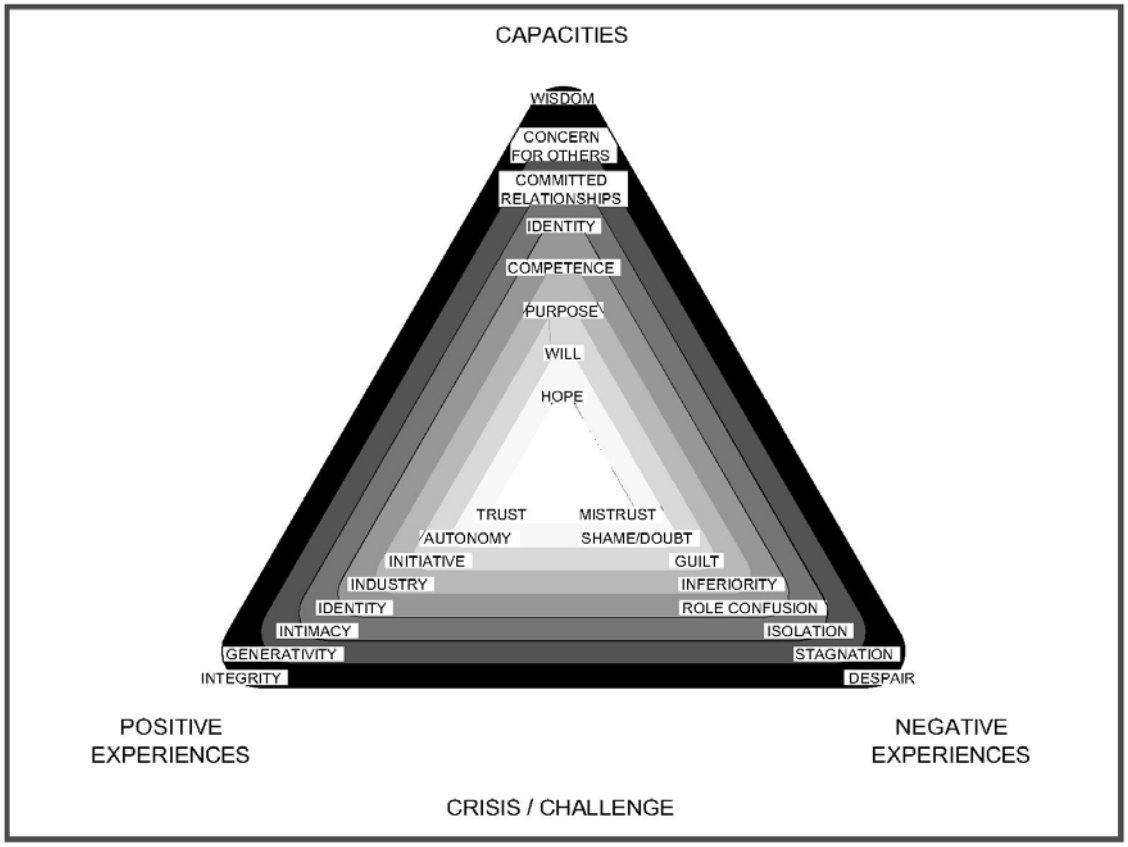

Figure 2.1 **Erikson's Psychosocial developmental stages**
(Adapted from Donald *et al*., 2006)

One of the elements of this theory, which relates to my study, is the notion that the child and the context within which he/she functions on a daily basis can not be separated and influences one another. Within the context of HIV&AIDS, where children and their infected mothers are confronted with adversity on a daily basis, it becomes a challenge to be successful, competent and to achieve according to one's potential. The stigma related to the illness may often, (Bauman *et al*., 2002; Fife and Wright, 2000; Lee, Kochman and Sikkema, 2002; Nagler *et al*., 1995), result in children being rejected and alienated by their peer group – with significant implications, since the peer group forms a central part to the life world of the six-year-old child, as discussed earlier on. Furthermore in terms of resilience theory (Bauman *et al*., 2002; Bennell, 2003; Ebersöhn, 2007), the child's attitude towards learning will be dependent on the presence of support (protective factors) especially from the mother. Therefore the presence of innate resilience within the child as well as the mother-child relationship becomes central to the future development of the child within the South African context. The presence of resilience could arguably protect children from other factors related to HIV&AIDS which may hamper development.

2.3.2 The Cognitive Developmental Theories

2.3.2.1 The Stages of Cognitive Development - Jean Piaget

Piaget suggested that people have a natural in-born ability to organize and adapt to varying circumstances (Biehler and Hudson, 1986), where organization refers to people's inclination to arrange and coalesce processes into rational systems and adaptation refers to the inclination to adjust to specific situations, thus actively constructing knowledge (Donald *et al*., 2006. Smidt, 2005). According to Piaget organization and adaptation ensue through three incessant interacting processes (Biehler and Hudson, 1986; Donald *et al*., 2006; Louw *et al*., 1998):

- Assimilation (relates to the incorporation of ideas into a child's frame of reference, thereby expanding it.)
- Accommodation (relates to the modification of his frame of reference since the information that he obtains contradicts the existing frame of reference.)
- Equilibration (The two processes of Assimilation and Accommodation interact with each other. The process of equilibration refers to a process of seeking coherence and stability.)

All three processes play a vital role in the experiences and behaviour of any given child at a specific time.

Piaget's cognitive development stage relevant to my study is that of the preoperational stage (2 to 7 years). Within this stage two phases are distinguished; pre-conceptual thinking (2 to 4 years) and intuitive thinking (4 to 7 years). Intuitive thinking refers to thinking that is not based on logical reasoning but on conclusions based on observations made (Louw *et al*., 1998), therefore on what is seen and what is visible. Furthermore, a child at this age sees the world from his inner world of experience and finds it hard to see the world from someone else's point of view (Donald *et al*., 2006). Therefore it is a specific child's past and current experiences that directly impact on his/her current behaviour.

When one considers the abovementioned view on the six-year-old child's cognitive development one has to consider the implication of the child's intuitive thinking when he/she tries to make sense of what is happening in the relationships with significant others as well as the home environment affected by HIV&AIDS. The reality of the mother's illness will have a direct impact on the perception of the child and the meaning that he/she assigns to his/her changing circumstances. As explained elsewhere, since most of the children are not informed of the mother's illness (Finestone, 2008; Nöstlinger, Jonckheer, De Belder, Van Wijngaerden, Wylock, Pelgrom and Colebunders,

2004), the child may very well only be aware of the growing lack of support and malingering emotional availability of the mother as she tries to deal with her own emotions and feelings. This may consequently cause the child to alienate himself/herself from the mother, as the child (still being egocentric) may easily assume that he/she is the cause of the mother's growing absenteeism. A child who has specific characteristics of resilience such as age appropriate development, proactive coping strategies, positive self-esteem and a stable, supportive relationship with at least one caregiver (Bauman *et al*., 2002) will be able to deal with circumstances more effectively than a child who is non-resilient.

2.3.2.2 Cognitive Development - Lev S. Vygotsky

One of the most important aspects of Vygotsky's theory relates to his view that cognitive development takes place through social interaction (Donald *et al*., 2006). According to these authors this implies that knowledge will vary "*across different social contexts (cultures) and historical times (generations), and it is built up and transferred through social interaction*", thus making it a process of construction. Furthermore Vygotsky emphasised the correlation between education and development. He explained this according to the zone of proximal development, which can be defined as the variance between the child's current level of development and the level of accomplishment that he can reach with the aid of an adult person (Louw *et al*., 1998, Donald *et al*., 2006). Smidt (2005) states that the zone of proximal development is however more than what was thought previously as it "*could be defined as what the child reveals he can do through play*" – since children learn best through play.

The emphasis within Vygotsky's theory is on the role of adults and other competent role players in the process of cognitive development of every child (Smidt, 2005). Through the process of mediation, where the child forms connecting links in a process of trying to understand the meaning of phenomena, new meaning is constructed. A child's cognitive thinking processes are therefore expanded and influenced by the thinking processes within his specific culture and with this cognitive development, psychological growth becomes "*a movement from "other-regulation" to "self-regulation*" (Losardo and Notari-Syverson, 2001).

Vygotsky's theory gives hope in terms of the flexibility of development and adaptation across different cultures as well as in the context of HIV&AIDS specifically. The collective approach to child rearing and parenting (Meyer, Moore and Viljoen, 1997), synonymous with many African cultures, contributes to the fact that many children have more than one significant role player in their lives, even in single-parent families. The result is that

children have a greater support network, which in my opinion will have a definite positive impact on the development of the children in the long run. Within the context of HIV&AIDS the implication of the aforementioned is that both mother and child will have access to a more extended support system which in turn will in all probability contribute to sustained development even when faced with the adversity of the mother's illness in the long run.

2.3.3 Moral Reasoning Developmental Theory - Lawrence Kohlberg

Lawrence Kohlberg's theory of moral development is based on how a child's ability to comprehend different levels of intricacy in social relationships shapes his moral judgement (Kohlberg, 1976). Kohlberg emphasised the role that a specific child's conscience has in making any moral decision (Louw *et al*., 1998).

Kohlberg's theory has been scrutinized and criticized in the years that followed its development (Biehler and Hudson, 1986). According to Hoffman in Biehler and Hudson (1986), "*credit must be given to Kohlberg for sensitizing researchers to the highly complex nature of moral development and the cognitive dimensions that may be necessary for a mature moral orientation*". Hoffman further states that Kohlberg's stages of moral development present a convincing explanation of the changes in the moral thinking of people.

What stands central to me from the developmental theories, specifically the psychosocial developmental theory at this particular stage, is the influence and role of motivation, acceptance and praise in the life of particularly the six-year-old child. When the mother, as the primary caregiver falls ill as a result of HIV&AIDS, the impact on the development of the child could be extensive, especially during the later stages of the illness because the mother may find herself in a position where she can no longer provide her child with the necessary support and guidance.

Considering the different theories (2.3.1 – 2.3.3) the outlook for six-year-old children with a mother infected with HIV&AIDS, seems bleak. Some theories in my opinion seem to predispose children to failure since a lot of emphasis is often placed on the progressive development of children, according to a specific blueprint, e.g. the different stages that a child goes through in order to reach adulthood as well as the chronological order in which children move through these stages. These stages are mostly dependent on the stimulation and support that the child receives from the primary caregiver, which could

Table 2.2 Summary of Kohlberg's Stages of Moral Development related to six-year-old children

Level	Age	Stage / Orientation	Description
1 Pre-conventional Morality	**0 – 9 years** Children do not understand the rules and principles of society	1 Punishment-Obedience	The physical outcome of an action determines goodness or badness. People in power have superior power and should be obeyed. Punishment is evaded by staying out of trouble.
		2 Instrumental Relativist	An action is judged to be right if it is instrumental in satisfying one's own needs or involves an even exchange. Obeying rules should have some sort of reward.

Adapted from Biehler and Hudson (1986).

be complex in the face of chronic illness, as well as the stigma which characterises HIV&AIDS, yet from the different theories it seems as if there are exact developmental parameters against which every child is measured without taking into consideration variables such as society and culture (Ericson, 1968; Kohlberg, 1976; Piaget, 1975, 1936). Conversely Mwamwenda (2004), states that human development is not the same globally. According to this author variation does exist between different cultures. This highlights the fact that it is essentially important to "*understand human development as an integrated, interactive process rather than as made up of separate areas that have little to do with one another*" (Donald *et al*., 2006). The implication is that human development should rather be viewed on a continuum (where a variation among different developmental ages as well as the cultural context are acknowledged), where space is created for natural, inborn capabilities as well as learnt skills to play a major role in future development, adjustment and the ability to deal with one's circumstances, including HIV&AIDS.

2.4 MOTHER-CHILD RELATIONSHIPS

2.4.1 The mother-child relationship as a protective entity

McDermott and Graham (2005) describe the mother-child relationship as a dyad that affords a basis of understanding, accomplishment, self-identity and a sense of worth. According to Moen (2003) the everyday physical contact, responsive reactions to the child's needs from the mother, independence to investigate the environment and the surroundings in which the child obtains a sense of consequences for his actions, all form part of the mother-child relationship. This relationship therefore forms the basis of security for most children, thus having specific implications for the future of the child.

Beck (1992) describes the mother-child relationship as "*the last remaining, irrevocable, interchangeable primary relationship*". Since children's first, initial emotional attachment is usually formed with their mother as primary caregiver understanding the degree of resilience that occurs within this relationship in order to support both mother and child in terms of their future may yield pertinent insights.

Stocker (1994) found that children who experienced high levels of warmth in their relationships with mothers, friends or mothers and friends had notably better adjustment outcomes than children who had experienced low levels of warmth in these relationships. These findings are supported by various authors in Jones *et al*. (2007) who state that supportive parenting in addition contribute to fewer internalizing and externalizing difficulties, thus buffering children from a range of psychosocial stressors. According to the stress-buffering hypothesis the caring effects of social relationships depend on the level of stress to which individuals are exposed, with positive relationships serving an increasingly caring function as persons in the relationship are exposed to increasing levels of stress (Cohen and Wills, in Jones *et al*., 2007). Within the context of HIV&AIDS the possible implication of the stress-buffering hypothesis is therefore one where both mother and child will increasingly experience more support from one another as well as the significant others with whom they have positive relationships, thus in a way negating the expected adverse reaction of both mother and child.

2.4.2 Stressors within the mother-child relationship

Sturgess, Dunn and Davies (2001), report on the complexity of family relations and factors that have an influence on the mother-child relationship. According to these authors related factors include the intricacy of the family circumstances, the occurrence of social difficulty, parental anguish, the individual child's character as well as the parent (mother)-child relationship. Within the South African context mothers and children infected and affected by HIV&AIDS respectively are confronted on a daily basis with poverty, malnutrition, neglect, limited health care and alienation due to stigmatization (Bauman *et al*., 2002; Ebersöhn and Eloff, 2002; Forsyth, 2005 and Richter and Rama, 2006), thus emphasizing the importance of the mother-child relationship for both mother and child in order to cope with the adversity of HIV&AIDS.

In the relevant literature evidence exists that indicates the high levels of stress families experience in the face of illness with illness severity found to be related to higher levels of psychological distress (Derogatis, Morrow, Fetting, Penman, Piasetski, Schmale, Henrichs and Carnicke, 1983; Rodin and Voshart, 1986; Woods, Haberman and Packard, 1993; Murphy, Marelich and Hoffman, 2002). This has a negative influence on the

mother-child relationship since dejected (mothers) typically have limited reaction repertoires that may disturb family routines as well as restricted relations with family members, specifically children (Webster-Stratton and Hammond in Murphy, Marelich, Dello-Stritto, Swendeman and Witkin, 2002). Furthermore, parenting skills seem to be affected and influenced by the mother's mood and emotional state, making their children more prone to early risk behaviour (Murphy *et al*., 2002). This becomes even more problematic when it is taken into consideration that mothers infected with HIV&AIDS are often the sole caregivers of their children (Tompkins and Wyatt, 2008).

Research in the past has illustrated that children are indeed aware of a 'problem' in the family even though they very often have not been informed of the mother's illness (Finestone, 2008; Forsyth, Damour, Nagler and Adnopoz, 1996; Nagler, Adnopoz and Forsyth, 1995; Rosenheim and Reicher, 1985; Weiner and Septimus, 1990). Up to one-third of mothers infected with HIV&AIDS do not disclose their status to their relatives, including specifically their children (Jones, Foster, Zalot, Chester and King, 2007). The main reason for this being that mothers are for the most part concerned about their children learning of their disease given the stigma related with it as well as the manner in which the disease is transmitted (Jones *et al*., 2007; Kirshenbaum and Nevid, 2002).

2.4.3 Other factors impacting on the mother-child relationship

Within the mother-child relationship the parenting style of the mother also has a direct effect on the child's later, mature intellectual and emotional functioning (Husen and Postlethwaite, 1991). An affectionate and encouraging mother-child relationship will contribute to a more robust buffer against adversity (Deborah, Foster, Zalot, Chester and King, 2007), which would contribute to the fostering of resilience.

Research done by Murphy, Roberts and Hoffman (2001) indicated that children living with mothers infected with HIV&AIDS often became very protective of their mothers, to the extent of not asking any questions or raising any of their own concerns all in an effort as not to upset their mothers. Hackl, Somlai, Kelly and Kalichman (1997) found on the other hand that mothers infected with HIV&AIDS spend most of their time establishing and maintaining a happy and carefree environment for their children in spite of their illness. It seems, in my opinion, as if a double bind develops where both the mother and the child strive towards minimizing stress for the other, in an effort to cope with their changing circumstances, often never addressing the situation at hand effectively. As children grow older a natural distance develops spontaneously within the mother-child relationship which should foster a sense of separateness and individuation which forms an integral part of developing feelings of security, confidence to take on the world and assurance to

explore the environment (Moen, 2003). Within the context of HIV&AIDS, in my opinion, this natural occurring distance can often be forced too soon as a result of the mother's illness when children are not necessarily ready for the responsibility and consequences that come with it.

In my opinion this is where the necessity for resilience and the identification of themes of resilience within the mother-child relationship become central since both parties are mostly trying to cope with the circumstances without necessarily dealing with them at an optimal level.

2.5 RESILIENCE SITUATED IN THE FRAMEWORK OF POSITIVE PSYCHOLOGY – A CONCEPTUAL FRAMEWORK

A number of studies have been done which relate to resilience in children. What follows is a brief discussion of the some of the elements as described by the different studies, as they bear relevance to this study.

Arend, Gove and Stroufe (1979), described resilience in terms of ego-resilience, emphasising the role that the environment or context has on a person's resilience. They emphasised the fact that resilience in children should be viewed with regard to social desirability as well as the child's adaptability, flexibility, ingenuity and determination within a specific situation. In essence, according to these authors resilience should be seen in terms of the reciprocal effect between a child and the immediate environment. Little attention has however been given to the construct of adversity and in the years to follow emphasis was placed on the identification and definition of this construct. In the years to follow Garmezy (1984), and other authors described resilient children as children who employed an active approach towards solving problems as well as the tendency to view adversity in a positive light whilst obtaining appropriate support from the environment. Bolig and Weddle (1988), explored the phenomena of adversity and concluded that exposure to adversity might in effect facilitate the development of resilience which implied that resilience was by no means a fixed, consistent trait. In the next decade authors such as Cowen, Wyman, Work and Parker (1990) added constructs such as self-esteem and empathy to their definition of resilience and investigated specifically the impact that a mother could have on the facilitation of resilience in children.

After the turn of the century more emphasis was placed on resilience within the context of HIV&AIDS (Dutra, Forehand, Armistead, Brody, Morse, Simon-Morse and Clark, 2000; Ebersöhn, 2007 and Ebersöhn and Eloff, 2002). Grotberg (2003) identified three sources

of resilience namely what an individual has, what the individual can do as well as an intrinsic characteristic which an individual has in order to deal with adversity. These were described in terms of an *I have, I am, I can* model which indicated that the individual has for the most part control over specific situations. The focus also shifted towards identifying protective and risk factors (Ebersöhn, 2007; Ebersöhn and Eloff, 2002) within the lives of children as well as the various ways in which these children were coping with adversity (Ebersöhn, 2007; Ebersöhn and Eloff, 2002; Ebersöhn and Maree, 2006; Murphy and Marelich, 2008). Emphasis is progressively placed on the fact that resilience alters the focus of psychological analysis of increasing positive aspects of daily living rather than reducing the negative aspects of daily living in order to enhance psychological well-being (Connor and Zhang, 2006).

2.5.1 Defining resilience

In the past resilience has been defined as an *outcome* or result of different circumstances (Fonagy, Steele, Steele, Higgitt, and Target, 1994). In recent years the emphasis has however been placed on two central aspects, namely positive adaptation and exposure to adversity, which relate to resilience (Luthar and Cicchetti, 2000; Yates, 2006; Gilligan, 1997), thus enabling researchers to venture towards finding a more universally acceptable definition of resilience, placing the emphasis on the process of developing resilience. Rutter (1987) defined resilience as the capacity to return to an earlier more desirable psychological or physiological state.

According to Gilligan (2000), resilience is age-appropriate development despite challenging circumstances. Masten and Reed (in Snyder and Lopez, 2005) support this in stating that resilience refers to experiences characterized by patterns of positive adaptation in the context of considerable adversity or menace, emphasising the role of protective factors as well as risk factors.

For the purpose of my dissertation the term “resilience” refers to the definition of Yates (2006), which states that “*resilience is a developmental process that reflects the normative operation of basic adaptational systems in the context of current or prior adversity*”. Thus resilience is not merely the absence of psychological symptoms but the presence of an adaptive ability that helps an individual to feel confident despite adversity (Sagy and Dotan, 2001).

2.5.2 Defining positive psychology

Positive psychology entails the systematic assessment of human strengths and qualities on either a subjective, individual, or institutional level (Seligman and Csikszentmihalyi, 2000), thus forming the three pillars of positive psychology: positive experiences and emotions, positive traits and positive institutions (Park and Peterson, 2007). The constructs of interest in positive psychology, namely strengths and qualities, are both complex and multidimensional (Wallace and Bergeman, 2007). According to Seligman and Csikszentmihalyi (2000), positive psychology can best be described by four personal traits: subjective well-being, optimism, happiness and self-determination. Within the realm of positive psychology the emphasis is placed on "*normality*", "*adjustment*" and "*health*" as opposed to "*abnormality*", "*maladjustment*" and "*sickness*", as were traditionally done by more medical models (Yates and Masten, 2004; Seligman and Csikszentmihalyi, 2000). When this is taken into consideration there can be no doubt as to where the focus of positive psychology lies – focusing on strengths and in a sense, special abilities.

One of the advantages of positive psychology, especially when it applies to children, is that the focus shifts to the child in development, aiming towards improved performance, proficiency and mental health at any particular time during any developmental phase, taking into consideration the degree of social support that a specific child receives throughout his/her development (Roberts, Brown, Johnson and Reinke, in Snyder and Lopez, 2005).

For the purpose of my dissertation I define positive psychology as follows: positive psychology is the movement away from the traditional medical-model approaches in psychology, where the emphasis is rather placed on the individual and his/her abilities, capabilities and strengths while taking cognisance of weaknesses as well as the specific context within which the individual functions on a daily basis.

2.5.3 Finding the link between resilience and positive psychology

Resilience focuses on strengths that are already present, not on weaknesses and what is absent (Connor and Zhang, 2006). Ebersöhn and Maree (2006), states that resilience can "*be viewed as a type of giftedness*", thereby implying that resilience can be seen as a special type of ability and strength – placing it within the framework of positive psychology. Key components within resilience (which relate directly to positive psychology) include a sense of a secure base, self-worth and self-esteem as well as a sense of self-efficacy (Gilligan, 2000).

2.5.3.1 Coping as underlying entity of resilience

Coping can be defined as altering cognitive and behavioural efforts to control specific demands (environmental and intrapersonal), that are regarded as taxing or exceeding the resources of an individual (Lazarus and Folkman, 1984). These authors distinguish between two types of coping: problem-focused coping and emotion-focused coping. It should however be noted that coping is very seldom an either/or approach used by individuals but rather an approach where these two types of coping often occur at the same time (Hood and Carruthers, 2002; Lazarus and Folkman, 1984) with different aspects of each type being utilized, determined by an individual's cognitive evaluation of the situation as well as available resources (Lazarus and Folkman, 1984). It should also be noted that the manner in which a child responds to HIV&AIDS and its related stressors are directly influenced by factors within the immediate environment (Ebersöhn, 2007).

When an individual evaluates a specific situation as changeable or controllable it is referred to as problem-focused coping and the individual is likely to use strategies that include problem-solving skills, changing motivations as well as learning skills in order to deal with the situation (Hood and Carruthers, 2002). Lazarus and Folkman (1984) identified different steps in problem-focused coping. These include identifying the problem, exploring possible solutions, considering the options in terms of costs and benefits, selecting between options and finally taking action.

Emotion-focused coping on the other hand, is a more emotional response to a situation that is evaluated as threatening, harmful and unchangeable (Hood and Carruthers, 2002). Lazarus and Folkman (1984) support this view and include strategies like avoidance, distraction and acceptance in order to deal with the presenting situation. However, emotion-focused coping is also used to maintain hope and optimism and to refuse to acknowledge the worst (Lazarus and Folkman, 1984). The Broaden-and-build theory of positive emotions described by Barbara Fredrickson (2002) draws attention to the fact that positive emotions bring into being optimal functioning, not just within the present, pleasurable moment, but over the long term as well.

According to Fredrickson (1998, 2001, 2002), "*positive emotions appear to broaden people's momentary thought-action repertoires and build their enduring personal resources*". This in my opinion relates the Broaden-and-build theory to both emotion-focused as well as problem-focused coping since emotions form the basis of most actions and afford an individual the opportunity to cope with different situations to the best of his/her ability. Positive emotions change an individual for the better and position him/her

on ways towards thriving and prolonged existence (Fredrickson, 2002) thus enabling the individual to cope better.

2.5.3.2 Protective factors as underlying entity of resilience

Specific buffer-characteristics (protective factors) related to children who are perceived as being resilient has been identified. Factors related to fostering resilience have been divided into categories by Bauman *et al*., (2002), to include biological, dispositional, family-related and community-related factors. These include active problem-solving skills, the ability to view own experiences in a positive way, optimizing support that is available in their surroundings from an early age as well as the tendency to rely on "faith" in order to make sense of their personal experiences (Eloff, 2008). Furthermore, Rutter (2000) identified qualities such as realistic evaluation, self-esteem, support systems, positive life experiences, control and coping strategies as protective factors. Protective factors, specifically related to resilience in children have been described by Mohangi (2008) as the conviction that one can influence one's environment, belief in one's purpose in life and other resources like parental support and mentoring as well as relationships with significant others grounded in trust and respect. According to Richter and Rama (2006), children who attend school regularly have the opportunity to engage and interact with other children regularly and who are actively involved in social life and the family, are more prone to develop resilience.

These characteristics relate to the working model proposed by Grotberg (2003) where the emphasis is placed on three distinctive concepts: I have, I am, I can. Within these concepts emphasis is placed on both internal and external resources thereby acknowledging the impact that the environment has on the resiliency of any given person.

2.5.3.3 Risk factors as underlying entity of resilience

Research done by Ebersöhn (2007) found that most of the protective factors for children affected by HIV&AIDS appear to be located in the community opposed to the risk factors located in the school and family. These risk factors in broad terms according to Mohangi (2008) include emotional, psychological and behavioural effects. Kvalsvig *et al*., (2007) also identified risk factors related to those described by Mohangi and included physiological effects like poverty. Risk factors therefore include anxiety, depression, insecure attachment, discrimination, uncertainty with regard to caretakers, inadequate love, support and care as well as absenteeism from school leading to schoolwork being

neglected and falling behind. Research findings by Bauman *et al*., (2002), state that "*poor maternal physical and mental health is (sic) risk factors for child behaviour problems, not the specific and special attributes of the HIV disease*".

Resiliency therefore is not a characteristic that all children will definitely develop over time but rather the result of the interaction between internal (individual) and external (environmental) resources (Eloff, 2008; Yates, 2006). This implies that although a specific child may or may not be resilient at a given time, resiliency is something that changes over time depending on the environmental support that facilitates the individual development of an individual and therefore resilience within that individual.

For the purpose of my study, themes of resilience were investigated within the framework of positive psychology. I identified both internal and external resources of resilience, linking these to the three pillars of positive psychology as described by Seligman and Csikszentmihalyi (2000), namely positive experiences and emotions; positive traits and positive institutions; culminating these to the working model proposed by Grotberg (2003).

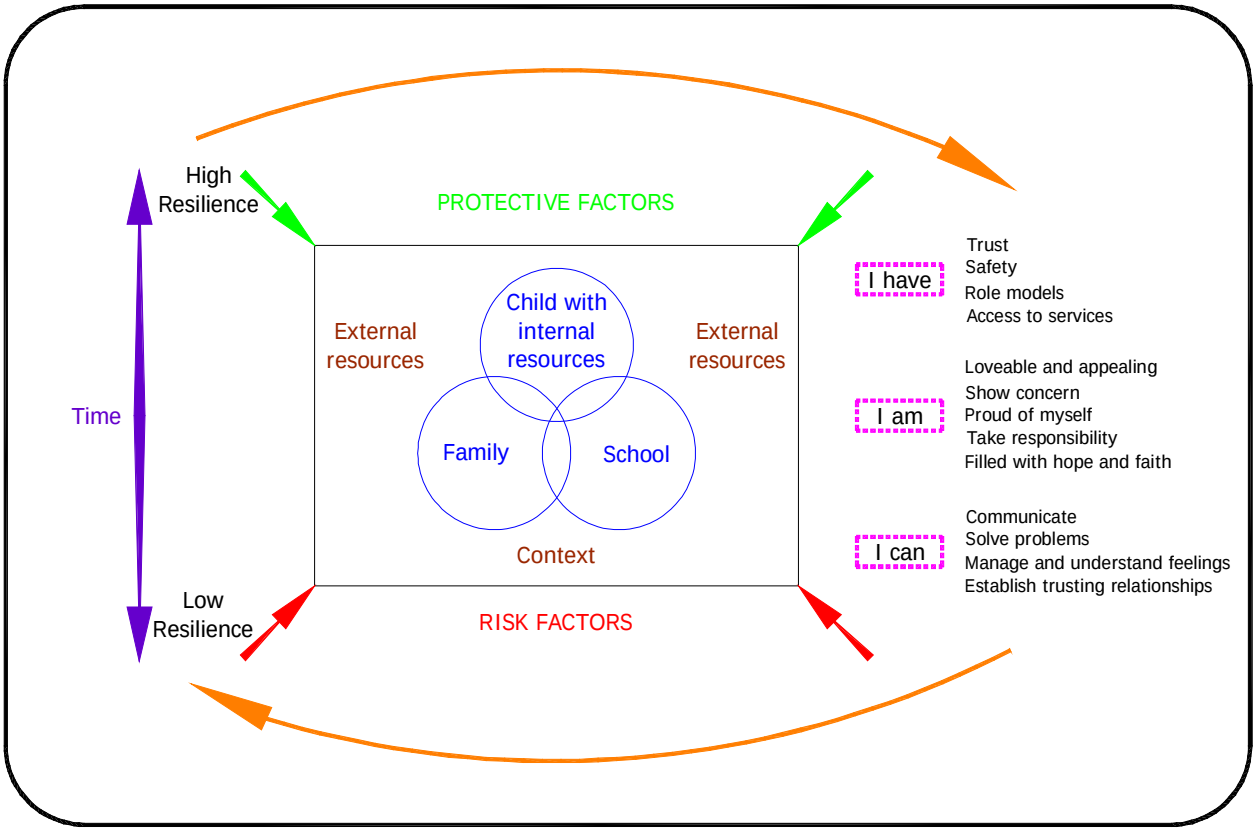

Figure 2.2 **Conceptual Framework adapted from Seligman and Csikszentmihalyi (2000) and Grotberg (2003)**

In the visual representation of my conceptual framework[1] (Figure 2.2) it can be seen that factors which are central to my understanding of resilience can be found within the specific child, the family and the school environment. The family and the school environment are seen as the most influential institutions within which the child functions on a daily basis. These institutions form part of the child's external resources which he/she has access to, as well as the direct context within which the child lives.

The context is constantly influenced by both protective and risk factors which impact on the child, family and school environment. The degree to which a child is exposed to and experiences the risk factors will impact directly on the level of resilience that a child demonstrates (his/her behaviour), whereas the presence of protective factors will serve as a buffer against adversity and in effect enhance higher levels of resilience and a sense of wellbeing. A child's resilience will therefore vary over time, depending on the child's perception of his/her ability to cope (internal resources) as well as his/her knowledge of specific protective factors within himself or the environment. A reciprocal link therefore develops between the child's level of resilience and the child's perception of positive institutions (I have), positive experience and emotions (I am) as well as positive traits (I can), where the one impacts on the other directly.

2.6 SUMMARY

In this chapter I took a closer look at all the concepts related to my study. I compiled various figures and tables which relate to the different developmental theories in an effort to simplify future reference with regard to what can be seen as age-appropriate development.

Furthermore I discussed the various definitions of the concept of resilience as well as Positive Psychology. I defined these two definitions as they related to my own study. Finally I concluded with my own conceptual framework, finding the link between resilience and Positive Psychology. In the next chapter I discuss the research methodology that underpinned the empirical part of my study.

[1] In my conceptual framework I tried to illustrate the relationship between resilience as well as all the other causal factors related to my study. This framework should not be seen as rigid in any way but rather as an attempt to inform the reader of my stance on resilience as it relates to this particular study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTORY ORIENTATION

In this chapter I describe the empirical investigation that I undertook to identify the possible themes of resilience in the relationship between six-year-old children and their mothers. I venture to motivate my research design and methodology as it relates to my purpose and problem statement. Within the context of my study it was my aim to explore the life experiences of the participants in order to investigate and describe the abovementioned phenomena.

In the previous chapter I discussed my conceptual framework and in doing this positioned resilience within the framework of positive psychology whilst contemplating possible approaches towards the identification of themes of resilience within the mother-child relationship of children affected by HIV&AIDS.

3.2 PARADIGMATIC PERSPECTIVE

During my study I followed a phenomenological metatheoretical paradigm with a mixed method approach in which I incorporated both quantitative and qualitative approaches. In this section I describe the paradigmatic perspective I employed.

3.2.1 Metatheoretical paradigm

Using a phenomenological paradigm enabled me to interpret and describe the experiences of the research participants within their natural environment while determining the meaning that their experience has had for them (Ary, Jacobs and Razavieh, 2002). Phenomenology is an interpretive paradigm that developed from the interpretivist paradigm (Nieuwenhuis in Maree, 2007). According to the phenomenological paradigm there are many ways of interpreting the same experience and the meaning of this experience is what constitutes reality to individuals (Ary *et al*., 2002; Van Manen, 1990). In using this paradigm for interpretation during my research I was able to describe the experiences of the research participants as they professed them, since every participant's own personal experience of being affected by HIV&AIDS differs from that of other participants. In using the phenomenological paradigm I was able to reflect my own personal view of reality, namely that multiple realities do exist when people are the subjects of research (Ary *et al*., 2002) since every individual's social

reality is uniquely based on their perception of the experience which also implies that the individual and the context can not be separated. I had to look at how the research participants perceived being affected by HIV&AIDS, how and what they thought as well as how they felt (Ary *et al*., 2002). I was more focused on the individual's "*living sense of the experience*" (Van Manen, 1990) than I was concerned about the factual accuracy of the phenomena of identifying themes of resilience within the mother-child relationship. The phenomenological paradigm is essentially about producing in-depth descriptive analyses that emphasize deep understanding of social phenomena, of human behaviour, thus identifying themes of resilience in the mother-child relationship. Van Manen (1990) states that "*all phenomenological research involves explorations into the structures of the human lifeworld, the lived world as experienced in everyday situations and relations*". The participants' subjective experiences were therefore acknowledged as their realities, facilitating the process of identifying themes of resilience (Adams *et al*., 2004).

Phenomenology therefore becomes highly subjective as a process through which the researcher strives towards a better understanding of the participants' world of experience. The highly subjective nature of the research I conducted, allowed for my study to have a small sample of participants where the emphasis was placed on the validity and insight of the research, rather than the outcomes or results (Ching, 2008). In my research the aim was to form a phenomenological understanding of the life-worlds of six-year-old children whose mothers are infected with HIV&AIDS and to understand the degree of resilience (if any) within this relationship.

3.2.2 Methodological paradigm

During my research I employed a mixed method approach in order to find the underlying relationships between the variables while gaining knowledge of the individual's experience as related to the context of being affected by HIV&AIDS (Ivankova, Creswell and Clark in Maree, 2007), thus allowing me to enhance my study with supplementary data sets (Creswell, Plano Clark, Gutmann and Hanson, 2003) which were later integrated and connected. I specifically made use of an embedded design (Ivankova *et al*., in Maree, 2007) in order to answer secondary research questions related to my primary research question. Both data types were collected simultaneously which enabled me to reach well-validated conclusions (Creswell *et al*., 2003) after the interpretation of all the data.

The qualitative research methods (Kinaesthetic Family Drawings as well as the transcripts of the structured baseline interviews) that I used allowed me to identify themes of resilience within the mother-child relationship taking into consideration the context as

well as all the participants' feelings, beliefs, thoughts and actions (Adams *et al*., 2004; De Vos 2000; Ivankova *et al*., in Maree, 2007) since qualitative research is based on the natural phenomena through which reality is viewed (Neuman, 1997). As a qualitative researcher, I believe that individual participants create their own realities and assign meanings to them in their own way. This process of meaning-making to me, takes place when individuals make sense of their life-worlds and lived experiences (Denzin and Lincoln, 1998; Ivankova *et al*., in Maree, 2007). Furthermore including qualitative data afforded me the opportunity to obtain data which were generated from children on their own level, through means (the drawings and interview in their home language) that were familiar to them as well as non-threatening.

Since children often find it hard to express themselves verbally I decided to include the results of a quantitative instrument, the Vineland Adaptive Behavior Scale, in my study. The scores of the different domains on the Vineland Adaptive Behavior Scale were used in an effort to identify other possible themes of resilience (or lack thereof) in the participants, as perceived by their mothers. The scores from the Vineland Adaptive Behavior Scale formed part of the quantitative approach to my research study. The totals from the different scales were used to establish the participants' level of adaptive functioning after which these scores were interpreted qualitatively.

3.3 THE RESEARCH PROCESS

The different aspects of my research are represented in Figure 3.1 on the next page which serves as a summary for the discussion that follows in 3.4 below.

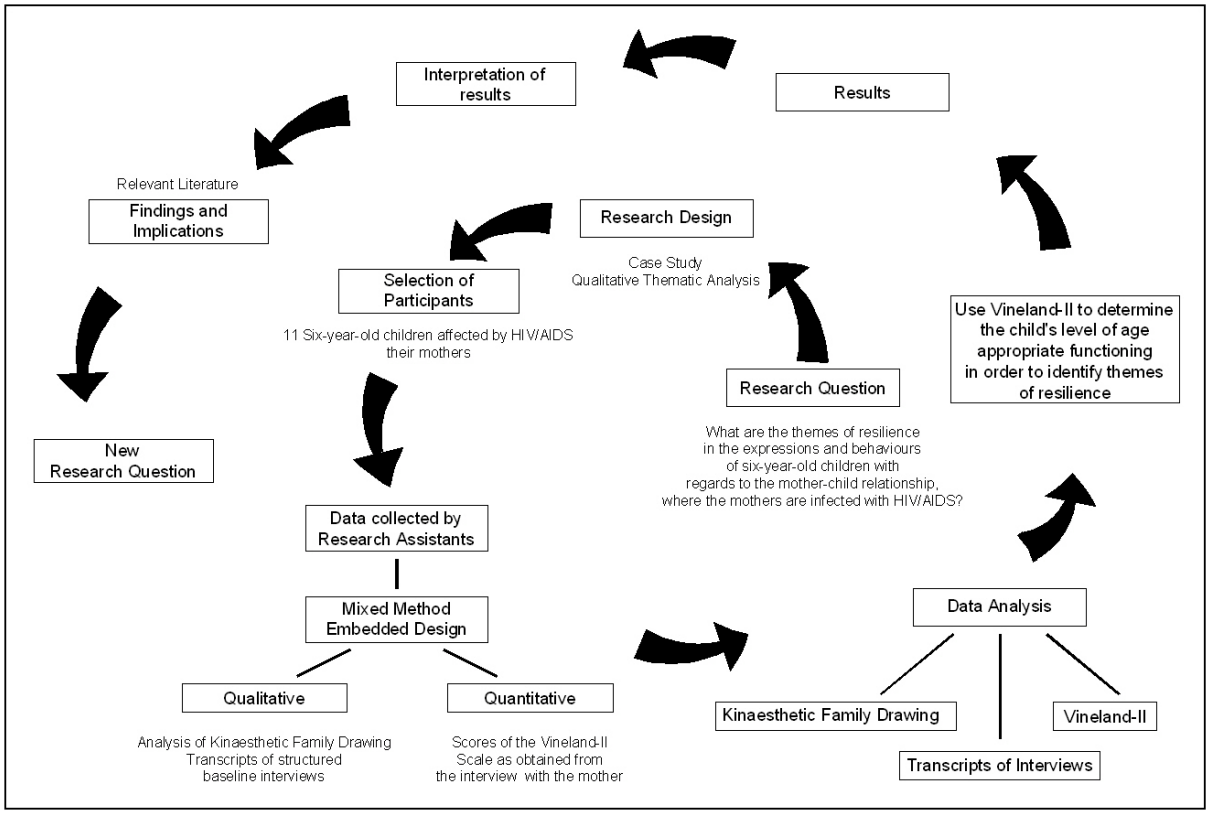

Figure 3.1 **The research process followed during my study**
(Adapted from Neuman, 1997)

3.4 RESEARCH DESIGN

For the purpose of my study I made use of a case study research design. The main prerogative for selecting a case study design was the possibility to learn and gain in knowledge through my research. The outcome is thus a rich description of the case within its specific context (McMillan and Schumacher, 2001). The focus was not on generalization but on understanding the specific aspects of the case in its totality. The developmental nature of a case study supported my notion of using a qualitative approach during my research (Stake, 1995).

The strength of a case study is the rich description that is obtained from the research, thus resulting in a better, deeper understanding of the issues related to themes of resilience within the mother-child relationship. Furthermore a case study is an appropriate design when studying a social issue in a real-life context. According to Cohen, Manion and Morrison (2000) case studies are strong in reality, making it ideal to relate them to other studies under similar circumstances.

One of the limitations of a case study design relates to the generalisability of the findings from the research. According to Babbie and Mouton (2001) case studies can also be very time-consuming. Furthermore case study findings can also easily be influenced by the researcher, therefore resulting in findings that are biased. During my research I dealt with these issues by making use of data that were gathered by qualified Research Assistants[2] thus saving time and affording me the opportunity to be objective when interpreting the data.

Since the purpose of my study was to discover and describe interaction or significant aspects, distinctive of the themes of resilience within the mother-child relationship (Silverman, 2000) the study was specifically conducted within the framework of a qualitative content analysis, involving a single group which was selected purposefully.

3.5 SELECTION OF PARTICIPANTS

I selected eleven participants randomly (Newman, 1997) from a sample of participants of the Kgolo Mmogo project at Kalafong Hospital who were chosen purposefully. Participants of the Kgolo Mmogo project were selected on the basis that the mothers are infected with HIV&AIDS but no other family members. Furthermore the participants resided in Atteridgeville or Mamelodi and the children were aged between six and ten years, living in the care of the mother for five out of the seven weekdays.

The selection criteria (Newman, 1997) for my specific sample included the following: each participant had to be between the ages of five years six months and six years eleven months old, HIV negative, the child of a mother infected by HIV and all relevant data sources had to have been completed by the participant and the mother respectively. Furthermore criteria for selection of the eleven participants were based on the quality (the overall size of the figures in the drawings, drawings that were not drawn clear enough, consequently lacking detail, and the human figures were distinctively human) of the Kinaesthetic Family Drawing as well as the degree to which the instruction had been understood and carried out by the participant as were apparent from the final drawings. The transcripts of the structured baseline interviews relating to the Kinaesthetic Family Drawing were selected if they were complete and descriptive in that the responses given by the participants were explanatory and not only consisted of Yes/No responses. Lastly, the participants had to have given consent to participate in the Kgolo Mmogo project.

[2] All data were collected by highly qualified Research Assistants from different professional backgrounds, e.g. psychologists, nurses as well as individuals trained within the field of HIV&AIDS (Finestone, 2008).

Although I selected the research participants purposefully, a degree of convenience sampling was also present since I chose participants from an existing study for which data had already been obtained (McMillan and Schumacher, 2001). The mothers of these children were also included as secondary participants since they gave their perceptions of their children's adaptive behaviour by answering the questions of the Vineland Adaptive Behavior Scale during an interview.

Table 3.1 General information related to primary participants of my study

Participant	Gender	Mother tongue	Age
302	Female	Sepedi	5 years 6 months
310	Male	Sepedi	5 years 5 months
382	Male	Sepedi	5 years 7 months
390	Male	Zulu	5 years 9 months
404	Female	Sepedi	6 years 8 months
443	Male	Sepedi	6 years 5 months
516	Male	Sepedi	6 years 2 months
517	Male	Sepedi	5 years 6 months
560	Male	Sepedi	6 years 5 months
594	Male	Sepedi	6 years 0 months
604	Female	Sepedi	6 years 1 month

3.6 LOCATION OF MY RESEARCH

As mentioned earlier my research formed part of a five-year randomised control trial study at Kalafong Hospital in Gauteng, South Africa. The participants in the research all came from disadvantaged communities in the surrounding area where adversity forms part of their daily living. In spite of having to deal with the stress and effects of HIV&AIDS other co-morbid factors that form part of many of their lives include poverty, malnutrition due to poverty, abuse and neglect (Forsyth, 2005).

The data were collected by Research Assistants from the Kgolo Mmogo project. This created an opportunity for the research participants to be interviewed in their mother tongue[3] and they had the benefit of replying and asking additional questions in a language that was familiar to them and in which they could express themselves best. Furthermore the use of this location had the added advantage that the participants had

[3] Interviews were administered in Sepedi, IsiSotho, IsiZulu and Setswana, depending on the participants' mother tongue. The completed interviews were translated by consultants (mother tongue speakers) from Khuluma Awethu, a subsidiary of WordWise. For the purpose of my research I only consulted and made use of the English translated versions of the interviews.

the opportunity to attend with their mothers as well as other children from their age. This allowed the children to feel more at ease than what would have been the case in a more clinical setting.

As researcher, not being directly involved with the data collection phase,[4] placed me in a position where I could identify and investigate the multiple realities as professed by the research participants, consequently being able to report my research findings amidst the subjective experiences of the research participants' life experiences. The aforementioned added to the in-depth description of the research participants' realities.

3.7 DATA COLLECTION

The different data collection strategies related to my data collection are represented in Figure 3.2. Figure 3.2 serves as a summary for the discussion of the different aspects that follow.

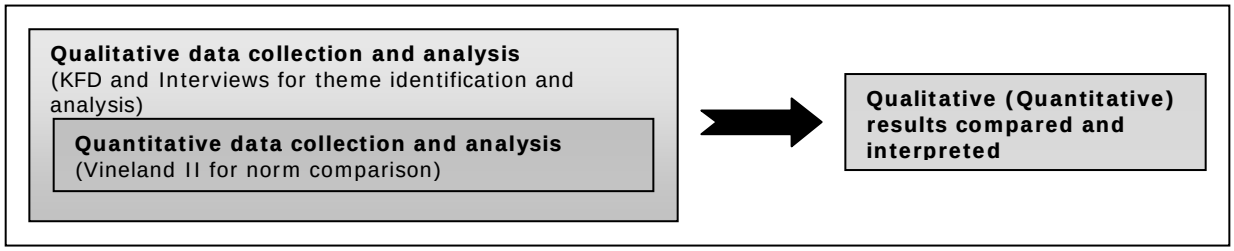

Figure 3.2 **The embedded mixed method design of my study**
(Adapted from Ivankova *et al*., in Maree, 2007)

3.7.1 Qualitative data collection strategies

During my research I used qualitative data which included the Kinaesthetic Family Drawing as well as transcripts of audio-taped structured baseline interviews administered and conducted by the Research Assistants. In the following section I discuss both these qualitative data collection techniques.

3.7.1.1 Kinaesthetic Family Drawing (KFD)

a) KFD as a metaphor for expression in children

Children's drawings are often used as a means of obtaining information which relates to the child's emotions, attitude and reactions. When children draw, the drawing becomes a window of the specific child's soul, informing the interpreter about his understanding and view of himself and those around him (Handler and Habenicht, 1994; Di Leo, 1973). The

[4] I realize that this aspect could also be considered a potential limitation of my study.

child's drawing therefore becomes a powerful tool in understanding that specific child (Anning and Ring, 2004) hence the inclusion of the KFD as part of my data collection strategy. The KFD can be used to explore the family relations as well as family interaction from the child's point of view (Louw *et al*., 1998). The KFD can also be used as an unstructured projective technique that may reveal the child's emotions in relation to individuals whom he/she regards as most significant and whose influence is most powerful (Di Leo, 1973). It can therefore be said that the KFD can be used to serve as a metaphor or symbol for what it is that the child wishes to express at a specific time about a specific situation (Thomas and Jolley, 1998). The aforementioned illustrate the value of using the KFD technique specifically in the context of gaining information related to the perceptions of young children affected by HIV&AIDS. Furthermore, the KFD affords researchers the opportunity to explore the life world of the children by interpreting the metaphor used by every individual child. The interpretation can also be informed by means of an interview to clarify possible misconceptions. According to Thomas and Jolley (1998), other possible reasons to include drawings as a method of obtaining information include the attractiveness of drawings to children and the availability of the necessary material.

In the past research had to rely on other sources, like parents and teachers, for information relating to the child's world of experience, especially when it was a young child. This method of research had the danger of being biased since these other sources often reported their own perception and experiences (Roe, Bridges, Dunn and O'Connor, 2006). These authors also provide evidence that children's KFDs have been criticized in the literature as a method of obtaining information since the interpretation of drawings is open and it is difficult to establish the validity and reliability of the data. It should however be noted that recent developmental studies have been undertaken, using the KFD as a "*valid index of children's thoughts, feelings and perspectives*" (Fury, Carison and Sroufe, 1997) using specific systems for the scoring and interpretation of children's drawings. In the words of Roe *et al*., (2006) "*Children's drawings may reflect adherence to pictorial conventions and cultural rules of what defines a family*".

Furthermore the basic supposition that underlies the use of drawings as a projective technique includes the notion that the materials used are relatively vague and this enables the child to construct responses he would otherwise find challenging or threatening, while being afforded the opportunity to organize his drawing and thoughts in terms of his own motivation, perception, attitude and personality (Klepsch and Logie, 1982). The child therefore becomes actively involved in creating his/her own metaphor about a specific situation or event at a particular time. In order to identify themes of

resilience within the mother-child relationship the KFD therefore becomes an instrument that could contribute considerably within the field of HIV&AIDS research in order to understand the perceived life world of the child.

b) Uses of the KFD

KFDs are very useful assessment and interview tools as far as children are concerned. They encourage self-expression (Sampson, Rasinski and Sampson, 2003) and aid in shedding light on the child's thoughts, feelings and perceptions (Greig and Taylor, 1999) specifically as the self relates to the family (Burns, 1982). KFDs are used in research, especially since they are not expensive to administer, do not take up a lot of time and are not threatening to children (Skybo *et al*., 2007). Furthermore drawings help to reduce anxiety and aid in putting children at ease (Kortesluoma, Hentinen and Nikkonen, 2003). According to Machover (1949) "*drawing is not a spontaneous action but rather an intentional process involving projection and introjections by the individual*". The KFD affords the researcher the opportunity to investigate the interpersonal interactions and emotional relationships within the family (Handler and Habenicht, 1994). From this it becomes apparent that the interpretation of drawings can and should never be done without taking the context into consideration. Furthermore KFDs must always be used in conjunction with other assessment instruments (Skybo *et al*., 2007) and for the purpose of my research served as an interview aid in order to find a starting point directly related to the child's life experiences and behaviour.

Most systematic studies of family settings to date have utilized only traditional interview and questionnaire measures to ascertain the child's perspective (Sturgess *et al*., 2001). This can contribute to the results of research relating to younger children being biased since young children specifically, often find it difficult to express their feelings and opinions in verbal terms (Skybo, Ryan-Wenger and Su, 2007) and we in fact infer from family drawings meaning that children could not convey through conversation (Dunn, O'Connor and Levy, 2002). The KFD thus afforded me the opportunity to assess six-year-old children's feelings not only towards individual family members but also towards the family as a unit, accordingly investigating children's most personal and significant relationships (Dunn *et al*., 2002; Lewis and Greene, 1983). Furthermore what made the KFD especially useful to me during my research was the fact that it could also be used to obtain an image of the self as formed by the child during the early years of development (Burns, 1982). This gave me the opportunity to identify specific themes of resilience within the child and his/her relationship with the mother.

In this study Research Assistants asked research participants to draw a KFD (see Appendix C for interview schedule). The participants were instructed in their mother tongue to draw all the family members, each busy with a particular activity. The participants were supplied with colouring pencils and clean white paper. The activity was completed in an individual setting where the mother was not present in the room. The child was given enough time to complete the drawing and no time limit was enforced.

From the drawings I could obtain important information with regard to the family environment as well as the relationships within the family, specifically related to the mother-child relationship (Examples of the drawings are attached as Appendix B).

3.7.1.2 Transcripts of structured baseline interviews

After the KFD was completed each participant was asked specific questions (see Appendix C for interview schedule) related to the drawing in order to obtain additional information[5] on the participant's home environment. Sometimes during the interview the participant was allowed free responses which were also used to identify themes of resilience (Smith, 1995). These themes were correlated with those themes identified in the drawing itself.

I decided to incorporate the transcripts from the structured baseline interviews in my research since they aided me in obtaining other relevant information pertaining to relationships with extended family members as well as the day-to-day living of the participants which could have gone unnoticed otherwise. Furthermore the transcripts also indicated the participant's frame of mind (the participant's co-operativeness and resistance) during the assessment. This information was valuable to me since I did not observe the participants during the data collection. Discussions whilst drawing as well as the answers to questions posed upon completion of the drawing activity were audio-taped, transcribed and later translated (Examples of the transcriptions together with my interpretations are attached as Appendix D).

3.7.2 Quantitative data collection strategy

The Vineland Adaptive Behavior Scale (Vineland) formed part of the baseline assessment done by the Research Assistants. During my research I chose to include the Vineland Adaptive Behavior Scale, Second Edition (Vineland-II) Survey Interview Form to establish the level of adaptive functioning of behaviour (De Bildt, Kraijer, Sytema and Minderaa,

[5] During the different interviews with the participants it often proved challenging for the participants to answer the questions asked by the Research Assistants. The Research Assistants probed more often in these situations. Some of the participants were unable to give any information other than a concrete description of the drawing. See examples of transcriptions in Appendix D.

2005) without any intervention having been done in the case of the six-year-old children. The term "adaptive behaviour" can be defined as the efficiency with which people achieve the level of individual independence and social accountability, expected for the specific age and cultural group (Grossman in Perry and Factor, 1989). Sparrow, Cicchetti and Balla (2005) defined adaptive behaviour as the execution of daily activities necessary for personal and social adequacy. These authors further state that adaptive behaviour is also defined by the expectations and standards of significant others and it is not something that is constant since adaptive behaviour is influenced by external as well as internal factors relating to a specific child's circumstances.

Table 3.2 A description of the specific content related to every subdomain of the Vineland Adaptive Behavior Scale

DOMAINS	SUBDOMAINS	CONTENT
Communication	Receptive	How the child listens, pays attention and what he understands
	Expressive	What the child says, how he uses words/sentences to gather and provide information
	Written	What the child understands about sentence construction and what he writes
Daily Living Skills	Personal	How the child eats, dresses and maintain personal health
	Domestic	What household tasks the child performs
	Community	How the child uses time, money and the telephone
Socialization	Interpersonal relationships	How the child interacts with other people
	Play and Leisure Time	How the child plays and uses leisure time
	Coping skills	How the child demonstrates responsibility and sensitivity to others
Motor Skills	Gross	How the child uses arms and legs for movement
	Fine	How the child control objects with his hands and fingers

(Adapted from Sparrow *et al.*, 2005)

The questionnaire was administered by the Research Assistants. The mothers' were asked to answer the questions, thus gaining information on the mother's perspective of her child's adaptive behaviour. The scores obtained from the Vineland Adaptive Behavior Scale were compared with the age appropriate norms. Within the Vineland there are four behaviour domains that are assessed. The content of each behaviour domain as it relates

to every subdomain is summarised in Table 3.2. What follows is a more detailed discussion of the Vineland Adaptive Behavior Scale.

3.7.2.1 Background of the Vineland-II

The Vineland-II is a clinical instrument and its administration and interpretation entails knowledge gained through graduate-level tuition in psychology or social work as well as experience in individual assessment (Sparrow *et al*., 2005). The aim of this instrument is to measure the adaptive behaviour of an individual in order to identify developmental delays as well as individual strengths and weaknesses. The Vineland-II's eleven subdomains are grouped into four domain composites: Communication, Daily Living Skills, Socialization and Motor Skills as well as an optional Maladaptive Behavior Index (Sparrow *et al*., 2005). The Vineland-II is available in two forms, the Survey Interview Form and the Parent/Caregiver Rating Form.

The items of the Vineland-II are scored[6] according to the following criteria related to the frequency with which specific behaviour occurs. This implies that a specific score is allocated to every activity that a child performs (Sparrow *et al*., 2005):

- A score of 2 is awarded for activities that are *usually or habitually performed* without physical help or being reminded to do so.
- A score of 1 is awarded for activities that are *performed sometimes or partially* without physical help or being reminded to do so.
- A score of 0 is awarded for activities that are *never performed or that can not be performed without help* or being reminded to do so.
- A score of No Opportunity (N/O) is awarded for activities that are not performed due to limiting circumstances.
- A score of Don't Know (D/K) is awarded if the individual has no knowledge as to whether the activity is performed.

The raw scores are transformed into norm-based v-scores, which are determined by the child's age and level of functioning. The v-scores are also used to determine in which category of adaptive functioning a specific child falls and they give a clear indication of performance. These categories include: Low, Moderately low, Adequate, Moderately High and High (Sparrow *et al*., 2005).

[6] It should be noted that the process of scoring the Vineland-II is more complex than what is briefly discussed in this section. I discussed only the part of the scoring that I was involved in. For a more detailed discussion of the whole process relating to the scoring, e.g. obtaining the basal and ceiling item, the manual of the Vineland-II should be consulted.

3.7.2.2 Uses of the Vineland-II

According to Sparrow *et al*., (2005) the Vineland-II is applicable whenever an assessment of an individual's daily functioning is required. It can be used in a variety of contexts namely clinical, educational and research. Within these contexts it can be used for diagnostic evaluations related to the identification of strengths and weaknesses in specific areas of functioning as well as developmental evaluations where children's development is measured against appropriate norms. Furthermore the Vineland-II can be used to determine an individual's current level of adaptive functioning in order to plan an intervention program to address specific barriers if needed. In the research context this measure can then be used to determine the effectiveness of intervention programmes as well as to investigate the relationship between an individual's level of functioning, and adaptive behaviour (Sparrow *et al*., 2005).

Within the context of my study I chose to include the Vineland-II in order to obtain information relating to the level of adaptive functioning of all the participants. Furthermore I used the Vineland-II to obtain a general idea of whether what was evident from the Kinaesthetic Family Drawing as well as the structured baseline interview were a true reflection of every child's potential, e.g. if a child's motor skills development correlated with that of the norm group but his/her drawing was of a lesser standard it would give me a clear indication that this child was experiencing some kind of barrier towards functioning according to his potential. I therefore used the Vineland-II to evaluate to what extent the participants' development were on a par (or not) with the mother's perspective. This enabled me to interpret themes of resilience within the context of HIV&AIDS. Specific features relating to the Vineland that also made it a valuable instrument to use in this specific study include the fact that relevant norms were available. This enabled me to better understand each individual's strengths and be aware of existing weaknesses, thus identifying themes of resilience and correlating my findings with those of the KFD.

3.7.2.3 Validity of the Vineland-II

Validity tells us whether the instrument actually measures what it is supposed to measure (Sparrow *et al*., 2005). The validity of a test or instrument provides a clear indication of the usefulness of the specific test (McMillan and Schumacher, 2001) since it is related to the significance of the phenomena we are concerned with (Neuman, 1997). When validity is established attention is given specifically to the test content, response process, test structure, clinical groups as well as relationships with other measures (Sparrow *et al*., 2005). The Vineland-II correlates well with other instruments which

measure the same and/or related constructs (Sparrow *et al*., 2005). During the standardisation of the Vineland-II attention was given to different types of validity which included content validity, face validity, factor validity, construct validity, convergent validity, divergent validity, criterion validity, discriminant validity and predictive validity.

3.7.2.4 Reliability of the Vineland-II

I briefly discuss the reliability of the Vineland-II in terms of internal consistency, test-retest reliability, inter-interviewer reliability and inter-rater reliability.

a) Internal Consistency

Internal consistency is related to the degree in which items on a particular domain or subdomain reveal a fundamental aspect of adaptive behaviour (Sparrow *et al*., 2005). The consistency for the six-year-age group of the various subdomains is in the low 0.80s (Sparrow *et al*., 2005). This implies that the items of the Vineland-II consistently measure what they are supposed to measure, thus resulting in high internal consistency.

b) Test-retest reliability

Test-retest reliability is related to the consistency of scores acquired at different times from the same individual using the same administration method (Sparrow *et al*., 2005). The overall subdomain retest reliability coefficients are very high with an average of 0.85, which indicates that the various scales are reliable in terms of the test-retest criteria (Sparrow *et al*., 2005).

c) Inter-interviewer reliability

Inter-interviewer reliability is related to the consistency of Survey Interview Form scores acquired from the same individual by different administrators (Sparrow *et al*., 2005). For the sample aged birth through six, the inter-interviewer reliability of the Adaptive Behaviour Composite is 0.87. Domain reliabilities average 0.75, and subdomain reliabilities range from 0.48 for Play and Leisure Time to 0.92 for Written, averaging 0.70 (Sparrow *et al*., 2005).

d) Inter-rater reliability

Inter-rater reliability is related to the consistency of scores acquired using the same method and administrator but from different individuals who have different levels of familiarity with the individual's behaviour (Sparrow *et al*., 2005). In the sample ages birth through six, the inter-rater reliability of the Adaptive Behaviour Composite is 0.83 and average reliabilities for domain and subdomains are only a little lower at 0.81 and 0.78 respectively (Sparrow *et al*., 2005).

3.8 DATA ANALYSIS AND INTERPRETATION

3.8.1 Embedded data analysis process

In order to identify and interpret themes of resilience within the mother-child relationship I focused on using qualitative data collection strategies which were supported by using the scores obtained from a quantitative measure. The scores from the quantitative measure were used to identify the level of age-appropriate adaptive functioning of the six-year-old participants from the mother's perspective. The information obtained from the quantitative measure was then used to identify the strengths as well as barriers that every child faced with regard to adaptive functioning. With this information I was able to interpret the Kinaesthetic Family Drawings as well as the transcripts from the structured baseline interviews from multiple perspectives.

Data analysis consisted of identifying emerging themes from the different qualitative data sources. According to Hatch (2002) data analysis is a logical search for meaning and therefore a way to process qualitative data so that what has been discovered can be shared with others. It is the identification of patterns within raw data (Neuman, 1997) where these patterns are described and interpreted against the framework of existing theory. The research context is taken into consideration while analysing and interpreting data. Neuman (1997) states that it is important to "*note what came before or what surrounds the focus of the study*". The research context plays an important role in the findings of any study, thus in answering the research question.

3.8.2 Analysis of qualitative data

I made use of inductive thematic analysis to analyse the transcripts of the structured baseline interviews. According to Thomas (2003) qualitative data analysis is guided by specific objectives. In the case of inductive data analysis specific information is obtained in order to make general conclusions. This type of data analysis therefore suggests that the raw data are first read thoroughly in order to identify specific themes of resilience and non-resilience followed by a process in which themes are grouped together into overarching categories, making the meaning and understanding more explicit.

After the initial data analysis process of identifying themes and possible categories, I was able to engage with the data on a deeper level under the supervision of my supervisors. This helped me to make adjustments and modifications to my interpretations as needed. The qualitative data analysis therefore became an interpretive task, in which interpretations were actively constructed, keeping the context in mind (Ezzy, 2002).

a) Transcripts of the structured baseline interview

The first phase of data analysis entailed interpreting the transcripts of the structured baseline interviews relating to the drawings, thus gaining a clearer understanding of the participants' life world in terms of resilience. The analysis of the interviews comprised theme identification and analysis which were categorized into broad categories and later compared with the themes obtained from the other data sources (See Appendix D for examples of data analysis in this regard).

Engaging in content analysis as part of my data analysis and interpretation helped me to focus on analysing and interpreting data that were generated in a specific context (Ary *et al*., 2002). During the content analysis (Neuman, 1997) I was able to identify specific themes of resilience as well as non-resilience from the text (transcripts). I used an objective and methodical counting and recording procedure to obtain a quantitative explanation of the content (Ary *et al*., 2002; Neuman, 1997).

b) Kinaesthetic Family Drawings

The second phase of the qualitative data analysis and interpretation related to the children's KFDs. The KFDs were analysed and interpreted according to the scoring system proposed by Wegmann and Lusebrink (2000) which is based on the work of Burns and Kaufman. I excluded specific criteria related to the inclusion of extended family members as well as activity of family members. Extended family members where not included as part of the scoring criteria since the presence of extended family members within the home environment is often found within the African culture and could possibly bias the results of this study. Activity of family members were also excluded since it became evident from the transcripts of the structured interviews that the instruction related to "everybody should be doing something" was omitted in certain instances. I integrated scoring criteria from an additional source (Klepsch and Logie, 1982) into the scoring system proposed by Wegman and Lusebrink (2000) in order to add to the richness of the interpretation of the drawings. These criteria relate to the occurrence of similar and differential figures, the proximity of figures and positive interaction. The scoring criteria I integrated and used in the analysis of the KFD data are summarised in Table 3.3.

When children's drawings are interpreted and used as a data source it is important to keep factors relating to age, gender and culture in mind as culture, age and gender transformation will be reflected in drawings (Handler and Habenicht, 1994). The six-year-old child's drawings tend to be more symbolic than naturalistic (Skybo *et al*., 2007). The

six-year-old child's human figures mainly comprise a head, trunk and additional details (e.g. facial details, patterns on clothes, arms placed in a position)(Figure 3.4) that signify active knowledge or experiences of the world. Objects and figures are grounded by an invisible baseline (Lowenfeld and Edwards, 2000) and lines are often used to indicate the sky and ground (Anning and Ring, 2004). Figures are clothed and transparencies become less (Figure 3.4) (Di Leo, 1983).

Table 3.3 Grid for the analysis of the Kinaesthetic Family Drawing

Categories	Features		Possible meaning
Family composition	Major figure missing	Self	Poor self-concept
			Feeling left out or insignificant
		Mother/Father	Concern, rejection or ambivalent feelings
	Major figure's erasure		Internal conflict with regards to figure
	Size of figures	Tiny figures	Insignificant
		Large figure	Aggression
Sexual identification	Similar figures		Admiration, identification
	Differential figures		Rivalry
Distance and closeness	Distance between figures	Close proximity	Affection or desire for affection
		Apart from others	Feeling left out
		Child between parents	Desire for attention or sign of over-protectiveness
	Compartmentalization		Fragmented family life
	Encapsulation		Unwanted family members
	Barrier		Lack of accessibility
Interactions and relationships	Level of interaction	Positive interaction	Good relationship
Developmental level	Space organization		
	Incomplete body, e.g. no hands, feet		
	Incomplete face, e.g. no eyes, mouth		

Adapted from Wegmann and Lusebrink (2000); Klepsch and Logie (1982)

Furthermore Lewis and Greene (1983), report on Gilbert's study on the portrayal of friends and people a child is not fond of (foes). According to the results obtained from the study a foe is usually portrayed by using fewer details (e.g. hands left out or clothes are only sketched in) as opposed to other figures that the same child drew (Figure 3.3). Also the child will have a tendency to use "more angles and fewer curves" thereby giving the figure an almost square appearance (Figure 3.3). Lastly, the drawing of a foe's figure tends to be less organized, e.g. arms not placed in the appropriate position or the one leg might be longer than the other. In order to keep the context as well as the situation of specific drawings in mind, I will therefore adhere to the proposed grid for the interpretation of the drawings - especially since children's drawings can easily be influenced by external factors (e.g. time constraint) as well as internal factors (e.g. motivation, boredom or exhaustion) thereby rendering any findings such as the above invalid.

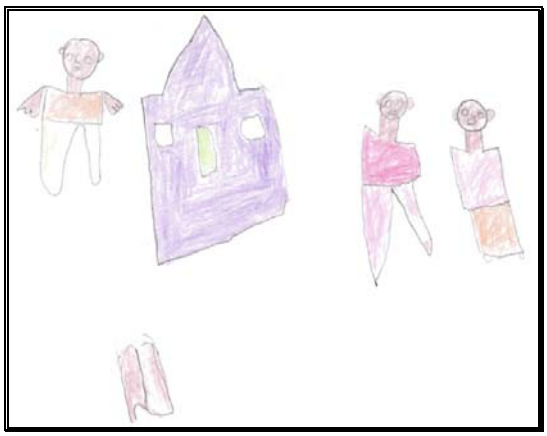

Figure 3.3 (Participant 310)

Figure 3.4 (Participant 594)

Examples of drawings by participants, reflecting different themes of resilience.

3.8.3 Analysis of quantitative data

a) Vineland Adaptive Behavior Scale

During the third phase of analysis I studied the scores from the Vineland-II (Appendix E) to assess the participants' level of adaptive development. The raw scores from the questionnaire were compared with the appropriate age norms supplied in the manual of the Vineland Adaptive Behavior Scale. With the use of this instrument I aspired to compare the level of adaptive functioning with themes of resilience that were identified from the Kinaesthetic Family Drawing as well as the transcripts of the structured baseline interviews. In doing this I endeavoured to identify and eliminate possible factors, excluding HIV&AIDS, which could have had an influence on the resilience and/or non-resilience of the six-year-old children. The themes of resilience as well as non-resilience which I identified from the data analysis are summarized in Chapter 4.

3.9 QUALITY CRITERIA AND TRUSTWORTHINESS

3.9.1 Credibility of data interpretation

McMillan and Schumacher (2001) identified possible strategies to enhance the credibility of qualitative studies. In these strategies I made use of a reliable translator and multiple researchers to translate interviews and various data sources.

3.9.2 Trustworthiness

Trustworthiness in qualitative research relates to the ability of the researcher to ensure that the study is valuable and of a high quality (Lincoln and Cuba, in Johnson and Turner, 2003).

Trustworthiness can be enhanced by abiding to specific criteria, namely reliability, transferability, objectivity as well as authenticity (Guba in Denzin and Lincoln, 1998). During my research I had contact sessions with my supervisor as well as co-supervisors. These contact sessions served as opportunities for member checks (Seale, 1999) and ensured that my interpretations were accurate and reliable. Where possible Research Assistants verified the information obtained during the assessment with the participants in the form of feedback. I ventured to describe the relevant information to my study as rich, accurate and complete as possible in order to increase the transferability of my research findings to similar research settings (Seale, 1999). I tried to authenticate my research findings by using a “new” approach to identify the themes of resilience within the mother-child relationship by using the results of a combination of data sources which were age-appropriate. I also searched for negative instances (Seale, 1999) to challenge my own emerging hypotheses in order to increase the trustworthiness of my study. I utilized the results from the different data sources in an effort to enhance crystallisation (Seale, 1999), the result being a deeper, clearer understanding of the phenomena of resilience within the mother-child relationship. The aforementioned made it possible for me to reflect and be self-critical more often during the process of analyses and interpretation which enhanced the confirmability of the research results (Seale, 1999).

For the purpose of this research I made use of different data sources in order to verify my own findings. Furthermore I made use of an objective psychologist to control and verify the themes of resilience that I identified, as well as all my findings.

3.10 MY ROLE AS RESEARCHER

During my research I fulfilled various roles as researcher. With the onset of my research I embarked on a journey of discovery where I had to familiarize myself with the phenomena of resilience in children affected with HIV&AIDS. I undertook an in-depth literature study to gain relevant knowledge. Since I had made use of existing data from the Kgolo Mmogo project I also had to familiarize myself with the data sources as well as the methods used by the Research Assistants in the broader project to collect the data.

Furthermore my role as researcher entailed analysing and interpreting the data accurately as well as integrating the information obtained from the study. For this purpose I consulted with my supervisors as often as possible and adhered to the basic standards and criteria of credibility (Neuman, 1997).

During the data analysis and interpretation I had to constantly remind myself of the fact that I was fulfilling the role of researcher and not that of educational psychologist. The fact that I was only working with the raw data and never with the research participants, helped me a lot in this regard. The fact that I allowed myself to reflect on my role as researcher during the analysis and interpretation of the data also helped me to stay focused. These reflections (Appendix G) also helped me to address the challenges that I experienced and to identify the limitations of my research.

3.11 SUMMARY

In this chapter I gave an overview of the research design that I chose as well as the research process related to my study. I explained the paradigm that I used to complete the study and I motivated my methodological choices.

What follows in Chapter 4 is a discussion of the results of my study in terms of the qualitative and quantitative measures that were used. I also link the themes identified from the qualitative data sources with the sub-domains of the Vineland Adaptive Behavior Scale before I present my findings in Chapter 5.

CHAPTER 4

RESEARCH RESULTS

4.1 INTRODUCTORY ORIENTATION

In the previous chapter I described the process related to the identification of possible themes of resilience within the mother-child relationship of children affected by HIV&AIDS. I motivated my research design and methodology as it related to my purpose and problem statement. Furthermore I described the context of my study as well as the background of the participants.

In this chapter I present and discuss the results obtained from the different data sources used in my study. The transcripts of the structured baseline interviews served as primary data source, supported by the Kinaesthetic Family Drawing per se, as well as the results from the Vineland Adaptive Behavior Scale. I discuss the results from the baseline assessment that were generated as part of the Kgolo Mmogo project in relation to the themes that I identified from the different data sources.

4.2 RESULTS

In this section I provide an outline of the results obtained from the analysis of the qualitative data sources as well as the Vineland Adaptive Behavior Scale, which formed part of the baseline assessment in the Kgolo Mmogo project. The results are described by means of the themes and subthemes related to resilience and/or non-resilience of the participants.

4.2.1 Results relating to qualitative data sources

I made use of inductive thematic analysis in approaching the qualitative data relating to every individual participant in order to identify themes of resilience and non-resilience. After this initial data analysis I categorized the themes and subthemes that I identified. Data analysis categories include factors relating to the family environment of the participants as well factors within the child participants themselves. Both risk factors and protective factors were identified within each theme.

Table 4.1 and 4.2 provide an outline of the information I obtained from the KFD and the transcriptions for the different participants as well as the inclusion and exclusion criteria for every category. The identified themes reflect the resilience and non-resilience of the

different participants at the time of the baseline assessment according to the KFD as well as the transcripts of the structured baseline interviews. I conclude this section with a summary of the themes, subthemes and categories [6] which I identified from the transcripts of the structured baseline interviews (Figure 4.1) and the Kinaesthetic Family Drawings (Figure 4.2). The themes of resilience that were identified from the individual participants are summarized for every participant individually in the form of a narrative which is included as Appendix F in this dissertation.

4.2.1.1 Thematic analysis of transcripts from the structured baseline interviews

From Table 4.1 it is evident that according to the child participants' perception the **family environment** in general was perceived as a protective environment. The risk factors that were identified within the family environment were limited and related to the child participants' observation of passivity/inactivity amongst family members. Responses included "they are just standing around; loitering" (participant 390, line 54) as well as "sitting doing nothing" (participant 404, lines 62, 64, 66). Furthermore isolated instances of feeling left out and consequently expressing a need for love and affection occurred which manifested themselves from responses such as "they are preparing food for themselves" (participant 382, line 52) and "their house" (participant 390, line 60). In instances where the participants referred to family members taking part in an activity which did not include themselves it was noticeable that these participants also excluded themselves from the drawing (participant 382, participant 390 and participant 404).

I categorized protective factors identified within the family environment from the child participants' perspective into six categories. The first category relates to the child participants' perception that their physical needs were being met within the family. Extracts related to this category include "it's a house" (participant 594, line 15), "a table, chairs, two beds" (participant 302, line 4 and 22) and ".... home" (participant 382, line 52). I included responses such as "we went to town" (participant 604, line 20) and "mom had left for work" (participant 516, line 6) in the second category which gives an indication of functional activity within the family. The third category comprises responses that indicate that a child participant perceived their need for food and sustenance being met within the family and typically included responses such as "will come home to eat" (participant 516, line 8). I categorised instances in which the child participants share information related to communication and engagement in the family separately since the presence of communication and engagement represents involvement between family

[6] I made use of two different colours to distinguish between identified factors related to the family environment and factors within the child.

Table 4.1 Themes identified from the transcripts of the structured interviews of individual participants

	THEME 1: FACTORS WITHIN THE FAMILY ENVIRONMENT				
	SUBTHEME 1.1 RISK FACTORS				
	Category	Participant	Extract	Inclusion criteria	Exclusion criteria
a.	Passivity or inactivity amongst family members	302 382 390 404 	"we were doing nothing" "Tsoke was asleep" " they are just standing around, loitering" "they are just standing doing nothing" "he stays home" "he was just sitting around" "he was doing nothing" "he was not doing anything" "nothing" "sitting doing nothing" "sitting doing nothing" "sitting doing nothing" "nothing" "just sit down" "sit down"	No activity or movement taking place, activity is indicated by interpersonal behaviour, e.g. talking whereas movement is indicated by physical behaviour, e.g. walking	Some kind of activity or movement is implied, activity is indicated by interpersonal behaviour, e.g. talking whereas movement is indicated by physical behaviour, e.g. walking
b.	Child feels isolated from the rest of the family and/or expresses a need for nurturance	382 390 560	"they are preparing food for themselves" "they ate the meat for supper" "their house" "she (mother) ate and then sleep"	Child's response implies that he is excluded within a specific activity Mother is absent from family activity	Child's response implies that he is included within a specific activity Mother took part in family activity
	SUBTHEME 1.2 PROTECTIVE FACTORS				
	Category	Participant	Extract	Inclusion criteria	Exclusion criteria
a.	Physical needs are met	302 310 382 390 443 516 560 594 604	"a table" "chairs" "house" "sleep" "two beds" "a house" "home" " they bought it (goat)" " I also went to sleep" "television" "house" "he went to the toilet" "radio" "house" "it's a house" "we bought food"	Mentions objects that indicate that basic needs (shelter, safety) are met within the home environment	Absence of objects related to basic needs

Table 4.1 (*Continue*)

b.	Functional activity in the family	302	"my sister is washing the dishes"	Activities that indicate the functionality of the family as a unit	No activity taking place, passivity is implied
			"my father is bringing water to my mother"		
		382	"they slaughtered a goat"		
		390	"they were building a house"		
		443	"she went to fetch a taxi"		
			"They (mother and father) took her to the créche"		
		516	"brother was listening to the radio"		
			"mom had left for work"		
			"my brother will wash the dishes"		
		560	"he was back from work"		
			"we ... watched TV"		
		594	"who built this (house)? Is my father"		
		604	"she's at home they shoot her photos"		
			"She (grandmother) was cleaning"		
			"she (mother) was helping my grandmother"		
			"he (father) was washing the car"		
			"we cleaned the chairs"		
			"we went to town"		
c.	Need for food and sustenance is met within the home	302	"mother is cooking"	Food and preparation of food is seen as a symbol for nurturance	Participant does not mention the presence of food or indicate any activity related to eating
		382	"they are preparing food"		
			"they were preparing meat at home"	The preparation of food was followed by an explanation that implied the fulfilment of this need	The context implies that the child or any other family member's need for food is not met and no explanation is given.
			"they then prepared fish"		
		404	"they were preparing food"		
			"preparing food"	Figure that supplies love and care	Mother is absent from the discussion
			"he was preparing food"	Need for love and affection satisfied	Need for love and affection is unsatisfied
			"preparing food"		No activity that implies nurturance
			"he wanted bread"	Activity that implies nurturance	
			"he was maiking toast"		
			"he was preparing a sandwich"		
			"he was cooking pap"		
			"preparing food"		
			"he was going to prepare food"		
			"he is going to dish out his food"		
		443	"she was finishing cooking"		
			"goes to my mother"		
		516	" dish out food"		
			"will come home and eat"		
		517	"he was eating"		
		560	"she was cooking"		

Table 4.1 (*Continue*)

d.	Communication and engagement in the family	382 443 516 560 594 604	"I then asked my mother" "she was walking and laughing" "She was sitting with my father" "my brother asked me if I wanted to go and play" "they called us" "she called us to come and eat" "my uncle and aunt came in with the kids" "who took the photos? My brother" "she's (grandmother) is looking at us when we dance"	Conversation or engagement between two people Comment related to a specific incident	Only activities is described , no mention of conversation No indication of humour
e.	Behavioural expression of positive emotions in the family	390 560 594 604 	" they are laughing" "laughing so do my mother, father and grandmother" "they were shooting the photos" "we are going to display them" (photos) "we dance" "She (mother) is dancing"	Emotions associated with affection	No indication of positive emotions within the family
f.	Child experiences a sense of comfort and belonging in the family	302 443 	" I am seated on my chair in front of the coal fire" "the small one is mine" "I fall asleep easily" "mom and father fetched me at school" "he then goes to my mother"	Implies being taken care of, warmth Child feels taken care of	Statement that implies not being taken care of Child has to find his own way home
	THEME 2: FACTORS WITHIN THE CHILD				
	SUBTHEME 2.1 RISK FACTORS				
	Category	Participant	Extract	Inclusion criteria	Exclusion criteria
a.	Resistance and reluctance during	310 390 404 517 	" I don't know" no response no response "no" "no" "no" "no" "no" "she's not there" no reply	Child can not or refuses to provide answers to prompts, responds with "no" or refuses to give additional information	Child attempts to answer the prompts or gives an appropriate explanation of the situation
b.	Self isolated from family	382 404 443 604	"Tsoke, Aunt Dora, Mmatsatsi and my mother" "I was tired and started watching cartoons on television" "Dipuo", "Botsi", "Poli", "Tsiimoko", "Shimmy", "Mvoni""Mbiza" "This is my mother, my father, my sister, my sister and our little baby" "my grandmother, mother, father, my sister and my younger sister"	Child does not mention himself when asked to explain who the people in the drawing are Child involved in isolated activity	Child mentions himself when asked to explain who the people in the drawing are Child takes part in activities that include other people

Table 4.1 *(Continue)*

c.	Absent mindedness and confusion	382 390 404	"she (Mmatsatsi) herself is a mother.... Mmatsatsi doesn't have children" "I don't know this one" "remember, you said Bosi was preparing food"	Child loses track of what has been said	No evident confusion with regards to what has been said
d.	Observation of negative emotions	390	"you seem scared"	Research assistant comments on child's possible frame of mind	No comment is made which relates to child's possible frame of mind
e.	Passivity or inactivity of child	517	"nothing" "nothing" "Doing nothing"	No activity or movement taking place, activity is indicated by intrapersonal behaviour, e.g. thoughts whereas movement is indicated by physical behaviour, e.g. playing	Some kind of activity or movement is implied, activity is indicated by intrapersonal behaviour, e.g. thoughts whereas movement is indicated by physical behaviour e.g. playing
	SUBTHEME 2.2 PROTECTIVE FACTORS				
	Category	Participant	Extract	Inclusion criteria	Exclusion criteria
a.	Expression of positive emotions within daily life	302 382 443 560	"I fall asleep easily" "I woke up to watch" "Do you like this sister?" "Ya" "laughing"	Emotions associated with affection, curiosity or interest	No indication of positive emotions associated with affection, curiosity or interest
b.	Taking part in constructive activities	443 516 560	"I went to play" "play outside" "go to play again" "we (myself and friend) were playing	Activities that imply doing something or being involved with others therefore making use of time constructively, e.g. play, dance or any kind of movement	No constructive activity taking place, passivity is implied
c.	Confidence and patience within the child evident during assessment	382 390 	"she is not my mother, my mother is this one, the next one is my mother" "he is a boy, Tsoke's a boy" "she is aunt Dora" "this is my mother, Mmatsatsi and then..." "she is nobody's child, she herself is a mother" "this is Jacky" "no, my brother"	Child rectifies misunderstanding to ensure being understood correctly From the transcripts it is evident that the child had to repeat the same information repeatedly and was willing to do so	Child ignores misunderstanding and does not rectify it Child did not repeat the same information more than once
d.	Taking care of self	516	"was getting ready to go and play outside"	takes responsibility for looking after self	Expects others to take care of him/her

Table 4.2 Themes identified from the kinaesthetic family drawing of individual participants

THEME 1: FACTORS WITHIN THE FAMILY ENVIRONMENT																
SUBTHEME 1.1 RISK FACTORS																
Categories	Feature	Possible meaning	Frequency occurrence of specific features in drawing of participants											Inclusion Criteria	Exclusion Criteria
			302	310	382	390	404	443	516	517	560	594	604	Total		
Distance and closeness	Barrier	Mother not accessible	*	*										2	Mother separated from family by an object/line	No barrier present to separate mother
		Father not accessible		*										1	Father separated from family by an object/line	No barrier present to separate father
	Close proximity of family members	Desire for affection			*									1	Family members are drawn apart without any barrier	Family members are drawn in proximity of one another
	Compartmentalization	Fragmented family life								*				1	Family members are divided by means of a line	No lines separating family members
	Child between parents	Overprotectiveness										*		1	Child is drawn between parents	Child is drawn next to the parents or siblings
Drawing not age appropriate	Incomplete body	Helpless, uncertainty		*		*	*			*	*	*		6	Family members not drawn complete, e.g. no hands	Family members drawn complete, e.g. hands, feet
Family composition	Tiny figures	Insignificant		*	*		*		*		*			5	Family members are drawn small relative to space available	Size of figures match relative space available on paper
	Mother and/or father not drawn	Concern, rejection, ambivilant feelings					*		*	*				3	Major figure left out of the drawing	Major figures all included in drawing
SUBTHEME 1.2 PROTECTIVE FACTORS																
Categories	Feature	Possible meaning	Frequency occurrence of specific features in drawing of participants											Inclusion Criteria	Exclusion Criteria
			302	310	382	390	404	443	516	517	560	594	604	Total		
Distance and closeness	Close proximity	Identification, affection	*					*	*			*	*	5	Family members are drawn close to one another	Family members are drawn apart from one another
	Encapsulation	Good relationship						*						1	Figure enclosed in a constrained space	No evidence of any figure being enclosed by lines
Interaction and relationships	Positive interaction	Good relationship										*	*	2	Figures engaged in a shared activity, e.g. play, eating, speaking	No activity is evident from the drawing
		Figures laughing			*			*				*		3	Expression of positive emotion	
THEME 2: FACTORS WITHIN THE CHILD																
SUBTHEME 2.1 RISK FACTORS																
Categories	Feature	Possible meaning	Frequency occurrence of specific features in drawing of participants											Inclusion Criteria	Exclusion Criteria
			302	310	382	390	404	443	516	517	560	594	604	Total		
Family composition	Self absent from drawing	Poor self-concept, feeling left out			*	*	*							3	Self-figure left out of the drawing	Self-figure included in drawing
Drawing not age-appropriate	Space organization	Motor control and planning problematic	*	*						*				3	Child has no sense of spacial organization, figures are floating	Child has sense of spacial organization, figures are not floating
	Incomplete body	Motor control and planning problematic	*								*			2	Self-figure not drawn complete, e.g. no hands	Self-figure drawn complete, e.g. hands, feet
Distance and closeness	Self drawn apart from others	Feeling left out									*			1		
*Other:	Quality of drawing decreases	Lack of motivation, hurriedness				*								1		
	Self: arms stretched out	Need for love and affection							*					1		
SUBTHEME 2.2 PROTECTIVE FACTORS																
Categories	Feature	Possible meaning	Frequency occurrence of specific features in drawing of participants											Inclusion Criteria	Exclusion Criteria
			302	310	382	390	404	443	516	517	560	594	604	Total		
Sexual Identification	Similar figure as parent	Identification, admiration						*		*				2	Self-figure is drawn like one of the parental figures	No similarity between self-figure and a parental figure
*Other:	Age-appropriate drawing	Motivation						*				*		2	Lots of detail and effort evident from drawing	No evidence of effort within the drawing

* This category was included due to the presence of specific features within the drawings that could not be ignored from a psychological point of view but which was not described by any of the other features included on the grid for interpretation of the KFD.

members. Examples of communication and engagement include “my uncle and aunt came in with the kids” (participant 560, line 18) as well as “she’s looking at us when we dance” (participant 604, line 4). The last two categories of protective factors in the family had fewer responses than the other categories and relate to the behavioural expression of positive emotions, where emotion was associated with affection and the child participant’s experience of a sense of comfort and belonging in the family. Responses that illustrate these two categories respectively include “laughing so do my mother, father and grandmother” (participant 560, line 4) and “I am seated on my chair in front of the coal fire” (participant 302, line 12).

The qualitative thematic analysis of the transcriptions rendered three categories related to risk factors **within the child** participants themselves. These categories were identified as concrete thinking, where the child participant could not or refused to provide answers or additional information to prompts (participant 310, lines 6 and 7 as well as participant 517, line 12) or responded with “no” (participant 390, lines 8, 12, 14 and participant 404, lines 28, 30). Responses where the child experienced the self as isolated from the family were also made, which included “they were preparing food for themselves” (participant 382, line 52) and “their house” (participant 390, line 60). Furthermore some responses indicated absent-mindedness and/or confusion portrayed through “I don’t know this one” (participant 390, line 42) and “remember, you said Bosi was preparing food (participant 404, line 67). One participant indicated passivity/inactivity within himself by stating that he was “doing nothing” on repeated occasions (participant 517, lines 10, 12 and 16). One instance where the Research Assistant observed physiological signs of distress also occurred, as could be concluded from the Research Assistant’s comment “you seem scared” (participant 390, line 11). I categorized this instance separately in terms of the observation of negative emotions.

Within the child participants’ the main category related to protective factors that were identified relating to the expression of contentment and positive emotions within the participants’ daily lives. Responses to highlight this phenomena included “I fall asleep easily” (participant 302, line 18) and one participant acknowledging positive feelings towards his sister (participant 443, line 6). Three participants gave responses that illustrated their taking part in constructive activities. These responses were “I went to play” (participant 443, line 34), “play outside” (participant 516, line 4) and “we were playing” (participant 560, line 10). Confidence and patience within two of the participants also became evident from their specific responses. In these instances the participants had the self-confidence to rectify misunderstandings on the part of the Research Assistant and were willing to repeat information in order to clarify understanding.

Responses included “she is not my mother, my mother is this one, the next one is my mother” (participant 382, line 12) as well as “this is Jacky ... no, my brother” (participant 390, lines 18 and 20). One participant explicitly acknowledged that instances occurred in which he had to be self-reliant and took care of himself as evident from his response “I was getting ready to go and play outside” (participant 516, line 4).

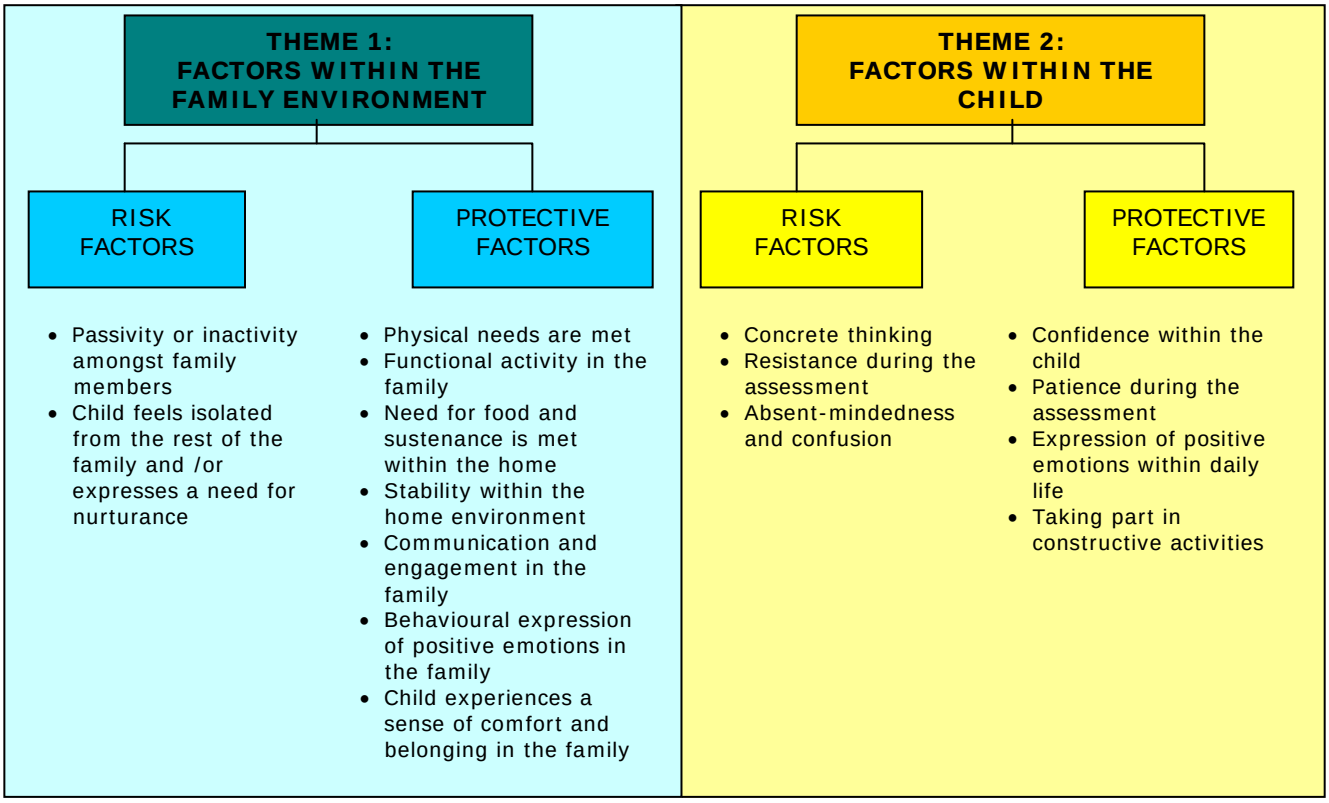

Figure 4.1 Summary of themes identified from the transcripts of the structured interviews

4.2.1.2 Thematic analysis of Kinaesthetic Family Drawings

I identified specific themes of resilience (protective factors) and non-resilience (risk factors) related to the family environment as well as the child participants themselves by making use of the grid for analysis of the Kinaesthetic Family Drawing proposed in Chapter 3. The drawings of all the participants are included as part of this dissertation in Appendix B. The themes identified from the KFD were largely supported by the themes identified from the transcriptions. I discuss this correlation as well as the correlation with the Vineland Adaptive Behavior Scale in more detail on page 68.

Risk factors within the family environment included seven different categories. Feelings of helplessness and uncertainty were evident from the incomplete figures (hands, arms, feet or legs were omitted) drawn by some of the child participants (participant 310,

participant 390, participant 404, participant 517, participant 560 and participant 594). Furthermore five of the participants' perceptions (participant 310, participant 382, participant 404, participant 516 and participant 560) revealed that these participants see the family as insignificant as apparent from the tiny figures drawn. Concern, feelings of rejection or ambivalent feelings with regard to a parental figure were demonstrated by three participants (participant 404, participant 516 and participant 517) who omitted these figures from their drawings. I related other risk factors within the family to the child participants' perception of the relative distance and closeness between family members. The distance and closeness were evident from barriers drawn between family members (participant 302 and participant 310) as well as compartmentalization (participant 517) and close proximity (participant 382) of family members.

In certain instances the close proximity of family members was indicative of the degree to which a child participant identified with or admired a particular family member (participant 302, participant 443, participant 516, participant 594 and participant 604) and was thus seen as a protective factor. I interpreted positive interaction (participant 382, participant 443, participant 594 and participant 604) as well as the encapsulation of family members (participant 443) as protective factors which were demonstrated by figures engaged in shared activity as well as the expression of positive emotions in the drawings.

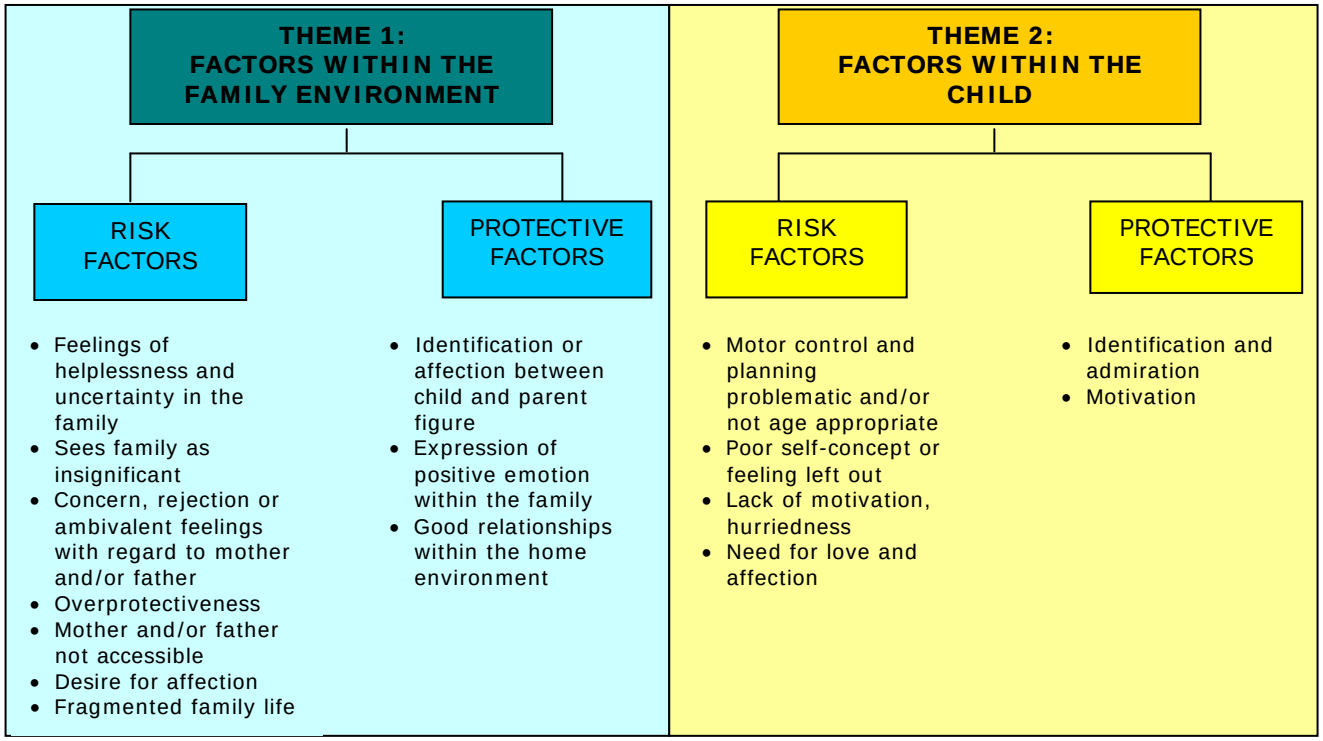

Figure 4.2 Summary of themes identified from the Kinaesthetic Family Drawings

In terms of risk factors within the participants themselves, I related themes of non-resilience to the omission of the self from the drawing (participant 382, participant 390 and participant 404), the self drawn apart from the other figures (participant 560) as well as a lack of motivation (participant 390). I interpreted the aforementioned as possible indications of a poor self-concept and feelings of being isolated from the family.

Protective factors in the child participants included a strong identification and admiration for a specific family member (participant 443 and participant 517) as indicated by the self being drawn similar to a specific parent. I interpreted the inclusion of much detail on the drawing (participant 443 and participant 594) and specifically the figures drawn as motivation, which could also be considered a protective factor.

4.2.2 Results relating to the quantitative data source (Vineland Adaptive Behavior Scale)

I made use of the results obtained from the Vineland Adaptive Behavior Scale in order to attain the perspective of the mothers as secondary participants, related to the resilience or non-resilience of the individual child participants. The results supported the results of the qualitative data in that both evidence of resilience and non-resilience was identified in all participants. Slight evidence was found of differences in the perspective of some of the mothers and the child participants, related to the resilient adaptation of the different participants. In limited instances the child participant viewed him/herself as resilient but the mother expressed an opinion of non-resilience in the child participant (participant 443), and vice versa (participant 560). Table 4.3 is a summary of the results obtained from the Vineland as it relates to every participant's individual comparison to the relevant age appropriate norm groups accompanied by an explanation of the colour code used within Table 4.3.

According to the mothers' perspective the majority of the participants demonstrate higher than expected skills in terms of communication. More participants were evaluated as having exceptional expressive language abilities than receptive language abilities. The aforementioned indicate that from the mothers' perspective most of the child participants are able to provide information verbally when necessary and exhibit understanding of what is said and expected of them when instructed verbally. The responses relating to Daily Living Skills also indicate that half of the child participants possess higher than expected skills relating to their personal care-taking abilities as well as responsibility in terms of performing expected household tasks. The child participants' skills in terms of maintaining personal health and performing domestic tasks give insight into their degree

of resilience since these skills can be related to child participants' ability to take responsibility and therefore demonstrate adaptive behaviour. A lower than expected level of functioning in this particular domain can be related to non-resilience in the same manner. The results relating to the Socialization domain indicated that according to the mothers' perspective the child participants demonstrated higher than expected levels of adaptive functioning in terms of their interpersonal relationships and the use of their time for play and leisure activities. The aforementioned indicate that the child participants have the benefit of interacting with significant others and using time effectively thus demonstrating adaptive behaviour. However the subdomain in which most of the child participants' mothers indicated an area of growth were related to the child participants' coping skills. From the mothers' perspective it became evident that the mothers were of the opinion that their children did not show adequate sensitivity towards others and lacked responsibility. The aforementioned indicate that the mothers are concerned about their children's ability to cope with adversity. According to the mothers' perspective another area of growth generally relate to the child participants' Gross Motor Skills which implies that the majority of the mothers are of the opinion that their children could be more active and should take part in activities where they could move around more often. The results of the subdomain relating to the Fine Motor Skills of the child participants indicate that the mothers were of the opinion that half of the participants had adequate skills in controlling objects with their hands and fingers. The aforementioned implies that half of the child participants would be able to perform fine motor skills adequately.

When the scores of the Vineland Adaptive Behavior Scale are taken into consideration it seems that the distribution in terms of adaptive behaviour in most domains and subdomains are balanced with the exception of the subdomains related to interpersonal relationships and coping skills. From the mothers' perspective most of the participants demonstrate exceptional skills in terms of interpersonal relationships and more than half of the participants were categorized as demonstrating an area of growth in terms of their coping skills. Furthermore the scores also indicate distinctively whether or not a mother perceives her child to be adapted in terms of his/her behaviour and indicated that the majority of the mothers were of the opinion that their children were moderately to well adapted. The scores relating to my study indicate that the majority of mothers perceived their children to have exceptional skills in specific subdomains such as Expressive Language Skills, Interpersonal Relationships and Play and Leisure Time. From the mothers' perspective areas of growth were identified for the majority of the child participants in terms of their Coping Skills and Gross Motor Skills.

Table 4.3 Summary of results obtained from the Vineland Adaptive Behavior Scale of individual participants*

Participant	Communication			Daily Living Skills			Socialization			Motor Skills	
	Receptive	Expressive	Written	Personal	Domestic	Community	Interpersonal relationships	Play and Leisure time	Coping Skills	Gross	Fine
302	L	H	L	L	H	L	H	H	L	L	A
310	H	A	L/A	L	L	A	H	L	L	H	H
382	L	L/A	L	H	L/A	L	H	H	L/A	H	A
390	H	H	H	L	H	L/A	H	H	H	L	H
404	H	H	L	H	H	L	H	H	L	A	L
443	L	H	L	H	L	L	H	L	L	L	L
516	H	L/A	L	L	L	L/A	H	H	L	L	L/A
517	L	L	L	L	L	L	A	L/A	L	L	L
560	H	H	H	H	L	L/A	H	H	H	A	H
594	H	H	A	H	H	L/A	L/A	L	L	H	A
604	L	H	L/A	H	H	A	H	H	H	H	L/A

*A more detailed discussion of protective and risk factors identified for each participant by means of the Vineland is presented in Appendix F as part of the narratives for individual participants.

Explanation of colour code

H*	The participant demonstrates exceptional skills (**test age exceeds chronological age by more than 6 months**) needed in this subdomain
A*	The participant demonstrates the necessary skills (**test age exceeds chronological age by less than 6 months**) needed in this subdomain
L/A*	The participant demonstrates a relative degree of skills (**test age less than 6 months below chronological age**) needed in this subdomain
L*	The participant demonstrates an area for growth in terms of skills (**test age more than 6 months below chronological age**) needed in this subdomain

* (**H**) Above Average (**A**) Average (**L/A**) Low Average (**L**) Below Average

4.2.3 Linking the themes identified from the qualitative data sources with the subdomains of the Vineland Adaptive Behavior Scale

After the interpretation and categorization of the themes as described above I compared the KFD and transcriptions' themes with the Vineland Adaptive Behavior Scale scores.

As mentioned earlier, the Vineland Adaptive Behavior Scale was included in the study to obtain the participants' mothers' perspective with regard to the participants' resilience and/or non-resilience within the context of HIV&AIDS. The themes and the categories identified from the structured baseline interviews and the Kinaesthetic Family Drawings shed light on the child participants' own expression of their own resilience and/or non-

resilience within this context. In Table 4.4 I synthesised the relevant categories which I identified from the qualitative data with the various subdomains of the Vineland Adaptive Behavior Scale.

Table 4.4 Linking qualitative themes of risk (R) and protective (P) factors to the Vineland

Domain	Subdomain	Theme and Category	Cluster #
Communication	Receptive	**(P)** Communication and engagement **(R)** Absent-minded and confusion	**1**
	Expressive	**(P)** Expression of positive emotions **(P)** Confidence and patience in child **(P)** Express need for nurturance **(R)** Observation of negative emotions **(R)** Absent-minded and confusion	**2***
Daily Living Skills	Personal	**(P)** Taking care of self **(R)** Need for food and sustenance	**3**
	Domestic	**(P)** Functional activity in family. **(P)** Taking part in constructive activity (self) **(R)** Passivity or inactivity within the family	**4***
Socialization	Interpersonal Relationships	**(P)** Confidence and patience in child **(P)** Distance and closeness **(P)** Interaction and relationships **(R)** Self isolated from family	**5**
	Play and Leisure	**(P)** Behavioural expression of positive emotions	**6**
	Coping Skills	**(P)** Comfort and belonging in family **(P)** Family composition **(R)** Resistance and reluctance	**7**
Motor	Gross	**(P)** Taking part in constructive activities **(R)** Passivity/inactivity of child	**8**
	Fine	**(P)** Quality of drawing **(R)** Drawing not age-appropriate	**9**

* I omitted Written Communication since the six-year old participants' writing ability was not assessed in any other way. I also excluded Community Daily Living Skills on the grounds that the ability to use time, money and the telephone in the community do not relate directly to the mother-child relationship but more to social competence relating to technology (Sparrow *et al*., 2005) which might have been contextually inappropriate for this particular study.

a) Communication Domain

The Communication Domain comprises two subdomains, namely Receptive Language and Expressive Language. Receptive Language refers to the child participant's ability to understand spoken language and to react accordingly when expected to (Sparrow *et al*., 2005). Expressive Language on the other hand refers to the child participant's ability to express his own thoughts and feelings (Sparrow *et al*., 2005). These subdomains can be related to resilience since a child who has the ability to both understand and use

language within his daily life will be perceived as having adapted to his/her circumstances. Within the mother-child relationship these two domains play a role in the child's ability to express his/her needs and to understand what his/her mother is expecting at a particular time.

Cluster 1

I integrated the subdomain concerning the participants' receptive language with two of the categories identified from the transcriptions, namely communication and engagement as well as absent-mindedness and confusion. The reason for this integration is that communication and engagement as identified from the participants' responses were related to conversations between the participants and a family member and/or between family members. The ability of the participant to listen, pay attention and to understand what is being said could therefore be assessed within this cluster when correlating the results from the different data sources. According to the integrated results six of the eleven participants were perceived to have exceptional skills with regard to receptive language as opposed to the five participants who demonstrated an area of growth. **Thus approximately half the child participants have outstanding receptive language skills and half of the child participants' receptive language skills need to be developed.**

Cluster 2

The subdomain related to the participants' expressive language was clustered with a number of categories, as could be expected according to the nature of the study and the data sources used. I included the confidence and patience with which the participants responded to the questions asked by the Research Assistants, the expression of positive emotions as well as the expression of a need for nurturance within this cluster since these categories specifically gave me an indication of how the participants used words and sentences to gather and provide information. For the same reason I included the categories related to the observation of negative emotions as well as absent-mindedness and confusion. According to the integrated results it seems that **the expressive language skills of the majority of the child participants were exceptional** with the exception of one participant who was perceived to be functioning on a lower level than was expected.

b) Daily Living Skills Domain

The domain related to Daily Living Skills consists of personal care-taking responsibilities as well as domestic responsibilities within the home environment where care-taking responsibilities relate to how the child eats, dresses and maintains personal health

(Sparrow *et al*., 2005) and domestic responsibilities to household tasks that the child performs (Sparrow *et al*., 2005). An individual who exhibits behaviour that indicates that he/she is taking care of themselves and in essence accepts the responsibility to do so, can be considered resilient - even more so when additional responsibility in the form of domestic tasks occurs. Within the mother-child relationship a child taking responsibility might be viewed in a positive light and perceived as being dependable and thus could foster a positive attitude within this relationship.

Cluster 3

Personal Daily Living Skills measured on the Vineland can be linked to the ability that a participant has to take care of him/herself. Therefore I cluster the two themes related to how the child eats, dresses and maintains personal health together. I included the need for food and sustenance within this cluster as this particular theme gave me information relating to the aforementioned not being met according to the participant. The integrated results indicated that six of the eleven participants were experienced enough to be functioning on a higher than expected level in terms of their personal daily living skills as opposed to the five participants who were categorized within the area of growth. **Thus approximately half of the child participants have higher than expected daily living skills whereas the other half of the child participants need to develop these skills further**.

Cluster 4

Functional activity taking place within the family, passivity or inactivity within the family as well as the participant taking part in constructive activity were clustered together as measuring aspects relating to the subdomain Domestic Daily Living Skills. The aforementioned can all be related back to the child's ability as well as willingness to perform specific household tasks (Sparrow *et al*., 2005). When a participant grows up in an environment where little or no activity is expected from him/her or where such behaviour is the norm, it can be expected that the child will reveal the same behaviour patterns, thus the clustering of these themes together. **According to the integrated results obtained for this subdomain there is a balance between the number of participants who exhibit exceptional skills within this field and the number of participants functioning on a lower than expected level.**

c) Socialization Domain

The domain Socialization measures a participant's interpersonal relationships, use of play and leisure time together with his/her coping skills. Activities to measure the

aforementioned are related to interaction with other people (Sparrow *et al*., 2005) as well as a demonstration of a sense of responsibility and sensitivity towards others (Sparrow *et al*., 2005). A participant's age-appropriate socialization can therefore be considered an indicator of resilience since a chid who is considered to be resilient will be more inclined to take part in socialization activities as apposed to a child who is non-resilient and who might isolate him/herself in an effort to cope with the circumstances. Within the mother-child relationship the socialization of the child will also impact and reflect on the mother per se which could give a further indication of the child participant's adaptation to adverse situations.

Cluster 5

With regard to the participants' socialization, the subdomain measuring interpersonal relationships were linked with the categories confidence and patience in the child, interaction and relationships, distance and closeness as well as the self isolated from the family. All these categories share aspects which form part of the child's interpersonal as well as intrapersonal psychological skills which are needed for day-to-day interaction and relationships with significant others. Distance and closeness within this context can be seen as a protective or risk factor depending on the child's perception of the relationships that he/she has with the family members. **According to the integrated results of this particular subdomain (interpersonal relationships) the participants all function on a level higher than expected with the exception of two of the participants who were categorised as average and low average respectively.**

Cluster 6

Within the cluster related to how the child uses play and leisure time I included the behavioural expression of positive emotions since the responses of the participants were related to activities within the family which the participants' themselves formed part of, and were indicative of leisure time activities. Furthermore I included the category related to taking part in constructive activities within this cluster as the responses were directly related to play a central part of the participants' life world. **The integrated results indicated that a majority of the participants' mothers (seven) perceived their child to be using his/her time constructively.** Three mothers were of the opinion that their child could improve in this regard and one mother indicated that her child's ability to use time and play was within age-appropriate range.

Cluster 7

The subdomain on the Vineland measuring the participants' coping skills relates to the demonstration of responsibility and sensitivity towards others. I linked the protective

factors of comfort and belonging in the family as well as family composition to this subdomain since the participants' feelings of comfort, belonging and their perception of the composition of the family gave me an indication of the participants' awareness of others as well as the responsibility and role they undertake within the family. As risk factors I identified resistance, reluctance, the presence of a barrier on the drawing, compartmentalisation and the close proximity of family members as these aspects are also related to the participants' sensitivity towards others. **According to the integrated results this subdomain could be considered the largest risk area related to non-resilience in the child participants.** Seven of the mothers gave responses that indicated that their children demonstrate an area of growth in terms of coping skills. Furthermore only three participants' mothers were of the opinion that their children had exceptional skills in terms of the aforementioned.

d) Motor Skills

The domain related to motor skills is divided into two subdomains, namely Gross Motor Skills and Fine Motor Skills. The presence of age-appropriate Gross Motor Skills as well as Fine Motor Skills can be related to resilience as it can be correlated to a child's motivation to perform age-appropriate tasks. The mother-child relationship as such is in my opinion related to this domain to a lesser extent.

Cluster 8

The theme of resilience that was included in the cluster related to the participants' gross motor skills relates to the extent to which a participant takes part in constructive activities whereas the passivity/inactivity of a participant was an indication of non-resilience. Both these categories indicated the participants' use of arms and legs for movement. According to the integrated results five participants were considered to be functioning at a level lower than would be expected and consequently categorized in the category related to growth. Two participants where considered to exhibit average adaptation in terms of Gross Motor Skills and four participants demonstrate exceptional skills. **Thus on the whole Gross Motor Skills could be considered a risk factor in terms of the child participants' development.**

Cluster 9

Fine Motor Skills as a subdomain was clustered with the categories related to the quality of the participants drawing, space organization and the age-appropriateness of the specific drawing. All these categories relate to the participants' ability to execute motor planning as well as the ability to control objects with the hands and fingers. The integrated results relating to participants' adaptation with regard to their fine motor skills

are balanced between all four categories of adaptation. Three participants exhibit exceptional skills in terms of Fine Motor Skills. Three participants were considered to be average in terms of the skills they demonstrated together with two other participants who function on an adaptive level just below what is expected. Three participants were perceived as demonstrating inadequate skills in terms of Fine Motor Skills and were categorised in the category for area of growth.

4.3 SUMMARY

In this chapter I presented the results of my study in terms of the qualitative and quantitative measures that were used. I presented the data analysis in terms of the themes and subthemes that were identified from the qualitative data sources used and linked the themes with the subdomains of the Vineland Adaptive Behavior Scale.

In Chapter 5, the final chapter, I present my findings as well as my final conclusions followed by specific recommendations based on the results and findings from my research. I conclude with the limitations and ethical considerations of my study.

CHAPTER 5

FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTORY ORIENTATION

In this final chapter I interpret the results of my study as it relates to relevant literature. The aim in doing this is to address my research questions and to describe the findings that I made. Based on the aforementioned I provide conclusions related to my research questions as formulated in Chapter 1. Furthermore I identify possible limitations to my study and reflect on its ethical aspects. Finally I conclude the chapter with recommendations for further research within the context of HIV&AIDS and resilience.

5.2 WHAT DOES THE LITERATURE SAY?

a) Protective factors in the child and family environment

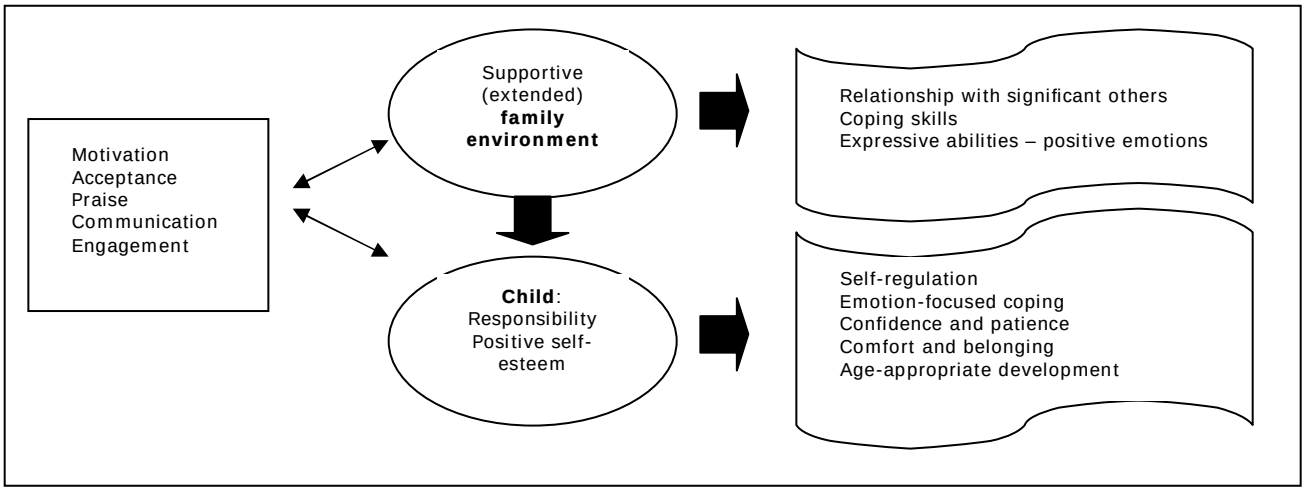

Figure 5.1 The influence of protective factors in the child and family environment

In Figure 5.1 I illustrate my understanding of how the findings indicate a high correlation between the participants who experience their family environment as supportive and those who seem to develop interpersonal relationships with significant others, coping skills as well as the ability to express themselves in different circumstances. The aforementioned is supported by Bauman *et al.*, (2002) as well as Ebersöhn and Eloff (2002). These authors state that a child who reveals specific characteristics of resilience such as age-appropriate development, proactive coping strategies, positive self-esteem and a stable, supportive relationship with at least one caregiver will be able to deal with

circumstances more effectively than a child who is non-resilient. In addition, the influence and role of motivation, acceptance and praise in the life of the young participants is highlighted by their expression of positive emotion and opportunities to communicate and engage with their family members. Moreover the number of protective factors identified within the family environment from the participants' perception emphasise the importance of the social and environmental influences on the individual young child (http://chdsw.educ.kent.edu/rainey).

The data analysis also indicated that several of the participants are raised in an environment where the extended family plays a significant role. The importance of the support structure is thus emphasised by the participants. The collective approach to child-rearing and parenting (Meyer, Moore and Viljoen, 1997) synonymous with various African cultures, contributes to the fact that young children have more than one significant role player in their lives, even in single-parent families.

Furthermore the occurrence of the theme related to the participants' expression of their perception of taking care of themselves indicates the degree to which some of the participants are taking responsibility for themselves at this particular age. According to Losardo and Notari-Syverson (2001), this movement towards self-regulation forms an integral part of the child's cognitive development and therefore becomes indicative of the level of resilience that occurs in the six-year-old child. In addition the findings seem to indicate that a tendency exists for the participants to engage in more emotion-focused coping skills than in problem-focused coping skills. The aforementioned became evident from the high correlation between the occurrence of the functional activities that take place within the different family environments and the expression of positive emotions within the same environments. Lazarus and Folkman (1984), support this statement in terms of children's coping skills. According to these authors emotion-focused coping skills include strategies like avoidance, distraction and acceptance in order to deal with the presenting situation. Emotion-focused coping skills that were apparent from the results specifically included the expression of positive emotion, confidence and patience in the participants, the expression of a sense of comfort and belonging in the family as well as resistance and reluctance within the assessment situation when the situation was evaluated by the participant as threatening. Emotion-focused coping is also used to maintain hope and optimism and to refuse to acknowledge the worst (Lazarus and Folkman, 1984) which implies that the participants' coping skills could possibly predispose them towards being more resilient and coping more effectively. As mentioned earlier positive emotions position an individual towards thriving and prolonged existence (Fredrickson, 2002) thus enabling the individual to cope better. The aforementioned

implies that the acknowledgement of emotions and the ways in which both the mother and child participants cope with adversity will have a direct impact on the resilience and/non-resilience that is evident in the mother-child relationship at any given time. With the presence of emotion-focused coping skills the individual's appraisal of the situation will therefore contribute towards the mother-child relationship producing characteristics of resilience or non-resilience.

b) Risk factors in the child and family environment

The results of this study also shed light on risk factors within the child that could be related to non-resilience in some of the participants. When the results of the Vineland Adaptive Behaviour Scale are taken into consideration half of the participants' mothers were of the opinion that the participants lack appropriate fine motor skills. According to Louw *et al*., (1998), one of the developmental tasks of the six-year-old child is related to refined motor control which implies that a six-year-old child should have mastered the necessary skills to perform tasks related to fine motor control. Furthermore, eight of the participants' mothers were of the opinion that their children lack the necessary coping skills. According to Ebersöhn and Maree (2006) children's coping is affected by particular intrapersonal abilities as well as children's immediate support systems. The results of my study however indicate that the participants' families are for the most part perceived as being supportive in the sense that the family provide for their physical needs, their need for stability, opportunities for communication, engagement and the expression of positive

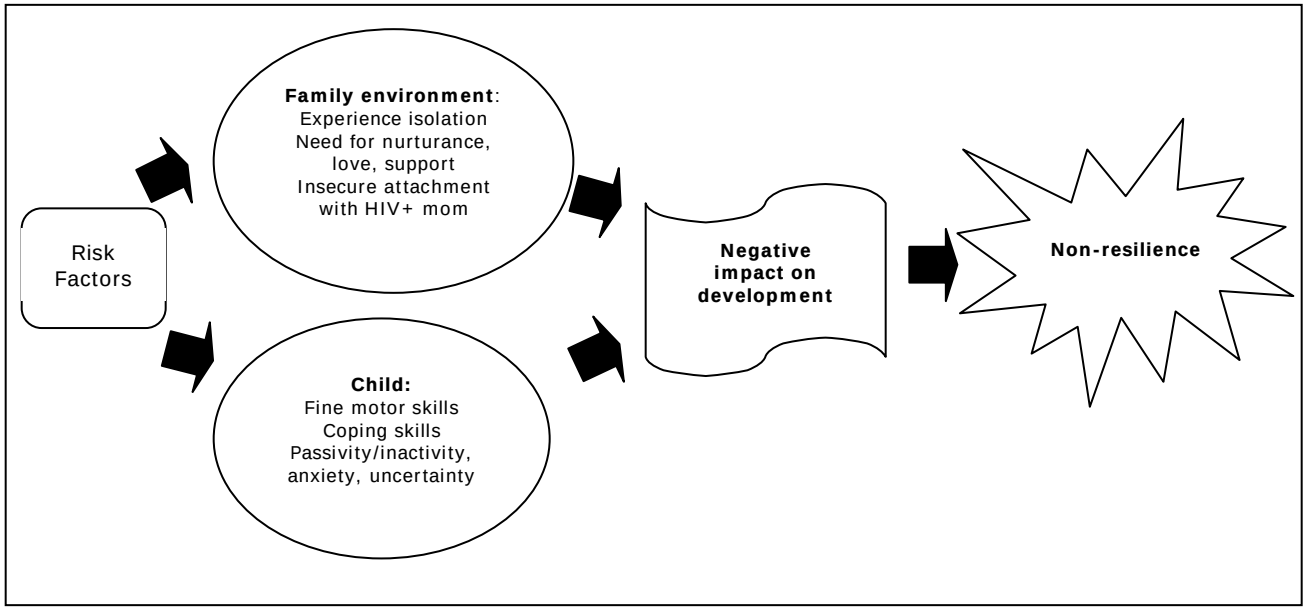

Figure 5.2 The influence of risk factors in the child and family environment

emotions. Most risk factors that were identified were related to the participants themselves in terms of developmental difficulties, resistance and absent-mindedness. The aforementioned barriers can have a very definite impact on the development of the child since this period in the development of the child is considered to be significant (Louw *et al*., 1998). Furthermore the aforementioned might be indicative of a tendency in the six-year-old participants to develop slower than would be expected. Although the cause for the slower development in the participants can be considered contextually, the impact of HIV&AIDS per se in this regard still warrants further research. However, the abovementioned might impact negatively on the resilience of children affected by HIV/AIDS.

Furthermore the levels of passivity or inactivity in the participants that became evident from the interpretation of the results might also be indicative of non-resilience since Donald *et al*., (2006) state that taking on tasks and developing competencies that are essential for functioning in adulthood constitute an integral part of psychosocial development.

The need for nurturance that some of the participants expressed together with the feeling of being isolated from the rest of the family is supported by the findings of Finestone (2008) and Nöstlinger, Jonckheer, De Belder, Van Wijngaerden, Wylock, Pelgrom and Colebunders (2004). According to these authors children are aware of the growing lack of support and malingering emotional availability of the mother as she tries to deal with her own emotions and feelings related to being infected by HIV&AIDS. The aforementioned will have a distinct impact on the child since the mother-child relationship affords a basis of understanding, accomplishment, self-identity and a sense of worth (McDermott and Graham, 2005).

Specific risk factors identified by Mohangi (2008) which also relate to this study include child experiences of anxiety, insecure attachment, uncertainty, inadequate love, support and care. According to the literature (Bauman *et al*., 2002; Richter and Rama, 2006), children affected by HIV/AIDS are often exposed to abandonment, mistreatment and abuse. However, from the results of my study feelings related to abandonment were limited to less than half the participants. Ebersöhn (2007) found that risk factors related to the context of HIV/AIDS are most often located in the school and family. Although the focus of this study was specifically on children affected by HIV/AIDS and the mother-child relationship within this context more risk factors were identified in the participants themselves than in their respective family environments.

In terms of resilience theory Bauman *et al*., (2002), Bennell (2003) and Ebersöhn (2007) found that the child's attitude towards learning will be dependent on the presence of support (protective factors) especially from the mother. Although the child's attitude towards learning did not constitute part of this study, all the risk factors identified within the participants can be related back to learning ability as well as attitude towards learning. The aforementioned therefore imply that the child participants' who experience themselves as isolated from the family and specifically from the mother and who became resistant and reluctant during the assessment might be at risk for future non-resilient behaviour if not provided with the necessary support.

Furthermore from the results of my study it is evident that children of mothers infected with HIV/AIDS rely on the mother-child relationship for a sense of security and that the support that a child affected by HIV/AIDS receives from the mother during times of adversity forms an integral part in the development of resilience. The aforementioned is supported by Jones *et al*., (2007) who states that supportive parenting contributes to fewer internalizing and externalizing difficulties, thus buffering children from a range of psychosocial stressors, in essence fostering resilience. Consequently, the quality of the mother-child relationship has a direct influence on the degree of resilience and/or non-resilience that manifests itself in children affected by HIV/AIDS and therefore necessitates future research that focuses on improving the mother-child relationship within the context of HIV/AIDS in order to develop possible resilience in children.

5.3 FINDINGS

The findings are presented as a summary in Table 5.1. Findings illustrate the presence of themes of resilience as well as non-resilience within the participants and the relationships they have with their mothers. The aforementioned is reflected in the results from the different data sources which were described in Chapter 4.

The findings indicate that the Kinaesthetic Family Drawing provides insight into the child participant's perception of the family (mother)-child relationship but does not specifically highlight themes of resilience and/or non-resilience when used in isolation. The transcriptions of the interviews relating to the Kinaesthetic Family Drawing however provides further insight into the perception of the child participants as various themes of resilience and/or non-resilience could be identified within the mother-child relationship as a result thereof. The Vineland Adaptive Behavior Scale on the other hand provides insight into the mother's perspective of certain aspects related to her child's resilience and/or non-resilience but does not reveal any information from the child participant's

perspective. It is therefore concluded that the Kinaesthetic Family Drawing and the Vineland Adaptive Behavior Scale can be used in conjunction for data collection purposes.

The integrated results from the different data sources indicate resilience and/or non-resilience in the mother-child relationship in terms of three categories namely, protective factors, risk factors and a balance between protective and risk factors. The protective factors identified relate to the child participants' ability to use Expressive Language Skills, Interpersonal Relationships and Play and Leisure Time. These three subdomains as protective factors implies respectively that the majority of the child participants in the study can express themselves verbally to such an extent that their mothers can understand their specific needs at a particular time thus facilitating communication between mother and child. The results relating to the child participants interpersonal relationships indicate that the participants' interaction with their mothers can be considered appropriate which implies that within the mother-child relationship a degree of mutual respect exist which is indicative of adaptive behaviour. With regard to the use of Play and Leisure Time the resilience in the mother-child relationship becomes evident from the child participants' engagement in play since play is considered developmentally appropriate for the six-year-old child. The fact that the mother can acknowledge the aforementioned and allows for this engagement in spite of adversity therefore in my mind demonstrates resilience in the mother-child relationship.

According to the results the number of child participants who have and do not have appropriate skills in terms of Receptive Language, Daily Living Skills (both Personal and Domestic) and Fine Motor Skills are balanced. The aforementioned is therefore not considered to be indicative of resilience or non-resilience for this particular sample of child participants.

Risk factors that were identified within the mother-child relationship relate to the child participants' Coping Skills as well as their Gross Motor Skills. The child participants' coping skills impact negatively on the resilience within the mother-child relationship since the mothers of the participants are of the opinion that their children lack appropriate coping skills and therefore withhold important information from their children in an effort to protect children. Since gross motor activities can be considered developmentally appropriate for six-year-old children the lack of this particular skill can be considered a risk factor in the mother-child relationship as the mothers' perception that their children do not exhibit age-appropriate behaviour might result in the mother placing excessive pressure on the child in order to develop the necessary skills thereby putting additional strain on their relationship.

Table 5.1 Summary of themes of resilience and non-resilience identified from the different data sources

		EMINENT FROM # OF RESPONSES TO			
	THEMES OF RESILIENCE AND NON-RESILIENCE	TRANS-CRIPTS	KFD	VINELAND	TOTAL
CHILD (measured through means of transcripts, drawings and Vineland)	**PROTECTIVE FACTORS**				**48**
	Expression of positive emotions within daily life	4	0	7	11
	Taking part in constructive activities	3	0	7	10
	Confidence and patience within the child evident during assessment	2	0	10	12
	Taking care of self	1	0	6	7
	Quality of the drawing	0	2	6	8
	RISK FACTORS				**53**
	Drawing not age-appropriate	0	5	6	11
	Resistance and reluctance	4	0	7	11
	Self isolated from the family	4	4	0	8
	Absent-mindedness and confusion	3	0	5	8
	Observation of negative emotions	1	1	1	3
	Passivity or inactivity of child	1	0	5	6
	Quality of the drawing	0	1	5	6
FAMILY (measured through means of transcripts and drawings)	**PROTECTIVE FACTORS**				**72**
	Physical needs are met	9	0	0	9
	Functional activity in the family	8	0	5	14
	Need for food and sustenance is met within the home	7	0	6	13
	Communication and engagement in the family	6	3	6	15
	Behavioural expression of positive emotions in the family	4	0	7	11
	Child experiences a sense of comfort and belonging in the family	2	5	3	10
	RISK FACTORS				**19**
	Passivity or inactivity amongst family members	4	0	5	9
	Child feels isolated from the rest of the family and/or expresses a need for nurturance	3	6	1	10

5.4 CONCLUSIONS IN TERMS OF RESEARCH QUESTIONS

What are the themes of resilience that emerge from the transcripts of the structured baseline interviews relating to the Kinaesthetic Family Drawings of six-year-old children whose mothers are infected by HIV?

The results of my study revealed both themes of resilience and non-resilience. From the transcripts of the structured baseline interviews more themes of resilience (protective factors) were identified as opposed to non-resilience (risk factors). The transcripts of the

structured baseline interviews were used to gain insight into the perspective of the child participants affected by HIV/AIDS. The central themes of resilience that were identified are related to the communication and engagement within the family, the expression of positive emotions within their daily lives, a sense of feeling comfort and belonging in the home environment as well as the extent to which the participants rely on the support of the family environment. Participants who experienced themselves as isolated from the rest of the family and who were in need of nurturance experienced themselves as being less or non-resilient. Passivity/inactivity, when present, also had a negative effect on the development and sense of resilience that the participants had.

What are the themes of resilience that emerge from Kinaesthetic Family Drawings of six-year-old children whose mothers are infected by HIV?

Fewer themes of resilience emerged from the Kinaesthetic Family Drawing per se than the themes identified from the transcripts of the structured baseline interviews. Furthermore, more themes of non-resilience (risk factors) were identified than themes of resilience (protective factors). Risk factors (non-resilience) within the family for example included feelings of helplessness and uncertainty in the family as well as concern, rejection or ambivalent feelings with regard to mother and/or father, desire for affection and the perception that the family life was fragmented whereas risk factors within the child included a poor self-concept, lack of motivation and a need for love and affection. Protective factors (resilience) related to affection shared between the child and parent figure, the expression of positive emotion within the family and strong relationships within the home environment. However only a small portion of the sample's drawings indicated positive experience of the family as a unit. Themes of resilience that were identified can be related to interaction and relationships. The aforementioned were limited and not obvious from the drawings. It can therefore be concluded that the value of using the Kinaesthetic Family Drawing as a data source in research depends on the quality and content of the interview relating to the drawing.

What is the feasibility of using the Kinaesthetic Family Drawing as a measure to identify themes of resilience in six-year-old children?

From the results it can be concluded that it is feasible to use the Kinaesthetic Family Drawing as a measure to identify themes of resilience but only when the drawing is accompanied by an interview. The contextual as well as cultural background is an important variable when using the KFD as a measure in research. Furthermore it can be concluded that the researcher should have due knowledge of both cultural and contextual variables in order to interpret data accurately and to ensure valid conclusions. During this study the interview clarified and highlighted additional information. During the research

process it also became apparent that experience in the use of KFD as a method contributed to the value of the findings of this study. Interviews regarding the meaning of the KFD were done in the participants' mother tongue, which helped to minimize possible misunderstanding and unnecessary confusion. It can also be concluded that the participants' fine motor skills have a direct influence on the quality of the drawings as became evident from the drawings of participants who exhibited developmental delays. The aforementioned implies that the KFD as a measure for resilience should only be used when it is used in conjunction with other data sources which are considered age-appropriate in order to give the child participant the benefit of the doubt.

What are the themes of resilience that emerge in terms of the Vineland Adaptive Behavior Scale of six-year-old children whose mothers are infected by HIV?

The Vineland Adaptive Behavior Scale was included as a measure in order to gain insight into the participants' mothers' perspective on the resilience and/or non-resilience as well as the development of their children. From the interpretation of the results it can be concluded that the majority of the sample's mothers experience their children as having the necessary skills to communicate effectively, maintain interpersonal relationships and use play and leisure time effectively. All these themes could be related to different themes of resilience which emerged from the transcripts and the interpretation of the drawings. Themes of non-resilience were also identified and were mostly related to the participants' coping and motor skills which could be related to the themes identified from the transcripts as well as the quality of the KFD.

How do the themes of resilience and/or non-resilience identified from the structured baseline interviews and the Kinaesthetic Family Drawing compare with themes identified from the Vineland Adaptive Behavior Scale?

In all instances more factors of resilience (protective factors) than non-resilience (risk factors) were identified. Areas of strengths in the child participants as identified by the mothers by means of the Vineland could be related to themes identified from the transcriptions and drawings. Similarly risk factors were identified from both the transcriptions and drawings. Specific themes of resilience and non-resilience that were identified from the transcriptions and drawings also emerged from the results obtained from the Vineland. These themes included patience during the assessment, resistance during the assessment, identification and admiration for a specific parental figure, motivation and/lack of motivation to do well. Conversely the Vineland highlighted specific themes of resilience and/non-resilience that were not evident from the results obtained from the transcriptions or the drawings. These included themes related to written communication as well as daily living skills related to the community. The

aforementioned were however expected as these domains did not form part of the scope of this study. It can therefore be concluded that when the focus of a study is to identify themes of resilience the Vineland Adaptive Behavior Scale can yield valuable information related to resilience if used in conjunction with the KFD and transcriptions as other appropriate data sources to verify results.

5.5 LIMITATIONS OF THE STUDY

During the research process and the writing of my dissertation I identified possible limitations of my study. As the study was conducted from a positive psychological frame of reference, the possibility exists that thematic analysis may have skewed towards more themes of resilience being identified.

My study was of limited scope since only eleven primary participants and their mothers (secondary participants) took part in the study. The limited scope was the result of the selection criteria that I had set and due to the fact that all the participants had attended the sessions and interviews of the Kgolo Mmogo Project at irregular intervals. However, the phenomenological lens emphasises the importance of rich, in-depth descriptions of the participants' life worlds. The limited scope of my study afforded me the opportunity to reach an in-depth understanding of the phenomena in question and therefore not regarded as a restrictive limitation. Although the sample that I used in my study is not representative of all the children affected by HIV&AIDS I ventured to describe the relevant information in my study as rich, accurate and as complete as possible in order to increase the transferability of my research findings to similar research settings (Seale, 1999). A degree of transferability is therefore possible specifically within a South African context.

My subjective interpretation of the transcripts and the drawings can be seen in the light of a possible limitation since a different researcher might have come to different conclusions. I however tried to compensate and minimize the impact of this limitation by including the Vineland Adaptive Behavior Scale – a quantitative measure. Furthermore, my phenomenological perception of the life worlds of the participants might also be skewed due to the fact that my contact with the participants was limited. I endeavoured to allow for this possibility by including a co-supervisor directly related to the Kgolo Mmogo project, who had had contact with the participants, their mothers and Research Assistants on a daily basis. In addition my data analysis and interpretation were also done in conjunction with my supervisor and co-supervisors.

For the purpose of my research I included only participants from the sample of six-year-olds. I realized, during the interpretation of the transcripts of the structured baseline interviews, that some of the participants' ability to verbalize their thoughts and feelings might also be considered as a limitation to my study. The inclusion of the drawing per se served as a means of compensating for this limitation.

The inclusion of biographical and demographical information relating to the research participants could possibly have enriched and contributed to my interpretation of resilience/non-resilience in the participants. The aforementioned could possibly have highlighted individual differences or indicated towards contextual tendencies.

Finally a possible limitation concerned the various Research Assistants and translators that were used to collect and translate the relevant data. The different training backgrounds from which the assistants came might have had an influence on the data generation. During my data analysis I became aware of specific instances in which participants gave responses that could have been probed more and which might have generated further valuable data. To me the missed opportunities with regard to the lack of sufficient probing are the biggest limitation to my study and in future research I would strive towards limiting the aforementioned by being personally involved in the data collection phase of my research.

5.6 CONTRIBUTION OF MY STUDY

During this study data were used that were mainly generated from the child participants' perspective. The data and the ensuing interpretation thereof illustrated the presence of themes related to resilience and/or non-resilience in the mother-child relationship in which the mother is infected with HIV/AIDS. The small number of child participants' perspective shed light on the children's experiences, emotions and coping skills whilst being affected by HIV/AIDS. The results were correlated with results obtained from the secondary participants' (mothers) perspective by means of using the Vineland Adaptive Behavior Scale.

The results of the data generated from the child participants revealed that the participants were aware of their changing circumstances and most of the participants showed insight into the events within their specific family environment. Although none of the participants expressed a need for love, affection and nurturance within the family environment on a conscious level, three participants expressed this need on a subconscious level in their drawings. The aforementioned is supported by Murphy, Roberts and Hoffman (2001), who found that children living with mothers infected with

HIV&AIDS often became very protective of their mothers, to the extent of not asking any questions or raising any of their own concerns all in an effort not to upset their mothers. Furthermore from the perspective of the child participants it became evident that the participants who had a sense of a secure base, self-worth and self-esteem as well as a sense of self-efficacy (Lemay and Ghazal, 2001) felt that their physical as well as emotional needs were being met within the family environment. The aforementioned became apparent in my study and seem to be relevant to the majority of the child participants whose mothers are infected with HIV/AIDS.

Although Hackl, Somlai, Kelly and Kalichman (1997) found that mothers infected with HIV&AIDS spend a lot of their time establishing and maintaining a happy and care-free environment for their children, the perspective of the child participants in this study yielded no evidence of this phenomenon. The mother's presence could however have been implied by the fact that the majority of the child participants experienced their families as supportive and a source of protection. What became evident was that the child participants identified other possible support figures where necessary. The aforementioned was highlighted by responses such as "my brother asked me if I wanted to go and play", "she (my sister) was cooking" and "my father is bringing water to my mother".

This study also contributes to research in psychology in terms of the usefulness of the Kinaesthetic Family Drawing as a measure of resilience. In using the KFD and the accompanying interview transcriptions as data sources the child participants' perspective could be gauged in terms of the KFD as a measure of resilience in the mother-child relationship. The child participants could express their perspective of the family, which provided the foundation for interpretations related to the mother-child relationship. I posit that these insights would not have been possible if only the Vineland Adaptive Behavior Scale was included as a measure. With this study a contribution was also made towards an integrated analysis framework for the analysis of the KFD. As researcher I developed a framework for analysis and piloted the framework as part of my study. I consequently ventured towards finding a workable framework for analysis of the KFD. This framework could be used for future research as well as by professionals within the field if it is studied and tested empirically in future research. There seems to be value in the proposed framework of analysis but the usefulness of the framework requires further research and should therefore become the focus of a different pilot study.

Finally, the use of the KFD as a measure to generate data related to resilience made it possible to evaluate adaptation and resilience in a specific cultural context unlike the

Vineland Adaptive Behavior Scale. The aforementioned could be considered significant since data sources which are not culturally biased are limited. It is however recommended that researchers within the field be trained in the implementation of the KFD as data collection method and that caution is taken to ensure that both the drawing as well as the transcriptions of the interviews are used to clarify all possible meanings.

5.7 RECOMMENDATIONS

5.7.1 Recommendations relating to research

During the research I often reflected on the possible differences between the themes of resilience and non-resilience that I identified in terms of boys and girls. The sample that I used was not sufficient to reach any conclusions in this regard but for future research it might be valuable to investigate the similarities and differences related to resilience between genders.

The influence of the peer group as well as the influence of siblings in becoming and being resilient or non-resilient was yet another area that I identified as worthy of future research. Since children are in contact with other children, also within the family, on a daily basis the influence that they have on one another is worth further investigation.

The similarities and differences in resilience amongst different cultures are another possible area for future research and I found myself reflecting on this during my research. One of the scenarios that I contemplated was related to the influence of the extended family. Within the context of HIV/AIDS in South Africa the role that the extended family fulfils is extensive. Nevertheless, how does the absence of the extended family impact on the resilience of children from different cultures? Furthermore it might prove viable to investigate the impact that different communities have on children affected by HIV/AIDS. This study was done in the Tshwane area and to compare the results with similar studies done in rural areas, where the biographical and demographical information is part of the research phenomena, might also make a valuable contribution to the field.

I also contemplated the possible connection between resilience and/or non-resilience within the mother and the impact that this might have on the child's development of resilience and/or resilience. Gaining knowledge in terms of the aforementioned might prove to be valuable specifically in terms of intervention and the development of intervention programmes.

5.7.2 Recommendations relating to practise

As a result of my research I also identified possible recommendations for the practise of psychology related to caveats that I have identified. The transcriptions of the structured interviews proved to be a valuable data source. They highlighted and provided additional information when used in conjunction with the KFD which contributed to the richness of the descriptions of the phenomena that I researched and it is therefore recommended that when the KFD is used as a measure in research, it be accompanied by an interview.

Furthermore the researcher should also take cognisance of and be familiar with all contextual variables which might impact on the KFD and the resulting interview. One of the advantages of using the KFD as a measure in research is the fact that it allows for data to be generated which are culturally unbiased. Contextual factors can however have a direct effect on presenting drawings which might easily lead to wrongful interpretation if the researcher is not aware of these factors. The aforementioned also highlight the importance of competent Research Assistants and expertise in the interpretation of the KFD. It is recommended that Research Assistants, when used as part of a research project, receive due training in terms of the administration of the KFD as a measure of research. Research Assistants should be familiar with the measure and preferably have had experience in the use of prompts and questioning in order to obtain further relevant information.

Furthermore I recommend using the Vineland Adaptive Behavior Scale for research within the South African context only when it is accompanied by another measure which is not culturally or contextually biased. In terms of future research related to resilience the Vineland could be used in conjunction with a measure such as the KFD if contextual variables are also considered as mentioned earlier.

In terms of recommendations for future practise I also recommend that intervention focus on the support of children affected by HIV&AIDS. The aforementioned can be done by reinforcing the abilities that the children already mastered together with the development of areas for growth by means of targeting risk factors as part of the development process.

5.7.3 Recommendations relating to training

In terms of training it is recommended that teachers, parents and caregivers combine their efforts in promoting resilience in young children. It is therefore necessary to supply

teachers and caregivers with the necessary training as well as to support parents by means of parental guidance.

5.8 SUMMARY

In this study I investigated the resilience of six-year-old children whose mothers are infected with HIV&AIDS with regard to the mother-child relationship. From the results it can be concluded that both themes of resilience as well as non-resilience are present within the mother-child relationship. Furthermore, the six-year old child most often seems to identify the family environment as a source of protection (resilience).

In identifying themes of resilience and non-resilience with regard to the mother-child relationship both the child participants and their mothers can benefit from the design and development of future intervention and support programmes. The aforementioned is made possible since the data sources used in this study yielded information relating to the perception of both child participants and their mothers and therefore with this study a contribution was made towards the field of HIV/AIDS.

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FACULTY OF EDUCATION

RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE	**CLEARANCE NUMBER :** EP/09/06/05
DEGREE AND PROJECT	M.Ed Educational Psychology The resilience of children of HIV positive mothers with regard to the mother-child relationship.
INVESTIGATOR(S)	Ineke van Dullemen
DEPARTMENT	Educational Psychology
DATE CONSIDERED	28 August 2009
DECISION OF THE COMMITTEE	APPROVED

Please note:
For Masters applications, ethical clearance is valid for 2 years
For PhD applications, ethical clearnace is valid for 3 years.

CHAIRPERSON OF ETHICS COMMITTEE

Dr S Bester

DATE 28 August 2009

CC Prof L Ebersohn
Ms Jeannie Beukes

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

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

Please quote the clearance number in all enquiries.

Self sitting on chair infront of

Sister washing dishes

dad went to fetch water for my mom with two buckets

table

mom cooking on "ukhamba"

Chair

Chair

Chair

Chair

Chair

Interpretation:

① Barrier → Mom ≠ accessible : Distance + closeness

② Close proximity → Dad + sister + self → Identification, affection
Distance + closeness

③ Space organization → Drawing not age appropriate

④ Incomplete body : Drawing not age appropriate

Thadang 03.10.07

Child sleepy - woke up in
the morning to go for eye
follow up

Clinic

Interpretation:

① Barrier → Mom + dad ≠ accessible: Distance and closeness
② Incomplete body: Drawing ≠ age appropriate
③ Tiny figures ⇒ Insignificant: Family composition
④ Space organization: Drawing ≠ age appropriate

Interpretation:

① Close proximity ⇒ Desire for affection : Distance + closeness

② Tiny figures ⇒ Insignificant : Family composition

③ Positive interaction ⇒ Figures laughing : Interaction + relationships

④ Self absent from drawing ⇒ Poor self-concept, feeling left out
Family composition

Interpretation:

① Incomplete body ⇒ helpless, uncertainty ⇒ Drawing ≠ age appropriate

② Self absent from drawing ⇒ poor self-concept, feeling left out: Family composition

③ Quality of drawing decreases: Lack of motivation, in a hurry.

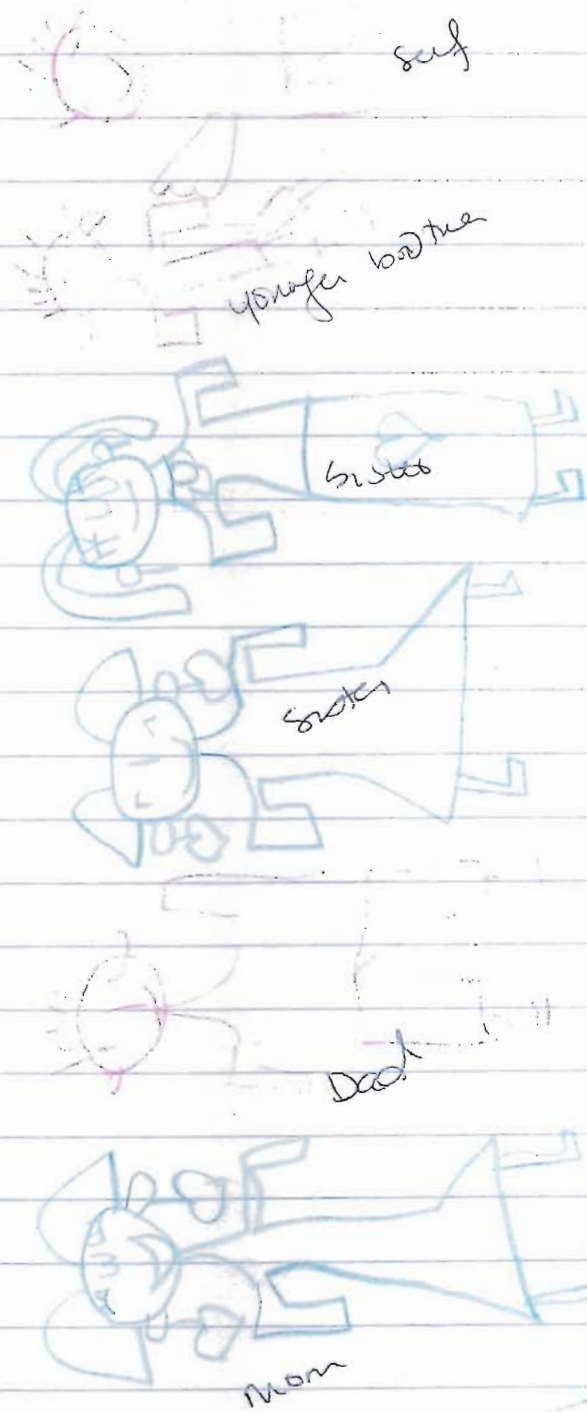
Interpretation:

① Incomplete body → helpless, uncertain
Drawing ≠ age appropriate.

② Tiny figures ⇒ insignificant → Family composition.

③ Mother + father ≠ drawn → concern, rejection, ambivalent feelings: Family composition.

④ Self absent from drawing → poor self-concept, feeling left out:



Interpretation:

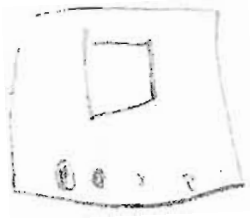
① Close proximity + encapsulation → identification, affection, good relationship: Distance + closeness.

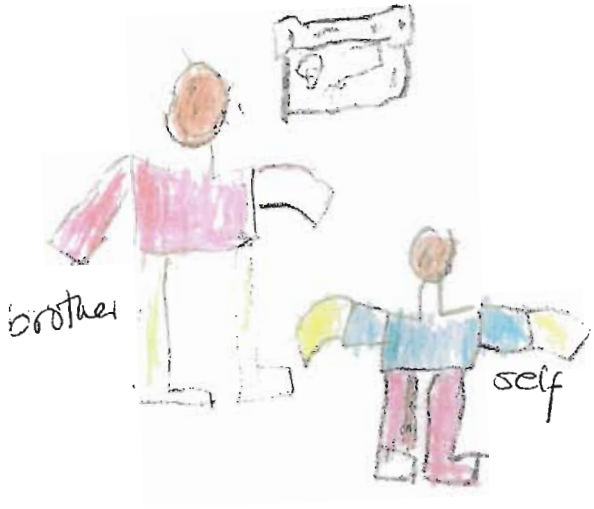
② Positive interaction → Figures laughing: Interaction + relation

③ Similar figure as parent → identification + admiration

④ Age appropriate drawing → Motivation.

① Kinaesthetic





mom was not home she was @ home

Interpretation:

① Tiny figures → insignificant: Family composition.

② Mother not drawn → concern, rejection, ambivilant feelings: Family composition.

③ Close proximity with brother → identification, affection: Distance + closeness.

④ Arms stretched out → Need for love + affection

PICTURE

FIRST DRAWINGS

SECOND DRAWINGS

First picture he said he could not draw his mom's picture, but second picture he did draw.

Interpretation:

① Compartmentalization → Fragmented family life: Distance + closeness

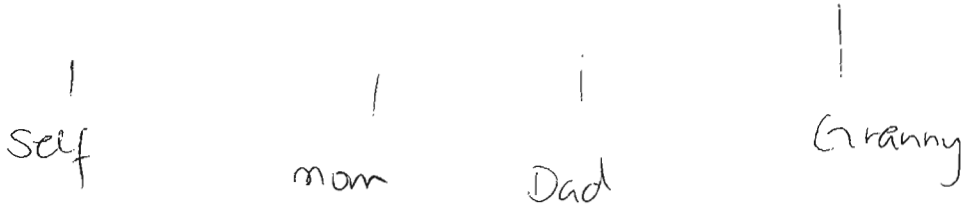
② Incomplete body → helpless, uncertain: Drawing not age appropriate.

③ Mother not drawn initially → concern, rejection, ambivilant feelings: Family composition.

④ Space organization → Drawing not age appropriate.

⑤ Similar figures → identification

Family Drawing



Interpretation:

① Incomplete body → helpless, uncertainty: Drawing not age appropriate.

② Tiny figures → insignificant: Family composition.

③ Self drawn apart from parents → Feeling left out: Distance + closeness

Family Photo

Interpretation:

① Child between parents
↳ Overprotectiveness : Distance + closeness

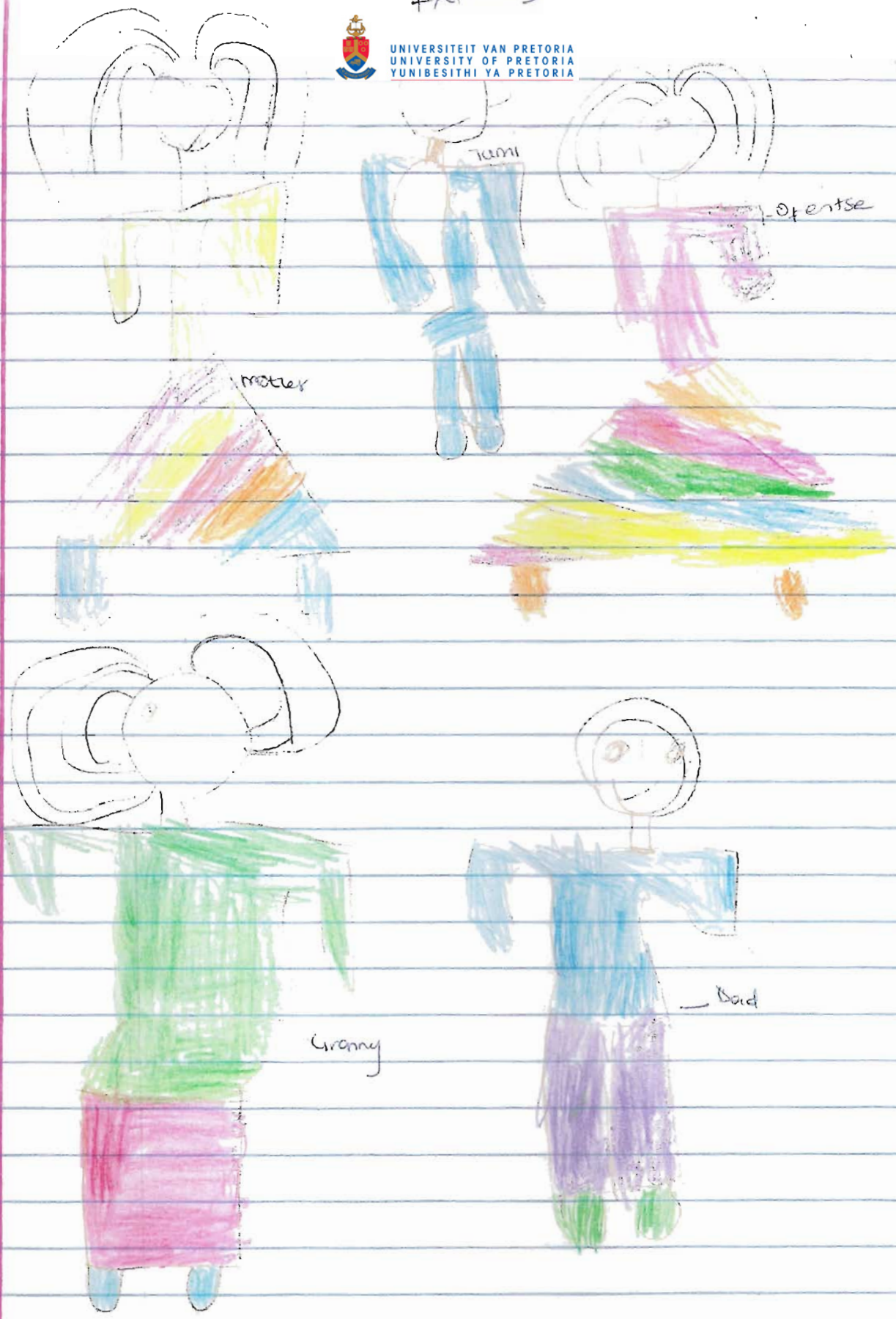
② Incomplete body (No hands) → helpless, uncertainty : Drawing not age appropriate.

③ Close proximity → identification, affection : Distance + closeness

④ Positive interaction
↳ Good relationship + figures laughing

⑤ Age appropriate drawing : Motivation

FAMILY



Interpretation:

① Close proximity → identification, affection: Distance + closeness.

② Positive interaction → good relationship: Interaction + relationship

NARRATIVES OF INDIVIDUAL PARTICIPANTS

THEMES OF RESILIENCE AND NON-RESILIENCE IDENTIFIED FROM THE TRANSCRIPTIONS OF THE STRUCTURED BASELINE INTERVIEWS, KINAESTHETIC FAMILY DRAWINGS AND VINELAND ADAPTIVE BEHAVIOR SCALE

INTRODUCTION:

What follows is a narrative compiled for each child participant according to the participant responses. The narratives demonstrate the themes of resilience as well as non-resilience related to the different categories identified. Actual responses of the different participants the narratives should be read in conjunction with Appendix D: transcriptions of interviews with colour coding of categories for individual participants.

PARTICIPANT 302

Protective factors:

From the transcripts of the interview three main themes of resilience were identified for this participant. These themes include the following: physical needs are met, the need for food and substance is met within the home and the participant experiences a sense of comfort and belonging in the family. She expresses positive emotions in her daily life. According to the participant's drawing she has a closer relationship with the father and identifies with this parental figure. The scores from the Vineland indicate that the participant shows strengths in terms of how she uses language, performs household tasks, in terms of her interaction with others as well as how she uses her time. From the Vineland scores it therefore seems that the participant is comfortable around most people.

Risk factors:

During the interview the participant expressed occasions where the family members were not taking part in constructive activity. On the Kinaesthetic Family Drawing this participant expresses distance between herself and the mother figure. Her drawing is not age-appropriate in the sense that the figures drawn were incomplete and her space organization shows room for improvement. With regard to the Vineland, risk factors include a lack of attention and comprehension with regard to what is being said as well as what she writes. Furthermore according to mother the participant can improve in terms of maintaining personal health and skills within the community. The participant also demonstrates a lack of responsibility and sensitivity towards others. Her gross motor skills also show an area for growth.

PARTICIPANT 310

Protective factors:

The participant indicated during the interview that his physical needs were met within the home environment. According to the mother's perspective the participant has the ability to listen, pay attention to and understand the spoken language. The participant also has the ability to interact with other people and shows strengths in terms of using both his arms and legs in movement and controls objects with his hands and fingers.

Risk factors:

During the interview the participant showed signs of resistance and reluctance. From the drawing it seems that he experiences himself as being isolated from his mother and father. All the figures are drawn relatively small when taking the paper size into consideration. This indicates that he sees the family as insignificant in totality. No hands were drawn on both the father and mother figures which can be indicative of him seeing them as helpless in terms of their current circumstances. The scores obtained from the Vineland indicate that the participant can improve in terms of maintaining his own personal health, tasks he performs around the house, how he uses his leisure time as well as his sense of responsibility and sensitivity towards others.

PARTICIPANT 382

Protective factors:

Participant 382 expressed confidence and exhibited patience during the interview. He answered questions that were asked meticulously and repeated himself when he had to. Furthermore it became evident that his need for food and sustenance as well as his physical needs were met at home. Communication and engagement also form part of his daily living where he has the opportunity to express positive emotions. The aforementioned was also evident from his drawing as all figures were drawn laughing. According to his mother he has the ability to maintain his personal health. He has the necessary skills to interact with other people, play and make effective use of his time. He has the ability to use his arms and legs for effective movement.

Risk factors:

During the interview he identified certain figures which were passive and did not take part in specific activities. At a specific time during the interview he expressed feelings of being isolated within the family. An instance where he lost track of what had been said and discussed during the interview occurred. The analysis of his drawing highlighted his desire for affection and the degree to which he felt isolated from the family is supported by his not including himself in the drawing. He experiences the rest of the family as insignificant as can be concluded from the small figures he drew. With regard to the Vineland's scores it seems that he experiences difficulty with receptive language, e.g. how he listens, what he understands and how he pays attention. His writing ability and sentence construction is also an area that should be developed. The way in which he applies himself with regard to how he uses money, time and the telephone is an area for growth.

PARTICIPANT 390

Protective factors:

The participant responded during the interview with comments that highlighted his patience, the opportunity and ability to express positive emotions in the home environment as well as the functional activity taking place within the home. He also highlighted the fact that his physical needs were met. According to the mother he is quite well adapted in terms of his behaviour as can be seen from the scores on the Vineland. His communication ability (receptive, expressive and written ability) demonstrates proficiency. Within the home environment he completes his tasks, interacts with other people, plays and uses leisure time as well as demonstrates responsibility. He has mastered the ability to control objects with his hands and fingers.

Risk factors:

Potential risk factors that were identified within this participant's home environment and within himself include instances of inactivity or passivity between family members, as well as the perception that he is isolated from the family. Instances in which the participant became resistant and reluctant as well as absent-minded occurred. From his drawing it could also be concluded that he views the family in totality as helpless and uncertain. He excluded himself from the drawing which supports the conclusion reached during the interview that he feels isolated from the family. The quality of his drawing also decreased as he progressed which might be indicative of a lack of motivation or that he was in a hurry to finish. The mother identified his ability to maintain his personal health, how he dresses and the use of his arms and legs as areas for concern with regard to his adaptive behaviour.

PARTICIPANT 404

Protective factors:

According to the transcripts of the interview this participant's need for food and sustenance is met within the family environment. Strengths that were identified from the mother's perspective (Vineland) include the ability to understand, listen and respond to spoken language as well as how information is provided. She maintains her own personal health, dresses and performs certain household tasks independently. She enjoys interacting with other people and uses her leisure time to play.

Risk factors:

From the interview it seems that one of the biggest risk factors within the family environment relates to the inactivity and passivity of family members. The participant saw herself as being isolated from the family and became resistant, reluctant and absent-minded during the interview. From the drawing it could be concluded that her perception of the family is one of uncertainty and helplessness with regard to their circumstances where members are insignificant to the extent that she did not include herself or her parents in the drawing. Areas that are considered to be areas of growth according to the mother include her ability to understand sentence construction and what she writes as well as the manner in which she uses time, money and the telephone. The degree to which she demonstrates responsibility and sensitivity towards others as well as her ability to use her hands and fingers to control objects should also be considered areas of growth according to the mother.

PARTICIPANT 443

Protective factors:

At the time of the interview themes related to resilience included functional activity within the family, his need for food and sustenance was met within the home environment as well as the opportunity for communication and engagement with other family members all resulting in a sense of comfort and belonging in the family. His physical needs were also being met. Furthermore the participant expressed positive emotions with regard to his daily life and indicated that he was involved in constructive activities such as play during the day. The close proximity of the figures in the drawing signifies the positive relationship and affection between the family members. The interaction and relationship between family members is illustrated by figures that are laughing. The quality of the drawing is indicative of a child who is motivated to do his best. With regard to the Vineland the participant's expressive communication (ability to use sentences/words to gather and provide information) is higher than what one would expect from a child of his age. He has the ability to maintain his own health and enjoys interacting with other people.

Risk factors:

Factors related to possible risk were also identified. The participant did not mention himself when asked what the people in his drawing were doing. This was interpreted as an instance in which he felt isolated from the family. Various areas where the participant functions on a lower than expected age range were identified according to the mother's perspective. These include how he listens, pays attention and what he understands. His written ability and sentence construction with regard to his writing is an area for growth. Furthermore, the way in which he performs household tasks, uses time, money and the telephone can also improve. He does not demonstrate age-appropriate responsibility and his leisure time is not spent constructively. Both gross and fine motor skills are an area for improvement according to the mother.

PARTICIPANT 516

Protective factors:

The participant's need for food and sustenance is met within the family environment. The participant also indicated during the interview that the family's physical needs are met. From the discussion it became evident that the members of the family are for the most part involved in constructive activity. Opportunity for the participant to communicate and engage with his brother does exist and he has the ability to take care of himself to the extent of "getting ready to go and play outside". From the drawing it became evident that the participant identified with his older brother. The findings with regard to the participant's interpersonal relationships as well as play and leisure time are supported by the scores obtained from the Vineland. According to the mother the participant also has the ability to understand, listen and pay attention to spoken language.

Risk factors:

No risk factors were identified from the transcripts of the interview. Risk factors were however identified from the drawing which includes the mother figure being excluded from the drawing, indicating the participant's ambivalent feelings towards his mother and possible absenteeism caused by her employment. The participant's perception that both he and his brother are insignificant is also evident from the drawing. The aforementioned is emphasised by the outstretched arms with which he drew both himself and his brother, thus emphasising their need for love and affection. From the mother's perspective the participant's areas of growth include his ability to understand sentence construction and what he writes, his ability to maintain his personal health, perform household tasks, his sense of responsibility and sensitivity towards others as well as the extent to which he is able to use his arms and legs for movement.

PARTICIPANT 517

Protective factors:

A limited number of themes of resilience were identified for this participant. According to the transcripts of the interview his need for food and sustenance is however met within the family. Considering the mother's perspective no significant strengths were identified according to the Vineland. According to the mother the participant shows age-appropriate behaviour with regard to his interaction with other people.

Risk factors:

During the interview instances occurred in which the participant became resistant and reluctant to answer the questions asked by the Research Assistant. Passivity or inactivity within the child was another risk factor that was identified by the interview. Furthermore the participant initially refused to draw the mother figure and only included himself within the family drawing. The Research Assistant motivated him and convinced him to draw his mother which resulted in him drawing a line between the two figures, thus compartmentalizing the figures. The aforementioned is indicative of the degree to which this participant experiences his family life as fragmented and the resulting concern, rejection and ambivalent feelings he experiences towards his mother. The bodies of both figures were drawn in a way which is not considered to be age-appropriate and might be indicative of the helplessness as well as uncertainty that he experiences. According to the mother the participant's adaptive behaviour can develop in terms of his communication (receptive, expressive and writing), daily living skills (personal, domestic and community), responsibility and sensitivity towards other as well as motor skills (both gross and fine motor skills).

PARTICIPANT 560

Protective factors:

The responses that the participant gave during the interview indicated that his physical needs were met within the family environment. A degree of functional activity, communication and engagement is also present in the family where the participants need for food and substance is met. From the interview it could also be gathered that the participant experiences the opportunity to express positive emotions in the family and enjoys taking part in play activities with his friends. In terms of the Vineland the following areas of strength were identified from the mother's perspective: communication (receptive, expressive and written), daily living skills (his ability to maintain his personal health, dress and eat), socialization (interpersonal relationships, play and leisure time and coping skills) as well as his ability to control objects with his hands and fingers.

Risk factors:

From the interview it can be concluded that the participant is in need of nurturance from the mother at times. The aforementioned is supported by the interpretation of the drawing since the participant drew himself apart from the other figures, an indication that he feels left out or isolated at times. The participant also experiences the family as insignificant, helpless and uncertain in terms of their circumstances as can be seen from the tiny, incomplete figures that were drawn. The only area of growth that could be identified from the mother's perspective is related to the participant's ability to perform household tasks.

PARTICIPANT 594

Protective factors:

Four themes of resilience were identified for this participant from the transcripts of the interviews. According to the child's perspective his physical needs were met as a result of functional activity within the family. There is also communication and engagement between family members as well as behavioural expressions of positive emotions. The interpretation of the drawing supports the aforementioned as can be seen from the close proximity of the figures drawn as well as the positive interaction where the figures are laughing. The quality of the drawing suggests that the participant was motivated to do his best in the activity. According to the mother the participant is well adapted in terms of how he listens, pays attention and understands spoken language. He can use sentences and words to gather and provide information. Furthermore he has the ability to maintain his personal health, dress, eat and perform household tasks independently. He also uses his arms and legs for movement.

Risk factors:

Specific risk factors identified from the drawing include the child's sense of being overprotected by the parents and a degree of uncertainty and helplessness perceived by the participant in the family. In terms of play and use of leisure time the mother is of the opinion that the participant could improve. According to the mother he also does not demonstrate responsibility and sensitivity towards others effectively.

PARTICIPANT 604

Protective factors:

According to the participant her physical needs are met and functional activity is present within the family environment. From her responses instances during which communication, engagement and behavioural expression of positive emotions take place, occur within the family. The participant also has the opportunity to express her own personal positive emotions. The degree to which the participant experiences affection within the family can be seen from the close proximity of the figures that she drew as well as the positive interaction between the figures. Areas of adaptive behaviour include the participant's ability to express what she thinks. She also performs on a higher then expected level when maintaining her personal health, getting dressed and eating as well as performing household tasks. She interacts with other people, plays and uses leisure time effectively. She demonstrates responsibility and sensitivity towards others and uses her arms and legs effectively for movement.

Risk factors:

From the interview it became apparent that the participant feels isolated from the rest of the family at times since she did not include herself in the drawing. From the mother's perspective the only area for growth is related to the participant's ability to listen, pay attention and understand spoken language.

UNIVERSITEIT VAN PRETORIA
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YUNIBESITHI YA PRETORIA

Particiapnt: **302** Date of Birth: **2001/02/07** Date of Assessment: **2007/08/07** Age: **5 years 6 months**

VINELAND - II SCORE SUMMARY

SUBDOMAIN and DOMAIN SCORES

SUBDOMAIN/ DOMAIN	Raw Score	v-Scale Score	Standard Score	90% Conf.Interval	%ile Rank	Adaptive Level	Age Equivalent	Stanine
Receptive	**30**	**13**		±2 (11-15)		Average	**3;7**	
Expressive	**97**	**17**		±1 (16-18)		Average	**6;6**	
Written	**0**	**3**		±2 (1-5)		Low	**2;9**	
Communication	sum:	**33**	**76**	±6 (70-82)	**1**	B/Average		**1**
Personal	**59**	**13**		±2 (11-15)		Average	**4;10**	
Domestic	**19**	**17**		±2 (15-19)		Average	**7;0**	
Community	**15**	**12**		±2 (10-17)		B/Average	**3;7**	
Daily Living Skills	sum:	**42**	**93**	±7 (86-100)	**32**	Average		**4**
Interpersonal Relationships	**69**	**21**		±2 (19-23)		High	**11;3**	
Play and Leisure Time	**50**	**18**		±2 (16-20)		A/Average	**7;7**	
Coping Skills	**24**	**14**		±2 (12-16)		Average	**4;6**	
Socialization	sum:	**53**	**114**	±6 (108-120)	**82**	Average		**7**
Gross	**74**	**13**		±2 (11-15)		Average	**4;5**	
Fine	**64**	**16**		±2 (14-18)		Average	**5;9**	
Motor Skills	sum:	**29**	**97**	±10(87-107)	**42**	Average		**5**

Sum of Domain Standard Scores = **380**

Adaptive Behavior Composite	**94**	±4 (90-98)	**34**	Average		**4**

STRENGTHS and WEAKNESSES

Score minus Median	S(trenght) or W(eakness)
0	
+4	s
-10	w
-1	
0	
+4	s
-1	
-2	
+3	s
0	
-4	w
+19	s
-1.5	
+1.5	
+2	

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Particiapnt: **310** Date of Birth: **2001/03/29** Date of Assessment: **2007/09/07** Age: **5 years 5 months**

VINELAND - II SCORE SUMMARY

SUBDOMAIN and DOMAIN SCORES

SUBDOMAIN/ DOMAIN	Raw Score	v-Scale Score	Standard Score	90% Conf.Interval	%ile Rank	Adaptive Level	Age Equivalent	Stanine
Receptive	**37**	**17**		±2 (15-19)		Average	**8;6**	
Expressive	**94**	**16**		±1 (15-17)		Average	**5;10**	
Written	**13**	**14**		±2 (12-16)		Average	**5;1**	
Communication	sum:	**47**	**102**	±6 (96-108)	**55**	Average		**5**
Personal	**51**	**11**		±2 (9-13)		B/Average	**3;10**	
Domestic	**8**	**12**		±2 (10-14)		B/Average	**2;11**	
Community	**26**	**15**		±2 (13-17)		Average	**5;5**	
Daily Living Skills	sum:	**38**	**85**	±7 (78-92)	**16**	B/Average		**3**
Interpersonal Relationships	**64**	**18**		±2 (16-20)		A/Average	**7;10**	
Play and Leisure Time	**38**	**14**		±2 (12-16)		Average	**4;7**	
Coping Skills	**21**	**13**		±2 (11-15)		Average	**3;7**	
Socialization	sum:	**45**	**100**	±6 (94-106)	**50**	Average		**5**
Gross	**79**	**18**		±2 (16-20)		A/Average	**6;10**	
Fine	**66**	**17**		±2 (15-19)		Average	**6;0**	
Motor Skills	sum:	**35**	**117**	±10(107-127)	**87**	A/Average		**7**

Sum of Domain Standard Scores = **404**

Adaptive Behavior Composite	**101**	**±4 (97-105)**	**53**	**Average**		**5**

STRENGTHS and WEAKNESSES

Score minus Median	S(trenght) or W(eakness)
+1	
0	
-2	w
+1	
-1	
0	
+3	s
-16	w
+4	s
0	
-1	
-1	
+0.5	
-0.5	
+16	s

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YUNIBESITHI YA PRETORIA

Particiapnt: **382** Date of Birth: **2001/04/02** Date of Assessment: **2007/11/07** Age: **5 years 7 months**

VINELAND - II SCORE SUMMARY

SUBDOMAIN and DOMAIN SCORES

SUBDOMAIN/ DOMAIN	Raw Score	v-Scale Score	Standard Score	90% Conf.Interval	%ile Rank	Adaptive Level	Age Equivalent	Stanine
Receptive	**24**	**10**		±2 (8-12)		B/Average	**2;2**	
Expressive	**92**	**15**		±1 (14-16)		Average	**5;6**	
Written	**10**	**12**		±2 (10-14)		B/Average	**4;6**	
Communication	sum:	**37**	**83**	±6 (77-89)	**13**	B/Average		**3**
Personal	**70**	**19**		±2 (17-21)		A/Average	**8;6**	
Domestic	**14**	**15**		±2 (13-17)		Average	**5;5**	
Community	**32**	**17**		±2 (15-19)		Average	**3;11**	
Daily Living Skills	sum:	**51**	**111**	±7(104-118)	**77**	Average		**7**
Interpersonal Relationships	**60**	**17**		±2 (15-19)		Average	**6;7**	
Play and Leisure Time	**54**	**20**		±2 (18-22)		A/Average	**9;6**	
Coping Skills	**30**	**15**		±2 (13-17)		Average	**5;6**	
Socialization	sum:	**52**	**112**	±6(106-118)	**79**	Average		**7**
Gross	**80**	**20**		±2 (18-22)		A/Average	**22+**	
Fine	**66**	**17**		±2 (15-19)		Average	**6;0**	
Motor Skills	sum:	**37**	**124**	±10(114-134)	**95**	A/Average		**8**

Sum of Domain Standard Scores = **430**

Adaptive Behavior Composite	**109**	±4 (15-19)	**73**	Average		**6**

STRENGTHS and WEAKNESSES

Score minus Median	S(trenght) or W(eakness)
-2	w
+3	s
0	
-28.5	w
+2	s
-2	w
0	
-0.5	
0	
+3	s
-2	w
+0.5	
+1.5	
-1.5	
+12.5	s

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Particiapnt: **390** Date of Birth: **2001/02/14** Date of Assessment: **2007/11/07** Age: **5 years 9 months**

VINELAND - II SCORE SUMMARY

SUBDOMAIN and DOMAIN SCORES

SUBDOMAIN/ DOMAIN	Raw Score	v-Scale Score	Standard Score	90% Conf.Interval	%ile Rank	Adaptive Level	Age Equivalent	Stanine	Score minus Median	S(trenght) or W(eakness)
Receptive	**38**	**18**		±2 (16-20)		A/Average	**9;6**		-1	
Expressive	**107**	**22**		±1 (21-23)		High	**12;3**		+3	s
Written	**27**	**19**		±2 (17-21)		A/Average	**7;0**		0	
Communication	sum:	**59**	**127**	±6(121-133)	**96**	A/Average		**9**	-6	
Personal	**52**	**11**		±2 (9-13)		B/Average	**3;11**		-7	w
Domestic	**22**	**18**		±2 (16-20)		A/Average	**7;7**		0	
Community	**65**	**24**		±2 (22-26)		High	**5;4**		+6	s
Daily Living Skills	sum:	**53**	**115**	±7(108-122)	**84**	A/Average		**7**	+6	
Interpersonal Relationships	**72**	**22**		±2 (20-24)		High	**14;9**		0	
Play and Leisure Time	**58**	**23**		±2 (21-25)		High	**13;0**		+1	
Coping Skills	**56**	**22**		±2 (20-24)		High	**15;0**		0	
Socialization	sum:	**67**	**143**	±6 (137-149	**99.4**	High		**9**	+22	s
Gross	**70**	**11**		±2 (9-13)		B/Average	**3;6**		-3	w
Fine	**68**	**17**		±2 (15-19)		Average	**6;6**		+3	s
Motor Skills	sum:		**94**	±10(84-104)	**34**	Average		**4**	-27	w

Sum of Domain Standard Scores = **479**

Adaptive Behavior Composite	**124**	±4(120-128)	**95**	A/Average	**8**

STRENGTHS and WEAKNESSES

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Particiapnt: **404** Date of Birth: **2001/04/21** Date of Assessment: **2008/01/08** Age: **6 years 8 months**

VINELAND - II SCORE SUMMARY

SUBDOMAIN and DOMAIN SCORES

SUBDOMAIN/ DOMAIN	Raw Score	v-Scale Score	Standard Score	90% Conf.Interval	%ile Rank	Adaptive Level	Age Equivalent	Stanine
Receptive	**40**	**20**		±2 (18-22)		A/Average	**18;0**	
Expressive	**104**	**19**		±2 (17-21)		A/Average	**8;7**	
Written	**17**	**12**		±2 (10-14)		B/Average	**5;8**	
Communication	sum:	**51**	**110**	±7 (103-117	**75**	Average		**6**
Personal	**69**	**16**		±2 (14-18)		Average	**7;6**	
Domestic	**24**	**17**		±2 (15-19)		Average	**8;5**	
Community	**26**	**13**		±2 (11-15)		Average	**5;5**	
Daily Living Skills	sum:	**46**	**101**	±7 (94-108)	**53**	Average		**5**
Interpersonal Relationships	**69**	**19**		±2 (17-21)		High	**11;3**	
Play and Leisure Time	**54**	**19**		±2 (17-21)		High	**9;6**	
Coping Skills	**26**	**13**		±1 (12-14)		Average	**4;7**	
Socialization	sum:	**51**	**110**	±6 (104-116	**75**	Average		**6**
Gross	**79**	**16**		±2 (14-18)		Average	**6;10**	
Fine	**66**	**14**		±2 (12-16)		Average	**6;0**	
Motor Skills	sum:	**30**	**100**	±9(91-109)	**50**	Average		**5**

STRENGTHS and WEAKNESSES	
Score minus Median	S(trenght) or W(eakness)
+1	
0	
-7	w
+4.5	
0	
+1	
-3	w
-4.5	
0	
0	
-6	w
+4.5	
+1	
-1	
-5.5	

Sum of Domain Standard Scores = **421**

Adaptive Behavior Composite	**106**	±4 (102-110	**66**	Average	**6**

UNIVERSITEIT VAN PRETORIA
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YUNIBESITHI YA PRETORIA

Particiapnt: **443** Date of Birth: **2001/08/20** Date of Assessment: **2008/02/08** Age: **6 years 5 months**

VINELAND - II SCORE SUMMARY

SUBDOMAIN and DOMAIN SCORES

SUBDOMAIN/ DOMAIN	Raw Score	v-Scale Score	Standard Score	90% Conf.Interval	%ile Rank	Adaptive Level	Age Equivalent	Stanine
Receptive	**27**	**11**		±2 (9-13)		B/Average	**2;10**	
Expressive	**100**	**16**		±1 (14-18)		Average	**7;6**	
Written	**14**	**11**		±2 (9-13)		B/Average	**5;2**	
Communication	sum:	**38**	**85**	±7 (78-92)	**16**	B/Average		**3**
Personal	**71**	**17**		±2 (15-19)		Average	**8;10**	
Domestic	**8**	**11**		±2 (9-13)		B/Average	**2;11**	
Community	**26**	**13**		±2 (11-15)		Average	**5;5**	
Daily Living Skills	sum:	**41**	**91**	±7 (84-98)	**27**	Average		**4**
Interpersonal Relationships	**70**	**19**		±2 (17-21)		A/Average	**11;6**	
Play and Leisure Time	**52**	**18**		±2 (16-20)		A/Average	**4;8**	
Coping Skills	**28**	**14**		±1 (13-15)		Average	**5;5**	
Socialization	sum:	**51**	**110**	±6(104-116)	**75**	Average		**6**
Gross	**74**	**11**		±2 (9-13)		B/Average	**4;5**	
Fine	**62**	**12**		±2 (10-14)		B/Average	**5;7**	
Motor Skills	sum:	**23**	**78**	±9 (69-87)	**7**	B/Average		**2**

Sum of Domain Standard Scores = **364**

Adaptive Behavior Composite	**89**	±4 (85-93)	**23**	Average		**4**

STRENGTHS and WEAKNESSES

Score minus Median	S(trenght) or W(eakness)
0	
+5	s
0	
-3	
+4	s
-2	w
0	
+3	
+1	
0	
-4	w
+22	s
-0.5	
+0.5	
-13	w

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Particiapnt: **516** Date of Birth: **2002/02/16** Date of Assessment: **2008/05/08** Age: **6 years 2 months**

VINELAND - II SCORE SUMMARY

SUBDOMAIN and DOMAIN SCORES									STRENGTHS and WEAKNESSES	
SUBDOMAIN/ DOMAIN	Raw Score	v-Scale Score	Standard Score	90% Conf.Interval	%ile Rank	Adaptive Level	Age Equivalent	Stanine	Score minus Median	S(trenght) or W(eakness)
Receptive	**36**	**16**		±2 (14-18)		Average	**7;6**		+1	
Expressive	**95**	**15**		±1 (13-17)		Average	**5;11**		0	
Written	**10**	**10**		±2 (8-12)		B/Average	**4;6**		-5	w
Communication	sum:	**41**	**91**	±7 (84-98)	**27**	Average		**4**	-1.5	
Personal	**55**	**11**		±2 (9-13)		B/Average	**4;2**		-3	w
Domestic	**15**	**14**		±2 (12-16)		Average	**5;6**		0	
Community	**32**	**15**		±2 (13-17)		Average	**6;0**		+1	
Daily Living Skills	sum:	**40**	**89**	±7 (82-96)	**23**	Average		**4**	+3.5	
Interpersonal Relationships	**65**	**18**		±2 (16-20)		A/Average	**8;5**		+1	
Play and Leisure Time	**50**	**17**		±2 (15-19)		Average	**7;7**		0	
Coping Skills	**26**	**13**		±1 (12-14)		Average	**4;7**		-4	w
Socialization	sum:	**48**	**105**	±6 (99-111)	**63**	Average		**6**	+12.5	s
Gross	**75**	**13**		±2 (11-15)		Average	**4;7**		-1	
Fine	**66**	**15**		±2 (13-17)		Average	**6;0**		+1	
Motor Skills	sum:	**28**	**94**	±9 (85-103)	**34**	Average		**4**	+1.5	

Sum of Domain Standard Scores = **379**

Adaptive Behavior Composite	**93**	±4 (89-97)	**32**	Average	**4**

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Particiapnt: **517** Date of Birth: **2002/11/11** Date of Assessment: **2008/05/08** Age: **5 years 6 months**

VINELAND - II SCORE SUMMARY

SUBDOMAIN and DOMAIN SCORES									STRENGTHS and WEAKNESSES	
SUBDOMAIN/ DOMAIN	Raw Score	v-Scale Score	Standard Score	90% Conf.Interval	%ile Rank	Adaptive Level	Age Equivalent	Stanine	Score minus Median	S(trenght) or W(eakness)
Receptive	**24**	**10**		±2 (8-12)		B/Average	**2;2**		0	
Expressive	**80**	**12**		±1 (11-13)		B/Average	**3;11**		+2	s
Written	**6**	**10**		±2 (8-12)		B/Average	**3;10**		0	
Communication	sum:	**32**	**74**	±6 (68-80)	**4**	B/Average		**2**	-5	
Personal	**44**	**10**		±2 (8-12)		B/Average	**3;2**		0	
Domestic	**4**	**10**		±2 (8-12)		B/Average	**1;10**		0	
Community	**22**	**14**		±2 (12-16)		Average	**4;10**		+4	s
Daily Living Skills	sum:	**34**	**77**	±7 (70-84)	**6**	B/Average		**2**	-2	w
Interpersonal Relationships	**56**	**15**		±2 (13-17)		Average	**5;7**		0	
Play and Leisure Time	**41**	**15**		±2 (13-17)		Average	**5;3**		0	
Coping Skills	**12**	**10**		±2 (8-12)		B/Average	**2;3**		-5	w
Socialization	sum:	**40**	**90**	±6 (84-96)	**25**	Average		**4**	+11	s
Gross	**74**	**13**		±2 (11-15)		Average	**4;5**		+1	
Fine	**43**	**11**		±2 (9-13)		B/Average	**3;10**		-1	
Motor Skills	sum:	**24**	**81**	±10(71-91)	**16**	B/Average		**3**	+2	s

Sum of Domain Standard Scores = **322**

Adaptive Behavior Composite	**77**	±4 (73-81)	**6**	B/Average		**2**

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Particiapnt: **560** Date of Birth: **2002/01/21** Date of Assessment: **2008/07/08** Age: **6 years 5 months**

VINELAND - II SCORE SUMMARY

SUBDOMAIN and DOMAIN SCORES									STRENGTHS and WEAKNESSES	
SUBDOMAIN/ DOMAIN	Raw Score	v-Scale Score	Standard Score	90% Conf.Interval	%ile Rank	Adaptive Level	Age Equivalent	Stanine	Score minus Median	S(trenght) or W(eakness)
Receptive	**39**	**19**		±2 (17-21)		A/Average	**11;0**		0	
Expressive	**108**	**23**		±1 (21-25)		High	**22+**		+4	s
Written	**31**	**19**		±2 (17-21)		A/Average	**7;10**		0	
Communication	sum:	**61**	**131**	±7(124-138)	**98**	High		**9**	+11.5	s
Personal	**74**	**20**		±2 (18-22)		A/Average	**11;6**		+6	s
Domestic	**14**	**14**		±2 (12-16)		Average	**5;5**		0	
Community	**35**	**14**		±2 (12-16)		Average	**6;2**		0	
Daily Living Skills	sum:	**48**	**105**	±7 (98-112)	**63**	Average		**6**	-14.5	w
Interpersonal Relationships	**72**	**21**		±2 (19-23)		High	**14;9**		0	
Play and Leisure Time	**52**	**18**		±2 (16-20)		A/Average	**8;4**		-3	w
Coping Skills	**56**	**21**		±1 (20-22)		High	**15;0**		0	
Socialization	sum:	**60**	**128**	±6 (122-134	**97**	A/Average		**9**	+8.5	
Gross	**79**	**16**		±2 (14-18)		Average	**6;10**		-0.5	
Fine	**70**	**17**		±2 (15-19)		Average	**22+**		+0.5	
Motor Skills	sum:	**33**	**111**	±9(102-120)	**77**	Average		**7**	-8.5	

Sum of Domain Standard Scores = **475**

Adaptive Behavior Composite	**123**	±4 (119-127	**94**	A/Average	**8**

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Particiapnt: **594** Date of Birth: **2002/08/18** Date of Assessment: **2008/08/08** Age: **6 years 0 months**

VINELAND - II SCORE SUMMARY

SUBDOMAIN and DOMAIN SCORES

SUBDOMAIN/ DOMAIN	Raw Score	v-Scale Score	Standard Score	90% Conf.Interval	%ile Rank	Adaptive Level	Age Equivalent	Stanine
Receptive	**40**	**20**		±2 (18-22)		A/Average	**18;0**	
Expressive	**104**	**19**		±1 (17-21)		A/Average	**8;7**	
Written	**21**	**15**		±2 (13-17)		Average	**6;1**	
Communication	sum:	**54**	**116**	±7(109-113)	**86**	A/Average		**7**
Personal	**69**	**17**		±2 (15-19)		Average	**7;6**	
Domestic	**21**	**16**		±2 (14-18)		Average	**7;6**	
Community	**24**	**13**		±2 (11-15)		Average	**5;4**	
Daily Living Skills	sum:	**46**	**101**	±7 (94-108)	**53**	Average		**5**
Interpersonal Relationships	**55**	**14**		±2 (12-16)		Average	**5;6**	
Play and Leisure Time	**39**	**13**		±2 (11-15)		Average	**4;8**	
Coping Skills	**18**	**11**		±2 (10-12)		B/Average	**3;0**	
Socialization	sum:	**38**	**86**	±6 (80-92)	**18**	Average		**3**
Gross	**80**	**18**		±2 (16-20)		A/Average	**22+**	
Fine	**67**	**15**		±2 (13-17)		Average	**6;1**	
Motor Skills	sum:	**33**	**111**	±10(102-120)	**77**	Average		**7**

Sum of Domain Standard Scores = **414**

Adaptive Behavior Composite	**104**	±4 (100-108	**61**	Average		**6**

STRENGTHS and WEAKNESSES

Score minus Median	S(trenght) or W(eakness)
+1	
0	
-4	w
+10	s
+1	
0	
-3	w
-5	
+1	
0	
-2	w
-20	w
+1.5	
-1.5	
+5	

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Particiapnt: **604** Date of Birth: **2002/08/05** Date of Assessment: **2008/09/08** Age: **6 years 1 month**

VINELAND - II SCORE SUMMARY

SUBDOMAIN and DOMAIN SCORES									STRENGTHS and WEAKNESSES	
SUBDOMAIN/ DOMAIN	Raw Score	v-Scale Score	Standard Score	90% Conf.Interval	%ile Rank	Adaptive Level	Age Equivalent	Stanine	Score minus Median	S(trenght) or W(eakness)
Receptive	**32**	**13**		±2 (11-15)		Average	**4;7**		0	
Expressive	**102**	**17**		±1 (15-19)		Average	**8;0**		+4	s
Written	**17**	**13**		±2 (11-15)		Average	**5;8**		0	
Communication	sum:	**43**	**95**	±7 (88-102)	**37**	Average		**4**	-15	w
Personal	**70**	**18**		±2 (16-20)		A/Average	**8;6**		+2	s
Domestic	**20**	**16**		±2 (14-18)		Average	**7;5**		0	
Community	**38**	**16**		±2 (14-18)		Average	**6;6**		0	
Daily Living Skills	sum:	**50**	**109**	±7(102-116)	**73**	Average		**6**	-1	
Interpersonal Relationships	**76**	**23**		±2 (21-25)		High	**22+**		+1	
Play and Leisure Time	**54**	**19**		±2 (17-21)		A/Average	**9;6**		-3	w
Coping Skills	**56**	**22**		±2 (21-23)		High	**15;0**		0	
Socialization	sum:	**64**	**137**	±6(131-143)	**99**	High		**9**	+27	s
Gross	**80**	**18**		±2 (16-20)		A/Average	**22+**		+1.5	
Fine	**66**	**15**		±2 (13-17)		Average	**6;0**		-1.5	
Motor Skills	sum:	**33**	**111**	±9(102-120)	**77**	Average		**7**	+1	

Sum of Domain Standard Scores = **452**

Adaptive Behavior Composite	**116**	±4(112-120)	**86**	A/Average	**7**

EXCERPTS FROM MY RESEARCH DIARY

14 October 2008

Finally I am starting with my research. I have defended my proposal and now the ball is on the roll. I have mixed feelings with regards to the road ahead as the world of research is unfamiliar territory for me. I am both excited, as this research project, to me, symbolizes the final piece of the puzzle towards achieving my goal of obtaining my Masters degree but also it affords me the opportunity to make a small, hopefully meaningful, contribution to the field of Psychology. I think it is the aforementioned that is probably the most daunting, which becomes the real challenge. I am however confident with the support and guidance of my supervisors that I will succeed.

21 May 2009

I finally started with the data analysis of my research. One of the biggest challenges to me at this stage is to maintain my role as researcher. I often find myself shifting more towards the role of psychologist. I suppose it can be expected since this is what I have been trained to do for many years; it however currently causes confusion and frustration within the context I'm currently working in. The aforementioned has forced me to rely heavily on the support and comments from my supervisors, something I am thankful for.

Up to date I was able to identify various themes of resilience as well as non-resilience within the participants as well as their family environments. I also had exposure to the Vineland as a measure to be used during assessment as well as research. Prior to doing this research I was not familiar with this particular measure.

With regards to the KFD I have to deal with considerable frustration as the transcripts are sometimes incomplete due to the fact that the participants did not respond verbally to questions posed by the Research Assistants and to me it feels as if I am missing out on valuable information. Furthermore, specific instances have arisen where cues given by the participants were not followed with probes, something that probably comes with experience. This is one of my biggest frustrations and probably one of my biggest growth point as researcher – relying on the data that is available and not to focus on what is not known, all the "if's" and "maybe's"…

25 May 2009

Today I had a discussion session with my supervisor. During the discussion I realized that although the themes that I have identified up to now seems to be accurate and relevant there are still a lot of other themes and specifically specific sentences within the transcripts that need to be identified and interpreted. The data analysis and interpretation process has not been exhausted and it seems that I still have a considerable amount of work to do with regards to this, including looking for negative instances. It might be a good idea to take a few days off to get myself re-focused and to start working through the data again.

30 May 2009

I started working on the data again. I was surprised to find how much the few days off impacted on my ability to focus once more. I found myself wondering how I could have missed some of the themes to begin with… I really need to guard against becoming careless during the research process.

23 June 2009

I am astonished with the degree of resilience in most participants that became evident from the data analysis. I wonder about the impact that the fact that the participants has not been informed about the mothers' illness has on their resilience and I ask myself whether their resilience will be affected if they where to be informed.

Against all my expectations the research that I have conducted has had a personal impact on my life and I once more became aware of mankind's natural inclination to adapt to different circumstances despite the odds. The aforementioned to me became the core of my own and indeed mankind's existence; it to me gives hope for the future, optimism for what might be and most importantly faith to believe in one self and in God, a Being greater than one self who is control and who would never forsake mankind…